

## Indian Association For The Study of Traditional Asian Medicine पारंपारिक आशियाई स्वास्थ्य परिषद् - भारत

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### Editorial

#### INDIGENOUS SYSTEMS OF MEDICINE : EDUCATION DILEMMA ?

*The role of indigenous systems of medicine in health care delivery of people the world over being already accepted, there is an increasing interest in the relevant areas. The interest which started with applied aspects is gaining momentum and there is further curiosity. Further, interest is shown in the methods of practice, standards of applicable measures and also of education. In those countries where indigenous medicine is more in the form of tradition or herbalism, new formulae are being evolved. In several countries we find an increasing number of institutions developing many curriculum and training facilities for such courses. These courses are mainly integrated in nature. Preliminary information about the human body and its functioning is given, which can be compared to the education in Nursing Schools. The students then onwards are exposed to different types of applicable measures - sometimes belonging to actually one system as in the case of homoeopathy or at times a mixture of several practices from herbalism to iris diagnosis or to Magneto therapy and so on. At times a careful study of these courses and syllabi indicated a situation which was existing in countries like India about 3/4 decades back, when the education of these systems was more in a scattered fashion with varied syllabi, course content and methods in different parts of the country.,*

*Those countries which have their own systems of indigenous medicine like Ayurved, Unani or Chinese systems of medicine must have a different approach. The Chinese experiments have been the most successful in this area and help the traditional systems to integrate with each other, keeping its own identity. In India the principle of integration or need to integrate with modern methods has been directly propagated or indirectly accepted. However, the process has resulted into an altogether different model of integration. The process which started in the early 50's is now completely institutionalised with a paralld existence of its own. The process though has given an identity to the profession, in terms of content and application but there have been many compromises, to the extent of losing some of its own salient features. There is fear of these systems becoming more curative and less holistic, as they are claimed to be. The approach is becoming more disease- and drug-oriented. Even in terms of therapeutics, much is getting lost, like the use of traditional forms of medicine and alchemy. The last decade has seen a gradual decline in the use of such medicaments. The institutionalised education has also given rise to some basic questions in terms of language of education, interpretation and appropriate applications. An article separately expresses a viewpoint, with which one may agree or disagree, but it definitely raises several basic issues which cannot be neglected.*

**INTERNATIONAL CONFERENCE ON  
"HEALTH SCIENCE AND SPIRIT IN VEDA  
AND AYURVEDA" HELD ON OCTOBER  
30-31st, 1994 AT INDIC RESEARCH CENTRE,  
COLUMBIA UNIVERSITY, NEW YORK, USA.**

This interesting conference was organised by Columbia University, New York and was attended by about 200 delegates. The Conference was inaugurated by His Excellency the Ambassador of India to U.S.A., Shri S. S. Ray. The Union Minister of Foreign Affairs of India, Shri. I. S. Bhatia presided over the inaugural session. A number of scholars and academicians from the field of Medicine, Anthropology, Indian Studies, Religion and History delivered lectures.

Prof. R. H. Singh of Deptt. of Kayachikitsa and Prof. P. V. Tewari of the Deptt. of Prasuti Tantra, Banaras Hindu University were the special guest speakers in the Conference. Prof. R. H. Singh delivered a special lecture on "AYURVEDA IN INDIA TODAY" and also presented a research paper on "AYURVEDIC MANAGEMENT OF ALLERGY AND ASTHMA". These talks were very well received. Prof. Tewari gave a lecture on "AYURVEDA AND WOMEN'S HEALTH". The other highlights of the Congress were the lecture by Prof. Diana Eck of Harvard University on the topic "HUNDRED YEARS OF DIALOGUE BETWEEN INDIA AND AMERICA" and the lecture by Dr. Deepak Chopra on "MIND BODY MEDICINE".

