



## REVIEW ARTICLE

### VIEW OF AYURVEDA STUDENTS FOR THE SHARIR RACHANA AS SUBJECT AND THE CHOICE OF TEACHING CAREER

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#### ABSTRACT

Two hundred *Ayurveda* students were questioned regarding their views on *Sharir Rachana* as a subject and career option in future. A survey with 10 statements questioner was given to those students and their answers were compiled. The results of this study were encouraging. 95% of students consider *Sharir Rachana* as an essential subject of medical sciences. A vast majority (92%) felt that a sound knowledge of *Sharir Rachana* helped them in their clinical rotations in hospitals. Out of them 66% termed the *Sharir Rachana* as tough subject to understand. About half of them placed *Sharir Rachana* at par with clinical subjects. In their views, inadequate research facilities and lack of explanation of *Ayurvediya Sharir Rachana* limits the uptake of *Sharir Rachana* as a career option.

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## INTRODUCTION

*Ayurvedacharya* (Bachelor of *Ayurvedic* medicine and surgery-B.A.M.S.) education starts with gaining the knowledge of human body through the dissection of human cadavers and *Ayurvediya sharir rachana*. The first time close meeting with a dead body shows their hesitation and religious orthodox although gradually they adopt a professional attitude and accept dissection as an aid to study the body structure but very few of them get more time for adaptation. Dissection not only teaches the structures of body but also makes us aware of many other aspects of *Ayurvediya sharir rachana*, which are beautifully described by *Acharya Sushruta* [1]. *Acharya Charaka* has mentioned that study of human body provides an opportunity for reflection in the intrinsic values of life and creates empathy for future patients. [2] *Acharya Sushruta* has mentioned that *Shaarir* teaches the value of human life and dissection enhances the knowledge for surgery of a surgeon and logical thinking of an *Ayurveda* physician, [3] which helps in all aspects of treatment. [4] Therefore, it is in the first year curriculum for a positive approach towards the *chikitsa* can be built. It has been studied that the inclination towards a particular specialty is determined by complex

interacting variables e.g. personality of individuals, quality of teaching in *Ayurveda* College, clinical competence, future career aims etc. In the present time *Sharir Rachana* is chosen as a career by very few students. It is often noted that graduates with lower ranks in postgraduate entrance tests pick *Sharir Rachana* as a last option.

Once, there was shortage of *Sharir Rachana* teachers in *Ayurveda* colleges over the clinical subjects but now its post-graduation courses are abruptly available in many private *Ayurveda* institute.

The present study has been designed to evaluate the opinion of *Ayurveda* students regarding *Sharir Rachana* as a subject, application in various clinical fields and finally its usefulness as a future career option.

## Material and Methods

The present study was conducted in National Institute of Ayurveda, Jaipur, India. A random sample of two hundred *Ayurveda* students were taken from those willing to participate in the study. This included 100 undergraduates and 100 postgraduates of various disciplines. Each student was explained the objective of the study and a questionnaire containing 10 points was given to them.

The options for answering the questionnaire were in four categories namely, strongly agree, tend to agree, neutral and disagree.

There was complete anonymity as no names or numbers were mentioned. The data collected was then analysed.

The following important areas were covered in the questionnaire

1. Status of *Sharir Rachana* as a subject (Item 1 and 2).

2. Utility of *Sharir Rachana* later in clinical fields (Item 3 and 4).
3. Duration of teaching *Sharir Rachana* (Item 5).
4. *Sharir Rachana* as a future career option (Item 6 & 7).
5. Status of *Sharir Rachana* teachers within the *Ayurveda* field (Item 7, 8, 9 and 10).

