Nursing Education Through the Ager

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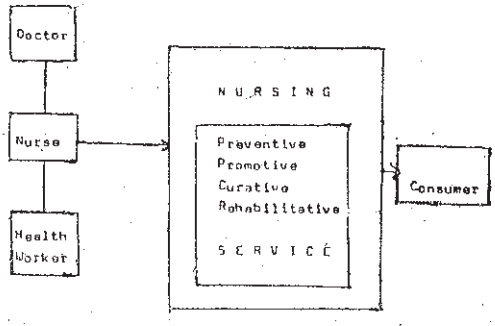
IN the twentieth century, three different terminologies are commonly used widely in the field of health. People perceive these aspects with their own frame of references. They are 'Medical Service', 'Nursing Service' and 'Health Service'. It is quite obvious that all these terminologies deal with the welfare measures of the human beings in relation to health generally. In the field of health, doctor, nurse and health worker are doing welfare activities in the promotion of health status of the people. Health may be defined as 'the capacity for activity'. J. F. Williams of Columbia University defines health as 'the quality of life that enables the individual to live most and to serve best' W.H.O. defines health as a complete state of physical, mental and social well being. Otherwise, it may be explained as the attainment of the highest economically productive life. The objective of these three services are to attain an optimum level of health. So the ways or means may be many but the reaching place or goal is one. What is the mean or via media or channel to attain the desired health status? The answer is nothing but Nursing service. All the persons in health team like doctor, nurse, health worker, social worker, technicians, extension worker, administrator and others can do their work effectively only through Nursing service. This may be described in the following diagram.



Whoever may be the person, he can do only through the Nursing service to attain the common goal. We cannot separate Nursing service from preventive, promotive, curative and rehabilitative service. They are integrated. They are body and soul. If we separate these aspects, the inactive skeleton will remain as residue. Even though all human beings are same, the functions will be of different quality due to their individual difference. Some may be brain worker, some may be manual labourers. Some may be intermediate of these two. Similarly, due to the different roles and different needs of the people, the above personnel carry out their activties in a different manner but to achieve the same goal. Medical personnel or doctor give more importance to curative aspects whereas health worker gives more emphasis on prevention and promotion sides. The nurse is the only person who gives equal importance to all the four aspects.

Origin and Development

If we turn the pages of past history, we could not see separate category of persons like doctor, nurse or health worker. These are all later developments due to evolution of health system in relation to the health needs of the society. The reasons may be, overpopulation, high mortality and morbidity rates, low expectancy of life at birth, poor nutritional status, high illiteracy rate, ignorance, organisational needs ineffective health service, magnitude of the health problems, health practices, necessity for the specialisation of service, etc. In olden days, only one category of personnel, namely, medicine mass or vaidya was doing nursing service to the humanity with use of medicines. Curative service was rendered effectively but other services were also given equal importance. In the primitive stage, magician was the medicine man. He added religious aspects also in service like chanting mantras. Beliefs also played an important role. In the later stage religious aspects and magics were excluded and they followed scientific approach considerably. If we analyse the curriculum or content of education, it won't be as Nursing Education separately as we have now. It may be called Medical Education. But Nursing Education was the soul of that Medical Education. They gave more importance to Nursing aspects.

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In those days were only Medicine men and not Medicine Women.

India is noted for its ancient Indus Valley civilization (3000 B.C.) in the Vedic period. People have constructed their cities in a well planned manner, with drainage and houses built with public baths. It indicates their practice of proper environmental sanitation and personal hygiene. We may assume that they realised the importance of health practices in relation to the diseases. The subjects of environmental sanitation, personal hygiene and diseases might be added in the curriculum of general education. Otherwise, medical education might be the only education or compulsory education in which these aspects might be added eloborately. Or many slogans or proverbs in relation to health practices might be prevalent in an effective manner as we have now some slogans like 'Health is Wealth', 'Take bath before you take your food', 'Wear always washed cloth', etc. Or the local government or political structure might be responsible for these types of sanitory measures. Or, these health practices might have been imported by the foreign traders who came to India for business. Anyhow, it is admirable that the community considered health as a valued asset. Heatlh habits and practices were culturally and socially accepted by those people.

