

IASTAM  
INDIA

NEWSLETTER

1993-94

**Indian Association For The Study of Traditional Asian Medicine**

**पारंपारिक आशियाई स्वास्थ्य परिषद् - भारत**

Office: C/o. Zandu Pharmaceutical Works Ltd., Gokhale Road South, Bombay-400 025. • Tel.: 4307021. • Annual Subscription Rs. 15.

### Editorial

#### CHALLENGES AHEAD

*1994 has already begun. India is undergoing a big change and above all the area of "HEALTH" is being discussed as an important component. Our Prime Minister is talking about Ayurved under separate department at the Central Government level.*

*The present structure of "HEALTH CARE DELIVERY" is critically reviewed and alternatives sought for. The liberalised economy has raised many issues. Pharmaceutical industry, a predominant factor in growth of western medicine is expected to face challenges in Indian situation. Some are talking about our own systems of medicine with hope and pride. The potentials are being looked into and the questions asked.*

*With these fast developments, there is time to review past efforts and that of newer structures to face the challenges more confidently and more competitively. The pride of past may provide faith but to evolve confidence among large mass, the Indigenous Systems of Medicine will have to gear itself up in line with contemporary thinking and practices.*

*These systems, for their natural survival will have to come out of narrow monopolistic attitudes and redefine their rightful role in changing world of health care. The other oriental systems of medicine have already started this process. They have spread with sound footing in the so called advanced countries. In order to find an appropriate and legitimate place in the world medicine, we are required to understand the contemporary needs in global context and identify the priority areas.*

*This has to be required to be followed up by well structured programme with pre-identified objectives. As per an article published in this Newsletter, there are about more than Four lakh practitioners and more than 200 institutes with nearly 12,000 qualified practitioners of indigenous systems of medicine added every year.*

*We have to use this vast manpower in more productive way and to provide them with an infrastructure, which will help them to contribute to health of the people with better results. Even with the marginal increase in the Government inputs, there is need to identify other ways of mobilising resources for quicker and beneficial outputs.*

*Questions are also many. The role and ability of practitioners, institutional limitations for teaching and research, lack and proper utilisation of resources, problems of quality drugs, decreasing natural resources and so on. All these factors added with challenges from an established health structure will need bringing together of intellectual, institutional and organisational forces from every relevant discipline of knowledge and experts from every field. Basic issues will have to be faced squarely.*

*It is high time that those who are involved with Ayurved and other indigenous systems of medicine and have even limited power at micro level start thinking in this direction.*

*The forthcoming national meet organised by our association will make an effort in this direction. It will an opportunity for dialogue and discussions.*

—Dr. Narendra S. Bhatt

## IV ICTAM, TOKYO, JAPAN, 1994

The IV International Congress on Traditional Asian Medicine will be held in Tokyo between August 19th to 21st, 1994. Focus of the Conference will be on Chinese Medicine and Korean and Vietnamese influences. As expected the Congress will bring together participants from different disciplines. Participants will survey the medical heritages of China, India and Arab world, three of civilization's great medical traditions. They will also consider contemporary issues as modern health care, current health problem and future medical prospects.

The Congress will be sponsored by IASTAM (International) and Japan Society for Oriental Medicine.. The ICTAM IV Organizing Committee is:—

Honorary Chairman	:Dr. Domei Yakazu
Chairman	:Dr. Yasuo Otsuka
Secretary General	:Prof. Shizu Sakai
Deputy Secretary General	:Prof. Kiichiro Tsutani
Chairmen of Scientific	:Prof. Paul Unschuld,
Program Committee	Dr. Jong-Chol Cyong

The Scientific sessions will include Symposia, Oral Sessions, Poster Sessions and Workshops. The Scientific Programme will include topics for general discussion and also for the Workshops as listed below:—

### Topics

#### I. History of Traditional Asian Medicine

1. Middle East
2. Southeast Asia
3. East Asia

#### II. Traditional Asian Medicine as a Socio-Cultural Phenomenon (The anthropological perspective)

1. Religion, Philosophy, and Traditional Asian Medicine
2. Figurative Language Traditional Asian Medicine
3. Socio-cultural Specificity of Traditional Asian Medicine

#### III. Traditional Asian Medicine in a Contemporary Context

1. The Current Situation of Traditional Medicine

in Asian Medicine in Asian Countries  
(Legislation: Economic situation; Institutional training, Manpower)

