



Newsletter

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Indian Association For The Study Of Traditional Asian Medicine

आशियाई पारंपारिक स्वास्थ्य परिषद-भारत

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EDITORIAL

Western scholars are increasingly getting interested in age-old Asian Medicinal systems. Affluence and permissive behaviour have given rise to new health problems. AIDS being latest on the scene. These new problems seek new solutions and research but also try to search out old references if any. Leprosy is another health problem which is ancient, seeking solutions through vaccines. With very fast rate of urbanisation, urban growth of population in India is phenomenal. The new localities are the slums in urban areas. What do IASTAM disciplines and scholars have to offer by way of studies and solutions?

Zandu Pharmaceuticals have offered a research fellowship for documenting all information on leprosy from Ayurvedic texts. Interested scholars are requested to offer their services.

There are frequent reports that the VII Five Year Plan will offer many opportunities to voluntary sector in Health to manage health care delivery to people.

Programmers of modern medicine interested in community health have become aware about the usefulness of traditional medicine particularly in areas of preventive and promotive health as also non-disease health areas such as mother and child health care. There is thus great scope for scholars and organisations to do action-research in these fields.

Primary Health care approach is more talked than practised. However, we have few scholars who are trying out new experiments in PHC approach for the standpoint of Ayurved. We welcome their reports and news to share with other members.

We have IASTAM members who are connected with Government Bodies such as Central Councils of Medicine and Central Councils of Research in Indian Systems of Medicine. They could share their individual thoughts and collective thinking and actions with other members through us.

NEWS

'International Conference on Traditional Medicine' January 23-25. Venue - Welcomegroup Adayar Park, Madras, India. All the correspondence must be sent to : C.S.G., Directorate of Indian Medicine & Homoeopathy, Arumbakkam, Madras - 600106, India.

Propogation of AYURVEDA in West Germany & Italy.

Prof. Subhash Ranade of Tilak Ayurveda Mahavidyalaya in Poona, found out in West Germany, that the response to learn Ayurveda is increasing. Ayurveda is the Traditional System of Indian Medicine and Prof. Ranade was accompanied by Dr. Suhas Parchure, Dean of Ayurvedic Faculty, University of Poona, and Dr. M. H. Paranjape, Principal of Ashtanga Ayurveda College, Poona.

First they visited G. E. K. Association in Offenburg. This Association is carrying on research on Cancer by Biological methods. The Visiting team of Professors from Poona, submitted a plan for research

by some Indian herbal plants like Semicarpus Anacardium, against cancer. Dr. Buschhaus has accepted the suggestion, and the research will be done by Indo-German collaboration.

Later on they visited Traditional Institute of Indian Medicine in Saarbrücken, and delivered lectures on Ayurveda. Mr. Schmidt is the President of this Institution and at present German as well as French students are learning Naturopathy in this Institute. Since last 5 years Ayurveda is being taught here by various visiting Indian

Professors. From Nov. 21 onwards, they delivered lectures on Ayurveda at the Institute of Dr. med. Hahnemann Colligeum e.V. in Straelen. This Institute is conducting courses for Naturopathy as well as training programme for Medical representatives.

According to the syllabus for Basic Principles subject of this course, Nyrayan GmbH, in Saarbrücken, has published a book on Basic Principles of Ayurveda, written by Prof. Subhash Ranade and Prof. B. V. Sathaye. This book has been written according

to the syllabus prescribed by the University of Poona, for C.P.A. course for foreign students.

Italy :

Prof. Subhash Ranade also gave lecture in Seminar organised by C.I.L.U.S. & sponsored by "Academia dela Sanitoria" in Roma from Nov. 8 to 10/85.

Similarly he delivered lectured in I.A.A.N. Villa Era Italy from Oct. 27 to Nov. 5/85.

Dr. Paranjape had a long discussion with the Principal of the College of Phytotherapy at Kent in U. K. and they showed keen interest in Indian Medicinal Plants.