**Results:**

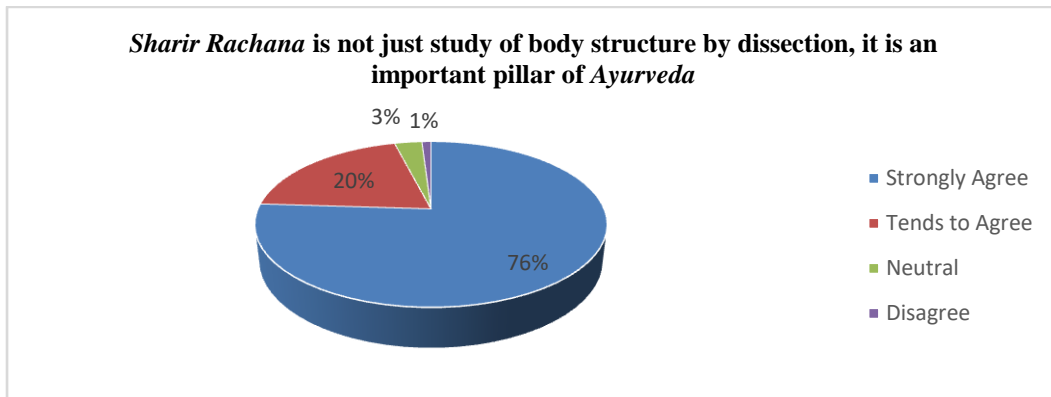
The results are given in Table - I.

**Table- I: The Statement and responses - Student's view**

Item No.		Strongly Agree		Tend to Agree		Neutral		Disagree	
		no.	%	no.	%	no.	%	no.	%
1.	<i>Sharir Rachana</i> is not just study of body structure by dissection, it is an important pillar of <i>Ayurveda</i> .	151	76	41	20	6	3	2	1
2.	It is difficult to understand and retain <i>Sharir Rachana</i> .	90	45	41	21	57	28	12	6
3.	I am benefited from knowledge of <i>Sharir Rachana</i> later in my clinical subjects.	122	61	63	31	14	7	1	1
4.	Every good <i>Vaidya</i> needs to have a sound knowledge of <i>Sharir Rachana</i> besides the clinical specialties.	131	65	49	25	16	8	4	2
5.	The time allotted for teaching <i>Sharir Rachana</i> in the present curriculum is one year and it is not adequate.	99	49	61	31	5	2	35	18
6.	I would like to take up <i>Sharir Rachana</i> as a career if better research facilities and job opportunities are provided.	43	21	23	12	68	34	66	33
7.	I would like to be a <i>Sharir Rachana</i> specialist if a	26	13	38	19	42	21	94	47

	modified integrated curriculum with other clinical specialties is introduced.								
8.	Graduates with low ranks in the postgraduate entrance examination take up <i>Sharir Rachana</i> for further studies.	92	46	64	32	4	2	40	20
9.	A <i>Sharir Rachana</i> specialist lacks clinical knowledge and thus wastes his time becoming a <i>Vaidya</i> .	21	10	28	14	124	62	32	16
10.	<i>Sharir Rachana</i> specialist has a low status within the <i>Ayurveda</i> field.	43	22	41	21	80	40	36	18

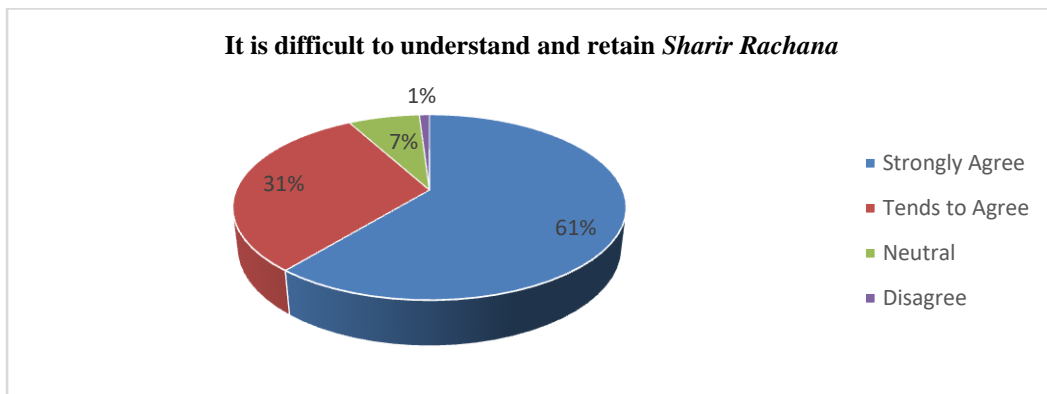
**Graph 1.**



As depicted in the graph, *Sharir Rachana* was considered a base pillar of

*Ayurvedic medical* science by 96% and only 1% were disagreed.

