



NEWSLETTER

NOVEMBER 1995

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

Office : C/o Zandu Foundation For Health Care, Gokhale Road South, Bombay-400 025. • Fax : 00-91-22-4375491

Editorial

LOSING LINKS

The practice of education of Ayurved and other traditional systems of medicine have undergone major changes in the last three decades. When one compares the present day articles and research papers with the Ayurvedic articles and approach as observed from, say the commentary by Gananath Sen on Sushrut Samhita or reading of the first volume of Charak Samhita published by Gujarat Ayurved university as prepared by the late Dr. P. M. Mehta, the difference is quite obvious. There was a time when with allopathy or conventional medicine, though being on the rise, the indigenous systems of medicine were looked into by experts, not only with interest but with sincere respect and there was an effort to understand the basis, to understand the principles and to critically look at its use. However, in recent times, where the knowledge-base has become more and more segmented and the link with the origin of science is getting reduced, it is difficult to find papers or articles with the right approach.

Institutionalization of Ayurvedic education can be considered as one of the main reasons for this development. However, institutionalization in the earlier phase did allow an interaction between the generations which were involved in teaching and learning, which kept the link with the roots more established than today. The text books prepared during that period, though on subjects segmented on newer basis, made a sincere effort to justify segmentation based on original texts. Whereas, the text books based on the syllabi today are more subject-oriented in terms of specifying the examination needs rather than providing an explanation of the contents.

As this situation is not reversible, it is necessary to create an awareness of people and their work done during the earlier phase of institutionalization. A whole generation of experts who can be considered as a link is slowly disappearing. The tragedy of the situation is that even the new teachers are not aware about the existence of their work and efforts. The work initiated in the field of medicinal plants by late Bapalal Vaidya, or the dedicated efforts from Jamnagar to bring together experts of different sciences to provide an English translation of Charak Samhita, or the activities carried out at Varanasi in the early 50's are slowly becoming a part of history. These are the links that we have today between concept and application, and the present stress being only on application, with losing of links the future growth will face more wilderness than ever.

It is urgently necessary, therefore, to take concrete steps to gather all such material which is available today, which may not necessarily be in research form or the outcome of data, but which can provide conceptual thinking, which was being practised about 3 - 4 decades ago. Today when we find young post-graduates of these systems of education trying to search and identify newer areas of research, the material collected in this way can be of great help to provide guidance in the right direction.

Dr. Narendra S. Bhatt

Prof. R. H. Singh, Regional Secretary of our Association & Head, Department of Kayachikitsa, Institute of Medical Science, is now Chief Proctor of a 10 member Proctorial Board of the prestigious Banaras Hindu University (Varanasi). We wish him every success in this responsible position.

Dr. S. K. Jain, a Scientist Emeritus is named as 'MAN OF THE YEAR' (among some others) by the American Biographical Institute, Raleigh, NC, USA. He has just completed a 1-year Indo-Brazilian Comparative Study of Ethnobotany.

70th Birthday Celebration of Dr. K. G. Desai, (Bheemarath Shanti), Hubli

Nearly a thousand people including prominent vaidyas, doctors, surgeons and other eminent citizens gathered to felicitate Dr. K.G. Desai on his 70th birthday. He was presented with mementos of Shri Ganesh made of sandalwood and a citation which was read by Shri B.A. Desai, a well-known industrialist. Contributions of Shri K.G. Desai, were remembered by patients, students and teachers from Ayurvedic colleges. On the occasion Dr. Desai also gave a talk on "How to maintain good health in old age".

Dr. K.G. Desai is Vice President of IASTAM southern region.

Dr. M. M. More completed his research work on 'GUGGULU' at University of Poona to receive Ph.D. (Ayurved-Kayachikitsa).

Dr. A. K. Jain, Head of Ayurveda department, S.V.S. Marwari Hospital & Research Centre, Calcutta has been nominated Hon. Physician to H.E. Governor, West Bengal. He is known for his research work in the field of Diabetes. Dr. Jain, a graduate of Gurukul Kangri State Ayurvedic College and M.D. (Ayu.) from Calcutta University is well travelled and is an active member of our association.

One of our active members, Dr. (Mrs.) Aruna P. Kubal of K. J. Mittal Ayurvedic College has been nominated to the Academic Council of the University of Bombay.