BRIEF SUMMARY OF THE MOOD AND PROCEEDINGS OF MEETINGS HELD AT ADS CAMPUS ON LOCAL HEALTH CULTURE AND TRADING IN THE CONTEXT OF PRIMARY HEALTH CARE

1. The Event :

A 7 days meeting to discuss ways for strengthening local health traditions related to primary health care was held from 24 - 30 Nov., 85 at ADS campus, Kashele village, taluka Karjat (PIN 410 201), Maharashtra. The local health traditions are primarily based on the use of local flora, fauna and minerals. A very significant aspect of the local health traditions and its practitioners is their self-reliant nature. These traditions are of an entirely autonomous character rooted in a community's social traditions of knowledge and supported from within the community. No Government or any other agency has ever been required to offer any direct support to these traditions of health-care.

1-1 82 persons, representing 30 rural organizations interested and active in the community health field from eight states (viz. Kerala, Tamilnadu, Andhra, Karnataka, U. P., Bihar, M. P., and Maharashtra) attended the meeting. The common experience which brought all these groups together was their observation of the widespread existence of health-traditions, in village communities, all over India.

2. The mood :

Most of the groups previously carried the prejudiced impression that the local health cultures were based on blind belief or purely empherical experience because this is the false propaganda that western science had spread about indigeneous knolwedge. In fact todote not a single serious evaluation exists

of the strengths and weaknesses of any local health culture in any part of India, despite the fact that millions of Indians still subscribe to traditional health practices. The participants were surprised and greatly encouraged to learn that local health traditions have scientific roots in the Indian science of Ayurveda. There is an evidence to establish that Ayurveda is the scientific mainstream behind all the local folk and tribal health traditions in India. There appears to be a symbiotic relationship between the two. The main stream drawing strength from the particular 'experiences' of numerous local streams and the local streams inturn being enriched through interaction with the main-stream. Some criticisms were expressed

about the way the institutionalised ayurvedic establishment functions today and also in the recent past when it had alienated itself from the folk traditions. It was felt that very genuine and socially sensitive ayurvedic scientists would be needed to contribute to the challenging task of strengthening of local health cultures.

2-1 Incredulous as it may sound, the meeting observed that a sort of cultural genocide (which began about 200 years ago) on the local health culture of thousands of village communities is yet taking place in independent India. This is inspired by the western ethno-centric outlook of the Indian scientific establishment. Ironically it was noted that although local health traditions are in fact more comprehensive in scope and cover all and more than the usual elements that are expected from the 'primary health-care' programmes of the Government, these **local traditions are being totally ignored and suppressed.**

2-2 It was observed that when one talks about the scientific temper in India, we usually impose an essentially European 'main-stream' cultural tradition (Europe also has had non-main-stream scientific traditions eg., based on writings of geotho) on the Indian people. There is in fact also an indigenous scientific temper that still persists amongst millions of our rural folks and even amongst the tribals. **This indigenous scientific temper is indeed very different in content**

and form from the European one and it is only a cultural arrogance and intolerance that may make us blind to its value. It is this intolerance of the Bhartiya scientific traditions that is responsible for the cultural genocide that is still taking place today. Apart from the onslaught on people's traditions of health-care, similar violence is also being committed in other popular scientific areas like traditional agriculture and the veterinary sciences.

3. Strengths and weaknesses of local health traditions

In the Karjat tribal block, which is considered a backward region the Academy has over the last 5 years done a detailed documentation of the local health tradition which reveals comprehensive practices related to (a) **Mother and child-care**, (b) **Treatment of common ailments**, (c) **Home-remedies** and (d) **Food and nutrition**. Similarly striking samples with regard to indigenous health practices, were mentioned from other parts of Maharashtra viz. Nanded district, Gadchiroli and Poona district. There were further corroborations from Warangal in A. P., Ranchi in Bihar and Coimbatore district in Tamilnadu.

