



NEWSLETTER

JANUARY 1995

Indian Association For The Study of Traditional Asian Medicine

पारंपारिक आशियाई स्वास्थ्य परिषद् - भारत

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Editorial

IASTAM NEEDS YOUR ACTIVE PARTICIPATION

The Indian Chapter of IASTAM has been probably the most active in terms of membership and other activities. After the National Symposium on 'Priorities' at Pune in the month of May '94, followed by a membership drive, we have increased our membership substantially to nearly 400 Life and Patron members.

The picture emerging out of new members reflects representation of various disciplines. This is very much in line with the basic thinking and approach of our Association. Only large membership does not make an association fruitful; it needs active participation of and amongst the members. Our office has been receiving encouraging letters and suggestions; two from senior members appear in this Newsletter.

The International Association has seen induction of new office bearers. The initial exchange has been encouraging and we have reasons to believe that IASTAM will become more active at the International level in the coming months.

With this view in mind, we invite observations and suggestions from all our members. You are most welcome to give your views which will be necessarily interdisciplinary in approach and beneficial to the Asian Medical Systems.

As an added thought, based on a newspaper report from Trivandrum, it was heartening to note the concern expressed by Dr. Wujastyk, curator of the South Asian Collaboration at the Wellcome Institute for the History of Medicine in London, and Secretary General of IASTAM for Sanskrit Medical Manuscripts. We join our voice in his concern and through this Newsletter appeal to readers to come forward with concrete suggestions where the Indian chapter of IASTAM can play an important role.

Wish you a Happy and Prosperous 1995.

-Dr. Narendra S. Bhatt

THE FOURTH ICTAM at JAPAN

After the 1st ICTAM at Canberra, Australia (1978) ; 2nd ICTAM at Surabaya, Indonesia (1984) and 3rd ICTAM at Bombay, India (1990), the 4th International Congress on Traditional Asian Medicine was held at Tokyo, Japan from 19-21st August 1994, hosted by The Japan Society for Oriental Medicine and several other governmental and academic organisations. Prof. Yasuo Otsuka and Prof. Shizu Sakai were Chairman and Secretary of the organisation committee respectively. Prof. Kichiro Tsutani was the Deputy Secretary General. Prof. Paul Unschuld and Dr. Jong Chol Cyong had prepared the scientific programme. The Congress was held at The National Education Centre.

The inaugural function was chaired by Prof. Francis Zimmermann, President of IASTAM. As a part of this function the Basham Medals - 1994 were awarded to Patricia & Roger Jeffery of U.K. for their work related with "Labour Pains", based on experiences in Uttar Pradesh of India, and Shigehisa Kuriyama of Japan, for his research work on historical aspects of the Chinese and Japanese systems of medicine.

There were nearly 250 participants. The scientific sessions were held simultaneously in four separate rooms; the plenary sessions and main lectures were in the main auditorium.

About 175 papers divided into 14 workshops and symposia were presented at the oral sessions and poster sessions on various themes, covering a wide range of

subjects related with Asian Medical Systems.

The special lectures were "The Blind Anthropologists and The Elephant of Traditional Asian Medicine" by Prof. Charles Leslie; "The Concept of Qi and the Nishino Breathing Method" by Kozo Nishino and "Techniques of Longevity and Alchemy" by Keji Yamada. The Presidential Lecture was given by Prof. Yasuo Otsuka covering the activities of IASTAM and their historical importance. In his lecture he fondly remembered the Late Pandit Shiv Sharma and his own experiences in India.

A public symposium "In Quest of Humane Health Care" was organised for general interest. An exhibition of several Asian medicines, mainly Japanese Kempo and instruments and gadgets was part of the congress.