LESSONS FROM THE ANIMAL WORLD

Tropical natural history abounds with suggestions that vertebrates--especially monkeys, pigs and elephants--use plants as medicines as well as food. The rain forest is a maze of toxins, foods, and medicines, requiring sophisticated use by animals and detailed study by zoologists. The way animals use plant compounds, the study of sick wild animals, and examination of forging patterns in health and disease may point the way to opening up animal medicine chests.

Just like humans, animals seem to have discovered various routes of administration. They practise ingestion, buccal absorption and topical application. Ehiopian baboons at risk of schistosomiasis ingest Balanites fruits, which are rich in the potent antischistosome diosgenin. Chimpanzees in Tanzania may absorb potent chemicals from herbs, such as *Aspilia*, with a buccal feeding technique similar to the human use of glyceryl trinitrate. They massage the leaf blade between their tongue and cheek before swallowing it.

Besides using compounds prophylactically, animals use drugs in active treatment. A lethargic, anorectic wild chimp with diarrhoea has been reported treating itself with *Vernonia shoot pitch*, used extensively in tropical Africa for gut disorders.

Harvesting sustainable plant products, including medicinal plants, can bring poor tropical countries higher economic returns than deforestation. The number of possible therapeutic compounds are daunting, but animals may act as signposts, leading to important substances. Animals have practised medicines for millions of years. It would be tragic to lose their potentially lifesaving discoveries.

Brit. Med. J. (1992):305, p.1517

DIABETES NOT DUE TO LACK OF INSULIN ALONE

It is generally thought that the metabolic disorder diabetes is associated with inadequate production of insulin. Well, this is true, but only in 10% of patients diagnosed as diabetics.

The far more common form of diabetes affects 90% of patients and is not due to lack of insulin but a

TRADITIONAL ASIAN MEDICINE IN THE MODERN WORLD

*Wellcome Institute for the History of Medicine
16-17 November 1995*

The International Association for the Study of Traditional Asian Medicine (IASTAM) is pleased to announce its first Regional Symposium, which will be held in London in collaboration with the Wellcome Institute for the History of Medicine on 16-17 November 1995. The symposium will consider the topic of "Traditional Asian Medicine in the Modern World", and will be convened by Dr. Lawrence I. Conrad, President of IASTAM, at the Auditorium of the Wellcome Building, 183 Euston Road, London NW1 2BE.

The IASTAM regional symposia have been launched in light of the fact that the Association's primary venue, the International Conference for the Study of Traditional Asian Medicine (ICTAM), is convened only about once every five years, and is held in an Asian country. The regional symposia will rotate among other parts of the world, and will hopefully serve the double purpose of 1) ensuring the vitality of the organization during the long discussion to members who find it difficult to attend the major meetings, and 2) enhance the exposure of IASTAM and its members to researchers, practitioners, and professional societies of relevance to IASTAM's interests worldwide.

In the first Regional Symposium, an effort will be made to formulate an overview of the current situation and position of the indigenous medical systems of the Middle East, South Asia, and East Asia. We hope to discuss such issues as how practitioners are trained, what their social position is, how potential patients choose medical alternatives where traditional medicine is available, the extent to which coexisting medical traditions compete or cooperate, and how these traditions are perceived and approached by external elements (e.g. government, health services, welfare and charitable institutions, etc.). We would also like to consider the rising interest in TM in the West, and the factors underlying this.

The symposium will consist of one session on each of the three traditions we propose to consider, followed on the second day by a general discussion. The symposium will be open to the public and will be widely advertised; we expect that there will be considerable interest among medical and other historians, medical practi-

tioners in general, and students.

The registration fee of 20 pounds covers 17.5% VAT and includes morning coffee, buffet lunch (vegetarian options available), and afternoon tea on both days. A reduced rate of 14 pounds is available to students, current full members of IASTAM, and members of the Friends of the Wellcome Institute.

To register for the Symposium, please fill out the attached registration form and return it with a cheque for the appropriate fee to the conference secretary, Ms. Mohsina Somji, at the Wellcome Institute, 183 Euston Road, London NW1 2BE. All registration fees must be paid in pounds sterling by cheque or bank draft drawn on a UK bank, or by Eurocheque, payable to the "Wellcome Institute for the History of Medicine".

Members of IASTAM North America may pay the registration fees in US dollars (\$22.00) by check to the NA Chapter. Please send the registration form to Ms. Mohsina Somji in London now, but send your check after 1 August and payable to "IASTAM North America" to Dr. Steve Ferzacca, Dept. of Anthropology, Bryn Mawr College, Bryn Mawr, PA. 19010.