2. Traditional Asian Medicine and Primary Health Care (political directives; health delivery system)
3. The Spread of Traditional Asian Medicine to the Other parts of the World (the sociopolitical context)
4. Individual Therapeutic Methods of Traditional Asian Medicine.
5. Traditional Asian Pharmaceuticals (drug herbs; cultivation and production; clinical research; quality assessment; marketing)
6. Traditional Asian Medicine and Public Health Environmental Issues
7. Traditional Asian Medicine and Health care

### Topics for the Workshops (tentative)

#### I. History of Traditional Asian Medicine

1. Research on Pre-modern Medical Literature
2. Classical History of Asian Medical System

#### II. Anthropology of Traditional Asian Medicine (the cultural context past and present)

1. Medical Anthropology and Traditional Asian Medicine
2. Religion and Traditional Asian Medicine
3. Social Sciences in Traditional Asian Medicine

#### III. Traditional Asian Medicine and Contemporary Medicine

1. Modern Politics
2. The application of Modern Techniques in Traditional Asian Medicine

#### IV. Acupuncture

#### V. Traditional Asian Medicine and Holistic Medicine

1. Traditional Asian Medicine and Terminal care
2. Traditional Asian Medicine and Psychiatry

#### VI. Traditional Asian Medicine and Health Care

1. Health Care and Life Breath
2. Lifestyle and Traditional Asian Medicine.

For Application and Registration, Please contact:—

The Secretariat ICTAM IV,  
Dept. of Medical History, School of Medicine,  
Jutendo University, 2-1-1, Hongo, Bunkyo-ku,  
Tokyo 113, Japan.

Phone: +81-3-5802-1052. Fax: +81-3-3813-1592.

## REGISTRATION

Registrations and payment preferred

by 28 February, 1994 Jap. Yen. 20,000

Registration by July, 1994 Jap. Yen. 22,000

Registration after 1 August, 1994 Jap. Yen. 25,000

Accompanying persons Jap. Yen. 05,000

## FOR IASTAM MEMBERS

For the benefit of Indian Members, our association has decided to organize a group travel to participate at IV ICTAM, Tokyo, Japan. The approximate cost of this tour is expected to be Rs. 60,000/- (Rupees Sixty Thousand Only), which will include return Air Fare, Hotel Accommodation and the Registration Fee. We are still working out other details and the exact amount and other details will be absent to those who are interested.

This group travel facility will be available to members only and they should inform immediately of their interest to the office.

## NATIONAL SEMINAR-Cum-WORKSHOP PRIORITIES IN THE STUDIES OF INDIAN MEDICINE AND RELEVANT RESEARCH METHODS

IASTAM has decided to organise a National Seminar-Cum-Workshop to be held from 27th-29th May, 1994 at Pune. This National meet will be hosted by "SCHOOL OF HEALTH SCIENCES", University of Poona.

The theme of this National Meet is "PRIORITIES IN THE STUDIES OF INDIAN MEDICINE AND RELEVANT RESEARCH METHODS". The Priorities will be discussed through the seminar whereas the workshop will deal with relevant Research Methods.

The existing Health Care System is undergoing substantial changes, wherein the Indigenous Systems of Medicine are expected to play an important role. There is need to understand this role in the present context and to evolve suitable models for its study and research.

This national meet will make efforts in this direction and will be of great help to the teachers, researchers and the policy makers.

It has also been decided to discuss during this National Meet about Theme Presentation at ICTAM IV.

**The Themes and sub-headings are:**

### I. Revival of Ayurved in Socio-cultural contexts:—

Knowledge, Attitudes and Practice *vis-a-vis* Indigenous Systems of Medicines.

*Impact* of Institutionalisation, Industrialisation, and Privatisation of Ayurvedic Profession.

### Issues and Dilemmas:

Ethical, Qualitative and Commercial Issues—  
*Challenges.*

### II. Current Contributions and Future Potentials:—

#### Medicinal Plants:

*Diverse Studies and Implications.*

#### Clinical Research:

*Yesterday-Toay-Tomorrow.*

#### Opportunities in Basic Research:

*Interface of Life Sciences and Ayurved.*

### Registration

Registration Fee Rs. 185/-

For IASTAM Life Members Rs. 160/-

Spot Registration Rs. 250/-

Accompanying Persons Rs. 160/-

(Registration fee includes Lunch and Tea during Conference Period and Academic Material only.)

Last date for registration in 30th April, 1994.