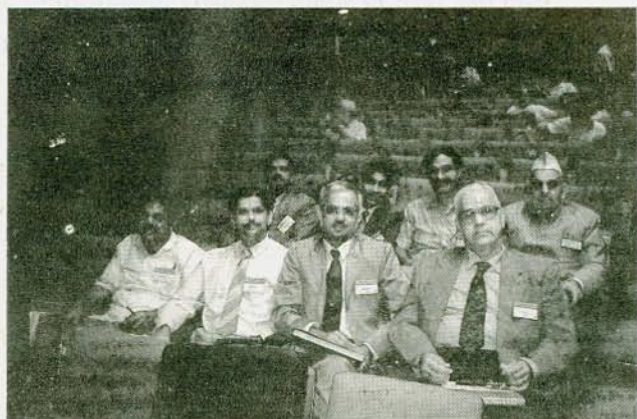
India was represented by Dr. Bhagwan Dash, Vaidya Suresh Chaturvedi, Dr. Bheema Bhatta, Dr. Sharma, Dr. O.P. Gupta, Dr. Nagendra, Vaidya Dhokte, Prof. Ranade, Prof. Shah and your Editor, Dr. Narendra Bhatt, Joint Secretary of the Indian Chapter.

The Congress provided a useful opportunity to interact with other disciplines and particularly to have first hand information of Japanese approach. The increasing academic and scientific acceptance and demand for alternative care was not only established, but a model approach adopted in Japan was visible from the kind of presentations at the Congress. An interesting combination of literary, conceptual and applied aspects coming from different experts in modern form gave a definite message.

The Indian Delegates at ICTAM IV, Japan



With Chairman of Organising Committee Prof. Yasuo Otsuka



Participating at a session

INTERNATIONAL

NEW OFFICE BEARERS

Dr. Lawrence Conrad

*At the recently concluded ICTAM IV, in Japan, Dr. Lawrence Conrad took over as **new President of IASTAM.***

Dr. Lawrence I. Conrad received his Ph.D. in Near Eastern Studies from Princeton University in 1981 and taught at the American University of Beirut before taking up his present position as Historian of Near Eastern Medicine at the Wellcome Institute for the History of Medicine in London. He has taught several courses there and has organised conferences on numerous subjects, ranging from conceptions of contagion in pre-modern societies to women and modern medicine. He has lectured widely in Europe, North America, the Arab countries and the Far East.

Dr. Conrad's publications include numerous translations from Arabic, and his own research has focused on the history of epidemic disease and the interplay between formal and popular systems of medical beliefs and tradition. His "[The Plague in the Early Medieval Near East](#)" will be published by E.J. Brill in Leiden next year, and he has just launched with the same publisher a major project for a three-volume history of Eastern medical traditions. He is a consultant or board member for numerous academic projects and organisations and is a Co-Director of the Late Antiquity and Early Islam Project.

Dr. Conrad has been an active member of IASTAM. He was Secretary of the European Chapter from 1986 until 1990 and then served as President of the Chapter until his election as President of IASTAM at the ICTAM conference in Tokyo this past August.

INDIAN CHAPTER

At the recently held 4th International Congress on Traditional Asian Medicine, new office bearers

have taken over the responsibilities for the International Association. Dr. Lawrence Conrad, Dr. Dominik Wujastyk, Dr. Shigahisa Kuriyana and the present treasurer Dr. Kenneth Zysk will look after the activities of IASTAM.

During the last 3 years because of some reasons the interaction between the International Body and regional chapters has been poor. After detailed communication with all the concerned past and present office bearers, we have exhorted them to strengthen this relationship. Incidentally, Dr. Wujastyk and Dr. Zysk, both conversant and interested in Indian subjects, will be in India. Dr. Bhatt, Jt. Secretary, in co-ordination with the other office bearers will meet them and look into the opportunities for better mutual understanding and beneficial activities.

SECRETARY GENERAL

Dr. Ashok B. Vaidya, our Honorary General Secretary, has retired as Medical Director of HINDUSTAN CIBA GEIGY LTD. Dr. Vaidya being associated with research in Ayurveda, will be available at 'Swami Prakashanand Ayurveda Research Centre (SPARC), 13th North South Road, Vithalnagar Society, Juhu, Bombay - 400 049.

IASTAM looks forward to greater involvement of Dr. Vaidya.

MEMBERSHIP DRIVE

As a result of Membership Drive after Pune meeting we are proud to inform you that the strength of our association has increased to nearly 400 Life and Patron Members.