3-1 Illustrations of the 'comprehensiveness' of the local traditions of Karjat taluka were given as follows :-

In mother and child-care local practices exist which deal with aspects of pre-natal care, delivery and post-natal care. For example;

- 1) nausea and vomiting in early pregnancy
- 2) swelling of feet
- 3) red-discharge and white-discharge
- 4) diet advice for pregnant woman
- 5) handling of deliveries (leg-first, hand-first, umbilical chord around neck etc.)
- 6) post-delivery practices for mother and child
- 7) post-delivery diet for mother - how to increase breast milk.
- 8) care of new-born.

In the area of treatment of common ailments, the imbalanced states of health that local tradition has been dealing with are the following :-

Fever, Dysentery, Diarrhoea, Pile, Indigestion, Worms, Jaundice, Malaria, Cough, Asthama, Fainting, Fits, Vomitting, Stomach-pains, Swellings, Hydrocil, Abscess, Cuts, Wounds, Half-side headache, Dog-bite, Measles, Scorpeon-bites, Snake-bites, Fractures, Ear-ache, Pistula, Eye-infection, Night-blindness, white-discharge, abortion, breast-milk(increase), Scabies, etc.

At the level of home remedies the ailments for which a house-wife has traditional practices are the following

Diarrhoea, worms, cough, cold, fever, measles, loss of appetite, jaundice, hiccup, vomiting, fainting, giddiness, burning of body, abcess, scabies, bleeding from nose, eye-redness, stomach-ache, white and red discharge, headache, difficulty in

labour and deliveries, case of new-born, toothache

Thus one can see through these illustrations the comprehensiveness in scope of the local tradition.

3-2. Although the local traditions are comprehensive in their 'scope' they undoubtedly reveal several weaknesses; when subjected to critical evaluation by the science of Ayurveda for example, whereas some remedies are found to be sound, there are others which are incomplete and some appear totally distorted. Similarly with regard to the diagnostic abilities of local practitioners, whereas in some cases they are sound, in several others they are found to be inadequate. Also with regard to the use of local herbs whereas the local tradition has an amazing knowledge of local flora its ecology, identification, types etc - with regard to the knowledge about properties of plants whereas in many cases the knowledge is reliable in other cases it is incomplete. There are perhaps several reasons which may explain how and why these weaknesses have set in - in the first place the local traditions are 'oral' traditions of knowledge and in the natural course of things oral traditions the world over have been found to decay over 'time'. They need to be revitalised from time to time in-order to regain 'vigour'. An external reason for the current decay of local traditions is the derision, neglect and oppression they have suffered due to the intolerance of the western scientific tradition.

A third reason for weaknesses in the local health stream is the break of active links during the last few centuries with the mainstream, Science of Ayurveda. This has resulted in mutual losses both to the mainstream and to the local streams.

These weaknesses however do NOT detract from the comprehensiveness of the local traditions, nor reduce their potential if strengthened for making the community self-reliant in its primary health care needs.

BRIEF SUMMARY OF PROCEEDINGS

(Detailed note on proceedings is under preparation)

The 7 days workshop discussed practical steps that must be taken to understand the local health culture and traditions.

DOCUMENTATION OF LOCAL FLORA

On the 1st day participants accompanied by the botanists from 'Maharashtra Association for Cultivation of Science' and AVR Educational Trust Coimbatore, visited the local forest and collected 25 illustrative specimens of locally used medicinal plants. There were detailed discussions on the basic botanical notes that should be taken about each plant and what parts of a plant are essential to collect for purposes of identification and how plants can be pressed and dried and put into herbarium sheets. The idea behind this exercise was to indicate how all the local flora used in the health traditions should be documented.

On the same day, in the evening there was an introductory talk on Dravya-Guna Shastra which is about the theory and methods by which Ayurveda establishes the properties of plants and predicts their effect on the human body. Some of the scientific terms in which plant properties are expressed were explained - these are similar to the terms in which local traditions express their knowledge about plants - (terms like ushna, kaph, vat, pith, sheet etc.) Western science usually ridicules all such terms as being crude and unscientific without bothering to understand them and attempts to interpret them in terms of its own categories in which context they do not make any sense.

