



**AYURVEDA EDUCATION-NEED FOR NEW PEDAGOGIES**

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Ayurveda, the ancient Indian medicinal system, is emerging stronger from a phase of forced dormancy. Colonial rule saw this system being relegated and mocked at as superstitious. The healing approach of this age old science is quite relevant even today and stands on firm ground and thus has survived for the last 4000-5000 years and stands as a model to guide the future of the World Medical system on the ground of an efficient clinical and hypothetical soundness. Its principles are strong and could be described as the only medical science which has prevention of diseases as its core.

In olden days, Ayurveda was perhaps the one of the major system which largely looked into the healthcare needs of the population and served closely in areas of health, sickness and life philosophies. It not only enjoyed complete patronage and but also support of the population. However, The past century has seen significant progress and development in medical science with innovations and additions to the knowledge hub in contemporary bio-medical science being extensive. The modern medicine has evolved rapidly by embracing new technologies, drugs, reliable diagnostics and therapeutic options where physicians played broader and specialized roles in increasingly complex health care system. Ayurveda, is thus at a critical juncture as it is trying to regulate to the changed situations and is adapting to make itself more suitable and relevant to the present day circumstances.

The changed life style and fast paced life of the present is bringing new challenges to the medical field and the contemporary healing system has slowly realized the potential of Ayurveda concepts and the need for an integrative approach in solving new health challenges. However such an integration has its own complexity. There exists a colossal mismatch in the approaches of these two systems of health. Ayurveda is basically an experiential science, rich in conceptual contents and holistic in nature. It preaches the concept of every being universally interconnected (everything as part of a whole system). The research though was unintended, but was a regular part of its teaching practice during the Gurukul system. Explanation and use of pramanas (Pratyaksha, Anumana, Aptopadesha, Yukti etc) in diagnosing and treating diseases is a fine example for the same. On the other hand contemporary science is experimental and reductionist in nature, which examines each part separately.

To add to the intricacy, the present education system for Ayurveda, which is basically a replication of the norms adopted for the contemporary medical science, does not realize the real needs of the system. As a result organizations operating in both the domains are also facing a mismatch. There is a feel of necessity to choose between shastra and science. Those who follow shastra usually ignore developing scientific attitude and scientific skill set. Those who follow science are usually less knowledgeable about Ayurveda and are many a times rejected by staunch Ayurveda followers as misinterpreting Ayurveda. The mismatch is more acute at individual level. The differences in attitudes and skill sets are so stark that Shastra and Science remain poles apart. The mainstream science people may abstain from Ayurveda because they are unable to comprehend the counter intuitive appearances of Ayurvedic solutions. This is further enhanced by negative propaganda about Ayurveda.

The traditional Gurukul system involved intense interactions between the 'Guru' and 'Shishyas'. This provided unique opportunities of learning and experiencing by the students. Present system on the other hand, focuses more on value of 'seat time' as a measure of academic rigor rather than actual learning as the gold standard. The buildings, departments, clinics are organized more for regulatory compliances with insufficient evidence supporting actual use. The rigor and spirit of scientific inquiry, innovation and discovery is greatly missing in Ayurveda education and practice. Over all, the present situation of Ayurveda education seem almost similar to the status of medical education in the United States as reported in a landmark report by eminent educationist Abraham Flexner published in 1910.

The present situation thus demands new curricular models and pedagogies, which not only persuade the demands of today's clinical practices but also outline future trends and practices. The pedagogies should connect the concepts and theories of Ayurveda and the bio medical science and try to bring an integrated positive outcome reflected on patients in clinical setups.

### **Pedagogies for Conceptual Understanding**

Vaidyas in present time have dual responsibility; first, to strengthen their Shastra base and second, to inculcate the scientific culture. This will help in reaffirming the past legacy and prepare them to meet future challenges.

### **Strengthen Shastra base**

Education in Ayurveda would require a planned approach with balanced thoughts & attitude towards the science by the students right from the pre-secondary education. Knowledge of Sanskrit language should be made a basic requirement for entering the science. The philosophical, logical and correct understanding of basic principles of Ayurveda primarily through detailed study of Brihatrayi using tools of understanding, i.e. adhyayana, adhyapana & tadvidyasambhashana should be given priority. Most of present students even after post graduate qualifications seem to be inadequately prepared with no outcome based measures. The curriculum is very rigid, excessively long and is not learner-centric. This results in significant heterogeneity in student achievements. We need to standardize learning outcomes through assessment of competencies based on epistemology rather than diversified pieces of information. The assessment of logical understanding and learning by experimenting, experiencing and practicing in laboratories and clinics should be given priority over a test of mere memorization. The purpose of being immersed in texts should not just be to understand the concepts and theories, but also to ensure that physicians in training would learn to use scientific reasoning and reflect the learning in actual clinical setup.

The total understanding of Ayurveda has its own intricacy with present structures of teaching. The basic texts of Ayurveda; the brihatrayees are complexly structured as such that the contents are not integrated sequentially. This leaves students to determine how the content in one domain relates to another and how both relate to patient care. Study of Tantrayukti, which has been neglected in the present curriculum, has to be made compulsory as it holds solutions to such complexity by providing keys to linkages and interrelations between one term or a sutra and provides deeper understanding of the subject.