We thank all these who responded to our April letters and hope that the efforts will continue to make IASTAM an appropriate interdisciplinary association.

TRAINING COURSE IN PHARMACOGNOSTIC TECHNIQUES

A Training Course is organised by Pharmacognosy Section of National Botanical Research Institute, Lucknow 226 001. The participants will be trained in collection of plant material, identification of plant drugs, morphological evaluation, histological studies, quantitative micrometry, SEM studies, powder analysis and histochemical studies. They will also be trained in Phytochemical Evaluation, Biological Screening and Philosophy of Traditional Medicine. Trainees will be benefited through visits to other well known institutes in Lucknow like CDRI, NBRI, CIMAP and others. The fees are Rs.1000/- for Indian Trainees which does not include boarding or lodging.

AMDA MEETING

The Indian branch of AMDA is organising the Xth International Conference on 'Natural Calamities Handling Strategies' on 30th and 31st December 1994. Details from :

Dr. V. S. Chauhan, Organising Secretary

Xth AMDA Conference, B/16, Sita Estate, Mahul Rd, Chembur (E), Bombay-74. TEL : 555 2429 / 555 3898

1st INTERNATIONAL SEMINAR ON COMPLEMENTARY MEDICINES

Will be held at Pune during 21-22 January, 1995. The seminar will run for five sessions spanning two days, and will be addressed by about 50 speakers. Organised by Ayurved Academy, 36, Kothrud, Opp. Mhatoba Temple, Kothrud, Pune 411 029 (INDIA) Phone : (91) (212) 332130

NEWS

"BRIHATTREYEE AWARD" IN MEMORY OF ARYA VAIDYA RAMA VARIER

COIMBATORE

THE ARYA VAIDYA PHARMACY (COIMBATORE) LTD. group of Institutions has instituted an award in the name of their founder Arya Vaidya Rama Varier Memorial "BRIHATTREYEE RATNA" Award.

Charak Samhita, Sushrut Samhita and Ashtang Samgraha the ancient most treatises in Ayurveda, are referred to as 'Brihattreyee'. It is said that one who has attained mastery over these three books is a veritable encyclopedia and deserves to be honoured and protected like a jewel.

The award given to an outstanding Ayurvedic Physician for meritorious contribution to the development of indigenous medicine carries a citation, plaque and a cash prize of Rupees Twenty Five Thousand.

The first "BRIHATTREYEE RATNA" has been awarded to VAIDYA NAMBURI HANUMANTHA RAO from Vijayawada, Andhra Pradesh for the development of the 'Namburi Phased Spot Test for Standardisation of Bhasmas'.

The award function was held on 10th September 1994 at Calicut. In the inaugural address, noted poetess and environmentalist Smt. Sujathakumari emphasised the need to promote forests, specially for better future Ayurvedic medicines.

(Contd. in next column)

The award was handed over to Vaidya Namburi Hanumantha Rao by Shri T. N. Seshan, the Chief Election Commissioner of India. Shri Seshan in an illuminating speech, with lot of humour, advised people to undertake patriotic work for promotion of Ayurveda. Vaidya Roao while receiving the award enlightened on the genesis and development of 'Namburi Test'.

BOMBAY

MUMBAI MAHANAGAR AYURVEDA SAMMELAN

A seminar was inaugurated by Principal Ware, of Nasik Ayurveda College on 15/16th September '94 and presided over by Vd. K. P. Sharma. 'Allergy : An Ayurveda Viewpoint' was discussed by teachers and experienced practitioners from Bombay and other parts of Maharashtra. More than 200 participants also enjoyed the question-answer session chaired by renowned scholar Vd. Vasudev Shashtri Lata.

ORISSA

NEWS FROM ORISSA

A state level organisation 'Orissa Ayurvedic Academy' has been formed, initiated by Dr. Manbhanjan Guru. The objectives of the academy are stated to be publication of standard Ayurvedic texts in Oriya, translation of Samhitas, research activities on medicinal plants and history of Ayurveda in Orissa.

