TIME FOR A CHANGE: AN OUTLINE OF AYURVEDA APTITUDE TEST

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ABSTRACT
Ayurveda in India is presently passing through metamorphosis in terms of popularity. On one side the world is witnessing the rising global potential of Ayurveda as the next big thing on global health issues as people are turning back to nature but on the other hand the traditional actual ongoing practices of Ayurveda is deteriorating gradually with the passing time. The reasons for the present conditions of Ayurveda medical system should be addressed aptly so that they are sorted timely to uphold its condition and let the world see it in bright light, and not call it as hoax. To start with, the foundation on which this science is resting should be considered e.g. the educational reforms which are presently enforced in India to recruit candidates for BAMS studies should be bashed with new amendments to gather right kind of candidates in terms of aptitude, interest to study this science. The lack of motivation and interest of the students currently studying this science is leading to the degradation of its popularity in India and abroad. The present article focuses on the need of new reforms to ensure that the true candidates who are painstakingly studying this science must enter this stream due to their aptitude and not by chance or failure to get admission in different medical systems like MBBS. Significant amount of time, energy and resources are lost in teaching these non-interested students. There is a strong need to enroll genuinely interested students in Ayurveda to build strong foundation to future Ayurvedic studies and education system. The introduction of Sanskrit and Ayurveda fundamentals at primary level, the raw brains should be entailed to various success stories of Ayurveda practitioners who are doing well in the society, introduction of Ayurveda Aptitude Test as a standardized single entrance exam in the country would help in solving the current issues. The selection of apt candidates to fit in the medical stream is quintessential for its progression and globalization. This paves the way for introduction of Ayurveda Aptitude Test for these students along with medical entrance exams to have right kind of propensity to study, practice and hence popularize this science.

Keywords: academic, reforms, aptitude

INTRODUCTION
An aptitude is a component of a competency to do a certain kind of work at a certain level, which can also be considered "talent". Aptitudes may be physical or mental.
Aptitude is inborn potential to do certain kinds of work whether developed or undeveloped. Per Gladwell (2008) and Colvin (2008) often it is difficult to set apart an outstanding performance merely because of talent or simply because of hard training. Aptitude and intelligence quotient are related, and in some ways differing views of human mental ability. Whereas IQ sees intelligence as being a single measurable characteristic affecting all mental ability, aptitude often refers to one of many different characteristics which can be independent of each other, such as aptitude for military flight, air traffic control, or computer programming or a medical school. Aptitude is better applied intra-individually to determine what tasks a given individual is more skilled at performing.

When a career description lists an aptitude among the qualifications one needs to work in an occupation, it is referring to a natural talent or an ability an individual has acquired through life experience, study or training. The word may also pertain to one's capacity to acquire a skill. Assessing aptitude can help with career guidance. Aptitude tests may also look for the presence of abilities that are specific to an occupation or area of study. Some college programs use these instruments to assess applicants to certain academic programs and employers use them to evaluate job candidates. For example, many pharmacy schools use the PCAT (Pharmacy College Admission Test) to look for abilities, aptitudes, and skills that pharmacy schools have deemed essential for success in basic pharmacy curricula.

In India, there are many fields which require aptitude for respective desired jobs like in IT companies, Bank Exams, CAT Exams, GATE Exams, Railway Exams, SSC, UPSC, Defense and many more. There are many online sites conducting e-exams to evaluate their skills and thus better focus on their weaknesses to be absorbed by different industries. E.g. E-SAT. The reforms which are now a day followed in India to recruit the right candidates for BAMS course needs alteration. The rationale behind this is truly justified as the admission of these candidates is not due to aptitude or skill to learn this science better than others but due to chance or failure to get admission in different medical systems like MBBS. Their priority is different and it’s an evident fact that the industry carrying individuals disinterested in doing the work they are not fit for, does not grow. The hierarchy of obstacles in the path of this science right from academic level to conducting right kind of research on scientific basis is creating this industry graph slope downwards only. The need to revise the regulations since the formation of CCIM, 1971, a statutory body under Department of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy (AYUSH), Ministry of Health and Family Welfare, Government of India, is indispensable for admission in under graduate courses in Ayurveda.