*Prof. R. H. Singh*

**FIRST SYMPOSIUM ON CHARAK SAMHITA  
HELD ON FEB. 1-3, 1995 AT FACULTY OF  
AYURVEDA, BANARAS HINDU UNIVERSITY,  
VARANASI**

The Faculty of Ayurveda, Banaras Hindu University organised the first symposium on Charak Samhita on Feb. 1-3, 1995. The symposium was attended by about 300 delegates from all over the country. Besides discussing various salient aspects of Charak Samhita, the symposium decided to bring out a critical Edition of Charaka Samhita within the next few years from

Varanasi. Many senior Ayurvedic Scholars like Acharya Priyavrata Sharma, Prof. V. J. Thakkar, Acharya Shri Ram Sharma, Vaidya S. K. Chhagani, Vaidya Jagdish Prasad Sharma and Prof. Ram Prakash Swami attended the symposium. Besides the blessings of the Chancellor and Vice-Chancellor of Banaras Hindu University, the symposium was addressed by Dr. G. V. Satyavathy, Director General of I.C.M.R. who gave an important lecture on the basic approach of Ayurveda to health and disease.

*Prof. R. H. Singh*

**INAUGURAL CEREMONY OF  
ORISSA AYURVED ACADEMY &  
CELEBRATION OF WORLD AIDS DAY**

On the occasion of the WORLD AIDS day on Dec' 1st, a rally on AIDS consciousness was organised by the Orissa Ayurved Academy. Different youth clubs, N.S.S units of colleges, students from Govt. Ayurved College, Bolangir, S.S.N. Ayu. College & R.L. Paikma participated. The AD.M.O. (Public Health), Bolangir inaugurated the rally.

The inaugural ceremony of the Orissa Ayurved Academy was held in the Women's College Auditorium, Bolangir. Collector, Bolangir Mr. C.J. Venugopal was the chief guest of the function. His Highness King of Kanika, Mr. R.N. Bhanj Deo, the Advisory committee member of OAA presented the OAA News Bulletin. President of the Academy Dr. R.L. Dash presided. The Joint Secy., Dr. Sushil Meher conducted the sessions, Dr. Manbhanjan Guru, Secretary, read his report on the activities of the Academy, and Vice president Dr. M.Dash rendered vote of thanks.

The scientific session was inaugurated by Dr. N. P.Dash, Principal, Govt. Ayurved College, Bolangir by 2.30 p.m. Dr. B.S. Swain, member of the international AIDS society from India and joint-secy., Asian NGOs for AIDS was the chief speaker on the occasion. Dr. Siba Prasa Rath, MBBS, H.P.A. ex-professor, Gopabandhu Ayurved Mohavidyalaya, Puri was the speaker who co-related AIDS with Ojakshaya.

**SEMINAR ON  
"VISHAMA JWARA - MALARIA"**

A seminar was held on the subject "Vishama Jwara - Malaria" under the joint auspices of Gujarat Ayurvedic Research & Development Centre, Baroda (GARD) and Shri Ambika Niketan Diagnostic Centre, Surat on Jan 8, 1995.

Vaidya Navin Oza, President of GARD, narrated the aims and objects and spoke of the biennial meetings organised on different subjects at different places where Ayurvedic experts and those from other medical faculties are invited.

Dr. M.M. Pandya explained the Ayurvedic approach to the disease giving importance to the biological understanding. Dr. Gurubachhan Singh explained the prophylactic role of Rasayana and Panchakarma therapy in Malaria. He expected that the Government authorities should give more importance to such approaches and provide necessary help. Dr. Prafull Vaidya from Surat explained the role of diet, both as the cause as well as treatment.

The next seminar of GARD is expected to be held in Rajkot in June '95. Those interested should contact President, GARD, Patkar Vada, Dandia Bazar, Vadodara - 390 001.

**EUROPEAN GROUP ON AN  
AYURVEDIC TOUR TO INDIA**

A group of 22 Europeans representing six countries visited India on an Ayurvedic tour. The group comprised students of Yoga, Ayurved and Health Care activities.

The 21-day Ayurvedic tour helped the participants with first hand information on Ayurveda and the wide spectrum of activities. The several presentations by scholars and experts of Ayurveda provided the group with different view points and on-going process of change. Most of the participants expressed deep interest and continued activities in their respective countries in the field of Ayurveda. The group was

in India on invitation from Dr. Narendra Bhatt who coordinated the tour.

