



# Newsletter

APRIL - JUNE 1986

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

**आशियाई पारंपारिक स्वास्थ्य परिषद-भारत**

Office: C/o. Zandu Pharmaceutical Works Ltd., Gokhale Road South, Bombay-400 025. Tel.: 4227021.

## EDITORIAL

**Professor A. L. BASHAM**

*Professor Arthur L. Basham, the Founder President of the International Association for the Study of Traditional Asian Medicine, died in a nursing home at Calcutta on January 28, 1986. He was 71 years old and had skin cancer.*

*Prof. Basham organised the first Asian Congress on Traditional Asian Medicine (ACTAM) at Australia National University, Canberra, Australia in September 1979, IASTAM was formed at this congress and Prof. Basham, the spirit behind the scholarly approach to Traditional Asian Medicine, was requested unanimously by all the delegates to be its first President. Later, Prof. Basham inaugurated the meeting on 31st January 1980, organised at Bombay by Dr. C. L. Jhaveri and Dr. K. M. Parikh to start the Indian Association for the study of Traditional Asian Medicine. Earlier, Prof. Basham attended the International Symposium a Medical Authropology at University of Poona in December 1978 where traditional medicine was discussed. Prof. Basham attended this meeting for three days with Pandit Shiv Sharma and Prof. Charles Leslie by way of preparation for first ACTAM.*

*Prof. Basham, the most famous Indologist and author of several books on Indian history and culture was particularly known for this volume "The Wonder that was India". He, however, could not complete his 10-Volume "Encyclopaedia of Indology". Prime Minister Rajiv Gandhi expressed grief at the sad demise of a dear friend of India. "He was scholar of great insight and integrity".*

*Born in Laughton, Essex, England, Basham stayed in India during his childhood with father who was an Indian Army Officer, during the British rule. After a tenure as Professor at the School of Oriental and African studies, London, till 1965, he went to Australian National University at Cauberra. After retirement, he was a visiting Professor at several Universities in Britain, United States, India, Pakistan and Sri Lanka. He has been with Swami Vivekanand, Professor in Oriental Studies at the Asiatic Society in Calcutta. Last December, he was awarded the highest award of the Vishwa Bharati University in Santiniketan. Prof. Basham graced second ACTAM at Surabaya, Indonesia in 1984, by his presence. He has written about it in IASTAM News Letter.*

*In the death of Prof. Basham, the world has lost a great scholar, who developed the spirit of multi-disciplinary study of Traditional Asian Medicine, Members of Indian Association for the Study of Traditional Asian Medicine pay homage to him.*

*A memorial oration and a memorial award in his honour is being contemplated.*



2nd WORLD CONGRESS  
ON  
YOGA AND AYURVEDA  
VARANASI

2nd to 7th January, 1987  
FIRST ANNOUNCEMENT

INTERNATIONAL CONFERENCE ON  
TRADITIONAL MEDICINE

ANNOUNCEMENT & CALL FOR PAPERS

DATE 6TH-8TH OCTOBER, 1986  
VENUE ARUSHA INTERNATIONAL CONFERENCE  
CENTRE

GENERAL INFORMATION

Congress Centre :

SWATANTRATA BHAVAN, B. H. U., VARANASI.

Date :

2ND TO 7TH JANUARY, 1987.

Language :

ENGLISH

Registration Fee:

	Early	Late
Foreign Delegates	\$ 125.00	\$ 150
Indian Delegates	Rs. 400.00	Rs. 600
Delegates presenting papers	Rs. 250.00	Rs. 300
Students	Rs. 100.00	Rs. 200
Accompanying persons (for foreign delegates only)	\$ 50.00	\$ 100.00
Educational programme	\$ 20.00	\$ 200.00

Social Programme

An active and full social programme is envisaged, both for participants and accompanying persons.

Hotel Accommodation:

Will be available at Varanasi  
Details will be circulated.

Scientific Exhibition:

A Scientific exhibition related to fundamentals of Yoga and Ayurveda including scientific development will be arranged close to the Auditorium and Exhibition of Medicinal Plants in Ayurvedic Garden.