**Current Scenario:** Presently in India, changes are needed at many levels to alter the condition of Ayurveda medical system. These can be divided at primary level, when the students are learning to maximize capacity of their brains, at societal level where society needs to accept that Ayurveda is not a subsidiary system or inferior or even like conventional system of medicine (Allopathy) and that they have to refrain themselves on being judgmental about students opting for Ayurveda sciences. It is entirely different and unique in nature, at academic level where the problems faced by students in first year who has freshly arrived need to be addressed effectively. The toll on fresher’s mind who has been inclined towards CBSE or state board style of studying has to study Sanskrit as first line of
subject to understand the classics. So, no logic can justify the way that, Ayurveda students are selected from PMT alone. The higher secondary school passed students who seek admission to BAMS course are left out from merit list of MBBS / BDS admission test (PMT entrance Test). They are in actual MBBS aspirants who are left out to choose between the left over courses. The interest and motivation is compromised there and then when the desired field is not chosen. Out of the mirage of addressing themselves as doctors and being an eminent stratum in the society they are either pressurized by the peers or family to opt for second choices of medical field as BDS or BAMS. The inclination towards different language like Sanskrit and understanding the basic fundamentals of Ayurveda which are not easy to be grasped by the students easily further adds to the agony of the students. They keep on trying for MBBS for years after admission in Ayurveda. During this period they are not able to put their best efforts in Ayurveda studies too. The pressure of getting admission in the MBBS course while already studying Ayurveda stresses these students who further starts revulsion towards the subject. In a nutshell, the psyche of the candidate is conceded in a broad way. This leads to the further degradation of Ayurveda as a science. This vicious circle adds further to the disharmony and does no good to the science as well as the society. First the poor conditions of the Ayurveda colleges in India, and second the compromised psyche of the student studying the science who is not at all skilled and considerate regarding the deep Ayurveda concepts become potential threat to country’s human resource. They later add to countries unemployed population or work under private sector on meager salaries, as they are in efficient in practicing as AYUSH professionals. They are tumbled down by employees of other sector who in reality do not treat them as doctors. The societal consequences of youth unemployment further ads to mental disorders among such individuals. The mortality rate is significantly higher among unemployed young men and women, especially in suicides and accidents.4

**CHANGES THAT CAN BE DONE AT PRIMARY LEVEL**

1. The family is the first institution that a child interacts first. The values that are instilled in a child by the family slowly become a habit. The ideals of using Ayurveda as a family health program can be of great importance. Children always imitate their elders when living together. The importance of benefits of dinacharya and ritucharya that can be imparted to them by elders in the household will not only orient them towards this science since the beginning of their lives but also will contribute towards building healthy nation. In this way the preventive aspect of Ayurveda can be learnt in a very meek and easy way. The use of Ayurveda products in the family at large can add to the advantage. These small changes will become big enough in passing years in individual minds to drill the ideals of Ayurveda which we need in them.

2. The foundation of children learning start from the primary level when they are accustomed to schools study. Their minds are raw and creative. The inculcation of Ayurveda fundamentals at primary school level syllabus will entail the students to imbibe its principles at an early age.

3. The use of Sanskrit language in preliminary classes will not be a burden for the students if they tend to learn Ayurveda in future years unlike in present scenario.