Problem based learning is another method which might act as better tool of education at Post graduate level. As Albert Einstein said "I never try to teach my students anything, I only try to create an environment where they can learn". Problem Based Learning (PBL) theories are developed on the same lines. The essence of PBL is

drawn from discovery learning (Sweeny 1999) and is aligned with the premises that learning is participatory and distributed. Students are clear with concepts during their undergraduate studies and their next role would be to explore the presenters underlying understanding of the subject. Such learning done in small groups will empower students to engage in self directed, clinically prompted learning and to collaboratively share their developing understanding with one another. The model may also facilitate students' development of multiple reasoning strategies that more closely approximate the reasoning strategies used by physicians in Practice (Mooly Cooke, 2010; Albanese, 2000; Kho, Khoo, wong, & Kho, 2008; Sweeney, 1999).

### **Pedagogies for Practice and learning**

Ayurveda being an experiential science, students in olden days used to attain clinical skills basically through observation and practice. The use of Pramanas (Pratyaksha, Anumana, Aptopadesha and Yukti) was all directed towards having a better understanding of the patient's clinical presentation. They acted as evidences for the diagnosis as well as use of suitable treatments according to the situation. The importance of theoretical knowledge, developing mastery over the clinical skills and the relation between the two has been well highlighted by the classical texts. Sushruta the master of Ancient surgery has repeatedly laid eminence to expertise skills before entering into real clinical situations. He has devoted a whole chapter (Su.Su. 9) explaining the importance of developing such skills and quoted examples of different objects used to master such skills e.g. use of bottlegaurd to practice incision, practice of stitching on gunny bags etc. Pedagogies for practice and performance generally allow learners to practice clinical skills and procedure in more realistic situations, but with more time, less risk, better and more important feedback and greater opportunity to incorporate feedback on the spot and try again (Molly cooke et al. Educating Physician, Edition 1, 2010, Pg 94). The same was the objective of Sushruta.

However the present curriculum stresses more on the acquisition of knowledge as against the development of skills. Students of the present day find it difficult to make an Ayurveda diagnoses as their minds are not inclined to Ayurveda Clinical examination. Students though are well adapted to use modern technologies and diagnostic techniques but fail to find the link the same to Ayurvedic principles and thus fail to diagnose and treat according to the ideology of Ayurveda. The need thus is for skill based programs that not only comply with the present day demands but also align them to the philosophies of Ayurveda. Such programs must be highly structured with clear learning objectives in line with Ayurveda Principals and integrative understanding of modern investigative methods. Thrust should also be laid on developing skills on human resource management, Communication & leadership qualities Simulators might be considered to expertise performance based skills as explained by

Sushruta. In undergraduate medical education, simulators are particularly useful for development of basic psychomotor skills in routine situations, for familiarizing learners with equipments and particular technologies, and practicing communication skills and roles in inter-professional teams (Mooly Cooke et al, 2010; Robins et al., 2008; Issenberg, McGahei, petrusa, Gordon, & Scalese, 2005).

### **Pedagogies for Inquiry and Innovation**

During the Gurukul system, teaching was mainly in the form of question and answer between student and guru stimulating the students' inquisitiveness. Habits of mind, motivation and commitment to excellence are essential parts of being a physician. Such pedagogies, in medical education are designed in problem-based learning, in mentoring relationships that engage and support students' involvement in research and other scholarly activities, in quality improvement projects and in clinical conferences and teaching sessions that challenge students to explore multiple perspectives, push the limit of their understanding, and search for new possibilities or alternate approaches to a difficult or uncertain aspects of patients case (Mooly Cooke et al, 2010).

The present education system for Ayurveda though does not allow such practices and has curved the minds of the students more towards examination and its outcome while thrust on gaining knowledge has taken a back seat. The teacher is the foundation stone for any system of education. The Gurukul system allowed for a bond of understanding between the teacher and the Guru. The teacher knew the strengths and weakness of all his pupils and worked with them accordingly. The stress was laid on developing inquisitiveness in students. Unfortunately, many present day teachers themselves are less motivated towards practice of Ayurveda and thus can't induce in students, the enthusiasm towards deeper understanding of the subject. Furthermore some teachers even discourage the students to ask questions by being rigid and critical to the question asked. When the present situation demands integration of the knowledge systems the fundamental goal of the teachers would be to produce physicians who are capable of, and intent on, generating new knowledge and help further progress of the science. Appropriate method of selection and adequate training in the techniques of teaching would go a long way in improving the quality of teaching.

### **Pedagogy for Professional formation**

This pedagogy though is dependant on various social and psychological development and upbringing of the student, still, the vital role of this noble profession demands development of values & attitudes that is more responsible and humane. It involves much more than cultivating moral and ethical reasoning. It involves awareness of one's own beliefs, emotions and values and how these values, emotions and beliefs influence interpersonal interactions and in the end patient's wellbeing. The same was reflected in the teaching during

the Gurukul methods. The Guru not only noted the academic development of the student but also stretched his roles in making a perfect humane. Selection process was very stringent where in not only physical and mental qualities of the student were scrutinized but even their spiritual awareness carefully analyzed. Evidently they realized the importance of creating caring, compassionate, resilient and altruistic physicians for the society. It is critical to medical education to understand that these habits of thought, feeling and action ideally develop so as to allow students to demonstrate "compassionate, communicative and socially responsible physician (Mooly Cooke et al, 2010).

But in the present situation where everyone is obsessed with being competitive and ahead of others, these aspects of values have been ignored completely. Even the policy makers have failed to identify the importance of such professional habits and have thus failed to reflect them in the curricula. Lack of opportunities for students to reflect on and learn from professionalism issues; and insufficient contact with positive role models has led to decrement of such values. The urgent need is to include in curriculum the themes related to ethics and professional standards. Teachers should become role models on such issues and encourage range of behavior such as empathy and concern for patients and reinforce development of professional values. The final assessment of students should include assessment of professionalism and attitudes which form essential traits of any health professional.