II Announcement:

It will be circulated in June 1986, which will cover detailed information of social programme, hotel accommodation, registration form, information of scientific programme etc.

Secretariat

Prof. S. N. TRIPATHI

Ayurvedic Pharmacy,  
Institute of Medical Sciences,  
Banaras Hindu University,  
VARANASI - 221 005, INDIA.

PARTICIPANTS

- Traditional Medicine Researchers
- Policy Makers
- Obstetricians and Gynecologists
- Physicians/Paediatricians
- Public Health Specialists
- Traditional Healers and Traditional Birth Attendants

BROAD OBJECTIVE:

To provide a forum for discussing experiences and health policy implications of traditional medicine practice from various parts of the world.

SPECIFIC OBJECTIVES:

1. To present results of a Community based study on the utilization of traditional healers and birth attendants in Tanzania.
2. To provide a forum for discussing experiences in traditional medicine practice from other parts of the world.
3. To discuss health policy implications of the utilization pattern of traditional healers and traditional birth attendants in the light of the research findings in Tanzania and experience from other parts of the world.

ORGANIZERS :

Traditional Medicine Research Unit,  
Department of Behavioural Sciences,  
Biostatistics and Epidemiology,  
Muhimbili Medical Centre,  
P. O. Box 65001,  
DAR ES SALAAM

SPONSORS:

International Development Research Centre,  
Ottawa - Canada.

LANGUAGE :

English will be the official language of the Conference. Translation facilities will be available provided prior notice of two months is given.

ACCOMMODATION:

All delegates will be accommodated at Hotel Seventy Seven - Arusha.



**RATE :**

T.Shs. 1,000/- hotel expenses and super/day

**TENTATIVE PROGRAMME**

- Oct. 5th - Arrival of delegates and Registration
- Oct. 6th - Opening ceremony and presentation of papers
- Oct. 7th - Presentation of papers continue
- Oct. 8th - Closing Ceremony  
Site seeing - to be arranged  
Departure

**DEADLINE FOR REPLIES OF ATTENDANCE:**

Replies of attendance and abstracts of papers should be sent by 31st Aug. 1986 to:

The Director,  
Traditional Medicine Research  
Unit,  
P. O. Box 65001,  
DAR ES SALAAM  
Telephone No. : 26211 - Ex. 416

**NOTE:** For foreigners please copy your letter to:

Associate Director,  
Maternal and Child Health,  
Health Science Division,  
P.O. Box 8500,  
OTTAWA, CANADA. KIG 3HQ.

**AIRLINE SCHEDULE TO AND FROM KILIMANJARO INTERNATIONAL AIRPORT (KIA)**

(a) Planes arriving at KLA on Sundays:

- i) KLM - Arrives 6.00 a.m. (0600 hrs.)  
Departure 7.00 a.m. (0700 hrs.)
- ii) Kenya Airlines  
Arrives - 2.40 p.m. (14.40 hrs.)  
Departure - 3.30 p.m. (15 hrs.)

(b) Planes departure from KIA on Wednesday.

Air Tanzania - Departure 6.30  
Departure - 6.30 p.m. (18 hrs.)

Ethiopia Airlines  
Departure - 6.00 a.m. (0600 hrs.)

Planes departure from KLA on Thursday  
Kenya Airlines  
Departure 5.25 p.m. (17 hrs.)

**NOTE:**

There are daily flights from Dar es Salaam International Airport to Kilimanjaro International Airport.

Pro. R. K. Mutatkar, General Secretary, IASTAM - India, visited Kuala Lumpur during June 16 - 20, 1986 to attend an international seminar on Tropical Medicine. He was accorded warm reception by Malayasian Association for the Study of National Asian Medicine on 20th June, 1986. Mr. Ruden Supatan, Advisor, MASTAM, Mr. Rahman and Mr. Kumaran, respectively President and Secretary General of MASTAM spoke on the problem of traditional medicine in Malaysia. Prof. Mutatkar spoke on Role of Traditional Medicine in Primary Health Care. On this occasion, IASTAM was presented a momento by MASTAM.