The Wellcome Institute is located in the centre of London, with excellent road, bus, underground, and rail connections to all parts of the capital, Heathrow and Gatwick airports, and the rest of the country. There is a wide variety of hotel accommodation in all price ranges within easy walking distance of the Institute. While participants in the Symposium will have to pursue such arrangements on their own, we will be happy to provide recommendations, addresses, and telephone numbers. For accommodation arrangements and other matters concerning the Symposium, please contact Ms. Somji by post (address as above), telephone (0171) 611-8649, or fax (0171) 611-8562.

We look forward to seeing you in London.

Lawrence I. Conrad
President, IASTAM
Historian of Near Eastern
Medicine, WIHM

IMPLICATIONS OF ETHNOBOTANICAL KNOWLEDGE IN PROMOTION OF HERBAL DRUGS

Dr. S.K. Jain

National Botanical Research Institute, Lucknow

There is worldwide interest in the search for new herbal drugs, particularly through clues from ethnomedicine. Major biological screening programmes in India and abroad now prefer ethnobotanical sources to random surveys.

Active ethnobotanical field work in India during the last two decades has brought on record abundant data for follow up research and development.

Laboratory researches are validating properties of our folk medicines, such as in recent years for Commiphora, Bacopa, Curcuma etc.

Concern for Intellectual Property Rights on indigenous knowledge is a new dimension. Innocence, ignorance and to some extent helplessness of the rightful owners of indigenous knowledge on the one hand, and sudden interest in the last 1-2 years of certain vested interests to explore, interview, record, prepare data bases on indigenous knowl-

edge and commercialise it on the other, with curious apathy of concerned agencies, has unforeseen implications.

A strong regulatory authority at National level is urgently needed to take stock of the situation, draw up a detailed programme of benefits to the owners of indigenous ethnomedicobotanical knowledge, watch national interests and promote sustainable utilization of our useful plant resources.

Appeal : India is very rich in ethnomedical lores. Try to convince the union and state governments and the Drug Controller to adopt the Chinese approach of test and standardisation for bringing some of them into the organised health care systems, and NOT continue to follow the procedures of complicated phytochemical and pharmacological tests, imposed on our country by the vested western pharmaceutical industry and multinational western interests.

SINGLE PATIENT TRIALS - A UNIQUE OPPORTUNITY FOR RESEARCH IN AYURVEDA

Dr. Arun D. Bhatt

Medical Director HINDUSTAN CIBA-GEIGY LTD.

Hon. Physician & Clinical Pharmacologist

SWAMI PRAKASHANAND AYURVED RESEARCH CENTRE, BOMBAY

The ancient wisdom of Ayurveda is founded on traditions of long term personal observations of astute vaidyas. The Samhitas are replete with descriptions of clinical picture and aetiopathology, based on Dosha-Dhatu-Mala theory and Prakriti Nirnay, in individual patients. There are many anecdotal single / multiple cases of therapeutic success of Ayurvedic therapies. However, the Ayurvedic system of in-depth documentation of such observations has been gradually eroded. Today, such anecdotal / exploratory observations are challenged by modern clinical researchers and even considered unscientific.

In recent years, modern clinical research has focused on therapeutic trials in individual patients. (Larson EB, Ellsworth AJ, Oas J. Randomized clinical trials in single patients during a 2 year period. J A M A 1993; 270: 2708-12). This approach pioneered by McMaster group is called single patient trial (SPT) or n = 1 study. SPT are easier to conduct compared to the standard clinical trials which re-

quire complex methodology involving large number of patients. Besides, SPT closely mimics treatment of an individual patient in clinical practice. However, SPT requires a systematic approach involving (1) detailed documentation of pre-treatment condition --- nature, severity, frequency and variability of symptoms and signs, (2) cross-over design using a placebo or active control, and (3) detailed post-treatment follow-up and record of adequate duration for each therapy.

SPT is a novel approach for pilot studies of Ayurvedic modalities. It is possible to explore diverse treatments in an individual patient or in different patients suffering from the same disease. This individualisation has been a hall mark of Ayurvedic approach. Clinical research in Ayurveda will benefit from SPT approach. The methodology of SPT could gain from Ayurveda's unique individualization based on Prakriti Nirnay.

SOME GLIMSPES OF VAIDYA ZANDU BHATTJI

Sri Markarand Dave

Translated by Dr. Ashok B. Vaidya

Bhavan's Swami Prakashananda Ayurveda Research Centre,
Bombay.

