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**Recommendations for Advancing Revival and Development of Education in Ayurveda**

**Abstract :** This paper contains a updated summary of the (1). Major recommendations that were debated and considered during Ayurveda Education Summit at Bhopal, Madhya Pradesh, as a part of the 5th World Ayurveda Congress (WAC) 2012; (2). Effect of their Editorial-A Proposal for the Revival and Advancement of Ayurveda Education published (including its circulation in 6th WAC-2014 at New, Delhi and (3). Subsequent developments since 2012. In the present scenario authors stress Proposals for Raising the Standards of Graduate Level Ayurveda Education by 1. Roping in successful clinicians as honorary professors to clinical units, and 2. Preparing and reworking on standard textbooks would strengthen education. 3. Re-working on the CCIM Minimum Standard Regulations; 4. Establish meant of local PPTAs (Parent-Patient (Public)-Teacher Associations) at each College level; 5, Inclusion of educationalists in CCIM education committee; 6. Introduction of NAAC - like mechanism to rate the institutions to identify the centers of excellence. That will support educational administration.
7. By Focusing on Faculty development; 8. Recognizing and training the young teachers;
9. Encouraging Trans-disciplinary approaches; 10. Continued Trainings for clinical and Surgical Skill Developments through CMEs for Graduate and PG Practitioners of Ayurveda, These will enhance faculty credentials. 11. Similar approach should be adopted towards pharmaceutical, paramedical and nursing education for Ayurveda. 12. Also Re-working on the policies to ensure Welfare of Ayurveda Teachers, Physicians and Surgeons in Government and Corporate Sector would bring in expected change to the Ayurveda sector. Ayurveda education and training has suffered institutional apathy during major part of millenium during Mughal and British rule. Even after Independence Publuc health expenditure in respect to Ayurveda has been dismal in budgetary as well as quality terms. Research Methodology has been in curriculum of many UG programs like nursing etc. A dissertation or project report will help in inoculating the research in Ayurveda graduates. It is important as most of the graduates are going for PG after UG. In authors considered opinion, a research oriented graduate will develop a life long - inquisitive mind. The above points are elaborated in the paper for wide consideration. It is expected that the relevant points are taken up by the Ministry of AYUSH and also Ministry of Health and Family Welfare, Union Government of India (GoI), New Delhi and all other State governments in public interest, for the future course of action.

**Keywords:** Ayurveda education reforms; Centers of excellence; Policies and Development.

**Key Message:** Let the AYUSH sector in general and Ayurveda in particular take the lead and go-ahead for Revival and Development of its Education, Training and Research, for effective de-westernization of Indian Health Care delivery.

**Introduction**

It was on December 9th, 2012 that an “Ayurveda Education Summit” was held in Bhopal, Madhya Pradesh, as a part of the 5th World Ayurveda Congress. Ten panelists possessing expertise in administration and research in the field of Ayurveda education were present during the summit. Two senior authors (SK1 and KP4) too participated in the event as panelists. In 2014 before 6th World Ayurveda Congress held at New Delhi We published an Editorial : A proposal for the revival and advancement of ayurveda education [1] advancing certain important proposals on the subject.

Given the present status of Ayurveda education in India, we think it is worth recapitulating the major recommendations of the said summit and subsequent developments. These proposals are still especially pertinent on the eve of the 8th World Ayurveda Congress being held at Ahmadabad from 14th -17th December, 2018

***1. Raise the Standards of Graduate Level Ayurveda Education***

Modern teaching and training stresses emphasizes on active learning approaches, with the learner more engaged in the process rather than passively taking in information, necessitates a variety of tools to help ensure success. Graduate education must evolve techniques that consider the goals of the activity, the type of learners, and the tools needed to meet the goals. Constant reassessment of tools is important to discover innovation and reforms that improve teaching and learning [2]

It has been noted that the required extent of practical exposure to various clinical skills is the most important lacuna in the current system of graduate-level education in Ayurveda sector. Teaching is generally perceived as memory oriented instead of being analysis, skill and understanding oriented. . Research methodology should be explained to students of Ayurveda with exposure to latest computational advances in science.

