



ISSN: 0976-3376

Available Online at <http://www.journalajst.com>

ASIAN JOURNAL OF
SCIENCE AND TECHNOLOGY

Asian Journal of Science and Technology
Vol. 5, Issue 11, pp.678-681, November, 2014

REVIEW ARTICLE

CORE TEACHING SKILLS FOR PANCHAKARMA

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ARTICLE INFO

Article History:

Received 01st August, 2014

Received in revised form

15th September, 2014

Accepted 19th October, 2014

Published online 19th November, 2014

ABSTRACT

The inspired core teaching skill is the dignified way to magnify the Panchakarma in an ethical form. The encapsulated skill is bestowed with the practical knowledge with help of qualitative code of teaching materials and the teaching skill is successfully comprehended with its required appliances and when necessary to treat the disease in a stipulated way. In Charakasamhita, the methods of teaching are based upon these facts. This concept has been explored in this paper.

Key words:

Core teaching skill,
Teaching methodology,
Panchakarma.

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INTRODUCTION

The teaching of any topic of any relevant compendium is categorically scheduled by the Core teaching skills and there components. The relevancy of the teaching of the concerned clinical subjects is specifically related to the sequential arrangement of the subject contents and therefore the continuity of the relevancy of the contents of the subjects is clarified with its meaningful attempts. The relevant topics or the contents of the subjects are placed with clarity and accordingly the utility of the classics of the concerned texts in case of in accordance to its domain of the subject and the level of the objectives. The clarity of the *Panchakarma* is well understood imparting of the proper teaching following the justification of the contents of the relevant books. The cultivated knowledge is acquired through the absolute teaching process of the subject *Panchakarma*. The very specific subject is well classified and taught in terms of its theoretical and practical knowledge and the total components is therefore classified in terms of anatomy, physiology, pathology, therapeutic hygiene, environment and there by the amplitude of the domain of the *Panchakarma* is twisted with clarity. The theoretical and practical part of the very subject is to be organized in accordance to the intellect of the students and that should be logically justified.

The meaning of the contents of the theoretical parts is to be verified through the practical application and prior to that the absolute meaning and techniques of the practical procedures are to be adopted. Categorizing the complete materials of *Panchakarma* in theoretical and practical perspective, the logical teaching is to be imparted.

MATERIALS AND METHODS

An extensive search of the ancient Ayurvedic literatures was carried out to compile information about teaching useful for *Panchakarma* therapy. The search includes the texts of 1500 BC to the recent texts. The contemporary books of Education, Teaching are also gone through.

Aims and objectives: The main aims are to make teaching more interesting and fruitful in the field of Panchakarma and to yield qualitative Panchakarma physicians.

Review: Attaining the complete knowledge of the theory and practical demonstration the meaning of the classified chapters as stated in the classics is to be imparted in a synchronized form and the set of queries are to be faced by the preceptor in convene the narrated answer of the questionnaires made by the disciples. Prior to practical demonstration, the process of *panchakarma* is to be practised in a dummy or through drawing the appropriate posture of the patient, instruments etc. as required for the therapy.

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In the administration of *Panchakarma*, all the required utensils and instruments or devices needed for the respective therapies are to be kept in the clinics or the hospitals for the appropriate demonstration and to arrest the emerged complication as necessary. After the sequential arrangement of teaching process or proper practical demonstration, the relevant questions of *Panchakarma* are to be made before the disciples and to be asked to exercise the specific practical; and the relevant questionnaires should be distinct with appropriate deliberation so that absolute response of the expert student will be revealed and it will initiate the student to make further elaboration of the subject for the questionnaires will itself inculcate to incline the students in the subjects in an analyzing form with critical evaluation. The explanation of the emerged statement by the students in terms of *Panchakarma* will be concluded with the essential points. Clinically all the procedures of *Panchakarma* are to be deliberated with appropriate examples for the better understanding and simultaneously the efficacy of the therapies is to be revealed after the therapy.

The teacher will display the *Panchakarma* in an appropriate manner so that the students of different merits can adopt it easily and at that time of displaying the topics the gesture of the teacher and connotation pitch should be distinct. This very clinical subject is to be repeatedly taught and after proper examination evaluating the students in relation to the perception of *Panchakarma*, students will be asked to participate in the seminar with relevant topics to reveal the quality of the student. In the hospital with appropriate requirements the student will also to be asked to demonstrate the therapies; and prior to the administration of the therapy their merits should be judged on the basis of selection of patients and the required selective therapies. After the prolong deliberation, interaction and attending the different seminar on *Panchakarma* the teacher will try to reveal the perception of the students on the basis of the capacity to summarize *Panchakarma* in a nutshell and after providing the appropriate certificate the students will be asked to be further trained through the internship and house staff ship and after the skillful thoughts on *Panchakarma* the students will be ensured to perform his P.G study to achieve the highest efficacy on the subject and subsequently to be a sound physician and teacher through imparting the onward transmission and adequate knowledge of *Panchakarma*.