One of the disciples of Sri Ramakrishna Paramhansa was Swami Akhandananda. He was also called Gangadhar Maharaj. He has written his autobiography, in Bengali, 'Smriti-Katha'. In the year 1893, about a hundred years back, he had stayed for some time with Zandu Bhattji, at Jamnagar. He also toured with him at many places in Saurashtra. In his memoirs, Swami Akhandananda has paid glowing and respectful tributes to Zandu Bhattji. Among Sri Ramakrishna's disciples, Swami Akhandananda was foremost in the work of service. He truly initiated the Mission's work of service to suffering humanity. Swami Akhandananda was inspired for "Seva-Vrata" - a vow of service - from the life of Bhattji. He writes, "The mission for Sevavrata was initiated in Jamnagar, its progressive growth occurred in Khetri and it was in Murshidabad that it became wide-spread and reached fruition".

When Swami Akhandananda arrived at Jamnagar and reached the residence of Zandu Bhattji, named "Dhanvantari Dham", Zandu Bhatt was not in the town. But his younger brother Manishankar welcomed and looked after the Swami. Swamiji had a stomach disease and Manishankar was treating him. Swamiji writes about his disease and its management, *Kathiawaris eat food with too much of ghee*.

"They very much love the laddus-choorma. With such ghee-laden food, I got 'udar-amaya' ; knowing this Manishankarji arranged, for one month, what Sushruta described as "Sarvopaghatshamaniya Rasayana".

"The Vaidyas here, prior to giving drugs, carry out Shatkarma Rechana, Vamana, Swedana, Basti etc. I was only given a purgative. Every morning I was given, with Amrita-Kwath, half a tola of Yashti-madhu and Vidanga-tandul choorna. This led to several bowel movements. After that, I had to take Mung-soup with tamarind, without any salt, and in proper amount, once, unpolished red rice".

"Charaka, Sushruta etc. have said - 'Among pathyas, red large grains of rice are the best'. No salt is permitted. It was not easy to consume ghee-mixed rice, without any salt. But fifteen days later, after food, some salt was permitted. I followed the medicine and diet for almost a month".

"Zaman Bhattji examined me and advised one more month of 'pathya' (Diet) and medicines for complete improvement".

When Swamiji was living at 'Dhanvantari-Dham' for two to three months, one Shankarji Sheth visited him. He was a

famous and wealthy man, known for his charities. He insisted on the Swami to stay with him.

Shankarji's life and way improved with the Swami's company. The selfish hangers-on did not like this. They were aflame with jealousy because of Shankar Sheth's devotion to Swamiji and his keenness to build a temple for Sri Ramakrishna Paramhansa.

Swamiji, sensing the intense clinging of Shethji, prepared to leave. He was wondering that for God realisation, he had renounced his family and home, and why now get into new Maya? Swamiji decided to leave at night, without telling Shethji. But when Swami was to leave, Shethji got high fever and started crying. Looking at his pitiable state, Swamiji compassionately decided to leave after he would regain health. He looked after Shethji. During that time, Swamiji was poisoned, as described in his own words.

"Coffee is popular in Jamnagar. I used to take coffee daily. Once after Shethji was better, while drinking coffee, I found it too bitter. I could see oil floating. I presumed that the water for coffee may have some ghee and spice contamination. Without telling anyone, I drank four small vatis of coffee. After some time, I had severe diarrhoea for the entire day. For four days, I could not sit up or stand.

"Sometime after Shethji was cured, I visited Zandu Bhattji and said, "I will never go back to Shethji's house". Bhattji was pleased and said, "Excellent decision. I have learnt that you were poisoned there. When I visited you there, I could not tell you because of many people being present".

"Later when I went to Shethji's place, to collect my clothes etc., he was lying down and crying and in just one day he looked so much run down. I tried to console him much, "We are in the same town and we can always meet". He said, "Bhabaji, I have seen you packing your coffee-pot etc. I am much disturbed mentally because you are leaving me, now you will never drink coffee here, no? Why not take it this day last?".

"Coffee arrived. What again? This time too same bitter coffee and oil drops floating. I just took a teaspoonful and rushed back to Zandu Bhattji's home. As soon as I reached there, I had a bowel movement. After listening to me, Zandu Bhattji said, "I did not tell you last time but the coffee had the oil of croton seeds". This time too I could not believe that. Finally, Zandu Bhattji brought some croton seeds (very strong purgative). I put it on my tongue and believed him

because the taste was the same bitter. Even with that little I had diarrhoea throughout the day".