***2. Rope in Successful Clinicians Into Education***

Every effort has to be made, to improve the exposure to basic clinical skills among the graduate students of Ayurveda. Every initiative to attract good practitioners into the education system must be encouraged. Shri Madhavacharya Gurukula system being run by a small group of individuals in Pune is one of the such efforts, where successful practitioners train the graduate students. The week-long workshops being conducted by AVP Research Foundation, Coimbatore (India) is another such effort that explores alternative methods of teaching and learning in Ayurveda. There is a need to encourage all such innovative initiatives.

Professional socialization in Ayurveda is more than learning to gain competency. It is the learning of the values, attitudes and beliefs of the profession. Therefore, it is imperative that educators and clinicians examine ways in which to maximize students’ experiences of socialization and subsequent learning in the practice setting.

Hence Inclusion of honorary clinicians in units is the best practice to expose students to ‘out of academia’ clinicians. Also roping in of successful alumni in each branch for lectures and demonstrations will be a value addition. Van Maanen and Schein (1979), proposed six socialization tactics that can be used by an organization to structure the socialization process for newcomers. The six tactics *collective*, *formal*, *sequential*, *fixed*, *serial* and *investiture* can be introduced in Ayurveda Teaching and training setting.[3]

***3. Prepare Standard Textbooks***

The department of AYUSH needs to frame various committees of subject experts to come up with peer-reviewed standard textbooks for BAMS program. This would help in reducing the redundant materials from the existing curricula.

It would also help to add references of new research outcomes to each topic. This exercise could be repeated every five years

Quality textbooks, including both printed and electronic textbooks (e-textbooks), which support a learner-focused curriculum, contain the core elements of the subject curriculum, as well as learning strategies will prove useful for the study of the subject. Being important sources of reading for students, quality textbooks help develop students’ ability to learn through reading. The amount and quality of the texts to be included therefore deserve greater attention. Other desirable features of a good textbook include interactivity, the ability to arouse the interest of students, and the capacity to actively engage and involve them in the learning process. In other words, good textbooks tell, involve and interact with students.

Besides, using electronic learning resources to enhance interactive and self-directed learning has become a global trend in education. The interactive and diversified sets of e-textbooks developed in line with our local curricula are an alternative to printed textbooks. Schools may select to adopt e-textbooks according to their students’ learning needs and capacity, as well as the school infrastructure and technical support. This set of Guiding Principles is also applicable to e-textbooks. Comments as well as suggestions are welcome so that further refinement will be made when necessary. [4]

***4. Re-Work The Minimum Standard Regulations***

Further, the department of AYUSH needs to re-consider the Minimum Standard Regulations that have been notified in 2012. They have led to a dilution in the rigor of the various educational programs. It is worth noting that there has also been uproar against these regulations in the recent past by the teachers and the students which hassuccessfully brought in some modifications in these regulations. However, it is to be noted that such policy decisions must consider the welfare of the students and the teachers with an aim of improvising the overall standards of education. Therefore, there is a need for incorporating a few external members possessing expertise in educational policy in the Education Committee of the Central Council of Indian Medicine.

With a view to streamline the country’s AYUSH medical system, a Committee under the Chairmanship of Vice Chairman, NITI Aayog, Additional Principal Secretary to Prime Minister, Chief Executive Officer (CEO),NITI Aayog and Secretary, Ministry of AYUSH as members has been set up to examine the working of the regulatory bodies namely, Central Council of Indian Medicine (CCIM) and Central Council of Homoeopathy(CCH) and their governing legislations namely, Indian Medicine Central Council Act 1970 and Homoeopathy Central Council Act 1973 respectively, for suggesting suitable reforms.