(Contd. on the next page)

The Academy celebrated the W H O Day by organising a Health Camp at Khujenpalli where Ayurvedic doctors and paramedical staff examined the patients and distributed medicines.

A 'Charak Day' was celebrated by Sri Nrusinghanath Ayurvedic College and Research Institute, Sambalpur and an award was given to Dr. Guru.

Dept. of Social Forestry of Baragarh District organised a Seminar on Cultivation and Conservation of Medical Plants in Orissa on 16th March 1994.

NEW INITIATIVE IN CHILD CARE WITH ISM

MADRAS

The practitioners of various branches of indigenous medicine are to be involved in the Child Survival and Safe Motherhood (CSSM) programme in Tamil Nadu.

On the lines of the State Level Task Force, sponsored by the UNICEF and the State Government for private sector participation in CSSM, a separate Task Force (TF) has been formed for the indigenous system and homeopathy. This forum sponsored by the UNICEF will have representatives from Siddha, Ayurveda, Homeopathy, and Unani.

According to Dr. K. Venkateshwara Rao, Director of Community Health Consultancies (CHC) and consultant to UNICEF, this induction of indigenous medicine in a national programme is the first of its kind.

After detailed discussions, the TF which met here recently identified 13 major "focus areas." "Pre and post natal care, childbirth, breast feeding, immunisation, acute respiratory illnesses (ARI), HIV-AIDS and diarrhoeal control and management" have already been identified as the thrust areas under CSSM.

The TF members say all the indigenous systems have similar approaches of intervention in the management of these areas. Further discussions among representatives from all the branches would streamline the approaches to be taken and finalise the course of action. This would form the reference material for implementation.

The intervention by indigenous systems could supplement the efforts of the governmental and non-governmental sectors in the reduction of Infant Mortality Rate to less than 30 per 1000 births, 100 per cent reduction in diarrhoeal deaths in the 0 to 5 year period, reduction of Maternal Mortality Rate by 80 per cent and Crude Birth Rate to 15 per 1000 by the turn of the century.

The TF says this step also seeks to include segments of people, particularly those in remote and hilly villages who are not covered by modern medicine.

Besides, integration of the approaches of indigenous system with those of modern medicine would fill the vital gaps and maximise achievement levels.

Indigenous systems offer highly effective, curative methods for many of the easily preventable diseases such as diarrhoea, respiratory ailments and nutritional deficiencies which escalate the mortality rates of both the mother and child.

To co-ordinate the efforts and organise a network which can reach out to even the remotest areas in the State, a three day workshop has been planned. All the TF members and resource persons from each system would participate in the workshop to be held at Coimbatore.

VISITS

Dr. Vijay Singh Chauhan, Project Director of a Japan based N.G.O. 'Association of Medical Doctors for Asia' has recently returned from his visit to Far Eastern countries. He was invited to Japan to present the report on 'Mobile Physiotherapy Clinic for Earthquake Victims' at the AMDA and WHO co-organised 'N.G.O. Forum for International Contribution' and 'Emergency Management' held in Okayama, Okinawa and Tokyo from 20th to 25th October 1994.

Dr. Chauhan delivered a lecture on Traditional Indian Medicine at the B.K. Spiritual Centre in Hongkong on 18th November and had some fruitful talks with the traditional medical practitioners in Bangkok on 29th November. (Dr. Chauhan is Executive Director of Nukem Remedies Limited.)

ETHNO-MEDICAL TRADITIONS OF THAKUR TRIBALS OF KARJAT TRIBAL BLOCK IN RAIGAD DISTRICT OF MAHARASHTRA

R. P. Palekar

Academy of Development Science

Kashele, Karjat, District Raigad, Maharashtra 410 201

The Karjat Tribal Block (KTB) is located at the foothills of the Western Ghats in Raigad District of Maharashtra. There are 44 villages and 95 wadis (hamlets with 25-30 houses) in the KTB. About 90% of the population is tribal, comprising Thakurs (60%), Mahadev Kolis (30%) and Katkaris (10%).

