

## INFUSING TEACHING METHODS IN THE MEDICAL EDUCATION SYSTEM IN INDIA FROM THE WISDOM OF THE ANCIENT BUDDHIST TEACHING WAYS, WILL IMPROVE THE QUALITY OF THE TREATING DOCTORS

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### ABSTRACT

**Introduction-** Teaching Medical science is a challenging subject. The fast progress of the Medical Science makes it even more challenging to keep the Students of Medical Sciences updated about the recent happenings in the world and outside. It is virtually difficult to teach the Medical students in all the aspects of the modern medical science and produce good well learned treating doctors within a short span of four and a half years. Especially, introduction of non treating branches in the final MBBS has compounded the problem. The paucity of time to teach the treating branches in the final year, before the students are allowed to treat the society, has caused confusion amongst the mind of certain teachers of the treating branches. In such a scenario, it is worth to look into the ancient methods of teaching, which are still relevant in today's world. This re-look into the past is needed to infuse new ideas into medical education methodology. Here we look into the Buddhist system of teaching. **Review of literatures-**A vast treasure house of literatures in Pali, Prakrit and later Sanskrit are taught to the Buddhist students. Although the journal publications are sparse, the books available are very useful in providing an insight to the Buddhist teaching methods. Following the strict and disciplined methods, the students learn without fail and spread the gist of Buddhism in the society around. So, it is worth to look into the methods of the teaching in this ancient system and see if some input can be made into the modern methodology of teaching in the modern Medical Education. It was found to be worth introducing some ideas from this style of teaching and introducing such ideas would improve the Medical education delivery in India and would certainly help the society subsequently. **Discussion-**The available literatures on the subject shed enough light to the success of the Buddhist teaching methods. Many of these steps can be incorporated in the teaching methodology in the Medical education in India. The recent introduction of the faculty development program by the MCI recently has opened up new questions. This may lead to the dilution of the criteria of the teachers of the teachers as a result the damage will be very deep and severe. We discussed some important steps as well as guidelines based on the highly successful Buddhist way of teaching in this article for incorporation into the MCI Medical education system. **Conclusion-** Buddhist teaching methods have survived the taste of time and Millennia. It is high time these principles be looked into and at least some ways should be utilized to propagate knowledge in the Medical education in India.

**KEY WORDS:** Buddhism, Education, Medical, Treating and Non-treating Teachers.

### INTRODUCTION

Teaching Medical students in the present time has become a challenging task. The rapid growth of all aspects of the subjects, introduction of technology, introduction of Artificial intelligence have made teaching the subjects to maintain an optimal standard of education, a difficult task. To address the recent increase in the complexity of the delivery of healthcare to the masses, the MCI has brought in certain policy changes in the Education Delivery system in the Medical Science. The ATCOM model, as well as the introduction of various short courses in the teaching methodology, is introduced to prepare a system change in the medical

education sector. With the introduction of the newer ideas it is expected that all the teachers of the Medical Science will be taught to upgrade their teaching skills for a better delivery and a standard. All teachers of the Medical Education are directed to undergo such trainings. In such a chaotic scenario we thought to look into the treasures of the ancient teaching methods prevalent in the world. This will lead us to understand how vast amount of literatures were taught to the students and made them capable of retaining the education and to subsequently spread the knowledge in the society. Here we followed texts and literatures available on the Buddhist way of teaching and tried to

find out similarities with the present day requirements in the field of medical education.

### Review of Literature

The available literatures in the subject of teaching methods in Buddhism are rather sparse. The few major articles gathered are of course good and give an insight into the ancient way of teaching very well. It may also be remembered that education is not an abstract term. It is expressed in many ways in a society. Be it in the field of cultural or on the economic front, growth of an individual in both the philosophical as well as the scientific outlook with social and spiritual advancement. In other words, education is the means for holistically developing the mind of individuals for the betterment of the collectives and the society. During the time of Buddha, racial discrimination was prevalent in the society. The Classification of the populace by their professions was called "Varnashrama". By that practice, the Brahmans were the only sect, who took up the burden of Teachings of the individuals. This discrimination according to profession extended to birth in that particular sect.