***5. Establish Local PPTA (Parent-Patient (Public)-Teacher Associations) at Each College Level***

It has been observed that the practice of appointing teachers only ‘on documents’ and not actually recruiting them physically in many colleges, is diluting the standards of education. Similarly, some institutions though register (admit on paper) students, don’t actually teach and train them. These students rarely attend their duties in theses colleges and turn up only during the examinations and inspections. As a result, the data in the dissertations submitted by these students are not reliable. This practice of ‘on-paper teachers’ and ‘on-paper students’ must be stopped. To address this, establishment of PPTA’s needs to be made mandatory. These associations must be entrusted upon with the responsibility of reporting all academic misconduct by students, administration and teachers to the concerned University, State Government and the department of AYUSH. The representative of PPTA’s must be allowed to meet and interact with the University, State Government and CCIM inspection committees.

Parental involvement has a very significant impact on a student’s achievement and attainment. A successful PPTA provides parents and teachers with the opportunity to exchange views, work together and to develop mutual trust and confidence. RGGPGAC Paprola has constituted PTA 2015-16 [8] [http://www.paprolaayurved.org/images/PTA\_2015.pdf assed on 16-11-2018] with beneficial effects.

In my personal opinion: Involvement of parents in PTAs is essential till high school level. In NAAC evaluation system, parent’s involvement is considered upon their will. No such system exists internationally also for professional education. Making PPTA mandatory should be re-considered.

***6. Focus on Faculty Development***

At present, the faculty development program has taken a backseat in the education policy related to AYUSH. Specially, during the post-graduate education, the training of the educational techniques are not emphasized.

High-quality professional training programs for faculty members have become essential to higher education institutions of Ayurved in order to be able to compete in this ever-changing world. It is clear that faculty development has become well established and has grown into a recognized activity within higher education. Professional training programs produce promising outcomes in the learning and teaching practices and many FDPs have proven effective in developing faculty skills and educational leadership. Indeed, today, faculty development constitutes a strategic lever for institutional excellence and quality, and essentially important means for advancing forward institutional readiness to bring in the desired change in response to the ever growing complex demands facing Ayurveda universities and colleges. [5]

***6.1 Recognize the centers of excellence and train the young teachers***

A center of excellence (COE) is a team, a shared facility or an entity that provides leadership, best practices, research, support and / or training for a focus area.

The department of AYUSH must recognize a few centers as ‘Centers of Excellence’ with reference to a specific field / subject on the basis of their academic and research performances in the relevant field. These centers must be encouraged to conduct training programs in the form of CMEs / Workshops to the teachers so that standard of teachers’ training may be elevated. A few recent initiatives taken up by certain institutions such as KLE University-Belgaum, IHST-Bangalore, IPGTR&A-Jamnagar, NIA-Jaipur and the Department of Kriya Sharir, BHU, Varanasi are worth noting.

Many More centers such as those listed above must be recognized as Centers of Excellence in Ayurveda education and they must be entrusted with the responsibility of training the teachers from all parts of the country in effective methods of imparting and conducting research in Ayurveda education. It is ideal to train every teacher during his/her first year of joining the service as teacher, by making him/her undergo training at such centers. Further, the postgraduate curriculum in every subject must include a rigorous training course in ~~various~~ teaching methods and other skills related to educational activities such as: podium presentation, judicial use of audio visual aids, paper setting methodology, examination and evaluation skill development etc.

There is also a need for supporting educational research in Ayurveda as this has never been considered, a potential field of research in AYUSH sector.

***6.2 Focus on Skill Development and CME For Graduate and PG Practitioners of Ayurveda***

CME (Continuing Medical Education) scheme is a central sector scheme to give training to AYUSH personnel for upgrading their professional competence and skills and their capacity building. The Scheme is run by Ministry of AYUSH, Government of India. Ayush doctors in every organization must be educated through it

***7. Include Educationalists in “CCIM” Education Committee***

There needs to be a provision for incorporating the curriculum - designing experts, educationists, education-researchers and thinkers from the relevant fields as invited members in the Education Committee of CCIM. The Committee should reach out to knowledgeable individuals, experts, scholars, and experienced educationalists, to comprehend the imperatives which would lead to sufficiently nuanced conclusions, in making the necessary choices in curriculum making recommendations. The Committee must embark on inviting experts, renowned and experienced educationists, organizations and institutions which had experience in operating in the education field, with possibly widely differing perceptions and prescriptions from consultations with national level institutions like NUEPA, NCERT, AICTE, UGC, NCTE, IGNOU , NIOS, MCI, VCI, ICAR etc. This will bring in the authentic component of new knowledge while framing the curricula of Ayurveda.

