

## Chapter 7

### EDUCATION AND PRACTICE

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#### 7.1 Education

India has a rich tradition of learning and teaching right from the antiquity and was the knowledge was transferred orally from generation to generation. Ayurveda was also taught in *Gurukula* system. *Gurukula* system is an ancient Indian concept of education, wherein the participants got knowledge by residing with his teacher as part of his family and by following self discipline. The student was allowed to start independent practice after obtaining the certification from the *guru*. The *guru* also had to follow the prescribed code of conduct. The process of selecting suitable student by the teacher, and suitable teacher by the student has been described in Ayurvedic classics. The classics also describe ideal methods of learning: self-study, teaching and discussions. The knowledge at that time was also exchanged through professional gatherings, seminars and symposia.

The ancient medical education system in India was a wholesome balance between the theory and practice. The practical training had three main objectives:

- Preparation of medicine
- Examination of the patients, diagnosis of the diseases and Practice of medicine
- Practice for surgery , initially on dummies

*Gurukula*, the personalized teacher based Institutions were later developed as full fledged Institutions. Around 3<sup>rd</sup> to 6<sup>th</sup> BC there were big Universities of Indian learning like Takshashila and Nalanda who were imparting education in different streams including Ayurveda. Takshashila was one of the most ancient Universities which attracted students from around the world. It had a management and academic council to take charge of all affairs. Hindu, Jain and Buddhist religions were taught along with mathematics,



**Fig. 63- Institute of Medical Sciences, Banaras  
Hindu University, Varanasi**

science, medicine, fine arts and vocational subjects. Education and boarding were free, but the demission process was rather very rigorous and only few were able to pass through the entrance tests. In medieval period the tradition of teacher to student and father to son continued in learning and practice of Ayurveda.

Presently, Ayurvedic education in India is regulated by a statutory professional body, Central Council of Indian Medicine (CCIM) established under the Indian medicine central council act, 1970 of Government of India. The central council frames and implements the curricula and syllabi in Indian systems of medicine *viz.* Ayurveda, Siddha and Unani-Tibb at under-graduate and post-graduate level.

The CCIM with the prior approval of Government of India has prescribed minimum standard requirements (MSR) for Ayurveda colleges. The MSR include norms for infrastructure, teaching & training facilities, student-bed ratio, hospital departments etc. There is another set of regulations prescribed for post graduate education in Ayurveda. PG regulations include norms for teaching facilities, student-teacher ratio and specialties for post graduation.

Presently, the various courses of Ayurveda are being conducted by different colleges under the supervision of Indian universities:

1. Bachelor of Ayurvedic Medicine and Surgery (BAMS) , 5 ½ years (including one year supervised clinical training) under graduate (UG) Course- students are eligible for this course after passing intermediate with physics, chemistry and biology. The syllabus covers all aspects of Ayurveda and relevant portions of modern medicine. The students have to



**Fig. 64-** National Institute of Ayurveda, Jaipur,

undergo training in both Ayurveda and Allopathic hospitals as per the schedule devised in the syllabus. At the end of course, 12 months clinical supervised training in the form of Internship is imparted in hospitals.

2. Doctor of medicine - MD (Ayurveda), a 3 years' post graduate (PG) course - Person with a graduate degree in Ayurveda recognised by CCIM, is

eligible for PG course. Presently, the PG course is imparted in 22 specialties of Ayurveda.