The next two days of the workshop were spent in observing and participating in the preparation of medicines by processing plants in various ways. Nine different basic techniques of processing of plants were demonstrated viz. kadha, swaras, tel, ark, ghanwati, shar, satv, malam and choorna. The use of all the medicines prepared for demonstration were explained. This session was an eye opener to many participants about how easily seasonal plants could be processed in a low-cost way, right at the village level and preserved for use, for periods ranging from 3 months to 1 year and more.

DOCUMENTING LOCAL HEALTH CARE PRACTICES

Two days were spent on understanding some of the strengths and weaknesses of the local traditions of 1) mother and child care

2) home remedies and 3) the treatment of common ailments and first aid. An overview of the scope of these traditions was presented which established their comprehensiveness in the context of primary health care.

Participants also had an opportunity to directly interact with some of the local practitioners of KARJAT TRIBAL BLOCK.

During this session ADS presented participants with a copy of the type of questionnaires they had used to study the local traditions. It was suggested that such questionnaires could perhaps only be used as general guidelines for similar studies elsewhere - but detailed format may vary from region to region.

FOOD AND NUTRITION

The sixth day was spent in discussion on two subjects viz. the basic natural principles of ayurveda and the ayurvedic theory of nutrition. In regard to nutrition-education it was pointed out that whereas the ayurvedic theory of nutrition was probably more wholistic than western nutritional science and whereas millions of Indians in the villages did already possess basic nutritional understanding based on ayurvedic concepts - it was imagined that rural people were generally ignorant about nutrition and only western concepts of nutrition could provide reliable guidance. As a result of this western ethno-centric view, today under the banner of spreading science

to villages, very many sound nutritional practices of villagers are being destroyed and determined because of lack of understanding of the Indian nutritional science.

On the 7th day there was discussion around the historical analysis of the colonisation of the Indian mind by the main-stream west - 'a process which began 200 years ago and continues even today under a political leadership which wants india to catch up with the West' in the 21st century. A view was put forward that perhaps it was at a historical moment of weakness that the Indian civilisation accepted the cultural and intellectual traditions of their colonisers and that this acceptance was not based on any critical process of evaluation of the western traditions.

JOINT RESOLUTIONS TAKEN BY PARTICIPATING ORGANIZATIONS

I. It was unanimously resolved to form an informal national committee (net-work) for strengthening local health cultures. The AVR ayurvedic trust Coimbatore, agreed to act as the secretary of the committee.

'Lok Swasthya Parampara Samvardhan Samiti' is the name that was jointly agreed upon for this national committee. The committee came into existence on 30th Nov. 1985. The tasks set for the committee for the year 86-87 are the following :

1. To help organise in Maharashtra, Tamilnadu, U.P., M.P., and Bihar one dialogue meeting each, in

course of the year, of local health practitioners from different local communities where groups represented on the committee are active in the villages.

2. To organise an all India conference of all those ayurvedic physicians who have identified themselves the work of the various groups (in the different states) for strengthening of local health culture.
3. To assist groups in raising preliminary finances that may be needed for the initial work of studying local health traditions.
4. To prepare a small directory of eminent ayurvedic scientists who could be consulted by field groups for clarifying doubts on local practices with regard to (a) food and nutrition (b) mother and child care (c) home remedies and treatment of common ailments including snake bites (d) methods of processing plants (e) properties and uses of local plants (f) to inform about sources of supply of seeds and plants of medicinal value in different states (g) to keep net-work open for groups involved in similar work.

THE POSTAL ADDRESS OF
THE SECRETARIAT IS :

**Lok Swasthya Parampara
Samvardhan Samiti,
Pathanjaliपुरी P.O.
Thadagam,
COIMBATORE - 641 108**

h) to prepare a quarterly report on activities of groups in the net-work.