This meeting will be organised in the form of:—

- Symposia on specific Themes
- Presentation of invited working papers
- Panel discussions
- General discussion

Please note that there will not be any presentation of free papers.

However, Full papers (not Abstracts) are welcome from participants at the meeting, which can be discussed.

Please write to our office for further details.

**INTELLECTUAL, CULTURAL, PROPERTY RIGHTS AND HEALTH**

—Dr. Ashok Vaidya

In past centuries, subjugating other nations through military strategies preceded cultural and commercial domination. In the present times, commercial strategies have been the dominant moves by the exploiting nations or the so-called developed countries. But these approaches are presented as well-packaged gifts—globalization, privatisation, market economy and even intellectual property rights. And because the electronic and press media in the global village are controlled by the exploiting nations the exploited nations are bombarded with these items in such an intense propaganda that being brainwashed is easy.

Mind you, one is not against the concept of intellectual property rights. On the contrary it is worthwhile to extend it further to even cultural property rights. If we, as a nation are to be deprived of a new quinolone antibiotic without proper royalty arrangements it is fair that Neem, Senna, Rauwolfia, Psoralea and many other plants with mentioned Textbook usage in Ayurveda cannot be commercially exploited by other nations without

giving us our dues.

There have been personal letter, articles etc. in 'Nature', 'Science' and other journals that nations have to be compensated when commercialization results from their forests, alternative medicine or abusive use of biodiversity. These has naturally fallen on deaf ears of the messiahs of global markets. But we must as a nation, insist that unless quid-pro-quo basis is adopted for cultural property rights, our options to have a process patent for chemicals and drugs should remain valid.

The World Bank wants Indian Government to privatise the Health section. Privatise for whom? Health is a crying need for millions of our people. Our mixed approach to health has already borne results, what we need is rooting out corruption and inefficiency in our health services. More use of home remedies, herbs and health-promoting measures. We urgently also need Ayurveda in the primary health care units. All IASTAM members would promote these cause most vigorously.

**NEWS**

**GOVT. TO EVOLVE  
HERBAL DEVELOPMENT POLICY**

**New Delhi:** The Prime Minister, Mr. P. V. Narasimha Rao, has said the government will soon evolve a herbal development policy for cultivation, preservation and production of herbal medicines.

Addressing a high-level meeting convened here on Wednesday to discuss the Indian system of medicines and give it a special status and autonomy, Mr. Rao indicated that he will put up a comprehensive proposal before the Cabinet within the next fortnight for making institutional arrangements to sustain the system of Indian medicine as the independent overall health care mechanism.

*(The Economic Times, 21.5.1993.)*

**FOUNDATION FOR REVITALISATION  
OF LOCAL HEALTH TRADITIONS**

Foundation for Revitalisation of Local Health traditions (FRLHT) is established at Bangalore. This foundation is engaged mainly in two activities:—

1. **INMEDGERN**—This is an effort at demonstrating a comprehensive conservation strategy for Medicinal Plants. A diversity of Medicinal Plants in South India. The parks are distributed over Karnataka, Tamil Nadu and Kerala and in next 4 years they will be in a position to supply all the planting materials of Medicinal Plants from South through their nurseries and seed banks.

**INMEDPLAN**—This is a national information resource for information on Medicinal Plants. It is a net work of all the major plant data basis in the country dealing with Medicinal Plants, This include

CDRI, Lucknow, CIMAP, Lucknow, RRL, Jammu, PID (SIR), Delhi, CIMH, Coimbatore, TBGRI, Trivandrum and ARI, Trivandrum and French Institute, Pondicherry are part of the Net Work.

*Those Interested may contact Shri Darshan Shankar at:—*

50, MSH Layout, 2nd stage, 3rd Main,  
Anand Nagar, Bangalore-560 024. INDIA.  
Phone: (080) 336909. Telefax: =91 80 33  
4167.

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## **SCHOOL OF HEALTH SCIENCES**

University of Poona has recently established School of Health Sciences—an interdisciplinary school, in the Science of Faculty A Masters Programme has also been instituted with inputs from social sciences, statistics, health and nutrition and human biology, with community based research and laboratory work. M. Phil and Ph.d programmes would be started from July 1994.

A separate building for the school would be ready in a years time. The University of Pune must be praised for initiating such an action and for establishment of the School outside the Medical Faculty.

Hopeful this School will help to apply and study some of the medical aspects in the contest of relevant socio-economic and other contemporary issues.