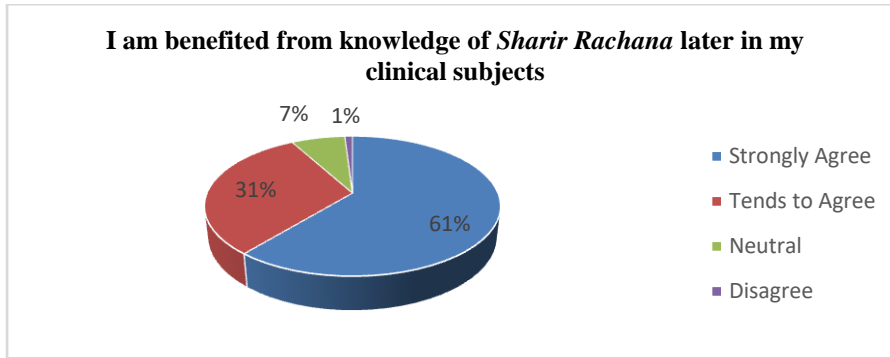
**Graph 2.**



As shown in graph 66% were agreed that it is difficult to learn whereas only 6% said

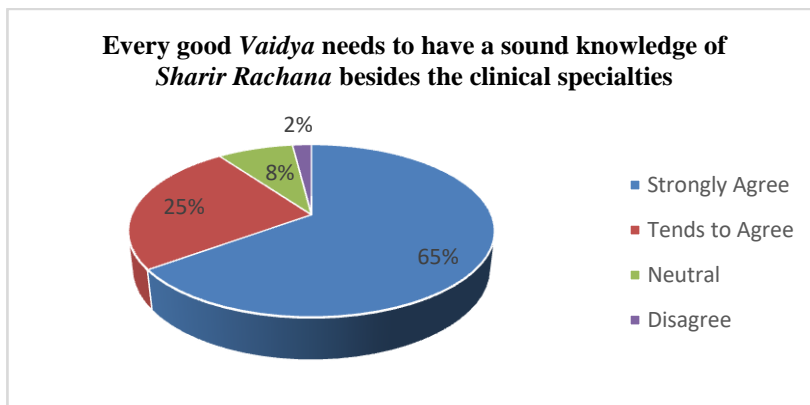
that it is easy. It depict that only 6% scholars may be intelligent in *sharir rachana*.

**Graph 3.**



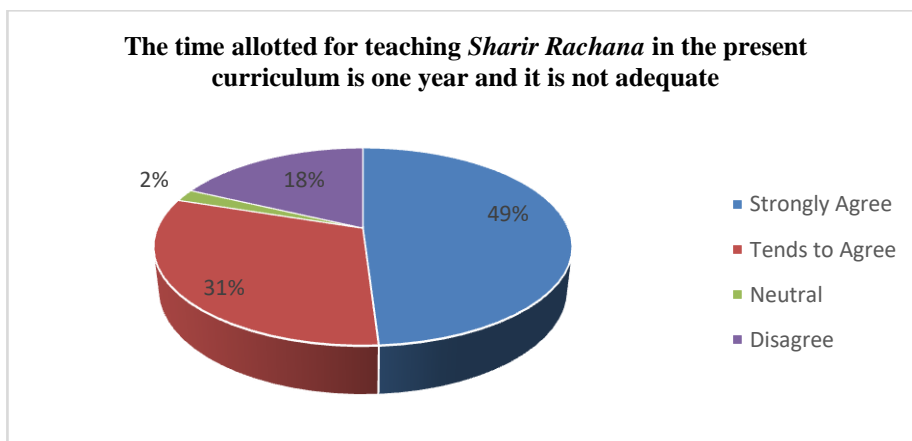
As depicted in graph 92% were agreed that clinical postings. they benefitted from the subject later in