In the first week they were introduced to Ayurvedic basics in Goa with lectures from scholars of Ayurveda, Prof. C.P. Shukla (Jamnagar), Prof. B.V. Sathaye (Bombay) and Prof. S.N. Bhavasar (Pune).

In Bangalore they visited the Dhanvantri Herbal garden and the manufacturing facilities of Indian Herbs. At Kottakkal the group was exposed to specific South Indian therapies, with demonstrations and lectures on special subjects by Dr. N.V.K. Varrier, Dr. Agnivesh and Dr. Raju. They visited the Herbal garden of Arya Vaidya Sala, where Dr. Indira Balachandran detailed them about Ayurvedic Medicinal Plants. In Bombay the group visited Podar Ayurvedic Institutes and the Research Division of Zandu Pharmaceuticals. At Varanasi they visited the Integrated and Research Division at the Institute of Medical Sciences, Banaras University by Prof. R.H. Singh. The last stop-over was at Delhi, where the time was spent on visiting the Government Institutes and purchase of Ayurvedic books.

**AWARDED DHANWANTARI IDOL FOR SELF-  
LESS SERVICE AT SURAT DURING PLAGUE  
EPIDEMIC.**

Dr. Ganapati Bhatt was awarded a Dhanwantari Idol and appreciation certificate for his selfless service to the suffering masses during the plague epidemic at Surat in September, 1994. He was one of the doctors deputed by the Ministry of Health and F.W. - I.S.M. to distribute Ayurvedic medicines and fumigation materials.

**TAMIL NADU  
ACTIVITIES IN THE FIELD OF AYURVEDA**

A major function was held in Madras on January 22, 1995.

A "DHANVANTRI POOJA" with "Ganapathy Homam" was organised under the guidance of the eminent Sanskrit scholar Dr. K. V. Seshadrinatha Sastrigal and 12 priests in the presence of His Holiness

## ANNOUNCEMENTS

### CONFERENCE : ETHNOPHARMACOLOGY

The 1st International Conference of Anthropology and of the History of Health and Disease will be held at Genoa, Italy from May 29th to June 2nd, 1996. The details are as follows :-

**Location :** Genoa (Italy)

**Official Languages :** Italian, English, French, Spanish. Simultaneous translation will be provided for conferences, symposia, round tables

**Titles :** Must be presented in one of the official languages, on the first or second application form

**Abstract, papers :** Abstracts should be presented in one of the official languages. Do not exceed 300 words, including title. Abstracts will be published in the Volume of Abstracts. Submit three copies typewritten, double-spaced on pages with wide margins. It is preferable that they be received both as hardcopy and on floppy disks.

**Postage instructions :** The deadline for submittance should be strictly observed.

Titles and Abstracts with Registration Form : October 31, 1995

Texts for publication must reach by February 29, 1996

**Accommodation :** Special tourist Tours

For further information write to :

**Promoting Committee :** President Prof. Antonio Guerci

**Congress Secretariat :** Comitato Organizzazione Etnofarmacologia Antropologia, Istituto di Antropologia Fisica - Università di Genova, Via Balbi, 4 - 16126 Genoa (Italy)

Tel. : (39) 10 2099745 Fax : 2095987

### BOOK REVIEW

#### AN INTERESTING BOOK

This book though published in 1990 and one of the best sellers the world over, is of specific interest and hence needs attention not only of the medical profession, but of those connected with other systems of medicine. Dr. Dean Ornish in this book has demonstrated how severe coronary heart disease can be reversed. The book is revolutionary in the sense that it provides new dimension to the treatment and contradicts the precepts of irreversibility of certain diseases. The concept of 'Klin Out' is well illustrated. Above all the evidence of the benefits brought about by the changes in lifestyle in the disease condition is specifically highlighted.