*Members of IASTAM are request to become the members of International body directly by sending their subscriptions to the treasurer Dr. Margaret Lock through a bank dealing in foreign exchange. Membership will earn them a ballot and subscription to international news letter.*

**Address:**

**Dr. Margaret Lock**  
Dept. of Humanities and Social Studies  
McIntyre Medical Sciences Bldg.  
McGill University  
Montreal - H 3G 176 - CANADA.



Dr. K. M. Parikh, Treasurer, IASTAM-India, and President, Zandu Pharmaceutical Works Ltd., Bombay - 400 025, has been selected as one of the Members of the Expert Team of Government of India to visit China in connection with the cultivation and production technology of Natural Medicines.

Other members are :-

1. Dr. G. V. Satyavati, I. C. M. R.
2. Dr. Akhtar Hussain, S. F. M. A. P.
3. Mr. Nateshwaran, D. S. T.,  
Bio-Technology
4. Prof. Kokate, Dept. of Pharmacy  
Warangal.

### Prof. Subhash Ranade Visits U.S.A.; Canada and Europe For propogation of Ayurveda

From April 20 to June 15/86, Prof. Subhash Ranade of Tilak Ayurveda College, Pune visited various centers in Foreign countries for giving lectures on Ayurveda.

In United States he delivered lectures in Washington D.C; Boston and Capitola, California. In this city Dr. Raymond Rosenthal, has established Dhanvantrari center for the propogation of Ayurveda. With the help of Dr. Raymond, the Dept. of Ayurveda University of Poona, and Tilak Ayurveda College Pune, will soon start an exchange programme of Ayurveda teaching in Public Health Schools throughout United States.

Mr. Fitz Randolph of Vancoover, Canada is also intrested in starting Ayurveda Center in Canada. This possibility was also discussed during his visit to CANADA.

In Italy Prof. Subhash Ranade, participated in National Congress on Plant Medicine which was held in Toscana region - a town called Greve in Chianti. Chinese, British Swiss, Italian and German scientists presented their papers with Prof. Ranade. Later on he took part in Congress at Bergamo, and in the seminar arranged by I.A.A.N. at Villa Era.

In Rome a seminar was arranged by C.I.L.U.S. an organisation of San Vitto di Narni which is propogating Ayurvedic science since last few years. In Naples also he was invited to give a talk on Fundamental principles of Ayurveda and its Rasayan Therapy.

Later on Prof. Subhash Ranade visited Institute of Traditional Medicine in Saarbrucken and Dr. med. Hahnemann Colligium in Straelen for giving lectures to Heilpractiker students, who are studying Ayurveda since last few years.

### INTERVIEW WITH DR. PAUL UNSHULD

1. During last decade, particularly after WHO recommendations, there is a lot of interest in Traditional Systems of Medicines. What are your observations? What are the new developments?

2. In your opinion what roles these Systems have played in their own countries of origin? What do you think is their status?

3. What are the basic differences/similarities that you have come across, in these different Systems?

4. What is the role of these Traditional Systems in Western Society? What are salient features in your opinion of these Systems that are important to the present Health Care Deleivery in the West?

5. It is observed that the interest in these Systems, is mainly by Anthropologists, Sociologists or those interested in the study of different Cultures. Also, there are groups in scattered places that have undertaken the Study in their own way and with their own interest. What are your comments?

Also, mostly the Medical profession has still remained alienated from these Systems. Can you give an explanation? What are the chances in future?

6. As PRESIDENT of IASTAM, what are your plans for the development of these Systems? What do you think should be done for the purpose?

7. What is your opinion about Integration of the System with Cosmopolitan Medicine?

8. You have been closely connected with Chinese System of Medicine. China has successfully provided growth to both the System? Can you very briefly state, how this was achieved?

9. What is your opinion about Ayurveda, Ayurveda in India and the future? What role can Ayurveda play in the global situation?

10. When do you plan to visit India? What is your message to members of IASTAM (INDIA)?

By DR. NARENDRA S. BHATT,  
Member, Executive Committee,  
IASTAM - INDIA.