**Graph 4.**



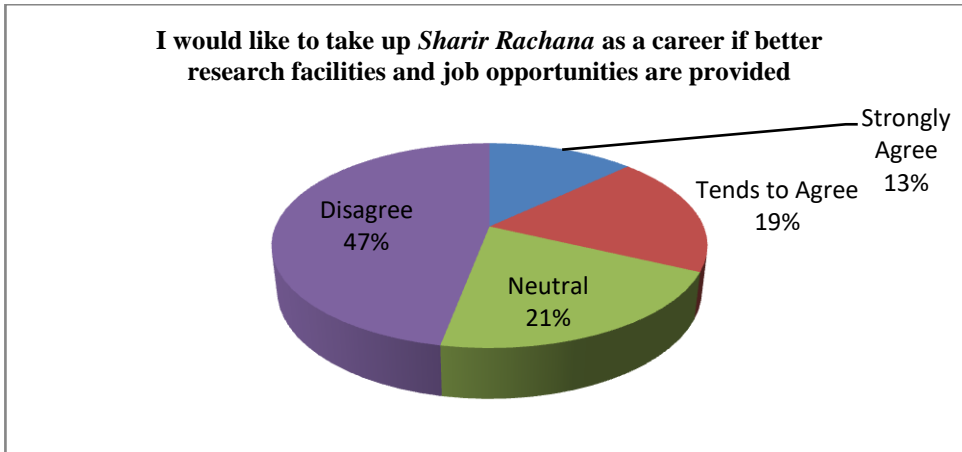
As shown in graph 90% feel that to be a *Rachana* is necessary and only 2% were good clinician the knowledge of *Sharir* disagree to that.

**Graph 5.**



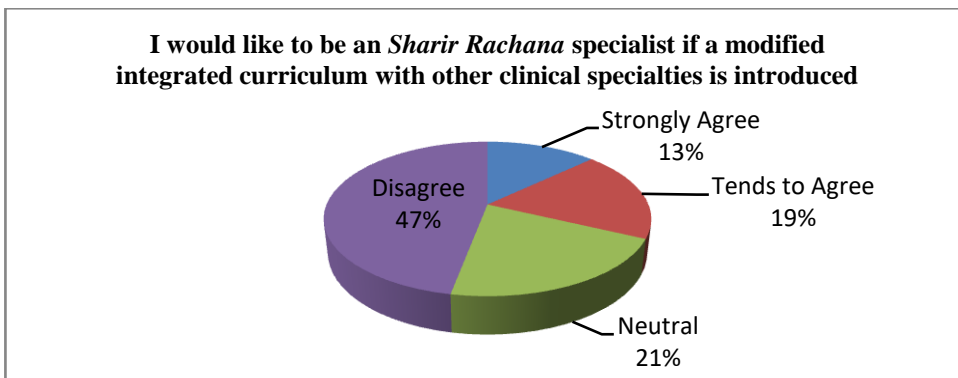
The graph shows that Majority (80%) not enough to learn *Sharir Rachana*. agreed with the statement that one year was

**Graph6.**



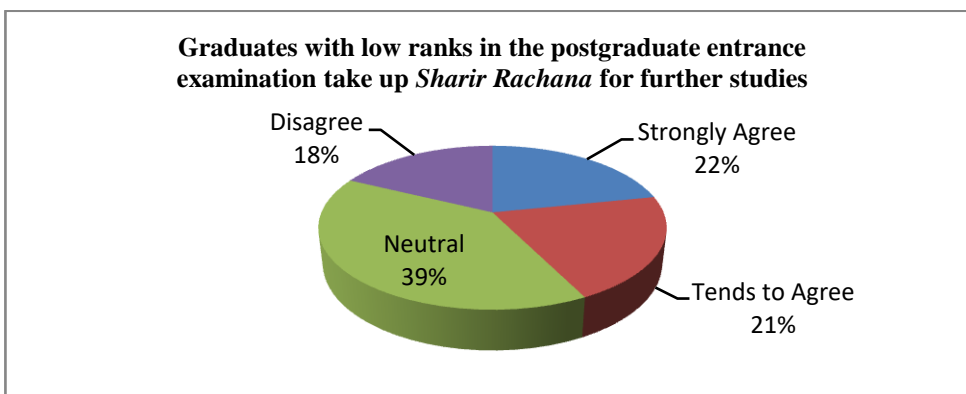
Only 33% students agreed to take up *Sharir Rachana* as a career as opposed to 33% who disagreed and the rest 34% could not form an opinion.