Some scholars are of the opinion that the health system of medicines might be responsible for their health behaviour. Ayurvedic system might be responsible because its origin is traced far back to the Vedic times, about 5000 B.C. That was the only available system in India in those days.

Ayurveda System: Ayurveda means 'Science of life' and not Science of diseases. Some experts say that medical knowledge in Atharva Veda generally developed into the science of Ayurveda. But Rig Veda also contains a good number of drugs (plants) and systematic classification of plants. There are references of treatment in all the four Vedas. We may assume that the Ayurveda system might be in common use in an effective manner even before the Vedic period. Due to its significance, the sages or saints might have referred many things in relation to the Ayurvedic system. So, the four Vedas may be called the first reference books of medical education. That Medical Science was considered as a blend of physical, mental, social, moral and spiritual welfare of the people. A few examples from Ayurvedic classics are given below.

"We should not tell lie", "We should not take over others property", 'We should not indulge in hatred or sinful activities", "We should avoid the company of traitors, mean and croocked persons." The above instructions are of greater social, moral and spiritual value. Few instructions given below deal with physical and mental well being.

"One should not sleep on a bed not well covered or without pillows."

"One should not have relations with persons of bad conduct."

"Sleeping, vigil bath, drink and food should not be in excess".

"One should wash before taking food."

"One should not take clothes worn before."

"One should not have inclination towards wine and prostitutes."

The content of the Ayurvedic system relied on the comprehensive concept of health. Tridhosa or Tridhatu theory was the base. The theory may be explained as follows. In different systems of body, kapha, vata, pita are manifesting in different forms but there is an equilibrium between these three dhatus. When there is an equilibrium, the person is affected by disease or disorder. The treatment was given in terms of season, sex, age, time etc. The medicines were prepared from plants. Minimum number of minerals were used in the preparation of medicines. So the curriculum was framed in order to fulfil the requirements of those people with tridhosa theory, and suitable treatment wih appropriate medicine. The main objective was the optimum level of health.

In 1400 BC, Siddha system came into existtence in south India. 18 Siddhas were responsible for this system. The content was the same as in Ayurveda. The only difference was that Siddhas prepared medicines from more minerals and metals and minimum of plants. It might be due to the availability of the resources or raw materials for the preparation of Medicines. Siddha system was popular in south India whereas Ayurvedha ruled over north India.

Educaional Institutions: Gurukula was the educational institution in the Vedic period. Sanskrit was very widely used as the medium of instruction. A powerful Ashrama system was prevailing in those days. The span of life for human beings was 120 years. The life cycle was divided into four parts, namely Brahmacharya, Grahastha, Vanaprastha and Sanyasa. Brahmacharya was the first stage of nearly 30 years. A person should learn in this stage only. The students above 8 years would be sent by the parents to Gurukula. The Guru would be a learned person of all sastras. He would teach vedas, vaidya sastras and also how to fight in the war and defeat enemies. He won't teach immediately after the admission of the students or sishyas. Gurukula was a mock society. All the work should be done by the students in the Gurukula. The school or Ashrama would be mostly in the forest so that the plants or herbs might be easily identified. They can prepare medicines easily since they were very close to nature and away from village.

Before teaching, the Guru would carefully examine the student's family background,

father's occupation, parent's interest, the student's interest and his efficiency in learning.

The Guru would prepare the student physically, mentally and socially to learn the subject. When the Guru was satisfied with the student in learning, then only he would send the student to his home. Sufficient theoretical and practical knowledge and skill were imparted. Ayurveda like system was taught in that procedure only in the Vedic period. Of course, all the lessons were taught orally in the Gurukula was traditional education. If the father was a medicine man or vaidya, he would teach it to his son. The son would in turn teach vaidya sastra what he learnt from his father, to his son. Here also oral teaching was in practice. In the later stage only manuscripts and books were used according to the development of science. Ayurveda and Siddha systems were taught by the use of Gurukula system and traditional educational system.