1. In many countries, including, for instance, India, China, and my own country, Germany, so-called traditional medicine has an uninterrupted history dating from antiquity into modern times. However, during the last one hundred years, the advances in modern bacteriology, in surgery, and various other fields have generated an enthusiasm that has culminated in the assumption, that modern quantitative scientific methods may be able, before long, to solve all of mankind's health problems. This enthusiasm has subsided now, and the fact that so-called modern Western medicine is (a) extremely expensive, and (b) is far from being able to cope successfully with all health problems, this fact has caused many people around the world to take a new look at traditional ways of health care and therapy. Also, there are cultural reasons in that, for instance, a large proportion of therapies along the lines of Western medicine is not necessarily interested in or capable of taking the primary causes of a person's illness into regard. While this purely curative approach is appreciated by many people who consider it as part of their freedom to live as they wish, and to have medicine remedy the consequences, many others would prefer a medicine that explains to them why they have fallen ill in the first place, and how they can avoid falling ill again - an attitude that is different from the kind of prevention supported by modern Western medicine.

2. The role traditional medicine plays is different from country to country. In some countries, traditional medicine was based mainly on metaphysical or religious concepts; in others sophisticated systems of thought based on natural law have been transmitted through many centuries. Also, a larger or smaller proportion of traditional medicine may have rested on careful observations only, without

any theoretical background. In societies with waning religiosity, traditional therapies based on ideas of natural law may have less difficulties to survive than those that are closely tied to a metaphysical world view. But apart from their respective theoretical backgrounds, traditional medical systems appear to fulfill a very important role in that they conform to traditional views harbored by large proportions of the population as to the causes and correct treatment of illness. Despite many decades of research, it is still impossible today to point out clearly how and why numerous traditional ways of treating patients are actually successful. None of the medical systems by mankind throughout history has been one hundred percent successful, and it would be very difficult, even today, to point out and support but one system be it Eastern or Western and neglect all the others. Such an exclusive attitude may be suitable for some individuals who are free to make their choice, but it should not be adopted by politicians or health planners. As it appears, a significant part of the successes of any system of medicine is based in a congruity between the patients' expectations on the one hand, and the explanations and the actual treatment provided on the other hand. If one were to force one medical system on a large population with heterogeneous world views and different understandings as to the nature of life and illness, the congruity aspect of successful health care would be lost with perhaps, serious consequences for the health status of the population in question. It is therefore, for instance, that the drug law of the Federal Republic of Germany reflects the cultural diversity of the German population and allows for the practice of different modern and traditional systems of medicine.

3. Although we know of the existence of different systems of traditional medicine, and although these different systems have been portrayed in many publications already, we cannot be sure yet whether we are really aware of their basic characteristics already. If we knew all the answers, there would be no need for an "International Association for the Study of Traditional Asian Medicine". Take, for instance, Chinese, Indian, and European traditional medical systems. We in Europe are just beginning to penetrate traditional Asian medical systems beyond their surfaces. On the surface, there are many differences; the Chinese ideas of yin and yang were not known in Europe, and the European ideas of the four humors were not known in China and India had, of course, its own concepts that were different from those prevalent in China and Europe. On the other hand, if we take a close look at the basic concepts underlying Chinese, Indian, and European traditional medicine, the differences may not be that great after all. We should never forget that transcultural communication did not start only a few years ago. Even two thousand years ago there may have been more exchange of goods and ideas than we can imagine today. Also, even though each culture has its own peculiarities, man's organism and physiology, and human cognitive abilities and natural environments do not differ too greatly from culture to culture. Hence there are identical facets of existence confronting man throughout the world, and these identical facets may be responsible for many transcultural similarities in the basic structures of traditional health care. Leaving religious-metaphysical concepts aside, all traditional systems of health care that I know of agree in viewing illness, disease, and early death as deplorable aspects of life. They agree



in identifying health as some kind of a property that man is given, by nature or god, for a certain time, and that should be defended. This defense may either taken the form of preventing the risk of falling ill - an approach that has led to holistic types of health care - or it may take the form of a outright attack against the agents that have been identified as jeopardizing human health - an attack that may be undertaken by means of drugs, fumigation, needles, massage or other methods of therapy. It is the latter approach which gave rise to surgery and bacteriology, and this direct conceptual linkage between modern medicine and many traditional ideas is, contrary to all historical evidence, often overlooked today.