We are proud that President of IASTAM, Prof. R. K. Mutatkar, will be joining the school as the first Professor and co-ordinator. Prof. P. V. Sukhatme, an eminent scientist, is an Adjunct Professor at the School.

We wish this new activity every success.

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## **ESTABLISHMENT OF DHARAM HINDUJA INSTITUTE FOR VEDIC RESEARCH AND STUDY**

Owing to the tragic loss of his son Dharam a year ago, Mr. S. P. Hinduja, with other members of his family, has undertaken the Hinduja Foundation to establish a Dharam Hinduja Institute for Vedic Research and Study (The partial acronym DHIR, meaning "steadfast," has been chosen to designate the Center in brief). Final arrangements

need still to be made, but with appropriate knocks on wood, we are expecting that the DHIR project for the Americas will be launched in New York, with Columbia University as its home. Its charter is, in part,

to study the perception, reception and conception of the Veda in ancient, classical, and modern India, as well as outside India, and to engage in original and innovative research relevant to contemporary issues and to the practical application of Vedic knowledge for the general welfare for humankind.

As part of the DHIR project in the America several scholarly and academic programs are planned for the academic year 1993-94. A key part of the project involves 5 study groups on various aspects of the Veda. The function of these groups is to gather together top scholars in a particular field of "Vedic" studies, establish research concerns, report the findings of the study group to a "University Seminar" at Columbia, meet as a group to reassess the group's work, and to present a final paper.

One of the most important study group will focus on "Priorities for Research in Ayurveda."

Dr. Kenneth G. Zysk, Treasurer of International Association has been asked to organise this group. Prof. R. K. Mutatkar, President of the Indian Chapter, has been invited to become member of this study group.

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## **A SEMINAR ON RAJO VIKAR**

A Seminar on Rajo Vikar (Menstrual Disorders) was organised on 7.2.93 by Ayurvediya Prasant Mandal Ayurved Mahavidyalaya, Sion, Bombay (Dept. of Streerog Prasutitantra).

This was attended by about 200 delegates. Director of Ayurved Prof. S. B. Joshi inaugurated the Seminar. Vd. V. M. Nanal, Dr. Nirmala Joshi, Dr. (Mrs.) Namjoshi, Vd. Nalini Godbole, Vd. (Mrs.) Vidyatai Jalukar, Dr. V. L. Inamdar, Dr. (Mrs.) S. Koppikar, Vd. S. S. Paradkar, Vd. B. V. Sathaye, Vd. (Mrs.) Pandit, Vd. Prabhu were the speakers, who gave their experienced views on Clinical And Therapeutic aspects of Menstrual Disorders.

## **NATIONAL CONFERENCE ON HERBAL FORMULATIONS**

A two day National Conference on "Herbal Formulations, Yesterday-Today-Tomorrow" was held at Andhra University, Visakhapatnam on 28th and 29th January, 1993. A good number of scientists and delegates from all over the Country belonging to various professions viz. teaching industries, drug control administrations and marketing and members (scientists) of IASTAM have attended the Conference. The key note address was delivered by Dr. Krishnamachari, Director ICMR (Regional), Bhubaneswar. The Conference was to have been presided by Eddie Frieda a herbal scientist of Germany, due to ill health she was stuck up at Manipal. The inaugural function was presided by Dr. M. Gopalakrishna Reddy, Vice-Chancellor, Andhra University. After two days of hectic scientific sessions and group discussions, it was concluded that herbal drugs are economical, effective, safe and easily available, but need to be further investigated on scientific basis.

### **SHAKILAM FOUNDATION**

Shakilam Foundation in Bombay organised a one Seminal in memory of Late Dr. Balubai Patel, Dr. C. P. Shukla, former Dean Gujarat Ayurvedic University, Jamnagar, was the main speaker. He

enlightened the audience with an approach lecture on "Mootra—Stroto Vikar".

Dr. Mahesh Parikh gave a lecture on "Human Constituents in Ayurveda and Philosophy".

Dr. Vijayasingh Chauhan spoke at "Fundamental of Paediatric in Ayurved".

### **LECTURE SERIES BY PROF. C. P. SHUKLA**

An unique Lecture Series entitled "CHARAKE-TU-CHIKITSITE" was held in Bombay between 3rd to 6th February, 1994. Prof. C. P. Shukla a renowned Scholar of Charak Samhita and Former Dean of Gujarat Ayurved University, Jamnagar gave a series of lectures on the Clinical Implications of ancient most Ayurvedic subjects. The programme was unique in the sense that for 4 ays continuously, a scholar of Ayurved presented his experiences and scholaristic views to a small gathering of about 30 people.