**Graph7.**



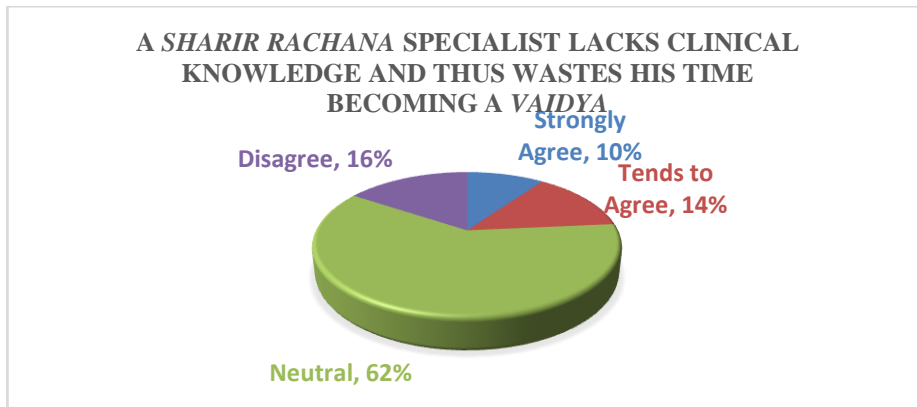
With introduction of modified curriculum 32% were willing to become *Sharir Rachana* specialist whether 47% disagreed with the option.

**Graph 8.**



Though 78% agreed to the fact *Sharir Rachana*. students with low ranks took up a career in

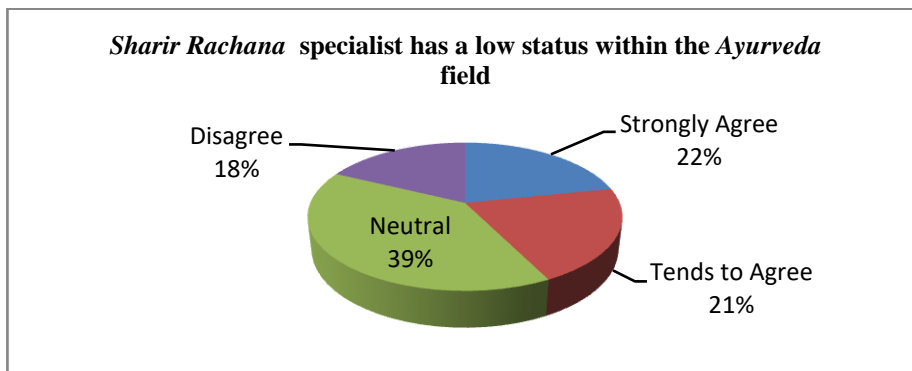
**Graph 9.**



16% did not agree that becoming a *Sharir Rachana* specialist was waste of

degree of doctor though 24% agreed with the same.

**Graph 10.**



43% said that *Sharir Rachana* specialist has a low status within the *Ayurveda* field 39% of them had no opinion. Whereas 18% were disagreed that as a specialty it had a low status in *Ayurveda* field.

## DISCUSSION

In India the total duration of graduating years for *Ayurvedacharya* (B.A.M.S.) are five and half. Out of these the first year is scheduled for teaching the basic subjects, *Sharir Rachana* being one of them. Later there is either very little or no attention paid to the *Sharir Rachana* aspects while discussing aetiopathogenesis of a clinical case. Thus *Sharir Rachana* tends to lose its

credibility as it is not a part of day to day curriculum. It is important to note that in our study a vast majority (96%) of students agreed that *Sharir Rachana* was an important pillar of *Ayurveda*. As *Acharya Charaka* and *Sushruta* has stated that *Shaarir* encompasses many aspects of the morphological basis of *Cikitsa* and provides a structural framework for development of clinical logic. This study also highlights that about 90% of students felt that a good *Vaidya* needs to have a sound knowledge of *Sharir Rachana*. Further, it also helped them in their clinical subjects.