A practitioner of Ayurveda or similar system of medicine with totalistic approach will find this book more interesting as it confirms several principles and dietetic and therapeutic approaches, which are prescribed by

*contd. on page 7*

### ELECTED PRESIDENT OF C.C.I.M.



**VAIDYA PANDIT  
SHRIRAM SHARMA**

Well-known Ayurvedic Physician Vaidya Pandit Shriram Sharma, of Bombay has been elected as the President of Central Council of Indian Medicine, (C.C.I.M.), Government of India. C.C.I.M. is the apex body which controls and monitors the education of indigenous Indian systems of medicine, as well as the professional conduct and registration.

Vaidya Pandit Shriram Sharma (age 65 years) has been associated with the All India Ayurvedic Congress, oldest representative body of Ayurvedic profession in the country, for many decades and been its President. He has been on several academic and governmental committees. He has travelled extensively in India and abroad and has greatly contributed to the growth of Ayurveda.

He has also been associated with IASTAM and is on our Executive Committee.

IASTAM expresses its pleasure on this prime position and wishes him every success.

### BIOGRAPHY ON DR. K. N. UDUPA

#### A REQUEST

A social group interested in highlighting contributions made by medical personalities in the development of health sciences and services to the Indian people has decided to prepare a biography on the late Prof. K. N. Udupa.

Prof. K. N. Udupa undoubtedly has left a mark of his own on the scene of Ayurvedic systems not only in India, but abroad as well. He was closely associated with IASTAM right from its beginning. All our readers and members of IASTAM are requested to share their experiences and opinions and other documented materials on Dr. Udupa for this purpose.

You are requested to write to Dr. Shipra Banerjee, F-23, Houz khas, New Delhi 110 016.  
Tel.: 011-6864171

**KNOWLEDGE, ATTITUDES AND PRACTICE**  
**vis-a-vis**  
**INDIGENOUS SYSTEMS OF MEDICINE**

Dr. Ramkumar Kutty, AVR Ed. Fond. Ayu., Coimbatore

***How could ISM have caught the imagination of the community at large?***

Today, the indigenous systems of medicine (ISM) have come to the forefront of health care, not because of their inherently excellent health delivery system but rather as a negative offshoot of the failure of the western medical system to provide for the health needs of the people. This blatant statement, I am forced to make because

- 1) there is no organised ISM institution in the country which imparts genuine medical education on traditional lines - by traditional, I mean, the teaching of ISM on its own lines or rather, they way it is meant to be taught
- 2) their systems cannot be grasped within the meagre time one spends in an institution - this further corroborates the fact that ISM is not being taught properly
- 3) most of the graduates from the ISM institutions (more than 80%) use the western system of medicine which is again a pointer to the fact that something is wrong with ISM education
- 4) it is a known fact that what is being practised in the name of Ayurveda or Siddha today is mostly herbal medicine which by itself is giving remarkable results
- 5) there are hardly a handful of limited genuine practitioners of these in the whole of India most of whom have not even caught attention that is required to popularise these systems.

These points suffice to prove that the recent interest has been generated by the inherent deficiencies in western medicine and its inability to cater efficiently to the health requirement of the community.

***Does ISM need such publicity ?***

Let us consider the following.

If we examine the knowledge resource base and the material resource base of ISM, several noteworthy points surface.

- 1) there is going to be an acute scarcity of natural resources (plants, animals and minerals which form the material resource base for ISM) going by the present trend of deforestation. Though sincere efforts are being undertaken by different agencies (both government and non government) to the contrary, the situation is still not very encouraging.
- 2) what is not known to everyone is that there **ALREADY EXISTS** a big gap in the knowledge resource base. By this I do not mean shortage of information - plenty

of it can be seen in our Samhitas, Nighantus etc. What is alarming is that none (the greater majority) of the present generation of young practitioners have hardly an inkling of the application of basic concepts and are unable to grasp the subtleties of this Saastra, brought up as they were on a diet of modern thinking and information. Further, their institutional education does nothing to correct this anomaly. Though efforts are being undertaken to improve the resource base, no similar undertaking has been begun to improve the knowledge base.

***How is ISM going to serve the health needs of the community, when there is neither the resource base nor the knowledge base ?***

Today when the community at large is clamouring for ISM, lured as they have been by failed western medicine, how is the present practitioner going to manage the situation, and that too with the spurious drugs (going by the name of ISM) that are available in the market ? Will disillusionment not creep in once again into the minds of the public forcing them to go back to western medicine whatever be its drawbacks?