I had a dialogue with him at Dhanvantari Dham. I had heard that Bhattji was a very magnanimous man, known for his philanthropy.

When he was visiting at Shethji's house, a few days prior to that Ishwarchandra Vidyasagar had passed away. His biography was published. Bhattji insisted that I obtain the book and he paid for it. Once the book was received, daily, he would visit Shethji's house to listen to Vidyasagar's life. Whenever a story of Vidyasagar's compassionate work was narrated, he would sob loudly.

When Swami Vivekananda was at Junagadh, Bhattji had a meeting with him while listening to Swamiji singing, "*Dayanidhi teri gati lakhi na pare ..*", Bhattji started crying. Swamiji had said, "I have been to many places and seen many philanthropists but nowhere I have seen a man as compassionate as Zandu Bhatt".

Bhattji had done Yoga-sadhana for quite some time and he used to observe much self-restraint and regularity of all habits like Ahara, Shauch etc. One day while listening to Vidyasagar's life, once he delayed Nature's call. While talking he said, "As much Yogi, so much Rogi". He had to suffer because of that one day's irregularity, for several more days.

When one visited Bhattji's house, it was like a hospital: someone with cough, someone with breathlessness, another with fever etc. full of all types of patients. Their special diet and medicines were taken care of by Bhattji.

Bhattji was awake by 4.00 am and after finishing his prayers etc. he would sit outside. Crowds of patients would visit, take tea and the therapeutic booklet. But Bhattji provided not only information on medicine/diet to people; whether rich or poor, from the dispensary, even drugs like Makardhwaja, costing Rs. 40/- per tola, were given free.

In a similar manner, in his own horse and buggy cart, he went to visit patients, without charging any fees. Once Bhattji went for the treatment of the prince of Wadhwan, who had tuberculosis. As per the legend when Bhattji was returning, Thakore Saheb put before him a golden anklet, worth Rs. 7,000/- and said, "I am not giving any fees to you. I am not sad that you could not help much. This disease is not curable. For what medication you gave me, I am just giving the cost". Bhattji was in tears and said, "In our Shastras it is mentioned that if the disease is diagnosed (Nidana) correctly, the patient won't die. I have not done your Nidana properly hence I am unable to cure you. If in India, there was a Hindu emperor, I would have been punished. But, you are giving me a reward. How can I accept it?" - Bhattji returned with tears in his eyes. At that time, he had a debt of around one lakh of rupees. Even Jamnagar Thakore wanted to pay up the debt but Zandu Bhattji did not accept the help.

One other story I had heard once : a Brahmin visited Zandu Bhattji's home and saying "Jaya Raghunathji" waited for alms.

Such Brahmins have a plate with ten slots; in some rice, in some pulses, in some flour etc. fill up the ten slots.

In the compound of Bhattji's house, the utensils to be washed were dumped in a corner. The Brahmin looked around and finding no one, took one vati and kept it in his plate. The Brahmin was quietly leaving the place. But from the upper floor of the house, Bhattji was observing everything. Bhattji asked him to come up and said, "Maharaj, leave your plate down there and come up and please be seated on this couch". The Brahmin was afraid and hesitantly sat down. Bhattji told a servant, "In a new thali and new vati, fill up every item and also bring a cup and a jar". Servant followed the instructions precisely.

The Brahmin thought, "Thank God, Bhattji has not seen anything. I am saved". When he was getting up to collect his old plate, Bhattji said, "Don't bring that plate you left downstairs. All these utensils are yours. Maharaj, you seem to be short of utensils of your house, otherwise why would you pick up an unwashed vati? It is my fault I did not look into your needs, please take all these."

The Brahmin started crying and holding Bhattji's feet said, "You are not a man, you are a god". From that moment, the Brahmin's life got transformed.

It was mentioned earlier about Bhattji's illness. He did not recover soon from that. So for a change to a healthy place, he took me along with him to a farm-house. One afternoon, when we were having a siesta, from the nearby farm, a woman's voice was heard. I did not understand. But, Bhattji on hearing the voice put on his shoes and quickly left. I waited for him at the house and when he returned he was profusely sweating and his face was congested.

I asked, "What happened? Where did you go?" Bhattji said, "That woman was picking up cowdung from the farm. Her basket was full and she was calling a man to give her a helping hand to put it on her head. He did not respond". From a distance, sensing this woman's need, Bhattji rushed to help her with her load. At that time he was between 60 to 70 years of age.