In that backdrop, the real Prince, now the sage Gautama Buddha, adopted the principle of "it is the miracle of instruction" (anusāsanī pātihāriya). This "Disciplined" method of education was so effective, that the people from Gandhar (Now Afghanistan) to the Far eastern Countries as well as the China, Japan, Korea and Mongolia became his admirer and Buddhism spread within the forty-five years of his teaching career. The Buddhists, still claim this fact. This is the longest, unbroken history of education and it is maintained by the Buddhists.

There are instances, When for some reason, the Buddha left half through his lessons; one of his disciples would come forward to complete the remaining part of the lesson. This fact gives us ideas about how well students were trained.

### The Centre of Buddha's teaching

The Buddha teaching method contains three major aspects

1. Discipline,
2. Meditation and
3. Wisdom.

When the western world was unaware of the concept of university, Indian Buddhist scholars created six monastic universities.

They were known as

1. Nalanda,
2. Vikramasila,
3. Odantapuri,
4. Somapura,
5. Jagaddala, and
6. Vallabhi.

Among these six universities, Nalanda received much more popularity among both regional and foreign students. It was a great centre of wisdom and learning, the first of its kind in the world. According to Hiweun Tsang, a Chinese brilliant scholar monk, who came to study in Nalanda, there were 10,000 resident students who came from all parts of India and different foreign countries such as Tibet, China, Japan, Korea, Java, Sumatra and Sri Lanka. There were 1510 teachers and about 1500 workers. 100 lectures were delivered daily on varieties of Subjects from Religions to Agriculture to Medicine. Before it was destroyed by Muslims, it was a leading university for several centuries in India.

All the six universities maintained high standards in education, strict administration and discipline were maintained strongly. The course of studies of these universities included Buddhist studies pertaining to all three Buddhist traditions, comparative religion, the six systems of Hindu Philosophy and various other secular subjects such as politics, economics, law, agriculture, astrology, science, logic, medicine, fine-arts and literature.

### DISCUSSION

Considering the above information it was found to be having some similarities with the present day Medical education in the Medical Colleges or in the Institutes.

First, the Teaching methods must have been very effective so that it flourished.

Secondly, since the students were the self interested learners primarily, that methods must have attracted the students quite strongly. The teachers must have had very attractive ways of Teachings as well as excellent teachers.

Thirdly, varied subjects were taught in addition to religions in those centers. Not unlike the present day Residential Colleges and Institutions Teaching Medical Sciences.

Fourthly, one of the subjects taught in Nalanda was Medicine. The Buddhist System of Medicine, also almost synonymous with Tibetan Medicine, is known for its vast treatise and treasures. This was also taught in the other ancient centers. In Dharamsala, a centre still continues to teach this stream of healing science in the same ancient way.

The one sentence which explains all of the Buddhist way of teaching is, "the more one elaborates it, the more it shines" (vivatova virocati).

The chief aim of Buddhist education was all round development of a child's personality. This included his physical, mental, moral and intellectual development. The aim of Buddhist Education is to convert a free man, into a wise man. A man, who is intelligent, has strong morality, non-violent and a man tolerant to all other

faiths and beliefs. Students that is why became judicious, with humanistic values, were logical and free from superstitions. Students were taught to become free from ignorance, greed, and lust. Especially, lust. Self control was considered a virtue beyond compare.

Qualities and responsibilities of the teachers were also clearly delineated in the Buddhist methods of Teaching. During Buddhist period the place of teacher in the scheme of education was very important. The teacher himself must spend at least ten years as a monk and must have the purity of character, of thoughts and must be generous. Teachers loved the students and helped them in every affair. The teachers also took care of them during their difficult times with disease and injuries. The teachers were responsible for their students. Their food, comfortable accommodation and all other necessities of livelihood were the responsibility of the teachers. They kept keen eyes on progress of the students. Especially they were serious about the obeying of the rules. The teachers would have to be highly qualified in their subjects themselves. Overall the Buddhist Education system developed on the basis of few basic principles. This gave emphasis on the moral, mental and physical developments. The main stress was given to have a clear idea of Tripitaka which consists of

1. Sutta Pitaka,
2. Binoy Pitaka and
3. Abhidhamma Pitaka.

Category wise there were two categories of teachers –

1. Acharyas and
2. Upadhayas.

According to Sutras Literature, Acharya may admit according to his discretion, a number of pupils. The students such selected would live with the Acharyas, in house, for a period of twelve years. Acharyas would not accept any fees from the pupils under this style of instruction. The progress shown by pupil was the only factor that determined the continence of his apprenticeship. The duration of the teachings will also depend on the above mentioned factors.