***What can be done in the present situation ?***

To improve the knowledge base should be the prime concern of all those who genuinely believe that ISM is the most viable solution for the community's health needs. Now this is also the most difficult task given the constraints and limitations of today's institutionalised mode of education. But I am certain that an alternative arrangement can be worked out which fits into the present framework of institutionalised education but at the same time, is able to mould the young student to the ISM methodology for understanding physiology, pathology and pharmacology.

To achieve this, it is important that we first identify clearly the objectives of ISM education. These are :-

- a) to orient the student to the conceptual thought process
- b) to introduce the student to the depth of knowledge available in ISM and to inculcate in him an interest to pursue the study of the same as a lifelong process
- c) to create an understanding of the futile delineation of science and philosophy (as in the modern thought process); and understanding that science and philosophy go hand in hand (as in indigenous thought process) and encourage him to pursue the study of philosophical base.

Further, in addition to the stipulated 5 and a 1/2 years of study the student will have to pursue his studies rigorously with some expert master until such a time when the mas-

ter deems him/her fit to undertake the responsibility of looking after the community health problems.

If the above can be achieved we have in this student a potential ISM authority. Does this look unachievable? No, provided we are ready to throw off the shackles of the modern education system and say a firm YES to a judicious mixture of the best from both the traditional and modern systems of education.

Thus, to further simplify the above given objectives, the essential aim of ISM education (for that matter, any education) should be to make the student "to think" for himself/herself. It is a well known fact that the presently adopted classroom spoonfeeding type of education is exam and job oriented and does not even make an attempt to actually make a person think - which is actually the main objective of education. Thus, to bring about changes in the ISM education alone is a difficult task, considering that the whole system right from the primary level needs to be modified to prepare the student for his chosen field of study. Yet a beginning can be made at this level, which if found successful, may be adapted with suitable modification for implementation at different levels of education.

An introspective study into the traditional educational model (gurukul system) in the context of the western educational model will be in order.

The gurukul system has for long been criticised and ignored by modern protagonists as being outmoded, outdated and out of tune with the present mode of thinking and education. But is it so?

How appropriate is the western education model for the study of indigenous subjects with reference to

- a) criteria for selection
- b) preparation of syllabus
- c) mode of teaching
- d) methodology for assessment?

Does the present mode of study help one achieve the basic aim - which simply put, is the preparation of a good vaidya?

Let us take up each of the above points separately (please note that more often than not, comparison is made with the modern medical education system, for the existing indigenous education blindly apes the former).

### Criteria for selection

**Existing model** - at the level of commencement of medical education, the selection procedure is a big joke. While the majority of the student gain entry by payment of a huge capitation amount, there is a minority who have to go through the rigours of a competitive entrance examination to procure seats. Money power and muscle power rule the day - anybody having either of these is eligible for admission and consequent discharge (at the end of the stipulated period) as a qualified medical practitioner.

However at the post graduate level, there exists a well defined system of selection where entry is much restricted to the cream of the candidates after separating the chaff from the grain. It is at this level that the medical personnel

actually gain the skills necessary to become a good doctor and, in fact, undergo rigorous training to achieve this goal.

**Gurukul model** - the acharya may enroll any child who expresses his interest in learning the subject in his ashram (as schools of 8 and 18). However, his studies do not commence immediately after enrolment. The student is subjected to a period of intense scrutiny by the guru wherein he is engaged in varied types of activities. It is only after the acharya is convinced of the student's ability and potential that the youngster is initiated into the study of medicine.

This apprenticeship period may vary from a few months to several years without gaining even a bit of knowledge. Again different students may gain different levels of knowledge based on the guru's appreciation and conviction of the student's aptitude. Thus in a group of 20 students, there may be only 1-3 who actually become experts; 5-6 who have gained sufficient expertise to become average vaidyas; and the remaining may come out without any knowledge. Some of the qualities the acharya looks for in the students are

- a) genuine interest in the subject
- b) keen senses
- c) a sense of compassion
- d) good comprehension
- e) devotion to the teacher
- f) inborn skill
- g) humility
- h) desire to learn
- i) who will not indulge in misuse of the imparted knowledge.