In the post-Vedic period (600 BC-600 A.D.), medical education was introduced in the ancient universities of Taxila and Nalanda. Atreya, the first great Indian physician and teacher lived in the Taxila University. Ashoka (226 BC) and other Buddhist kings patronised Ayurveda as state system of medicine and established schools of medicines and Public Hospitals. This was a land mark in Medical Education. Charka (200 A.D.), ancient Indian court physician in the court of Kaniska, compiled his famous treatise on medicine **the charka Samhita** which was based on the teaching of Atreya. That was the first document of Indian medicine. Susruta compiled **Susruta Samhit**a in the period of 800 BC-400 AD. Some scholars are of the opinion that **Charak Samhita** and **Susruta Samhita** might be in the period about 1000 BC. Of course the periods are controversial but the contents of the documents were far from confusion. **Charka Samhita** gives a very good classification of plants whereas **Susruta Samhita** deals with surgical aspects of early Indian medicines. The early Indians set fractures, performed amputations, excised tumours, repaired hernias and did cataract operations.

Another document was **Manu Sastra.** The Laws of Manu were a code of personal hygiene We came to know with wonder that Dhanvantri was practising inoculation against smallpox. The study was in great depth. For instance, the depth study of preparation of medicines, the resources may be explained with the event in the life of Acharya Jivaka. The Guru of Acharya Jivaka in Nalanda (1200 AD) asked him to bring a material which cannot be termed as "drug." Jivaka tried and returned with empty hands. This shows the depth study of medicine and other arts. This shows the systematic, effective curriculum of education in the famous Nalanda University.

Guru-Shisya relationship was a remarkable one in the Ashrama system (Gurukula) and in the universities or schools. The Guru was a friend, philosopher and guide. He was given a position next to God. He was respected more than the parents of the students. Sociey also gave an important place for him. The Guru treated all the students as his own sons. The curriculum of medical education was a socially and culturally accepted one in those days.

In 1000 AD the Arabic system of medicine popularly known as Unani system was introduced by the Muslim invaders. The Ayurvedic system was suppressed. Unani system was not so popular in south India because most of the Moghul kings ruled over north India. But some reflections are still visible to some extent in south India. Due to the political changes, ancient universities and hospitals disappeared. At the time of British rule in India, these three systems became dim gradually but never disappeared. During the British rule in India; the present system of Nursing Education evolved.

The origin and development of modern Nursing Education was due to the health needs of the society. If we analyse there were two major factors which were responsible for the development of Nursing Education. One was the child birth practices in Indian society or traditional birth attendants. Indian society have different culture, habits, customs, norms, values, beliefs, taboos, practices due to varied religions and sections. An untrained "dai" is one who belongs to "Barber" or "Dhoby" "Harijan" community with some acquired skill from her ancestors; Dais handled the mothers with crude practices such as massaging the abdomen with castor oil and doing pelvic examination with unwashed hands at the time of labour without having the knowledge of aseptic techniques. Due to this maternal-child mortality rate was high.

Another factor was norms of modesty. In the Indian society male trained or professionally qualified doctors were not allowed to the women in labour. There were no lady doctors available. Only male doctors were available but they were not permitted to conduct labour. Because the people perceived the labour with norms of modesty. It was not accepted by the society. Due to this lot of maternal deaths occurred in India.

In 1886, Miss Hewlett, a missionary in Amirtsar, wanted the Dais to be trained under supervision. She was encouraged by the Municipality of Amirtsar. She assisted the Dais in conducting child birth safely and issued certificates after adequate training. Victoria Memorial Scholarship was established. Madras State introduced the Madras Registration of Nurses and Midwives. Miss Griffin and Miss Graham, two English missionary nurses, felt the need for a school for training health visitors. They thought that health visitors would be better than the Dais. Due to their tremendous effort Lady Reading Health School was started in 1918 in Delhi and allopathic system of medicine was taught.