The terrain is hilly and undulating and the area has a dry deciduous forest. The common plant species found in these forests are *Tectona grandis*, *Butea monosperma*, *Holarrhena antidysenterica*, *Terminalia tomentosa*, *Bridelia retusa*, *Madhuca indica*, *Carissa carandas*, etc.

A study of the health care delivery systems of the Karjat Tribal Block reveals the existence of a well-organised and functional Traditional Medicine System based on Local Health Traditions (LHTs). This system is autonomous and community supported. There are traditional practitioners (Vaidus, Bhagats, Mantriks, Sueens, etc.) specialising in the treatment of ailments like Agni Karma, Visha Chikitsa, Manas Vyadhi Chikitsa, Bhut Pissach Chikitsa, Griha Badha Chikitsa, Veterinary Medicine and other common ailments like fever, diarrhoea & dysentery, skin diseases, etc.

The medicines of this system are derived from locally available plants, animals and minerals. The tribal practitioners do not have to depend on external sources for their requirements of medicines. This system of medicine is functional in all the villages of KTB and so primary health care is within the reach of people. Every village has at least one vaidu and one or two midwives.

In comparison, the state-sponsored official health care system (based on the Western Allopathic model) is dependent on external inputs of medicines, financial resources and technical expertise. There are only three Government Primary Health Care Centres (PHCs) and three sub-centres in the Karjat

Tribal Block and these are located in bigger villages on the main road. People living in villages away from the road do not have easy access to these PHCs. Hence the official health care system reaches only a limited population.

Our efforts aimed at revitalising the traditional health care system in the Karjat Tribal Block has convinced us that Traditional Medicine is of contemporary relevance and it can help rural and tribal communities in India achieve self-reliance in their primary health care needs.

Now let us look at the various categories of traditional practitioners in the Karjat Tribal Block; their approximate numbers, their field of work, the medicines they use, the methodology they follow in determining the medicinal uses of plant / animal species, the customs they follow, etc.

TABLE I
CATEGORIES OF TRIBAL PRACTITIONERS IN THE KARJAT TRIBAL BLOCK

No.	Category	Approximate Number
1.	Vaidu	100
2.	Sueen	225
3.	Pota Dhari	250
4.	Haad Vaidya	40
5.	Daag Vaidu	50
6.	Visha Chikitsak	30
7.	Bhagat	30
8.	Bhagatin	20
9.	Mantrik	15
10.	Traditional Veterinary Doctor	50

We have seen above the different categories of tribal practitioners in the KTB. Let us now look at the functions of each practitioner.

TABLE VI**METHODOLOGY FOLLOWED BY TRIBALS FOR DETERMINING MEDICINAL USES OF PLANTS OR PLANT PARTS**

STEP NO. 1: Whether the plant part is eaten by any animals / birds ?

If so, whether the animal / bird is poisonous, wild or useful ?

STEP NO. 2: Feed the plant / plant part to some animals or fish and observe the effects.

Whether the animals / fish die, become unconscious or eat the plant with relish (with no visible effects) ?

For example; fish die after eating the bark or pods of *Acacia auriculiformis*. So the plant is used as a fish poison.

STEP NO. 3: Determine use of plant / plant part based on its appearance / property

Some examples are given below :

Plant	Appearance / Property	Use
Jantvel (<i>Cuscuta spp.</i>)	Worms	Stomach worms
Murudsheng (<i>Helicteres isora</i>)	Twisted appearance	Stomach ache
Lajalu (<i>Mimosa pudica</i>)	Property of shrinking	Piles
Sapshevli	Like a snake	Snake bite
Leaf galls on Umber	Like small pox eruptions	Small pox
Had Sandhi (<i>Cissus quadrangularis</i>)	Bones with joints	Dislocation of joints & Fractures.

TABLE VII**CUSTOMS FOLLOWED BY VAIDUS**

1. A vaidu does not eat food if someone is sweeping the floor.
2. A vaidu does not eat if the light/s go off while

eating at night.