***8. Encourage Trans-Disciplinary Approaches***

An approach to curriculum integration which dissolves the boundaries between the conventional disciplines and organizes teaching and learning around the construction of meaning in the context of real-world problems or themes is essential for future growth of Ayurveda.

**8.1. *Making BAMS graduates eligible for Masters’ programs MSc in mainstream sciences such as botany /zoology / anatomy/ physiology / molecular biology***

Universities need to recognize Ayurveda graduates to be eligible for enrolling themselves in the Masters level mainstream science programs such as MSc in Botany/Zoology/Biochemistry/Pharmacology/medical microbiology etc. AYUSH, GoI and UGC also need to take initiative in this front. Further, those possessing the qualification of Ayurveda post graduation, must be made eligible for registering under PhD programs of relevant streams of mainstream science after passing in the relevant entrance tests.

**8.2.*Introduce AYUSH Module in MBBS curriculum***

The Medical Council of India needs to be urged to incorporate a module on AYUSH systems in MBBS curriculum. This is not to enable MBBS graduates to become AYUSH practitioners, but to create awareness about the strengths of AYUSH systems among MBBS graduates.

AIIMS has made a committee to propose next cource osf action. Director AIIA, Delhi is one of the members.

The Parliamentary committee, accordingly, recommended to the ministry to take concrete steps in introducing modules of modern system of medicine in the curriculum and pursue the ministry of health and family welfare for introducing similar modules of AYUSH systems of medicines in their MBBS course

***9. Enable Exceptionally Good Ayurveda Graduates to be the Leaders of Tomorrow***

*9.1* Include Ayurveda as an optional subject for Civil Services Examinations

Ayurveda is currently not included as an optional subject in the civil services examinations. The Government of India must consider this issue and must take necessary steps to include it so that able leadership would emerge out of this stream to enable appropriate changes in the national policies. Expert committee constituted to revisit IAS exam pattern should contemplate further changes in the civil services exam pattern with the primary objective of providing a level playing field to aspirants from diverse streams of curriculum like mathematics, engineering, medicine or humanities including Ayurveda.[6]

***10. Regulate Pharmaceutical, Paramedical and Nursing Education***

Pharmacy education in AYUSH sector is currently unregulated and the panel recommended the establishment of Ayurveda Pharmacy Council. The possibility of incorporating or integrating Ayurveda Pharmacy education into conventional pharmacy educational programs might be worth exploring.

Paramedical Education and Nursing Education also, are currently not regulated in AYUSH sector. Establishment of some regulatory mechanism to ensure quality education in this sector is therefore needed. Paramedical personnel, also called Paramedics, health-care workers who provide clinical services to patients under the supervision of a physician. The term generally encompasses nurses, therapists, laboratory technicians, and other ancillary personnel involved in medical care but is frequently applied specifically to highly trained persons who share with physicians the direct responsibility for patient care. This category includes nurse practitioners, physician’s assistants, and emergency medical technicians. These paramedical workers perform routine diagnostic procedures, such as the taking of blood samples, X-rays, ECG,CT scan dialysis and therapeutic procedures, such as administering injections or suturing wounds; they also relieve physicians of making routine health assessments and taking medical histories.

Paramedical training generally prepares individuals to fill specific health-care roles and is considerably less comprehensive than the education required of physicians.

Paramedical Sciences has served as a lateral aid to the Ayurved science, in terms of diagnosis and treatment of diseases. Beside it that is not only difficult but quite impossible to diagnose a patient and test the diseases without technical assistance. So there is a great demand of medical technicians in various medical fields in India and abroad at present In view of Public interest for root level need to Para Medics, the Ayurveda Para Medical council of India needs to be established.