The relevant contents of the chapter is required to test with clarity; and it signifies that the nomenclature of the chapter fulfill the qualitative literary materials with its profoundness without deviating from the principles of the chapter and the total knowledge as acquired by the students need to justify with the application of respective theoretical and practical outcome. The sequence of the chapters of *siddhi sthana* is so validated that nowhere has it reflected its doubts. The composite programming of the chapter writings with its contents magnifies the writing instructional objective skills. The etymological derivation of the nomenclature of the chapter in *siddhi sthana* is very significant in this aspect. The nutshell content of the chapter is focused through the analytical conception and therefore the broad spectrum purview is nowhere been deviated from its fundamental meaning and the captivated contents are meaningful in the respective chapters. The sequence of the arrangement of the

chapters mentioned in the *siddhi sthana* is also very potent to multiply the quench of knowledge in an order. The proclaimed theories of *Panchakarma* were practised in real life and therefore the indications and contra-indications of all the therapies are categorically differentiated and the procedures of all the therapies are distinctly materialized in a practical form to mitigate different diseases and subsequently the complications and their management are well versed in the segmented chapters which postulate the quality of writing skill in terms of clarity, relevancy to the content, adequacy with reference to the domains and levels of objectives, attainability in terms of pupil's outcome. The creative description of the respective chapters of *siddhi sthana* is very relevant in the progress of qualitative thoughts of the subjective contents and this hastens the contextual contents with therapeutic and practical objectives. It quantifies the absolute desire and needs of the students because of its practical contents; and the imparted knowledge is thoroughly materialized in a qualitative magnitude and therefore the practical approach in terms of *Panchakarma* which is demonstrated in organizing the content is very logical and fulfills the required needs and stereotyped practice because of psychological organization of the quality objects reflected to the practice of the respective therapy by the students.

The theoretical and practical progression of the knowledge of *Panchakarma* is sustained by the well acquainted quantified knowledge of the therapy and the fruitful therapeutics is the outcome of the practical justification of the specific therapy. The scattered knowledge of this specific therapy of different text is required to be systematized in an analytical form to memorize and to captivate the knowledge in an encapsulated scientific way so that the creative, organized and specialized contents may be processed with highest efficacy and this created set for introducing lesson is to be practised in an logistic way pursuing all the demonstration in different way and aspects. The devices require demonstration of the practical applicability of the specific therapy may be well practised in the series of patients; and the ultimate result is evaluated through the appropriate management of the disease. All the lessons of *Panchakarma* are so well arranged that the succeeding chapter is always prefaced by the preceding chapter with the practical orientation of the previous one so that the technique adopted in that preceding can well be monitored in relation to the theoretical and practical devices of the succeeding one. The qualitative techniques, questionnaires and examples are put to demonstrate the most practical programme of *Panchakarma* in a consequence of therapies.

The practical orientation of *Panchakarma* and theories are definitely followed through the appropriate content of specific chapters which are relevant to the etymology and derivation of the chapter and accordingly the questionnaires are framed to make understandable form of the practical knowledge without deviation from the original one. The qualitative questions are required to put distinctly so that the quires in context to the specific *Panchakarma* can be well demonstrated by the respondent or expert personalities of *Panchakarma* can easily react properly with the relevant questions in terms of practical knowledge. The qualitative queries itself will lead the students to response in adopting the adequate techniques so that the efficacious *Panchakarma* can be justified in accordance to

therapeutic measures. The specific therapy is required to be cleared with outstanding knowledge of *Panchakarma* and its traditional knowledge is continued with relevant practice and facing the solution of the complication revealed through this measures. Each and every practical technique of *Panchakarma* may be well explained in different disease and healthy volunteers; and prior to that it may be used in the animal kingdom to have a faith on it. All the *Panchakarma* techniques are required to be displayed in an appropriate manner quoting the justified use; and it will definitely enlighten to practise this therapy in stipulated way. The *Panchakarma* techniques are so vast that each technique is to be administered in a specific way, therefore at time of administration of respective technique the movement and the posture of the applicator will be deferred in accordance to the specific technique and this should be made with the pausing in an interval as mentioned in the text.

Judging the quality of the students, the therapies are to be administered and the practical difficulties of the lesson of this specific context are required to modify. The more practical use with an interaction will definitely encourage the future generation to propagate the *Panchakarma* in an existent practical form because of its admirable contextual knowledge. The use of the applicable instruments like black board, computer, LCD, will make the practical demonstration livelier because of its legitimate distinct content. After going through all the chapters theoretically and after the practical administration of all the therapies, the innovative sense and the inclination to practice, the therapy will definitely enhance the processed knowledge if it is well in practice in the society. After acquiring the appropriate knowledge on the subject, one should classically practise it to make the therapy fruitful for the society and the overall knowledge will be evaluated through the ROTP justifying the qualitative questions and answers put by the students of the relevant subject.

Conclusion

The transcription of *Panchakarma* procedure is specified with its skilled practice. The practical applicability and its result depend upon the required qualitative components of the respective study materials. The intense skill glorifies this therapy with the incorporation of mandate scheduled techniques. The pure form of *Panchakarma* is required to be well understood from the compendium followed by the clinical practice with its applicable form. The majestic touch of the skilled physician could be able to sustain the practice of *Panchakarma* in future with its therapeutic values.

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