4. We have to distinguish here between Europe and the United States. In Europe various indigeneous systems of traditional medicine continue to be applied by the population and by physicians. In addition, during the past two or three decades ayurvedic and Chinese concepts of health care have found entrance into European health care. Thus, in almost every town in Germany, for instance, you will find physicians or other health care practitioners offering so-called "Chinese Medicine", which is mostly acupuncture. Numerous societies have been founded in Europe supporting the spread of Asian traditional medicine, but an antagonism persists in the relationship between the proponents of an increase utilization of Asian ways of health care, and those who see no reason to adopt such "exotic" thoughts and practices. The final impact of traditional Asian medicine on European health care cannot be estimated yet. Far too little is known to Europe of, for instance, ancient Indian and ancient Chinese medicine. It would be an exaggeration if one were to state that traditional Asian medicine plays an important role in European

health care; it may be important for many individuals, but does not show up statistically yet. In the United States you have a similar situation with the sole difference that virtually all European, and indigenous American-Indian ways of traditional health care, have lost the degree of importance that they enjoyed well into the 19th and every early 20th century. Currently, a number of American not only discovers traditional Asian medicine but also rediscovers traditional American - Indian and European medicine. The impact of such tendencies on American medicine seen as a whole is still negligible though.

5. In central Europe, two or three centuries ago already, physicians have been quite interested in improving their therapeutic armentarium by adopting some Asian ways of health care. It is only in recent decades that they were joined by social scientists, such as anthropologists, sociologists, and historians. It is, of course, far more difficult for physicians burdened with their daily clinical routines to study traditional Asian medicine in depth. Physicians prefer short and easily understandable advice that helps them in treating this or that illness. They have little time to learn Sanscrit or Chinese, and study Asian medical philosophy. And yet, it is quite surprising how many physicians, in Germany, in France and other European countries have developed a long-term interest in Asian traditional medicine. On the other hand, social scientists have the time to study Asian medicine, and they are the ones who publish their views, and hence gain visibility.

6. IASTAM was founded to support the study of traditional Asian medicine; IASTAM can not plan to develop any system. One of the great strong points of IASTAM is, and this advantage should never be forgotten, that it unites people from many different countries,

from many diferent academic disciplines, and from many different realms of applied medicine, be it traditional or "modern". IASTAM is, therefore, an ideal forum for the exchange of ideas and knowledge. There are many associations solely devoted to the expansion of ayurveda, or acupuncture, or some other form of traditional medicine, IASTAM is different in that it recognizes the fact that Asians and Europeans, Americans and Australians, and the inhabitants of all other continents and countries alike form one community; a community, that is, of people who communicate in many ways, and who are all interested in learning from each other, regardless of the different goals they have in mind. Hence IASTAM sees its primary task in bringing people together who share an interest in the study of traditional Asian medicine. This interest may be purely historical, sociological, or anthropological, or it may lie in actual medical practice. Through the organization of "International Congresses on Traditional Asian Medicine", through the organization of smaller regional meetings, conferences, and symposiums (such as the symposium on traditional Chinese medical literature to be held in Munich in August 1986), and through the publication of a newsletter and other printed materials, IASTAM forms a network of communication that will, ultimately, lead to a better understanding of traditional Asian medicine.

7. One could, of course, write many books on the issue of integration. Many variables have to be taken into account in this regard, be they economic, political, purely medical, and others. So-called cosmopolitan medicine has increased its transcultural applicability by focussing on tangible problems, and by receding into the realm of quantifiable issues. Hence this cosmopolitan medicine is confronted in many countries and culture-spheres with more



or less localistic systems or traditional medicine closely tied to the world views of the respective population. The term "integration" is most difficult to define. Perhaps one should say that it would be useful if either individual practitioners could combine traditional and cosmopolitan approaches in their practice, or that the practitioners of different systems should cooperate with each other. This, however, is easy to ask but difficult to follow. Leaving economic competition aside, even the idea that there may be not only one truth is most difficult to accept for many people. Also, the attempts at integrating traditional and cosmopolitan medicine in one single health care delivery system have begun only recently. These attempts are political by their very nature, and it will take a long time before one can judge whether they can be successful or not.