II. It was also resolved to communicate to various authorities and raise awareness locally regarding the danger

to local health traditions, due to the commercialisation and export of medicinal plants. It was resolved to try and work towards a ban of such exports. Concomittantly it was suggested that social forestry portions should be so influenced

to add the group of medicinal plants in their programmes. Similarly movements against deforestation should also be made aware of the danger to the local health resources base that is posed due to cutting of forests.

(Collected by
Vd. R. M. Nanal)

RITUALS - PROPHYLACTIC AND THERAPEUTIC ASPECTS OF -

(A Paper from Asian Conferance - Bombay)

DR. V. M. GOGTE

In my present paper, I wish to detail some of the rituals which, though seem to be purely religious, are essentially - prophylactic/therapeutics.

concept of God of one individual may not necessarily coincide with that of any other individual.

tutions, i.e. Waat, Pitta and Kapha respectively. There is some scientific background for this theory. The inanimate idol of Shiva cannot be an object of worship. It is the inner soul of the worshipper himself that really needs either prophylactic or therapeutic treatment in the form of worship.

(1) Eversince the ancient (Vedic) period, it is observed that the medical man-priest was one individual. Hence all sorts of treatment, even medical, were, without an exception, accompanied by chanting of some "MANTRAS".

(6) Fear as well as love (because of the benefits accrued in life) were the basic causes of the worships. For instance, the dormant volcanoes 'JYOTIRLINGAS', (which are as many as five in Maharashtra alone - Trimbakeshwar to name one) being natural and not man-made, were regarded as Gods. Human beings cannot survive without water, fire, air, land and so on. Hence, these were also taken as Gods.

(10) In India it is a wellknown fact that Shanker or Shiva likes Bilwa (Aegle marmelos). This really means that the use of Bilwa is conducive to the health of a person who is of waat constitution. Bilwa is also an indispensable medicine in the treatment of many diseases caused by Waat Dosh.

(2) For want of an adequate scientific knowledge, even of the perceptible physical things, there was a tremendous fear of the phenomena such as earthquakes, floods, bush fires, hurricanes, thunders and so on, in the minds of the populace, and hence God was every now and then summoned for help.

(7) Every disease, every physical or mental ailments, was attributed to the wrath of this or that God. Naturally, the ways of the worships were various. Medical use of things by hundreds together with the chanting of Mantras was in practice. The medical man-priest was in-charge of the worship enclusive of the chanting of Mantras, together with the medical treatment.

(11) Hence, instead of offering millions and billions of leaves Aegle marmelos on the inanimate idol of Shiva, it would be better if the leaves are consumed by the worshipper himself. If he happened to be suffering from Waat or a Stage in diabetes he would definitely be benefited by the use of Bilwa leaves.

(3) Even in the physical ailments and the mental, worship of the different Gods happened to come first in the picture since the cause of every ailment was attributed to the possession by some evil being.

(8) The worship of any God really meant the worship of ones self. It was, however, not left to the entire choice of the individual concerned. The worshipper was first required to get his constitution ascertained and then only it was to be decide as to what God he had to offer his devotional worship. Worship does not really mean the offering by anybody, of anything, to any so-called God.

(12) A similar interpretation can be given in the case of Ganapati. Ganapati indicates Pitta constitution. He is fond of Doorva (Cynodon dactylon) which is the best prophylactic, and has an immense therapeutic value too, in the diseases caused by Pitta Dosh. So, instead of offering Doorva to the idol of Ganapati, the worshipper who happens to be suffering from Pitta or diseases caused by it, should consume that herb regularly.

(4) Till recently and even now in some places, this sort of treatment, linked with the worship of God, is in vogue. It was normal routine and a traditional one. Almost every individual was inclined to the worship of God, because of the fear of an attack from the evil-beings, which may cause some harm to his health.

(9) Shankar, Ganpati and Vishnu are the deities of worship for the 3 Ayurvedic concepts of consti-

(contd.)

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