As mentioned earlier, the Buddha teaching methods centered on the three core points of teaching and learning. These were and are

1. Discipline,
2. Meditation and
3. Wisdom.

The monk (Teachers) and the students in Buddhist period followed the principle of “simple living and high thinking”. They were stimulated to follow the Astang Marg, the eight roads way to self enlightenment.

1. Samma-Ditthi — Complete or Perfect Vision.
2. Samma-Sankappa — Perfected Emotion or Aspiration,
3. Samma-Vaca — Perfected or whole Speech.
4. Samma-Kammanta — Integral Action.
5. Samma-Ajiva — Proper Livelihood.

6. Samma-Vayama —Perfect Energy and Vitality (Virility?).

7. Samma-Sati — Complete or Thorough Awareness.

8. Samma-Samadhi — Full, Integral or Holistic Samadhi.

(The word Samma means ‘proper’, ‘whole’, ‘thorough’, ‘integral’, ‘complete’, and ‘perfect’).

Mental and moral development was considered to be of paramount importance. It was emphasized strictly. Following were the methods used to teach the students by their teachers:-

**1. Verbal Education-** Though the art of writing had been well developed before the Buddhist period, verbal education was still prevalent as it was in the Vedic age. The teacher used to give lessons to the novices who learnt them by heart. The teacher urged the students to commit all lessons to memory. This was a very strict curriculum.

**2. Discussion and Debates-** To impress the general public, it was necessary to improve the power of discussion and Debate. This was also needed to satisfy the critics and opposing groups and establish authority. This followed well laid out rules for discussion and Debates. This helped in gathering knowledge too and at times choosing a master for future.

**3. Prominence of Logic-** The importance of discussion also encouraged the logic in the Buddhist period. The controversial matters could decide with logical argument. Logic helped in the development of the mental power and knowledge.

**4. Tours-** It was considered a matter of great importance. Both to propagate Buddhism as well as enlightening people, Touring was considered an important aspect of gathering as well as the dispersion of the knowledge.

**5. Conference-** Conferences were arranged on every full moon and 1st day of month in the Buddhist centers. The monks of different teaching houses assembled and put forward their doubts freely. The attendance of every monk was compulsory in such conference.

**6. Meditation in Solitude-** Many Buddhist monks were interested in isolated spiritual meditation and took refuge in the lonely forests and caves. There they would meditate and try to communicate with the Divine. Only those monks were considered fit for lonely meditation, which had fully renounced the worldly attraction and spent enough time in the centers. They must have gained the efficiency for solitary medications.

When these facts are analyzed with an aim to incorporate the methods in the modern teaching methods of Medical science, it would be evident that the ancient way is far superior to the modern one. So far Buddhist way of teaching has spread far and wide and is spreading rapidly. There must be some philosophy for its success in the present day world of conflicts.

The following points can be appreciated very clearly from analyzing the above material.

First, the quality of the teachers. The primary aim of the Medicos is to become treating Doctors. The present Faculty development program under the Medical Council of India fails to address the interest of the quality of education. The qualification criteria to become a teacher of the teachers evidently show the dilution of the most important constituent of the medical education, the quality of the teachers. The quality of Teachers must be given due importance as in the Buddhist method. The teachers in the Buddhist methods are experts in their fields. A teacher without any treating experience but with a fellowship in teaching of a few months, a diploma, a so called Advanced training in Medical Teaching with very short institutional exposure and authors of few papers are considered eligible for a nodal centre of Teacher of the teachers. The MCI guideline is silent about those branches, where non MBBS teachers are accepted as teachers in the non treating Departments of the medical colleges and whether these teachers would also teach the teachers of the treating branches and would teach how to treat. The Faculties capable of treating ailments from the head to toe and who are competent to face patients and attendants should be involved in these positions. The teachers who are capable of facing mobs, facing deaths, facing surgeries and facing disasters are to be consulted for formulating methods of teaching. Probably teachers from such departments need to be consulted to generate the curriculum, the syllabus and to formulate the policies for making the medical education solid, logical and fit for the society.