*Ayurveda* students fear *Sharir Rachana* and up to 66% students felt that it is a difficult

subject. As mentioned in results majority (80%) agreed that the time allotted for teaching the *Sharir Rachana*, which at present, is one year is not enough. This indicates the need to reevaluate the curriculum and to increase the duration of time allotted to the subject.

There is no altered condition in *Ayurveda* as in medical profession that non-clinical teaching specialties are opted for by very few students. The fresh graduates do not even mention *Sharir Rachana* as a choice for post-graduation. The present study also highlights this fact. Only 13% strongly felt that *Sharir Rachana* could be opted for as a career and further 19% tended to agree to consider this option. The introduction of a modified integrated curriculum only increased the positive response marginally from 47%. All the above facts indicate that though the usefulness of the subject is appreciated by the *Ayurveda* students, very few would pursue it further. This predicts a further decline in trained *Sharir Rachana* specialists. A teacher of *Sharir Rachana* cannot be replaced by modern teaching techniques. Therefore, our study indicates an urgent need for immediate measures to improve the situation.

One of the major criteria in selection of a subject as a career is the financial status accorded to it. Inadequate financial returns are associated with professions involving non

clinical subjects. This has been reported from other parts of our country. In our study only 43% of total students agreed with the statement that *Sharir Rachana* specialist had a lower status in medical field thus only one third were actually willing to opt for it in future.

In India there are inadequate jobs and research opportunities in *Sharir Rachana*. Though it is said that major job of *Sharir Rachana* specialist is to teach students and requires that they be available to students always, the experience in subject is mainly determined by the research done and exploration of knowledge given in *Samhita*. Research opportunities can be improved by attaching histology and embryology laboratories with the department of *Sharir Rachana*. This will help to increase the attraction and interaction of scholars with *Sharir Rachana* for research and studies.

Limited job opportunities also means that the only option left for a qualified *Sharir Rachana* specialist would not be only teaching but clinical practice also. However, it is seen that the confidence to treat any ailment goes down with the years and this is aggravated by lack of inferences of *Ayurvediya shaarir* knowledge and less study of modern Anatomy. In our study however, 43% were agree to the statement that a qualified *Sharir Rachana* specialist lacks knowledge comparable to a

clinician. An *Ayurvedacharya* with a specialist degree in *Sharir Rachana* may be a skilled teacher.

## CONCLUSION

This was a cross-sectional study amongst a group of *Ayurveda* students in National institute of Ayurveda, Jaipur, India. A preliminary evaluation of the opinion of *Ayurveda* students as regards *Sharir Rachana* was obtained. Our study suggested a positive attitude of *Ayurveda* students towards *Sharir Rachana* as a subject but only few of these students were ready to pursue it as a career.

1. The time period allotted for teaching *Sharir Rachana* back to the pre 2012 status i.e. 210 hours teaching period for *Sharir Rachana*.
2. A revised integrated teaching schedule of basic *Sharir Rachana* with other subjects should be prepared to maintain continuity of the subject during clinical rotation in hospitals.
3. Better research and equal importance as to clinical subject post graduates in job opportunities should be provided. Research should be encouraged to establish the *Sharir Rachana* evidence based. There should be appreciation and recognition of the research work especially at government level.
4. *Sharir Rachana* specialists may be given incentives in one form or the other to

encourage more and more students to choose *Sharir Rachana* as a career.

5. Interaction with patients and other departments and amalgamation of *Sharir Rachana* with other speciality subjects may stimulate the fresh graduates to pursue *Sharir Rachana* as a career.
6. There should be periodical training courses for teachers of all the *Ayurveda* subjects especially in evidence based clinically applicable *Sharir Rachana* to improve teaching as well as practicing skills.

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