### Preparation of syllabus

**Existing model** - The Allopathic school has a well defined syllabus where the student studies the structure and function of the human body in the initial period; moves on to diagnosis and treatment in the intermittent period; and is finally exposed to specialised subjects like surgery in the final period of undergraduate study. During this final period, the student also begins interaction with the patients. On the contrary, the ISM syllabus does not meet the above standards. The ISM syllabus is a curious mix of information from both the streams (ISM and modern) wherein the poor student is forced to vacillate between two almost contradictory schools of thought making him a totally confused individual having minimum knowledge in both the systems. Not much attention is paid to giving the student a thorough grounding in the indigenous thought process, especially since he comes from a background of modern education where theorems and proofs convince him that for any knowledge system to be on a firm footing, all hypotheses have to be shown logically and that anything which cannot be seen or proved must be rejected. Thus the ISM syllabus is a total mess.

**Gurukul model** - there is no predefined syllabus and the student, during his stay with the guru, picks up points here and there and pieces them together to hasten the process of understanding. The guru also, imparts only such information as he feels may be understood by the student based on the guru's analysis of the student's aptitude and comprehensive ability. However, the lifestyle and methodology of interaction that is adopted ensures that the student

is quickly initiated into the indigenous thought process from whereon the process of study becomes much easier.

### Mode of teaching

**Existing model** - in the present classroom model, where the teacher is at times forced to interact with more than 30 students, close observation of the students and their grasping ability may more often than not become virtually impossible, thus leaving little scope for individual attention. The teacher takes the easy way out by dictating notes which makes it easy for the student to take his exams but does not make him any better in his understanding of the subject. And then there are subjects like dravyaguna where interaction with nature is a must; but present day education does not permit this extravagance and most students come out with flying colours in the dravyaguna exam without even being able to identify a single plant that they have studied about. However, it is only the syllabus that can be put to blame here for the time-bound schedule makes it verily difficult for the teacher to complete his portions on time leave alone expose the students to practical lessons.

**Gurukul model** - the close interaction between the guru and the shishya ensures the individual attention of the guru to each of his disciples. Further, most ashrams being surrounded by forest area, the student grows up with the plants and unknowingly gains a very good understanding of all plant matter. Again, there being no predefined syllabus, the greater part of the education is in form of the patient - it is from the type of patients that frequent the ashram that the disease to be taken up for discussion originates thus enabling the student to have a good look at the disease even while it was being taught. Thus the period of training was totally practical-oriented.

### Mode of assessment

**Existing model** - the examination system has its plus and minus points. While a large number of students can be assessed at one go through this system, it is virtually impossible to assess their level of understanding through the written system. The viva voce is also only slightly better for with such a large number of students, no examiner is permitted more than a few minutes with each student. Thus the exam system is almost a farce and is hardly a pointer to the student's ability to make a good doctor. Further, even the good-for-nothing student ( who will in fact be a menace to society if he is permitted to practise) is permitted several chances to qualify for the doctor's certificate. It is sad that the present system has not learnt to distinguish between the medical and other professions, i.e. the doctor has to handle people's lives and hence only the most competent should be permitted to do so as compared to other professions where it does not make a very big difference.

**Gurukul model** - here the guru judges the capabilities of the student right from the time he joins the ashram and imparts only such knowledge as he thinks the student is worthy of. Thus, it is only based on the guru's understanding of the student's worth. In fact, several times the

student has had to leave the ashram without gaining even an iota of knowledge. Finally the guru decides when the student has become competent enough to go out on his own.

Thus the gurukul model, with its inbuilt system of assessment, imparting of knowledge, practical lessons etc. where the close interaction between the teacher and the student forms the key to the success of this system, has several good points which if adopted into the present system of learning, will definitely enrich and make the process of learning less laborious and more worthwhile.