3. A vaidu does not urinate in standing position.
4. A vaidu does not urinate in water.
5. If a vaidu hears of a death in the village, he does not eat until the dead person has been cremated.
6. When a vaidu comes to know that a person has been bitten by a snake, he leaves whatever work he has been doing and rushes to treat the patient.
7. A vaidu fasts whenever there is an eclipse.
8. On Deepawali day, vaidus locate various medicinal plants which they normally use and touch them.
9. Vaidus memorise medicinal plants they use during new moon and full moon nights and on days when there is an eclipse.
10. Vaidus observe fast on new moon, full moon or during lunar or solar eclipse.
11. Vaidus observe fast at least once in a week, preferably on a Monday or Saturday.

TABLE VIII**CUSTOMS FOLLOWED BY VAIDUS DURING COLLECTION OF CRUDE DRUGS**

1. Vaidus offer prayers while harvesting the plant they are going to use and address the plant to serve the purpose for which it is being used.
2. Vaidus do not collect :
 - a. plants from a burial place or cemetery.
 - b. plants within 1 ft. radius of an anthill.
 - c. old or diseased plants.
3. Time of collection :
 - a. Plants are collected on Saturdays or Sundays, preferably in the morning.
4. Direction :
 - a. Vaidus always collect plants facing the sun. The objective is that the vaidu's shadow should not fall on the plant he is collecting.

(Dr. Dandekar, trained in Ayurveda as an Integrated Graduate from Bombay, is settled in Germany since four decades. A practising Urologist, he has recently revived his interest and activities in the field of Ayurveda)

The Ayurveda Scenario in Germany and Europe

Dr. Govin Dandekar, Lindau, Germany

The Ayurveda scenario in Germany and Europe is a colourful mixture of science, wishful thinking and esoteric ideas. To understand this we must first have a look at the European medicine of the present time.

Some thirty years ago, in the heyday of antibiotics, landing on the moon and other technical advances, nobody in Europe was really interested in Ayurvedic medicine or other ethnomedicines like Chinese medicine. The leading researcher as well as the general public were quite sure that in the coming decades, all the terrible diseases like cancer, multiple sclerosis, heart disease or virus infections will be conquered. They thought they were on the verge of a new golden era of plenty and happiness. The study of other medical systems like Ayurveda was only a waste of time. If at all, it had only an historical value.

This line of thought was based on the tremendous success of modern medicine in combating infectious diseases and epidemics, surgical techniques of transplantations, anaesthesia, prosthetics and the advances in diagnostic methods like sonography, computer tomography, etc.

Only in the last two decades have we come to realize that the task is uphill and difficult. True, we have a better understanding of the pathology of diseases but the advances in therapy are not very convincing.

In this situation it was quite natural that new ideas were welcome. It was perhaps possible to use therapies from other sources. The success of *Rauwolfia serpentina* was an example of the hidden treasures in Ayurvedic medicine.

Such was the basis of the interest in Ayurvedic plants. Many firms had their research units in India and abroad to test plant drugs or

phytopharmaceuticals.

At the same time there was a change of mood in the general public. In the last decade, the blind faith in modern science was shaken. The pollution caused by the chemical industry, the danger of atomic plants, and the disaster of Tschernobyl in Russia were making the public suspicious of modern science. The side effects of Thalidomide (Contergan) was an eye opener! The new drugs were powerful, but they had several powerful and undesirable side effects. This made the public shy of using new drugs produced in the laboratories.

The public preferred plant drugs which were used since centuries and the effects and side effect were known.

Another important factor for this change of attitude was the rather one-sided approach of modern medicine to diseases. The biochemical and physical changes were all important as they were measurable. It was all body and very little soul! Even though modern medicine was aware of the psychosomatic nature of many diseases, the therapy was mainly based on the physical and laboratory findings.

The ground was ripe for a new approach. The public wanted it but the "Establishment" of the medical profession was not ready for a change. It is also quite natural that modern medicine could not cure all diseases. If you are ill and the doctors cannot help you then you turn to the people who say that they can help you. Europe and Germany are no exceptions.

In this situation a group of "medical practitioners" jumped in to satisfy the needs of the public. In Europe and Germany only qualified medical professionals are allowed to practice medicine, but under Hitler an exception was made to this rule. In

every country some people feel like treating others even though they are not qualified doctors.