3. Ph.D. (Ayurveda) - full time doctoral research program of minimum 2 years duration conducted by various Universities is available in India. Minimum qualification for PhD course is Post Graduate degree in Ayurveda recognised by CCIM.
4. PG Diploma courses in Ayurveda – Sixteen PG Diploma courses in Ayurvedic specialties like *pañcakarma*, *kṣārasūtra* etc. of two years duration have been devised by CCIM and are being conducted. Minimum qualification for these Diplomas is Graduation degree in Ayurveda recognised by CCIM.
5. Specialized Degrees - Courses in Pharmacy and medicinal plants such as M. Sc. (Med. Plants in Ayurveda), Ph.D. (Med. Plants), D. Pharma (Ayurveda), B. Pharma (Ayurveda) and M. Pharma (Ayurveda) are also imparted by institutions such as Gujarat Ayurved University, Jamnagar, Banaras Hindu University, Varanasi etc.
6. Educational opportunities for International scholars - Government of India granting scholarships for international scholars recommended through Indian Embassies for taking up formal Ayurveda studies in Indian Institutions. Department of AYUSH has reserved



**Fig. 65 Institute of Post Graduate Teaching and Research in Ayurveda, Jamnagar, Gujarat**

some seats in premier institutions for the admission of international scholars. Students have to contact Indian embassies in their countries for obtaining scholarships. NIA, Jaipur, BHU Varanasi and Gujarat Ayurved University, (GAU) Jamnagar are also offering various short term courses for International scholars. Gujarat Ayurved University,

Jamnagar through International Centre for Ayurvedic Studies runs exclusive BAMS course in English medium for foreigners. In addition, following short courses are also devised and

conducted for persons having graduation in Ayurveda /traditional medicines, foreign modern medical degree or qualification in other allied subjects.

Name of the course	Duration
Introductory Course in Ayurveda	3 Months
Certificate course in <i>Pañcakarma</i>	7 months
Certificate course in Dietetics	7 months
Certificate course for <i>Pañcakarma</i> Technician	One year

## 7.2 Ayurvedic Medical Practice

During *Vedic* period, the priests performing religious rites and ceremonies were also practicing the system of health and were called *vaidya*. Such sage-physician-surgeons of the time were deeply devoted holy people and saw health as an integral part of spiritual life. The information about the ancient practitioners of Ayurveda is available mainly through the texts that they have written. Ashwinis were the twin physicians to both humanity and divine personalities who are credited for discovering a popular *rasāyana* called *cayavanaprāśa*. Ātreya, Agniveśa, Caraka were famous physicians. Suśruta, the ancient surgeon has elaborately mentioned management procedures for anal fistula, fractures, obstructed labour, amputation, excision of tumours, repair of hernia, couching of cataract, rhinoplasty, lobuloplasty and skin grafting in his treatise *Suśruta Samhitā*. The court physicians (*Rājavidya*) were responsible for the health of the king and his family. They also ensured the quality of food for the royal family. Jīvaka was a famous physician - surgeon to lord Buddha. The practice of Ayurveda continued at individual and institutional level.

The practice in this system is being regulated through IMCC Act 1970 and the register of trained practitioners is maintained by the Boards duly established. Professionals with medical qualifications granted by Universities, in or outside India which is recognized by CCIM are allowed to register and practice in India. There are three types of Ayurvedic practitioners in India.

- Traditionally trained practitioners under the guidance as apprentices of some experts. They were registered till the new provisions of IMCC Act, 1970 came in to force.
- Institutionally qualified trained practitioners having degrees in Ayurveda.

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- Specialists of Ayurveda i.e. post graduate (M.D. Ayurveda) and doctorate (Ph.D.) degree holder.

Two major groups in health care in the country are public health sector and private health sector. The public health sector consists of central government, state government and municipal & local level bodies. Health is a state responsibility, however the central government does contribute in a substantial manner through grants and centrally sponsored health programs/schemes. There are other government ministries and departments of the government such as defense, railways, police, ports and mines who have their own health services institutions for their personnel. The health care in public sector is either free of cost or involves nominal user charges.

The private health sector consists of the 'not-for-profit' and the 'for-profit' health sectors. The not-for-profit health sector includes various health services provided by non government organizations (NGO's), charitable institutions, missions, trusts, etc. Health care in the for-profit health sector consists of various types of practitioners and institutions. The Ayurvedic doctors provide their services through both these public and private health sectors.