In his old age Bhattji used to recite a shloka. I don't recall it now. Later Swami Akhandananda said it was :

"Neither do I desire for kingdom nor heaven or Nirwana, I desire that the diseases and miseries of beings be resolved". Swami Vivekananda had tears in his eyes when he heard this shloka from Bhattji.

"From Bhattji's life, I have deeply imbibed that the best use of one's life is to spend it in the service of mankind, in showering one's love on all. While serving this great man, in his illness, I felt blessed that such a chance came my way", wrote Swami Akhandananda.

condition : "insulin resistance". Here the pancreas produces plenty of insulin but that is not quite effective. The insulin is blocked by a high-fat diet, lack of exercise and obesity and these together cause insulin resistance.

*Health & Healing, U.S.A.,
(1994) : 12,1*

FORM IV

(See Rule 8)

1. Place of publication : Bombay
2. Periodicity of its publication : Quarterly
3. Printer's Name : Dr. K. M. Parikh
(Whether citizen of India?) : Yes
(If foreigner, state the country or origin)
Address : Indian Association for the Study of Traditional Asian Medicine, C/o. The Zandu Pharmaceutical Works Ltd., Gokhale Road South, Bombay-400 025.
4. Publisher's Name : Dr. K. M. Parikh
(Whether citizen of India?) : Yes
(If foreigner, state the country or origin)
Address : As above in (3)
5. Editor's Name : Dr. Narendra S. Bhatt
(Whether citizen of India?) : Yes
(If foreigner, state the country or origin)
Address : As above in (3)
6. Name and address of individuals who own the newspaper and partners or shareholders holding more than one percent of the total capital
: Indian Association for the Study of Traditional Asian Medicine, C/o. The Zandu Pharmaceutical Works Ltd., Gokhale Road South, Bombay-400 025.

I, Dr. K. M. Parikh, hereby declare that the particulars given above are true to the best of my knowledge and belief.

Dated : 1 July 1995
(Signature of Publisher)

Dr. K. M. Parikh

NEWS

WORMS - MAN'S FRIEND, NOT ENEMY

Leeches and maggots may appear to be two repulsive worms but have provided man effective medical therapies. And now they are staging a come-back.

Leeches are helping to reattach severed toes, fingers and even limbs in some cases. Their saliva possesses anticoagulant, anaesthetic and antibiotic - like properties. On the other hand maggots, when applied to wounds, devour necrotic tissue while sparing normal, healthy tissue. They also secrete an anti-infective, antibacterial substance.

*Health Confidential, U.S.A.,
(1995) : 1,11*

ANNOUNCEMENTS

SEMINAR ON RHEUMATOLOGY

A National Seminar - "**RHEUMATOLOGY - Role of Traditional Medicines**" will be held on Sunday, 24th December, 1995 at Calcutta.

The Seminar is organised by Indian Rheumatology Society in association with All India Post Graduate (Ay. Sp.) Association.

Those interested should contact : Dr. Naren Pandey
12 Loudon Street, Calcutta 700 017
Phone : 401333, 401337 Ext-228 (daily 10 a.m. - 1 p.m.)

An International Environment of Botany Congress is coming up in Nov. 1996 at the NBRI, Lucknow.

Contact : Dr. K. J. Ahmad, NBRI, Lucknow.

An INSTITUTE OF ETHNOBIOLOGY is being set up in **Lucknow**, presently within the premises of the NBRI, mainly to record, evaluate, spread, and utilise indigenous knowledge, with the prime objective of adequate compensation, welfare of the creators and holders of that knowledge. It should have close involvement with the problems of IK, IPR and Biodiversity. Plans include training of tribal young men and women in their traditional heritage.

LETTER TO EDITOR

I acknowledge with thanks the receipt of IASTAM-India Newsletter, April-June 1995. This is quite an informative brochure about the activities of Indian Systems of Medicine.

(Dr. S.K. Sharma)

Adviser (Ayurveda) I/C, Government of India,
Dept. of Indian Systems of Medicine & Homoeopathy,
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Traditional Asian Medicine (IASTAM)**
C/o The Zandu Pharmaceutical Works Ltd.,
Gokhale Road South, Bombay-400 025.
Tele : (022) 4307021.
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Editorial Address :

Editor, IASTAM Newsletter
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*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.

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IASTAM - INDIA
Zandu Foundation for Health Care, Gokhale Road South,
Bombay-400 025, INDIA.

SUBSCRIPTION FEE :

Minimum for 4 years - Rs. 100/-

Editor : Dr. Narendra S. Bhatt