

**SRP Kethamakka**

"Education has become a flourishing business in the country," the apex court statement in September 2008 [1] could not alter any situation even in 2015. The Indian education system that started as the highly disciplined, principled and idealistic Gurukul ideology has evolved through many phases as the "Golden Bird" was caged and ruled, later freed sans the wings or anything close to "golden" [2]. "We are training a group of physicians who have never been observed," Ludwig Eichna, wrote after he courageously took a second turn at being a medical student before stepping down as a department of medicine chairman [3]. Ayurveda, a traditional healthcare system of India is getting global attention for its wide utility and no adverse reaction attitude. The students who are inspired to join in medical colleges and could not get an opening notch a back door entry in to medical practice by joining Ayurveda courses. This is observed from the mushrooming Ayurveda colleges all over India and the schools that provide Ayurveda knowledge in abroad are with insufficient to propagate Ayurveda knowledge but cashing the interest of Ayurveda lovers. Even though the colleges are under vigorous scrutiny and vigilance from governing bodies, the game of educational business is growing national wide.

Medical Council of India (MCI) governed 50% of colleges are private, observes absence of quality in admissions and high capitation fees, Delayed admissions, Shortage of faculty, Skewed distribution of medical colleges [4]. This is even reflective in Ayurveda colleges governed by CCIM. India is the only country that authorizes, as official policy, the sale of medical seats by private medical colleges. Implicitly accepting the principle, the ability to pay is eligibility but not the merit, is what counts in this policy. The issue is not just about illegal capitation fees that range huge amounts for MBBS reflective in Ayurveda in small scale. Archaic and outmoded rules, regulations and eligibility conditions requiring a capital base of more than Rs.150 crore have made the establishment of medical colleges a business proposition. A provider survey by Jishnu Das in Madhya Pradesh found a marginal difference in the practices of "qualified" doctors and quacks [5].

Ayurveda is at crossroads, this Crossroad philosophy [6] is too perilous phenomenon where the pessimistic attitudes are developing. The age old traditions must reframe to the present situation and brought forward as skill to the learner. But the education system is under experimental mode and subjected for changes with imitations to the contemporary. At the cross it is certain that we do not know what is behind curtain. This secret behind

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the curtain is attracting aspiring medical practitioners to choose Ayurveda as an alternative way. People are raising questions on quality and validity of traditional medicine and Ayurveda. On the other hand Chinese traditional medicine is capturing the global herbal market with Evidence Based Medicine researches on China medicines.

Even though interdisciplinary studies continues to be contested by its practitioners and critics, the debate of key concepts around which consensus is developing and which inform the integrated definition of interdisciplinary studies. Inter-disciplinarily research has become a laudable goal for federal agencies, scientific associations, industry, and academic leaders. The “inter” in interdisciplinary relays many meanings, viz. Contested Space, Insights, Integration, etc. [7].

Presently (till 1st Jan 2014), there are 3616 hospitals with about 56805 beds, 24722 dispensaries, 7,36,538 doctors, 519 educational institutions with admission capacity of about 29101 UG student and 3604 PG students and 9044 drug-manufacturing units are under AYUSH systems [8].

We have to agree that the Indian population is not getting the adequate medical aid either from the so called evidence based or from traditional medicine practitioners. Each and every part of governance is showing a step mother policy and many times the plans made by the governance are not able to reach the needy population. This point is made commercialized and implemented as community helper educational trusts to open medical colleges to manufacture graduates with incompetence. In the content of the current changing social and economic fabric of country, the recent paradigm shift in Indian economy and political philosophy has led to the demand of private institution as to meet the challenges. In fact the trend has shifted to commercialization of education [9].

But still with the available scientific guidelines, we have to take a chance of making something instead of nothing. A step towards this direction certainly makes the Ayurveda fraternity to have bright tomorrow. The more the delay in addressing the critical challenges facing human resources for health on grounds of political expediency, the greater the social, political and financial costs this country will have to bear in the years ahead. Prudence

lies in stemming the rot by decisive action and before it is too late.

In the setting of clinical medical education, feedback refers to information describing students' or house officers' performance in a given activity, is a key step in the acquisition of clinical skills, yet feedback is often omitted or handled improperly in a clinical training [10]. Canadian Career Development Foundation suggested SMART -

(S-Specific,  
M-Measurable,  
A-Achievable,  
R-Relevant and  
T-Time bound)

education [11]with an interdisciplinary oriented to combat present day need is necessary rather than a pure AYUSH career.

The suggested curriculum should be open to the interested but not for sellers with a proper Teaching but not Just Lecturing with role model teachers and wide understanding of the subject. A drastic step has to be taken to incorporate Ayurveda Research Work in to curriculum that develops the knowledge and skills. In one sense the sound curriculum with embedded IT tools and practical skills will give clinical confidence and faith in Ayurveda [12].

Ayurveda to be an independent healthcare system with efficient physicians we need the education to be reformed according to the need of the hour. Rural Indian populations are more attached to the traditional systems and emergency health care systems are needed to be developed. If these systems are supporting to the community, the value added Ayurveda is flourished all the time.

CCIM president Dr. Vanitha Murali Kumar has said that the council sent a proposal to introduce a nine-month bridge course for ISM graduates, who are interested in joining the rural health mission of the government, if a proposal submitted by the Central Council of Indian Medicine (CCIM) gets central government's nod [13].

At the end we should understand that the business Ayurveda modulated systems of education generates institutional quacks that develop iatrogenic diseases and their white coat gives rise nosocomial (hospital) born diseases. The goal of reaching health

systems to the rural population through Ayurveda umbrella makes instead of offering certification for practicing Allopathy medicines by Ayurveda practitioners.

"If India wakes up to the world situation and readjusts her educational institution, I have no doubt that the Universities will have a great and noble part to play in regard to the future of civilization." - Alladi Krishna Aiyar [14].

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