In India you certainly know of a village school teacher, who treats patients. Such people existed also in Germany and they were allowed to continue their healing practice. This law was never repealed and we have a lot of such healers in Germany. They are called "Heilpraktikers". There are certain restrictions on them. They may not treat venereal diseases or help in childbirth but otherwise they are allowed to use homeopathic medicines, acupuncture, plant drugs, leeches, etc.

These "Heilpraktikers" were the first to recognize the possibilities of Ayurveda. They invited Ayurvedic teachers from India to give lectures on Ayurveda.

These "Heilpraktikers" also use methods like pendulum, gem therapy, colour therapy, dance therapy and astrology, putting the patients in a pyramid, earth radiation therapy, etc. That is the reason why Ayurveda is jumbled together with esoteric sciences here in Germany.

Another group of people show great interest in yoga. They also invite Ayurvedic physicians from India to give lectures on Ayurveda.

Yet another group of people who use the label of Ayurveda, are people interested in social sciences. One professor of Indian origin has established himself as an expert on Ayurveda and Yoga. He has studied theology, philosophy, Indian music and Indology, but unfortunately not medicine!! He has his own interpretations of Ayurveda!!

Many Indian teachers of Ayurveda teach Ayurveda at his institute. They hold their lectures in English. They will be surprised if they will understand the German translation of their lectures!

A third group of people who propagate Ayurveda in Germany are the Maharshi Ayurveda people. They have a very efficient propaganda machine. They also run many sanatoriums, where the patients get treatment for Rasayana and functional diseases. The so called Transcendental Meditation is their special form of meditation technique which boasts of curing all ills of the human race!

There are also some university teachers who are interested in Ayurveda. Their interest is mainly concentrated on drug research. Prof. Ammon in Tübingen is one of them. He has found out that Guggul contains a principle that stops inflammation. (He has also patented it!!).

There is a long tradition in Germany for physical therapies. They are similar to Ayurvedic Panchakarma and some hospitals are trying to find out if they help (specially the type of therapy that is used in Kerala).

To sum up, there is definitely a demand for new thoughts, new ideas, new therapies in medicine in Germany. Chinese medicine is an example how one can go about it. They have got their acupuncture, their herbal medicines well established here in Germany.

In the field of Ayurveda the situation is not very promising. Most of the contracts from Ayurvedic teachers here are with people who do not count very much scientifically. That makes Ayurveda suspect for the scientific world.

After my lecture on Ayurveda, the people ask me where they can get the Ayurvedic medicines in Germany. Unfortunately the products that are available here are not standardized: It is a shame that no firm in India is in a position to guarantee the quality of their product. No doubt, they try their best but the price competition in India makes it impossible (They say!) for them to produce medicines exactly after the old formula! They take short cuts. Unless the Ayurvedic drugs are pure and of standard quality, they have no future.

People want Ayurveda! They want new therapies but unless the Indian Ayurvedic scientists and university teachers show reproducible results, it will be a vain hope that Ayurveda will have a future in Europe (or India for that matter).

Most important, Ayurvedic teachers should seek here the right contacts in Germany and Europe and contact people who count scientifically. If once the name of Ayurveda is polluted with esoteric sciences this great old science will have no future here or anywhere else.

A SOURCE BOOK OF INDIAN MEDICINE

The beginnings of medical sciences in India may be traced to the vedas - particularly Atharva veda. The Kausika sutra belonging to Atharva veda contains details about the art of healing and a knowledge of healing and a knowledge of healing herbs. In Satapatha Brahmana and also in Atharva veda accurate enumeration of human bones are found. The ancient name of the science of medicine was "Aurveda" — a veda for the (lengthening) span of life and hence it is included as an upaveda. Traditionally Ayurveda consisted of 8 aspects of deliberation and hence later became known as Ashtanga.

This rare and useful information was not confined to the Indian soil alone and there is evidence to show that it had gone beyond the shores of the sea both to the east and the west. Many Indologists have noticed the available medical treatises in different European language journals too. But no systematic study of this discipline with all the available material has been done so far by any medical authority who has had training in the allopathic or western systems of medicine.