Secondly, Selection of students. This should be entirely on merit and by the criteria fixed by the teachers of the treating branches. Whimsical addition of the number of seats in an institute helps only the balance sheet of the private colleges. It does not help the Teaching. As a result the teaching of the treating branches would suffer. Let the teachers think how many can be taught well to produce standard quality of Treating doctors. May be the treating branches will be more helpful here. Maintaining a healthy student to teacher ratio must be ideal in all institutes. this will lead to improve the standard of teaching of the treating branches.

Thirdly, a strict verbal approach of certain basics, like Mnemonics, Charts, and Numbers must be made compulsory to commit to memory. These will come handy in emergency treating situation. It has to be strict and the students pass or fail must be related to this important medical knowledge. Here application of Mentorship will be very useful. The mentors can take charge of a select numbers of students and see that they memorize the lists. The Teachers of the Non Treating branches of the medical colleges may be utilized in this part of the curriculum. Later the teachers of the Teaching branches will teach how to treat to the students.

Fourthly, Arranging more debates as well as discussion classes encompassing all the subjects leading to the management of a particular disease or condition. The

students should take active participation in this. Ranks and marks can be made to relate to these classes. The teachers of the non treating branches can contribute in this part significantly.

Fifthly, Use of logics. We seem to have forgotten the past. The third year students used to be very innovative. They guided quite a few epoch making discoveries in the medical science. Students should be taught to challenge the teachers with their new found knowledge in every step of the treatment processes. This habit must be stimulated once the students complete their Anatomy, Physiology and the Biochemistry courses. Students should only be sent to the Treating branches for exposures after this stage. "The Eyes cannot see, what the mind does not know". Without the knowledge of Anatomy, Physiology and Biochemistry the students will fail to understand, what goes on in the treating Departments.

Sixthly, Students must be sent to sabbatical to the treating Departments of other Colleges to see and experience the differences in each institute. This should be for a minimum period of three months at once or divided. This will open the mind of the students and they would understand the meaning of "Institutional Philosophy". Students from the third year onwards must be sent for visiting away camps regularly. This will help in getting exposure to the social aspect of the profession early in life.

Seventhly, Sending students to medical conferences, including the conference of the non treating branches from the third year onwards. Most of the research are happening in the Non treating branches, which are changing the way finally the treating branches will act. Attending such wide conglomerations will help in producing good quality treating doctors, the final aim of the medical colleges. In addition, coming in contact with students and teachers of different states, will help in generating interest and inquisitiveness, which are so important for a treating doctor.

## CONCLUSIONS

Buddhist Monasteries and Buddhist Universities played major role in developing Buddhist Education. The teachers were highly qualified in their subjects. Set principles were there for selecting a teacher. Buddhist Education makes man judicious, humanist, logical and free from superstitions. One cannot do any injustice, lie, commit theft, cannot kill, and cannot be addicted in wine and lust. This should be the character of the treating doctors. Buddhist Education crossed Indian Sub-continent and expanded up to China, Korea, Japan, Tibet, Mongolia, Srilanka, Myanmar, Thailand, Cambodian, Laos, Vietnam, Malaysia and Singapore. Even today in those countries Buddhist Education, with the inclusion of modern subjects in the syllabus, is doing wonders in raising the standard of the contemporary education.

In conclusion it can be suggested that adding the principles of Buddhist method of teaching and strictly incorporating some of the values in the present medical education system, will help the medical branch a humane one. The process of teaching as well as the value of empathy imbibed in the way to teach in the Buddhist way would be able to solve the present day crises and reduce conflicts within and out of the modern day treating doctors.

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