Anyone may ask “If already existing paramedical assistants who are trained in X-rays, ECG ext..are helping Ayurveda then why a separate course and council is needed?” . Similar to Pharmacy or Nursing courses can the paramedical service part of Ayurveda be incorporated in existing courses? It will include filling the data of *prakriti* assessment, medication administration to patients, *nadipariksha* etc along with routine works like taking blood samples. Will it be more practical? All the councils will need to work jointly. There would be pros and cons. This proposal needs to be thought upon more rigorously.

***11. Promote Healthy Competition Among Teaching Institutions***

Currently there is no recognition for those institutions that perform exceptionally well. Hence, there is a need to introduce some award or recognition system which opens up a healthy competition among them so that the goal of quality education is attained. A healthy competition among academic institutions promotes many other things such as prestige, fetching donations and even research grants.

This point can be merged with the NAAC point.

**11.1. *Introduce NAAC - like mechanism to rate the institutions***

The department of AYUSH needs to establish a mechanism to grade the institutions with grading such as A, B and C depending on various performance parameters such as quality of teaching, quality of research, availability of infrastructure etc. **Quality Council of India** (QCI) and National Assessment and Accreditation Council (NAAC) may be requested to assist in this venture. To arrange for periodic assessment and accreditation of Ayurveda institutions of higher education or units thereof, or specific academic programmes or projects. It will stimulate the academic environment for promotion of quality in teaching-learning and research in Ayurveda higher education institutions. In this way self-evaluation, accountability, autonomy and innovations in higher education in Ayurveda field may be ensured. This will help in bolstering institutions to undertake quality-related research studies, consultancy and training programmes, and to collaborate with other stakeholders of higher education for quality evaluation, promotion and sustenance

**11.2. *Introduce All India Common Entrance Tests at UG and PG level – with no relaxation in AYUSH sector.***

Unnecessarily exhaustive and repetitive entrance examinations drain out the resources and energy of young aspirants. This can be avoided by having a limited number of common entrance tests at UG and PG level. This will also promote a healthy competition among the institutions so that they will be trying to attract the best candidates among the applicants.

Quote reduction of qualifying for UG /PG admissions in AYUSH sector. It last time happened in AIIA Sarita Vihar, Delhi and now country wide in many UG PG colleges

All India AYUSH PG Entrance Test (AIAPGET) 2018 is an all India ranking examination for various AYUSH MD / MS / PG DIPLOMA Courses in Ayurveda, Unani, Siddha & Homeopathy systems of medicine. No other entrance examination, either at state or institution level, shall be valid for admission to MD / MS / PG DIPLOMA Courses in Ayurveda, Unani, Siddha & Homeopathy systems of medicine

**12. *Re-Work the Policies***

**12.1 *Publish long-term Ayurveda educational policy***

Government of India needs to come up with a vision document with a clear long-term policy on medical education. The Ministry of Health and Family Welfare (MOH&FW) in consultation with Medical Council of India (MCI), AYUSH, Central Council of Indian Medicine (CCIM), Central Council for Research in Ayurvedic Sciences (CCRAS) and other stakeholders, needs to frame a committee to come up with such a document with clear phase-wise implementation plans for about next 25 years. This is required considering the frequent experimentation and changes that are being introduced in all facets of education without a clearly stated vision.

Full forms of institutions are essential considering the wider global readership of such articles.

They Policy should determine standards of Ayurved education and oversee all aspects related to develop competency based dynamic curriculum ~~at~~ in accordance this policy. It should develop competency based dynamic curriculum for and frame guidelines for:

 Setting up of Ayurveda institutions for imparting undergraduate courses, by taking into account the needs of the country and the global norms;

 Determine the minimum requirements and standards for conducting courses and examinations in Ayurved institutions, by keeping sufficient scope for creativity at local levels, including designing of some courses by individual institutions;

 Facilitate development and training of faculty Members teaching Ayurved courses.

 Facilitate research and the international student and faculty exchange programmes.

 Specify norms for compulsory annual disclosures, electronically or otherwise, by institutions, in respect of their functions that has a bearing on the interest of all stakeholders including students, faculty, and the Central Government.

**12.2*. Uniform legislation regarding practice***

Currently the legislature differs a lot from state to state in matters related to the use of essential allopathic drugs by Ayurveda practitioners. A uniform legislature applicable through out India is needed to address this issue. A list of essential and emergency drugs needs to be prepared and approved for the use by Ayurveda practitioners.