### **WHAT ARE THE APPROPRIATE CHANGES TO BE MADE KEEPING THE ABOVE OBJECTIVES IN MIND ?**

Having reached this far, it is now important that a way out of the present situation be discussed. There are two ways out of this problem :

- continue with the present system introducing the necessary changes in the syllabus, mode of teaching and methodology for assessment (from the gurukul system)
- abolish the present system and revert to the gurukul model where the good things from the existing model are incorporated

While the latter seems to be the ideal method, it seems virtually impractical and impossible to suddenly break down the whole system and go back to the gurukul model. Hence what would be appropriate is to accept the former approach for the time being and work for the achievement of the results of the latter.

As I am not an authority on either ISM or education, it would be inappropriate for me to suggest the actual changes to be introduced in the syllabus etc. However, I am positive that if in principle, the above stated views are accepted, it should not be difficult for a group of concerned people genuinely interested in the upliftment of ISM and more importantly competent in the subject, to put their heads together and work out the necessary solutions to be implemented to nurture the future of ISM.

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these systems. The book also enhances the psychosomatic concept of health and disease. It takes the reader via the story-telling method and presents necessary evidence to establish that, beyond physical treatment, the psychological, emotional and spiritual attitudes of an individual are equally vital. A careful reading of this book will help practitioners of indigenous systems of medicine to develop the documentation and validation approaches. Though late, the book is very much recommended for everybody who is interested in Health Care of people through alternative methods.

*REVERSING HEART DISEASE by Dr. Ornish published by Ballantine Books. Available at most of the leading stores in India  
ISBN 0-345-37353-7*

Kanchi Kamakoti Shankaracharya Sri Jayendra Saraswathy.

A seminar on Ayurveda was presided over by Dr. P.K. Warriar, Managing Trustee of Arya Vaidya Sala, Kottakkal. The theme of the seminar was "Spiritual, Religious and Social context of Ayurveda". Dr. S. Radha Krishna Sastri gave a scholarly presentation based on Ayurvedic texts and emphasized the role of Ayurveda in dealing with man and the spirit. Dr. K. Rajagopalan, Director Ayurvedic Research Center of Amala Cancer Institute, Trichur highlighted the contemporary relevance of Ayurveda and its future potential. Dr. Narendra S. Bhatt, Clinical Research Scientist and Vice President of Ajanta Pharma Ltd., from Bombay described the scientific aspects of Ayurved in day-to-day practice in modern times. He quoted extensively from his experience, the need for changes in the form of presentation and application of Ayurveda, keeping the foundational principles and theories intact. The welcome address was extended by Dr. G.G. Gangadharan of A.V.R. Foundation, Coimbatore and concluded with vote of thanks by Dr. V. R. Seshadri of IMPCOPS, Madras.

In the afternoon a public felicitation was held, which began with a prayer by Padmabhushan Smt. M.S. Subbulakshmi. Sri. R. Venkataraman, Honourable Former President of India in his presidential address, provided a comprehensive nature of Ayurveda and emphasized its need. Dr. K. Chokkalingam, Sheriff of Madras as Chief Guest of the Foundation suggested the need to adopt modern technology. His Holiness Sri Jayendra Saraswathi, indicating the roots of Ayurveda in vedic knowledge, informed the audience of his interpretation and stressed that people should use more of this Indian Science. Dr. Somasekar, Dr. Vijayasankar and Dr. K.K.S. Dasan of All India Ayurvedic Congress, Tamilnadu State unit, reported on the activities and plans. The Academy of Ayurveda, Madras honoured several scholars and physicians with the title of "BHARATH BHISHAK RATNA". They are: Dr. V. Narayana Swami, Dr. K. Rajagopal, Dr. K. Viswanatha Sarma, Dr. P.K. Warriar, Prof. Hakim Khalephathulla, Dr. K. V. Seshadrinatha Sastri, Dr. S.V. Radhakrishna Sastri, Dr. R. Thyagarajan, Dr. V.P. Siddan, Dr. Dhanwanthari V. Somasekhar, Dr. K. Shanmuga Dasan, Dr. K.A. Rajendran, Dr. P.V. Radhakrishnan, Dr. Narendra S. Bhatt.

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