This programme was organised by Ayurvedic Media (India) Pvt. Ltd. as a part of their effort to prepare academic aids for the benefit of teachers and students of higher Ayurvedic education. It is also aimed at documenting academic expertise of scholars, who are more difficult to find. This lecture series is expected to be brought out in the form of pre-recorded cassettes for the use of others.

## **BOOKS**

### **PURUSHOTTAMOPANISHAD**

Vd. Ramesh Nanal has produced a chief editorship volume. While suitably commemoration memory of precenturian Ayurvedic Scholar Purushottamashastri Nanal, the total evolvement in Ayurvedic education, pharmacy, research and profession is brought forth, in this volume.

Foresighted congregational institutes in Ayurvedic evolvement were launched by organisational excellence of Vd. P. G. Nanal in a short span of his life.

Spread over, 4 components, of which 3 are dominated by vernacular Marathi; one in English. The volume enriches the knowledge of status of

Ayurveda 5 to 6 decades back.

The volume accommodates views, reviews and previews by three to four generations of practising and teaching Ayurvedic Vaidyas. A reader gets balanced idea about the trends in total profession of Ayurveda during last century.

Though the volume lays emphasis on features in Bombay—Maharashtra, it is full of potential points to narrate the scenario of Ayurveda in All India. It has got a literary historic value. Its forty five and more contributors speak on variety of aspects—personal, professional, institutional—of Vaidyaraj P. G. Nanal.

(Contd. on page 12)

**HISTORICAL LANDMARKS TO RESUSCITATE AND REVIVE AYURVEDA  
IN THE 20TH CENTURY  
A THE STATE AND CENTRAL LEVELS**

BY

**DR. V. N. PANDEY**

*A.B.M.S; D.Ay.M; Ph.D. (Ay.); DIRECTOR, C.C.R.A.S.*

It is gratifying that in 20th century and more recently in the post independence era of the century, a fresh outlook has been adopted by the scientist, practitioners, laymen to make use of natural medication is at increase all over the world, especially in the developed countries. An analysis of prescriptions dispensed from community pharmacies in U.S.A. was carried out in 1973, and this showed that as many as 41% prescriptions contained on or more products of natural origin as the therapeutic agents. Of these prescriptions, 25% were based on drugs from higher plants. Some 13% represented metabolites of microbes and about 7% were of animal origin. The total value of these prescription was estimated to be of the order of US Dollar 5 billion (Rs. 6,500 crores). Another later reference mentions that 25 of the 200 most frequently prescribed drugs in the USA were of the natural origin. The situation would appear to be similar for many other countries including India, and as a matter of fact, this figure may even be higher for Soviet Union, Germany, Italy, China and Japan. Thus, natural products represent an important segment of modern armamentarium. (Dr. Sukh Dev, Meghanad Saha Medal Lecture—1987, Ayurveda and Modern Drug Development.)

Thus it is obvious to promote and develop our system of medicine to meet the objectives of health for the people as envisage in Alma-ata declaration of 1978 of World Health Organisation providing "HEALTH FOR ALL BY PROVIDING 2000 A.D.", particularly, for the people of developing countries. The existing state of any system is based on the historical perspectives. It is therefore necessary to review the important land marks that have helped in resuscitating the system of Ayurved. These land marks listed below will help one to understand in on chronological order, the hurdles our own system had to undergo and also of the sincere efforts put in by individuals and organisations.

The first historic incidence of interaction between the Ayurveda and modern medicine started in our country on 23rd/29th May, 1786 by the creation of Hospital Boards by the Court of Directors, Governor General in Council of the East India Company. Subsequently, after ten years of its existence, a medical Board was established on 30th June, 1796. This process was further crystalised by an appointment of the Director General of Medical on 25th January, 1858.

In addition to these administrative steps on academic side, H. H. Wilson, succeeding Sir W. Jobes and H. T. Colebrooks, introduced the ancient Indian Medicine through an essay on the "Medical and Surgical Sciences of the Hindus" in 1823. He was followed by J. R. Royle's study of the "Antiquity an Independent Origin of Hindu Medicine" 1837. T.A. wise in 1845 published the first comprehensive thesis on Indian medicine in any foreign language. This was entitled as the Commentary on the Hindu System of Medicine. These publication do not seem to have created any stir in the Western medical world. Moreover, any interest which they might have created, soon died down. After a lapse of about sixty years, A. F. H. Horne revived the languishing interest in the ancient Indian medicine by the publication of his studies in medicines of the ancient India, part I Osteology (1907). This was followed by a series of critical and scholarly articles entitled "Studies in Ancient Indian Medicine" in the Journal of the Royal Asiatic Society (1906-1910). Besides these studies, he also edited the Bower Ms with consummate skill and scholarship (1893-1912, Kutumbiah 1962).