As on 2011, the health care services are being extended to the masses through a huge network of 429246 registered Ayurveda practitioners, 2420 Ayurveda hospitals, and 15017 dispensaries. The medicines are dispensed in either dispensary attached to the clinic or the hospital by the outside pharmacies through the prescriptions. Ayurvedic procedures like *pañcakarma* and *kṣārasūtra* are also practiced in the specialty centers established at different levels.

### 7.2.1 Mainstreaming of AYUSH

The health care system in India is very unique as various indigenous systems are widely accepted and practiced parallel to the mainstream allopathic system of medicine. The AYUSH was formally institutionalized in modern India as far as education and service delivery are concerned. It was further integrated with the government health services at central government health scheme (CGHS), employees' state insurance hospitals, state level dispensaries, and other primary and tertiary setups. Banaras Hindu University, Varanasi is the first institution that conceived the idea of integrating the ancient and modern systems of medicine both at the level of education, research and professional practice. Under NRHM, AYUSH doctors are recruited and co-located at primary health centres (PHC)/ community health centres (CHC)/ district

hospitals (DH) level to provide AYUSH services so as to mainstream AYUSH and make it more accessible to the public. AYUSH doctors and staff are playing supportive or trainer roles in many national programs.

Mainstreaming of AYUSH is a policy commitment of Government of India. Some of the major policy initiatives of Government of India which recommend mainstreaming of traditional systems are:

- National Health Policy 1983
- National Health Policy 2000
- National Population Policy 2000
- National Policy on Indian Systems of Medicine and Homoeopathy (ISM&H) -2002
- National Rural Health Mission (NRHM) 2005 to 2012

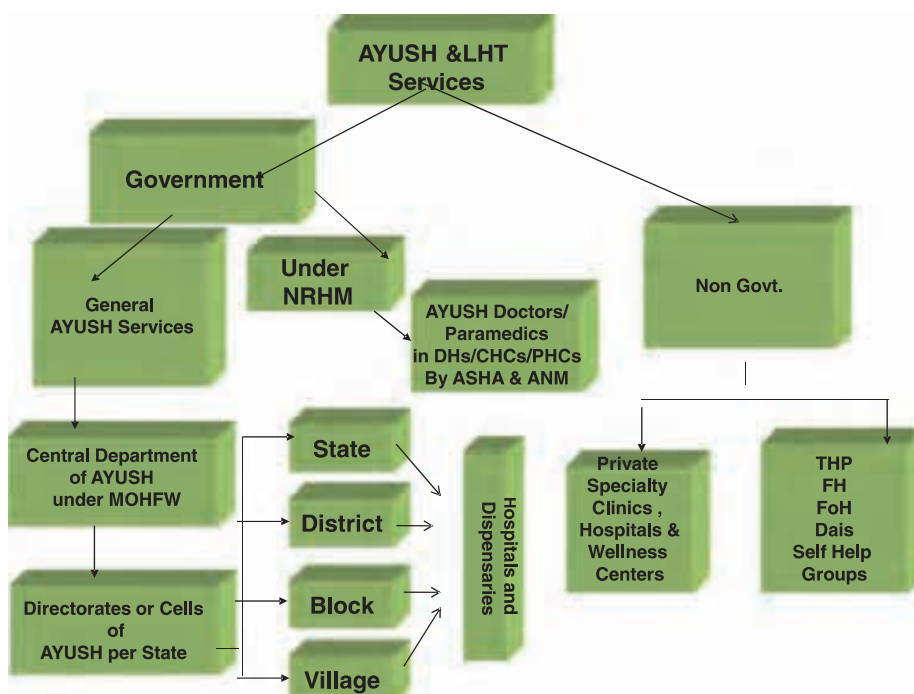


Fig. 66- AYUSH in public health

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**Note to the readers:** more information about the contents of this chapter may be obtained from following sources.

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4. [www.ccimindia.org](http://www.ccimindia.org).
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