The credit goes to Dr. Krishnamurthy for having ventured into this aspect of analysis with a critical acumen in his task. This pioneering attempt of the medical man should be unreservedly accepted as a successful exercise --- in fact this work is an anthology. The source material for this treatise ranges from the Vedas down to edicts and Darshanas. This book vindicates to the world of science what a rich heritage India has had even in the secular field of medical studies. The contents are divided into nineteen chapters each with a thoroughness of a surgeon's artistry.

A very valuable addition to the knowledge of ancient science particularly to Medicine. The get up is fine and the printing good. This must be found in each medical college library and also in all Sanskrit Departments of all universities to help unravel the hidden mysteries like this to the world of letters

A SOURCE BOOK OF INDIAN MEDICINE :

By Dr. K. H. Krishnamurthy
D. K. Publishers Distributors (P) Ltd.,
1 Ansari Road, Daryaganj, New Delhi 110002-1991
Rs. 390.

AYURVEDIC DRUGS AND THEIR PLANT SOURCES

There are limitations in the matter of identifying medicinal plants based on Ayurvedic texts only. For such information as is present, is confusing to say the least. It is the contention of Sivarajan and Balachandran that plant taxonomy by botanists working in collaboration with medical men, will standardise drug sources and hence the drugs. Unfortunately and inexplicably, it seems that there is firm resistance to this sensible solution from within the medical corps.

Undaunted by these practical constraints and aided by like-minded individuals both among the Ayurvedic practitioners and botanists, the authors have set about preparing a reference system of plant taxonomy, particularly relevant to the Kerala region. It is the hope of these well intentioned men and women that such studies will be emulated in various parts of the country with the help of grass root workers.

Approximately one hundred and seventy plants have been alphabetically arranged by the authors, supplying the botanical, Sanskrit and vernacular names of the plant in question. A short description of the plant's geographical distribution, characteristics and clinical uses are given, illustrated with free hand drawings for easy identification.

The book is presented as a preliminary effort in this difficult and much needed endeavour. Printed and bound elegantly in hard cover, it is unique in current Ayurvedic literature. The pioneering spirit and intellectual honesty of the authors shine through, despite the occasional lapses in grammar and indulgence in what may be termed "Indian idiom".

AYURVEDIC DRUGS AND THEIR PLANT SOURCES :

By V. V. Sivarajan & Indira Balachandran. Oxford & IBH Publishing Co. Pvt. Ltd., 66, Janpath, New Delhi-110001.

.....I have gone through your editorial and other contents of the articles with a lot of interest. It is very heartening to note that IASTAM has instituted Pandit Shiv Sharma Oration and Dr. K.N. Udupa Award. I am hopeful that you are working hard with dynamism and intuitiveness. Photographs of Dr. Vaidya and Dr. Antarkar are like depicting a long chain of events which they have covered in the past.....

*Dr. Vivekandanda Pandey
C.C.R.A.S., New Delhi. (10/10/94).*

.....Thank you very much for your letter along with Newsletter of your Association. Your efforts to bring the information to the masses is laudable and I will soon start contributing information and articles. I have a few suggestions to offer :

1. The word 'letter' from Newsletter can be removed if you start including at least one lead article with the aim of converting this into a journal.
2. You can give half-a-page, two column information in detail about common practice for the benefit of allopathic practitioners.
3. You can start inviting articles from technical experts, bureaucrats, politicians who are at the helm of their office for promoting traditional medicine.

With kind regards,.....

*Prof. P. Rajaram
Deputy Directorate General of Health Services (M)
Nirman Bhavan, New Delhi-110011. (13/10/94)*

Congress? Conference? Seminar?

Symposium? Workshop?

Are you associated with the 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 send 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 you of our efforts to publish appropriate items falling within the purview of IASTAM from our members:

Please send your matter to :

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

Please Note :

Due to ongoing discussions with the International Office Bearers, the new applicants for membership are requested to wait till further announcements. However, any enquiry in this regard can be addressed to the IASTAM office.

Editor : Dr. Narendra S. Bhatt