An attraction to the orthodox Ayurvedic system of medicine amongst the British people at that time was very superficial.

Later on however, there interest mainly was to search for information on Medicinal Plants and Practices.

Parallel to this, the Indian prognostics of Ayurveda also wrote number of books during this period though they were mainly compilations.

A chronological list of important events is submitted herebelow for those interested.

S. No.	YEAR	IMPORTANT REASONS	OBSERVATIONS, IF ANY
1.	1907	ESTABLISHMENT OF ALL INDIA AYURVEDA MAHASAMMELAN (AYURVEDIC CONGRESS)	PROFESSIONAL INTEREST GROUP OF INDIGENOUS PRACTITIONERS.
2.	1920	INDIAN NATIONAL CONGRESS	DEMANDING GOVERNMENT PATRONAGE ONWARDS FOR AYURVEDA—PROVINCIAL GOVERNMENT BEGAN TO GRANT ASSISTANCE.
3.	1921-1922	BENGAL GOVERNMENT COMMITTEE	— —
4.	OCT. 1921	COMMITTEE ON INDIGENOUS SYSTEMS OF MEDICINE, MADRAS	— —
5.	1925	COMMITTEE OF AYURVEDIC & UNANI SYSTEM, UNITED PROVINCES	—
6.	1925	COUNCIL OF STATE BOARDS & FACULTY OF ISM.	— —
7.	1926	COMMITTEE ON INDIGENOUS SYSTEMS OF MEDICINE, CEYLON	— —
8.	1928	COMMITTEE OF ENQUIRY INTO THE INDIGENOUS MEDICINE, BURMA	—
9.	1937	COMMITTEE APPOINTED TO EXAMINE INDIGENOUS SYSTEM OF MEDICINE C.P. AND BERER	— —
10.	1938	INDIGENOUS MEDICINE ENQUIRY COMMITTEE, PUNJAB	— —
11.	1942	A COMMITTEE TO GO INTO THE QUESTION OF ENCOURAGING THE INDIGENOUS SYSTEM OF MEDICINE MYSORE.	— —
12.	1945	BHORE COMMITTEE, GOVERNMENT OF INDIA	PROPOSED THE CREATION OF A CHAIR OF HISTORY OF MEDICINE IN MEDICAL COLLEGES IN INDIA.
13.	1946	UTKAL AYURVEDIC COMMITTEE, ORISSA	— —



S. No.	YEAR	IMPORTANT REASONS	OBSERVATIONS, IF ANY
14.	1945	FIRST HEALTH MINISTER	STRONGLY WOUNDED RESOLUTION STATING THAT THE PROVISION SHOULD BE MADE FOR TRAINING AND RESEARCH IN INDIGENOUS SYSTEM OF MEDICINE. PERSONS TRAINED IN THE SYSTEM MAY BE OBSERVED IN THE STATE HEALTH ORGANISATIONS.
15.	1947	INDIAN SYSTEMS OF MEDICINE, ENQUIRY COMMITTEE, BOMBAY	— —
16.	1947	SCREENING COMMITTEE TO REPORT ON THE STEPS TO BE TAKEN FOR THE DEVELOPMENT OF AYURVEDA IN ASSAM.	
17.	1947	GOVERNMENT OF UNITED PROVINCES ALSO SET UP REORGANISATION COMMITTEE OF AYURVEDIC AND UNANI SYSTEMS.	
18.	1946-1948	CHOPRA COMMITTEE (PROF. R.N. CHOPRA), GOVERNMENT OF INDIA	MADE RECOMMENDATIONS ABOUT GENERAL EDUCATION OF STUDENTS AND TEACHERS CONTROL OF EDUCATION AND RESEARCH, DRUG STANDARDISATION, MEDICAL RELIEF AND INTEGRATION.
19.	1952	PANDIT COMMITTEE (PT. G.C. PANDIT), GOVT. OF INDIA	HELPED IN ESTABLISHMENT OF JAMNAGAR INSTITUTE OF AYURVEDA.
20.	1955	DAVE COMMITTEE (SHRI D.T. DAVE), GOVT. OF INDIA	ESTABLISHING STANDARDS IN RESPECT OF EDUCATION AND REGULATION, THE PRACTICE OF ISM.
21.	1959	UDUPPA COMMITTEE (PROF. K.N. UDUAAP) GOVT. OF INDIA (TO ASSESS AND EVALUATE THE PRESENT STATUS OF AYURVEDIC SYSTEM OF MEDICINE).	SUGGESTED MEASURES TO BE APPLIED FOR RESEARCH IN AYURVEDA AND THEIR RECOMMENDATIONS HELPED IN CREATION OF POST-GRADUATE INSTITUTE OF MEDICINE, BANARAS HINDU UNIVERSITY, VARANASI CENTRAL COUNCIL FOR RESEARCH.
22.	1961	G. BORKER	HEALTH IN INDEPENDENT INDIA BY—MINISTRY OF HEALTH GOVERNMENT OF INDIA, NEW