**12.3. *Re-think and restrain from introducing 3.5 year degree/ or for any other degree of reduced duration- for Rural Medical Practitioners.***

MOH&FW needs to reconsider it’s proposal to introduce 3.5 year degree/ or for any other degree of reduced duration- for Rural Medical Practitioners. The AYUSH practitioners already serving in rural areas can be considered valued and supported and be given the requisite short or long duration training to serve in various community health programs of national importance based on local needs.

A new initiative of Health ministry to induct AYUSH graduates in public health as Community Health Officers should be implemented by each state like UP and J and K. Co-location scheme of posting Ayuveda doctor in each health institution should be effectively implemented as some states like HP have abandoned this scheme for mainstreaming Ayurveda. (p1)

**13. *Ensure Teacher’s Welfare***

Attracting and retaining the talented teachers in the education system has been a challenge. The Government of India needs to introduce some regulations on ‘minimum wages’ for teachers in higher education domain. The present CCIM norms for recruitment/ promotions of teachers are too stringent when compared with the norms recommended by UGC or MCI. The CCIM therefore, needs to come up with a career advancement policy for teachers which must be comparable with other higher education sectors.

An organization like National Foundation for Teacher’s Welfare must also be set up

**14. *Ensure Welfare of Ayurveda Physicians And Surgeons In Government and Corporate Sector;***

Short term optional courses or mandatory trainings on subjects Legal and managerial trainings. Imparting knowledge about like labour laws regarding Maternity benefits, EPF and ESIC and Insurance sector should be introduced.

***15. Developmental Activity For Promotion Of Ayurveda Sector : Nationally And Globally***

Encouraging the exchange of experts and officers at an international level. Extending monetary support to drug manufacturers and AYUSH institutions for international propagation of their stream. Developing AYUSH information outlets in multiple nations. Conducting fellowship courses under different streams of AYUSH in India for students from different countries. Promoting community-based research to assess the scope of AYUSH. Building links with pharmacists and their associations. Formulating standardized guidelines for the treatment of different conditions.

The target should be to cover maximum number of AYUSH teachers, doctors, paramedical and others personnel. There is a need for continuing the training for upgrading their professional competence & skills and their capacity building. Emerging trends of healthcare and scientific outcomes necessitate time to time enhancement of professional knowledge of teachers, practitioners, researchers and other professionals. Many issues of the profession cannot be covered through stereotyped course curricula, and need augmentation & clarification through direct interaction with the resource persons and domain experts. Good Clinical Practices and Good Teaching Practices are the two areas where AYUSH practitioners and teachers need to be regularly updated to keep up the standards of health delivery and adequate training of students respectively in accordance with the emerging demands. Policy makers and administrators need to be given training for effective management of institutions. Similarly, use of Information Technology as a tool for widespread dissemination of AYUSH developments and updates is need of the hour in the present era of fast changing trends & methodologies. Many AYUSH teachers and practitioners, do not have access to professional journals and web-based CME like their allopathic counterparts. Web-based distant educational programmes like the ones conducted by UGC are required for AYUSH for wider dissemination of current information and trends. The services of AYUSH paramedics and health workers are also of utmost importance in healthcare. Hence, the up gradation of knowledge of these personnel with updates and changing trends is proposed under this Scheme [7]

The above recommendations cover most of the vital areas in the education system that need repair. Through this editorial, we urge the department of AYUSH and the Ministry of Health and Family Welfare to have a serious look into these and come up with appropriate policy changes that are practical and relevant.

**Conflict of interest**

None of the authors is associated /associated with the private business of imparting education and research/ training to Ayurveda UG/PG students. Hence has no conflict of interest in light of the following. The Cosmopolitan system of Medical Education and Training is “Professional Business with Profit in Mind” whereas Indian Traditional system / Ayurveda Education and training is professional but philanthropic service to mankind –aiming “maintenance of Health of healthy and elevation of pain (illness) of ailing humanity” in mind

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