The Ancient Origin of Nursing in India

SANDHYA GHAI
CHANDER M. GHAI

THE Origin of Nursing is the history of Ayurveda and is as old as humanity's coming into existence. Ayurveda gives Nursing a significant place by making it one of the four legs on which therapeutics stands:

भिषग्द्रव्याण्युपस्थाता रोगी पादचतुष्टयम्।
गुणवत्कारणं ज्ञेयं विकारव्युपशान्तये।।

च०सू० ९.३

"The physician, the drugs, the attendant and the patient constitute the four basic factors of treatment. Possessed of required qualities, they lead to the earliest cure of diseases". Thus a Nurse was considered as important as the physician, the medicine and the patient.

Charaka and Susruta, the greatest medical sources of India have in unequivocal terms ascribed the origin of medical science to this universal spirit of mercy and love (सर्व भूतानुकम्पा). The quality of mercy is doubly blessed. Mercy is the younger sister of sympathy both being born of the human spirit. The objective search for the origin of medicine may lead us to Hippocrates or Atreya, but the subjective search for the origin of medicine will always lead us to this subtle spirit of mercy, or sympathy, the fountainhead of inspiration and the origin of medical science.

Concept of Nursing

Dr. Payne, the well known American historian, has explained the concept of Nursing in a very significant way: "The basis of medicine is sympathy and the desire to help others and whatever is done with this end, is called medicine".

It is remakarble that birth of the Buddha coincided with the height of intellectual development in India. The age between 600 B.C. to 200 A.D. was the time when scientific medicine was evolved and took a definite shape. It was Buddha who extended the benefits of scientific medicine to humanity at large, motivated by the spirit of compassion. The ball which was set rolling by Buddha gathered immense momentum in course of time. Though there are scattered references to the art of Nursing in ancient literature, no definitely systematic practice of Nursing is described before the period of Charaka and Susruta. By the time of Charaka Nursing had already become an acknowledged part of great importance in treatment. It has been well said:

"Nursing is an Art, the master of an Art has no end, you can always be a better Nurse."

An orphan yearns for mother and a child seeks solace and comfort in the gentle company of his mother. A patient is very much like an orphan or a child and who else but a woman, who is ordained by nature for motherly functions and whose heart pulsates with motherly instinct radiating tenderness mercy and love in all directions, can be more fitted for this profession of Nursing? It is these qualities of her heart that make a female Nurse far more useful than a male Nurse. It would be much more apt to replace the word 'Sister' applied to Nurses in modern times by the far more significant word 'Mother'.

The spirit of service combined with the training in the art of Nursing makes the woman the proper instrument for the administration of cure to the ailing patient. Charaka describes the qualities needed in a Nurse thus:

उपचारज्ञता दाक्ष्यमनुरागय भर्तरि।
शौचं चेति चतुष्कोष्यं गुणः परिचरे जने।।

च०सू ९.७

"Knowledge of Nursing, skill, affection for the master (patient) and cleanliness - these four are the tetrad of desiderata in the attending person".

The Golden Period

The period of Ashoka's reign which was pre-eminently Buddhistic was the golden period of medical progress in India. The institutions of hospitals was a well-established fact in India in the 3rd century B.C. when Europe could not even dream of it. The trunk roads, instead of being lined with ordinary trees, were lined with trees useful for medical purposes. Buddhist monks were expert surgeons. It is no wonder thus that the art of Nursing attained a well developed form during this period. The following extract from the *Kasyapa Samhita*, bears ample testimony to the advanced state of Nursing during this period.

"After this should be secured a body of attendants of good behaviour, distinguished for purity and cleanliness of habits pos-

Mrs. Sandhya Ghai is Sister, Grade II, College of Nursing, PGI, Chandigarh.
Dr. C.M. Ghai, is Medical Officer, Government Ayurvedic Dispensary, Derabassi, Patiala.

sessed of cleverness and skill, endowed with kindness competent to cook food and curries, clever in bathing or washing a patient, well conversant in rubbing or passing the limbs, raising a patient or helping him to walk, well skilled in making or cleaning beds, able to pound drugs, always ready, patient and skillful to wait upon one who is ailing and never unwilling to do what is commanded by the physician."

The quality required in a female Nurse are well enumerated in the following extract:

"To become a good Nurse, a woman must possess considerable intelligence, good education, healthy physique, good manners, an even temper, a sympathetic temperament and deft hands. To these she must add habits of observation, punctuality, obedience, cleanliness, a sense of proportion and a capacity for good habit of accurate statement. Training can only strengthen these qualities and habits. It cannot produce them."

Susruta also defines qualities of a Nurse as" knowledgeable, devoted to helping patients, clever and pure in body and mind. These four qualities and qualifications are inculcated among the students even today during their three to four years of Nursing Education.

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The Myth About Night Duty

KHALIDA JABEEN

NIGHT DUTY has always been regarded as an easy job. Night nurses are thought as caretakers, or the staff who are there until the real staff reports for duty in the morning. But, unfortunately, this low opinion of night staff is perpetuated by our own profession. So what makes night Nursing different?

Psychological Responses

Illness is more acute and more difficult to manage at night. Resistance is lower and the psychological and emotional responses are unpredictable. The reality of the terminally ill patients dying in lonely hours of the night is agonising. It is common knowledge that distressed and anxious patients often become angry and uncooperative at night. It is common for the elderly or toxically confused patients to be more deranged at night. The behavioural changes arise often out of fear that becomes more acute at night. Even though emergency operations, consultatations and other circumstances that need medical aid can occur at any time and commonly do at night, figures show that the onset of labour and child birth are highest during the evening and night. That death occurs from a number of reasons often at night. In fact, there are many problems a Night Nurse faces that are not apparent during the day shift.

The problems faced by Night Nurses are not peculiar to any one country, or in any special Hospital but this is common to all Night Duty Nurses in every setup.

Nurses often experience emotional pressures during night duty. They meet more commonly distressed, anxious, often shocked relatives. This requires reassurances and support from the Nurses. The emotional pressures are accentuated by the Nurses' own tiredness. This is widely accepted that the body possesses a biological clock which results in our body's physiology developing a pattern of rhythms. With a conventional lifestyle there is a matching of rhythms due to the internal clock and the external environment but this is lost when Night Duty is performed and results in problems associated with night duty.

Lack of sleep is the common problem, as daytime sleep is shorter and not as restful as sleep at night. This exacerbates the natural feelings of tiredness and causes a feeling of general malaise. Most people cannot tolerate a prolonged period of night work as they develop loss of appetite, an increased incidence of gastrointestinal problems. There are also social problems, the reason being obvious. The Nurse has to be particularly disciplined to avoid these problems.

She must develop a strict routine with regard to sleep and taking regular meals. She must structure her life in a manner that makes coping with night duty less difficult. This is not always easy. Patients require the attention of Nurses throughout the day and night, and who knows one day the myths associated with night duty may disappear.

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Mrs. Khalida Jabeen was Assistant Nursing Superintendent, Institute of Medical Sciences, Srinagar, at the time of writing this article.