S. No.	YEAR	IMPORTANT REASONS	OBSERVATIONS, IF ANY
			DELHI—REVIEWED THE OVERALL DEVELOPMENT OF ISM TILL THAT TIME.
23.	20.9.62	AYURVEDA PHARMACOPEIA	—
24.	OCT. 1962	VYAS COMMITTEE (SH. MOHAN LAL P. VYAS, HEALTH MINISTER OF GUJARAT ON A RESOLUTION PASSED BY CENTRAL COUNCIL OF HEALTH IN THE ANNUAL MEETING.	HELPED IN CREATION OF SHUDHA AYURVEDIC BOARD DRAFT CIRCULAR SYLLABUS FOR PROFESSIONAL SHUDHA AYURVEDIC DEGREE.
25.	1958	PHARMACOPEIAL LABORATORIES FOR ISM AT GHAZIABAD.	TO MARK OUT STANDARDS AND DEVELOP TESTS FOR SINGLE DRUGS AND COMPOUND FORMULATIONS.
26.	1969	CENTRAL COUNCIL FOR RESEARCH	ESTABLISHED AS AUTONOMOUS BODY FOR ORGANISING RESEARCH IN ISM AND HOMOEOPATHY.
27.	1969	DRUG AND COSMETIC ACT	APPROVED BY THE PARLIAMENT.
28.	1976	ESTABLISHMENT OF NATIONAL INSTITUTE OF AYURVEDA.	
29.	1976-77	DEVELOPMENT OF STATE ISM PHARMACIES INCLUDING DRUG TESTS LABORATORIES (CENTRALLY SPONSORED SCHEME)	FOR THE DEVELOPMENT OF ISM PHARMACIES
30.	1978	CENTRAL COUNCIL FOR RESEARCH	CENTRAL COUNCIL FOR RESEARCH IN INDIAN MEDICINE AND HOMEOPATHY WAS BIRFURCATED INTO FOUR COUNCILS AND OUT OF THESE, ONE DEVOTED TO AYURVEDA AND SIDDHA IS CALLED CENTRAL COUNCIL FOR RESEARCH IN AYURVEDA AND SIDDHA.
31.	1981 (OCT.)	INDIAN MEDICINES PHARMACEUTICAL CORPORATION LIMITED AT MOHAN DISTRICT IN ALMORA, UTTAR PRADESH	FOR SUPPLY TO GOVERNMENT INSTITUTES OR RESEARCH UNITS AND ALSO FOR OPEN MARKET IN DUE COURSE.
32.	1989	NATIONAL ACADEMY OF AYURVEDA	—

To day our country has large strength of health manpower, comprising practitioners of the indigenous system of medicine and well considered steps are required to be launched to move towards a meaningful and beneficial use of these systems of medicine. (Table \*)

**\*TABLE SHOWING THE MEDICAL AND THE EDUCATIONAL INSTITUTES OF  
INDIAN SYSTEMS OF MEDICINE AND HOMEOPATHY**

S. No.	Contents	Ayurveda	Unani	Siddha	Homeopathy	Total
1.	Hospitals	1,452	98	105	121	1,776
2.	Beds	15,708	1,217	885	3,306	21,116
3.	Dispensaries	11,000	860	311	2,163	14,434
4.	Registered Practitioners	2,43,153	28,021	11,509	1,22,173	4,04,856
5. a.	Colleges	95	17	1	112	225
b.	Admission	3,767	655	75	7,224	11,721
c.	Post-Graduate Institutions	22	2	1	—	25
d.	Admission	242	27	20	—	289

*\*(The data is required to be updated up to 1993.)*

An all together different approach—holistic, to the understanding of the health and disease as well as treatment, sufficiency in terms of locally available expertise and resources, comparatively low cost and absence of side effects are strengths of the indigenous systems of medicine.