8. It is true that China has attempted, with great efforts, to keep traditional Chinese medicine alive, while, at the same time modern Western medicine has been adopted to form the major component of the Chinese health care delivery system. Still, the basic issues that were discussed sixty years ago already have not been solved yet. Even today there are quite diverging views how traditional Chinese medicine should proceed in future. Some people propose that it should strictly adhere to the thoughts handed down from antiquity despite so many contradictions with current knowledge. Others suggest that ancient knowledge which appears to be clearly wrong now should be abandoned, and that traditional practices should be investigated by means of modern scientific methods. And, finally, there are those who see no need at all to keep traditional Chinese medicine alive. The population, though, turns to both kinds of medicine, and keeps both systems in existence. It would be a mistake to assume that the coexistence of modern

Western and traditional medicine poses less political problems in China than in India or Europe, and it is most difficult to predict what kinds of developments will take place in the future.

9. My own knowledge of Ayurveda in India is too limited to judge the role of ayurvedic medicine in India, or in a global situation. It is my understanding, though, that Ayurveda represents a rich tradition of ideas and practices how to cope with illness, and that a significant part of the population of India to this very day finds satisfaction by resorting to Ayurveda in times and need. I also understand that the proponents of Ayurveda in India have to face much the same political problems as the proponents of traditional medicine in China or Europe. To overcome these problems knowledge must be generated - knowledge for mutual understanding, and it is, as I stated before, one of the tasks of IASTAM to help generate such knowledge.

10. So far, I have had only opportunities to visit India for a very brief stay. I should hope to have a chance, in the near future, to travel to India for a more extended period of time, and see the country and meet the people. And I am convinced that the Indian chapter of IASTAM will continue to make important contributions to the development of a better understanding of Indian traditional medicine, and, ultimately, to a better understanding among all those interested in medicine, regardless the way they prefer to pursue.

The Doctors in Boston, U.S.A. believe that heroin may not be a better pain reliever than morphine. The researcher's report published in May 84 issue of the New England Journal of medicine suggested that heroin must be broken down into morphine and another chemical called 6-acetyl morphine before it can be used as a pain reliever by the body.

## ORAL ANTIDOTE TO COBRA VENOM

Madras Aug. 10, -- An rural Antidote to cobra venom has been found. The fresh of 'HELI' (indigofera tinctoria) a plant commonly found all over the country and known in Tamil as "avur" and "vannan Avur" can act as a potential oral antidote.

The finding by Dr. J. Joseph Thas, head of the pharmacology department post graduate centre, Government Siddha Medical College, Palayamcottai, was a "breakthrough in the field of toxicology" Dr. H. V. Hande, Health Minister, disclosed on Thursday.

(Indian Express, New Delhi - 11.8.84)

## NEW MEDICINE CURES GONORRHEA

Boston July 20 -- An experimental medicine tested in the philip imnes is highly effective against drug resistant forms of gonorrhoea, and may someday replace pencillin as the standard treatment for the venercal disease researchers say.

Pencillin has been the recommended treatment for gonorrhoea for 50 years. However, public health Officials are concerned about the emergence of strains of gonorrhoea bacteria that are not killed by this medicine.

In a new study, doctors tested the medicine norfloxacin on US Navy men in the philippines who were infected with Drug resistant forms of gonorrhoea. Just two pills were 100 per cent effective in curing the disease.

The study was directed by Dr. Steven R. Crider of the Naval Hospital in San Diego, California. It was published in Thursday's New England Journal of Medicines (Indian Express, New Delhi - 3.7.84)

## LIVER DAMAGE BY ALCOHOL?

### TAKE "BAHUPATRA"

New Delhi, April 18 (PTI)

DRIED POWDER of an Indian herb has shown promise, as a cure for a global health problem; liver damage due to excessive drinking.

A team of biochemists at the University of Madras, after a systematic



clinical study on animals, has shown that alcohol induced changes in the liver are reversed by the dried powder of the herb, "phyllanthus niruri".

The increased deposition of fat in liver, brain, kidney and heart due to alcohol administration "were brought back to the normal values" by giving the herbal powder, the scientists said.