**CHANGES THAT CAN BE DONE AT SOCIETAL LEVEL**
1. The image of Ayurveda in the society as second line of health system in India is the target point that should be aimed for. The parents are apprehensive in getting their children admitted in Ayurveda courses rather they pressurize them to drop years after higher education. The failure to get admission in MBBS courses increase the frustration levels of these students and charge them to go for suicidal tendencies which is clearly evident now a days. To overcome this hurdle the change has to be taken care of by the Government of India and other NGO’s. Though this responsibility has been shouldered by AYUSH department which is under the Ministry of Health and Welfare but still the help from other platforms are needed to promote Ayurveda in mass. The country level nationalized health programs to promote Ayurveda at large like garbhasanskar, garbhiniparicharya, ritucharya are some of the hot topics which will promote Ayurveda in mass. The introduction of pu

narnavamandoor in ASHA (Accredited Social Health Activists) kit was such endeavor. One such effort was taken by Honorable Prime Minister of India to celebrate first International Yoga Day on 21st June 2015. Though this proposal did not directly affected Ayurveda but the promotion of healthy living lifestyles by Yoga was propagated globally and Ayurveda did get some lime light in the same.

2. Children idolize their heroes during childhood years itself. They aspire to become like them in gradual years and try to follow their path. The success stories of Ayurveda practitioners will give robust spark to choose their careers wisely. In this way the scrutiny of the students can be done at a very tender stage.

CHANGES THAT CAN BE DONE AT ACADEMIC LEVEL

1. The need of introduction of Ayurveda Aptitude Test (AAT) with BAMS entrance test. The introduction of AAT at all India level will encourage the even selection of Ayurveda oriented qualified students in all Ayurveda colleges. The primary aim of this test, which will be standardized all over India that will make Ayurveda medical education available on an equitable basis to all students in different states of the nation and to foster inter-regional Ayurveda practices exchange.

2. This shall also limit the admission of the second category of students who are at the bottom of even 10+2 merit list. They seek admission in private colleges under management quota and further most of them are unable to develop them self as good Ayurveda students and physicians. They are not well versed with the concepts of Ayurveda as well as neither they know the practical aspect of the fundamentals. The quality of AYUSH practitioners is depreciated and what the society gets as are mere degree holders. This lot become doctors for the sake of calling them self as Doctors in society. They are name sake doctors and are setback to Ayurveda as a whole leading to its tarnished image. The mushrooming of private Ayurveda colleges are not only manufacturing units of such doctors but also the families of such candidates pay a heavy price to get admission in such institutions which are embodied with wrong objectives of making easy money in the market in the name of Ayurveda. Again a big impediment for Ayurveda. The only way out to solve this menace is the need to attract genuine students interested in Ayurveda or who have an precise idea that Ayurveda is Independent...
and perfect system of medicine. It is different from cosmopolitan (allopathic) system of medicine. They should come to Ayurveda with considered choice, and not as forced 2nd or 3rd choice.

3. To start with they should have some aptitude for Ayurveda. Before encouraging the introduction of AYURVEDA APTITUDE TESTS (AAT) with BAMS entrance test, it would be beneficial for them that they prepare the syllabus of AAT from one book. e.g. they prepare NCERT books for PMT. The initiation of this step has been in the form of modules that have been already considered by NCERT for the students of Class IX and X, yet to be implemented in the present courses.

4. So there should be introduction of single book all over India in which the Fundamentals of Ayurveda and Yoga are given and described vividly. Some percentage should be set for the number of questions that will be asked from this part. Like for PCB 90% and Ayurveda 10% accordingly.

5. This group with Ayurveda will have edge over medical group with PCB alone and can opt for Ayurveda (BAMS) as willing and informed candidates without tag of left out from medical entrance exams. At present we have Mathematics as additional group with PCB – enabling such students to also opt for engineering etc.

CONCLUSION

The tides of medical health care system in India are shifting. There are some issues to be addressed to facilitate the mainstreaming of Ayurveda in India. The focus starts right from primary level, reaching to the society and the steps taken by the Government of India. The change in the mindset of the people regarding Ayurveda as a frontline health medical system, the centralization of the funds to the department of Ayurveda, inculcating values of healthy living in the society through Ayurveda, and last but not the least selecting the right candidates who have the aptitude and interest in the field of Ayurveda will not only propagate this science but will prove to become a boon in future years.

REFERENCES


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Source of Support: Nil
Conflict of Interest: None Declared