The basic philosophy of Primary Health Care and its political implications rests on the following five principles:

1. Equitable distribution of service unit;
2. Community involvement;
3. Focus on prevention;
4. Appropriate technology; and
5. Multi-sectorial approach.

While according to the role of Ayurvedic/Traditional Systems of Medicine and their practitioners in the Primary Health Care, the following important guidelines should be taken into consideration.

1. Traditional scholarly systems may be accepted such as they are.
2. Traditional popular practices may be assessed and then accepted.
3. Theapeutic areas which have gained prominence in traditional practices may be allowed to constitute the specialised component of the total medical care.
4. The specialities of traditional systems of medicine, wherever this can offer solution to the areas where modern medicine is unable to make any headway, may be given importance.

To make it more practise, research needs to be simultaneously conducted on important aspects of the disciplines to meet the requirements of the communities which they have to serve.

• BE A MEMBER, GET A MEMBER •

If you are not a member, be a member

If you are a regular member, be a Life Member

If you are already a member, get a Life Member

• WRITE TO US/SEND TO US/SHARE WITH US •

**Congress? Conference? Seminar?  
Symposium? Workshops?**

Are you associated with organisation of any such forthcoming event? Do you know of such event taking place in your area?

*Do write to us.*

**Honours? Awards? Tours?**

Have you been honoured recently? Let us share the pride.

*Do write to us.*

**Clippings? News? Abstracts?**

Have you come across any important information that may interest our members?

*Do sent to us a copy.*

**Ideas? Thoughts? Views?**

Do you have any?

*Do share with us.*

**Books? Journals? Periodicals?**

*Send us a copy to enlist or review.*

**Meeting Ground**

Do you need some help? At times we do. We would like to help you identify a collaborator or an institute by publishing your specific need in brief.

*Do write to us.*

**This NEWSLETTER is yours.**

You are invited to participate in its publication. We assure of our efforts to publish appropriate items falling within the perview of IASTAM from our members:

**The Editor,  
IASTAM Newsletter,  
C/o. Zandu Pharmaceutical Works Ltd.,  
Gokhale Road South, Bombay-400 025.**

(Contd. from page 6)

The total commemorative volume of 560 pages is rich by declaring professional specificities of Nanal dynasty upto date, interactions and reactions of personalities in national movement, choice of indigenous health science as a tool of nationality and numerous editorial scripts by capable editor Vd. Ramesh Nanal.

Though commorative the volume utilised every page for the cause of Ayurveda allowing no ads to occupy sumptuous space. This volume will be good reference mark for students libraries and scholars working for Ayurveda.

(PURUSHOTAMOPANISHAD—Madhavi

Publishers, Bombay-16, 10th Oct. 1993—concessional Rs. 550) Edited by: Vd. Ramesh Nanal Review by: Prof. B. V. Sathaye.

**SELECTED MEDICAL PLANTS OF  
INDIA; A MONOGRAPH OF IDENTITY,  
SAFETY, AND CLINICAL USAGE**

This is a well prepared reference book that has concise, easy-to-find information on Botany, Chemistry, Ayurvedic Properties, Clinical Usage and Safety of 111 selected medicinal plants of India. 2-3 pages have been devoted to each of the plants with a list of relevant references. The technical information has been compiled by Swami Prakashanand Ayurvedic Research Centre, Bombay.

The plant description is accompanied by coloured photographs by famous photographer Ashwin Mehta through courtesy of M/s. Zandu Pharmaceuticals. The photographs provide a distinct identity to the book, with some photographs being beauty to look at. The book also has 2 Appendix. One on Principles and Practice of Ayurved and the other on Medicinal Preparations and Pharmacy in Ayurved, authored by experts in the field. There is a glossary of important Sanskrit words used in the Monograph. An index of clinical indications as per the modern medicine makes the book more useful for a reader from newer sciences.

*CHEMEXCIL (Jhansi Castle, 7 Cooperage Road, Bombay-400 039, India), 1992, 387 pp. Cost \$95+15 inclusive of postage.*

Editor: DR. NARENDRA S. BHATT