THE HERB, locally known as "Kisha Nelli", in Tamil and "Bahupatra" in Sanskrit, grows in central and Southern India extending to Sri Lanka.

Its Extracts are widely used today by practitioners of Indian System of medicine for stimulating sluggish liver and treating jaundice.

The study by Dr. Umarani and her colleagues at the university's institute of basic medical sciences is the first systematic effort to evaluate the herb on modern scientific lines.

The Team which tested the effect of the herb on rats reported its findings in India's leading journal on Ayurveda, "The Ancient Science of Life", published by the International Institute of Ayurveda in Coimbatore.

Recently (January 5 to 12) a team of scientists from the USA, under the banner of Earth Watch, an international organization for the research of the earth resources, visited India to study the medicinal plants, particularly from the view point of ayurvedic principles.

The team was headed by Dr. Narayan Patel, Chemist and adjunct Professor in the Entomology, Department of University of Delaware, USA. In all they were 14 members consisting doctors, botanists, pharmacists, chemists, social workers and paramedics.

Akhil Bhartiya Vaaushdhi Abhyas Mandal (All India Study Circle for flora and Fauna) (ABVAM), was requested to assist them by providing ayurvedic scholars.

ABVAM selected three eminent persons and requested them to guide the American team, which was to visit the region of the MT Abu (Rajasthan) for exploration of the medicinal plants.

Emeritus Professor of botany of Bombay University, Dr. Bole, Ex-Professor of O.N. Ayurved College and member of executive board of IASTAM of India, Dr. M. M. Pandya and Vd. Madan Patel of Ayurved College of Nadiad joined the team.

The American team took strenuous task to collect the medicinal plants and prepared mini herbarium of about 100 plants. Dr. Bole identified the plant and Dr. Pandya and Vd. Patel explained them the therapeutic values of the plants. This was just like short term training class to impart the knowledge of the ayurvedic principles to the USA scientists. Dr. Pandya also made them acquainted with the basic principles of tri-dosha of ayurved. All the members of the team took keen interest and expressed their desire to learn something more if the opportunity may be available.

A seminar of Medicinal Plants was organized by the department of Health and Family Welfare of the ministry of the Central Government with collaboration of Ayurved University Jamnagar and Agricultural University of Junagadh on 30 & 31st January 1986 at Junagadh.

Members of BVAM were invited to participate actively in the seminar. Besides, botanists, agriculturists, officers of the forest department and officers of the tribal plans were also present in the seminar.

Mr. Chunibhai Bhatta, Secretary of ABVAM, Dr. M.M. Pandya, Vd. Hirubhai Patel, Principal, Ayurved College, Nadiad, Vd. Ambubhai Patel of Akhdanand Ayurved College, Ahmedabad, Vd. Madan Patel of Nadiad and others participated in the seminar.

Mr. Chubhai Bhatta presented his plan to impart the knowledge about the utility and usefulness of the plants particularly growing in the surrounding field area of the villages. This proposal was welcomed by all and Mr. Vasantbhai Mehta, Vice-Chancellor, Ayurved University Jamnagar, requested Mr. Chunibhai Bhatta to prepare detail scheme for the viability of the plan.

The committee of three members has been formed to study the feasibility of the scheme. Members of the committee are Mr. Chunibhai Bhatta (Chairman), Dr. M.M. Pandya and Vd. Hirubhai Patel. The Committee has tentatively selected 100 plants which are easily available and easily recognized by the village people.

The committee also intends to request forest department to prevent de-forestation and also plant more medicinal plants which also may be the source for earning tribal community.

The committee also intends to make some suggestions for collection of the medicinal plants and to learn the people for preservation of the medicinal values of the plants.

Recommendations will also be made to train youths, gram-sevaks, social workers and Dhals (Unskilled mid-wives)

for the implementation of the scheme and to give simple and harmless medicines in the early stage of the diseases. By this the people will be saved from the misuse of modern drugs and will save the money.

News by :-

Dr. M.M. Pandya,  
Member of the executive committee of IASTAM.

Editor : Prof. R. K. Mutatkar = Asst. Editor : Vd. Ramesh Nanal

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