



Indian Association For The Study Of Traditional Asian Medicine

आशियाई पारंपारिक स्वास्थ्य परिषद-भारत

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What should we do to revitalise local traditional health practices in rural communities ?

1. WHO (World Health Organization) has acknowledged the wide spread existence of traditional health systems in various societies and has recommended the need to strengthen them in order to achieve the target of 'I health for all'. This is a good thing that has happened.

2. In the Indian social condition the western health system cannot reach the majority of the Indians for reasons associated with its high infrastructural costs, sophisticated technology, and a science of health etc. A very careful and open-minded review of the whole situation is called for in order to get a 'balanced' view of the real potential of traditional health cultures and the Indian Science of Ayurveda Siddha & Unani on which our Society's health traditions are based.

The majority of the Indian population, specially the under privileged still depend on the traditional health systems for their primary health care needs.

3. The first step for revitalising local health traditions is to study their present state. What

to study, how to study, all this must be clearly understood by discussions, with organisations who have done some work in this field. Some of the important aspects for local study can be mentioned here. These are the following :-

(a) Survey of the local medicinal plants (trees, shrubs, creepers, climbers, grasses) used by the local people in their health care. (b) To establish contact with various local traditional health practitioners men and women. These may be midwives, local bone setters, persons treating common ailments like dysentery, diarrhoea, jaundice etc., (persons treating snake bites, dogbite, scorpion bite, etc.)

There may be different types of therapies used in the local tradition, like massage, use of metals for branding Agni Karma and herbal remedies (which are probably most widely used). There may be people who have knowledge of marmas and about the channels of nerves (something like acupuncture) All these types of local traditions need to be studied to know what are their present claims and methods (Before trying to pass any judge-

ment about whether the local tradition is good or bad, scientific or unscientific we must know what it 'is').

4. We must also establish contact with knowledgeable physicians in traditional systems. It is important to educate physicians in traditional systems about the symbiotic relationship of the science with local traditions. It is the relationship as between a local stream and a main-stream. The mainstream cannot exist without local streams and the local stream needs periodic help from the mainstream in order to remain vital. The local traditions may have many innovations which can be evaluated and assimilated by Ayurveda. Similarly the 'how and why' of many local treatments can be provided in a scientific way of traditional systems.

5. One of the practical tasks after surveying the local traditions is to try and create forums in the village-settings for dialogue between traditional scientists and folk practitioners. In the dialogue with village vaidus, topics like, properties of local plants, methods of processing them, diagnosis and treatment of

common ailments, could be some of the main subjects for dialogue. Similar meetings dealing with simple ailments should also be discussed with ordinary housewives because at the level of home-remedies they too are important carriers of the health traditions. Notes prepared for such dialogues should be illustrated with pictorials so that the written word need not be the only means of communication. Often the traditional practitioners may not be comfortable in reading and writing.

6. Although there may be many types of local treatments as for example those based on mantras, it would be advisable at this stage to only concentrate on herbal medicines based on the locally available flora. Although local traditions may deal with hundreds of plants and several ailments, we should concentrate each year on a few ailments and their corresponding herbal remedies so for instance in first year we may try to understand and revitalise diagnosis & treatments for common ailments like dysentery, diarrhoea, malaria, jaundice, cough, fevers, scabies, cuts and wounds. In the next year other ailments could be taken up. We can choose a limited list of topics for each year's dialogue from the list of ailments that the local tradition has been traditionally dealing with. Similarly topics for dialogues with midwives and housewives can be selected from subjects dealt within the local traditions

7. It is important to note that the traditional description of ailments and their diagnosis can best be understood in terms of the traditional science. Dysentery is diagnosed according to certain observable symptoms. The symp-

toms may be of vat dysentery, or pitta type or kaph dysentery. The herbal combination used in the three cases will be different. We should take the trouble to understand the theory and principles of ayurvedic diagnosis in order to interpret the validity of the local tradition.

8. Learning about processing of plants is very useful knowledge. In most local traditions, local practitioners use a freshly prepared extract for immediate use. Whereas fresh extracts are very effective, sometimes if a plant is not available all the year round it is useful to know a processing technique by which a processed medicine can be kept for use whenever required. Ayurveda knows at least ten simple, low-cost methods to process plants at the village level. Techniques like ghanvati, tel, ark, kshar, satva, etc. are worth learning.

9. Some simple instruments can also be introduced into the local traditions, eg. an aluminium foetoscope could be used like a stethoscope as a simple diagnostic tool.

10. Many local traditions have a secretive nature. Local practitioners would not care to freely divulge their herbal remedies. We must try to understand the reason behind this secretive nature. The fact is that for centuries the local traditions have maintained their purity because they were practiced with strict ethical disciplines, eg. if you ask a local vaidu what vows he took while learning from his Guru (who may have been his father or a relative) then you will probably learn that one of the vows was "not to use the knowledge for selfish gain and not to therefore give it to person a who was likely to misuse it". Initiation of a student is always necessary for

the knowledge to be passed on. Hence the reluctance to share it with anyone at random if we understand this cultural background of local traditions and realise that in fact through such a strict way of transmission it has been coming down this day we will be inspired to think of creative ways to strengthen the tradition without destroying its inner codes. What serious objection after all can one take to its mode of transfer? in this very context it will become necessary to think how a new generation of the local health workers can be 'initiated' because usually the age group of traditional practitioners is passed the age of 40-45. Similarly the question is how to facilitate dialogue in between local practitioners themselves, given their common outlook to the sacred nature of their knowledge.

11. The relationship, of diet and health in the context of specific ailments and also in general, is an important part of local traditions and also an area in which ayurveda has much to contribute. This is a piece of information that may be kept in mind when we are dealing with our traditional science of health.

12. Each organization should try to collect some reliable books on ayurveda, on its basic principles, on diagnostics, on pharmaceutical methods, on properties of plants etc. Lok Swasthya Parampara Samvardhan Samiti can be contacted to provide such a listing.

In India Ayurveda as a traditional system is widely prevalent compared to other systems like Siddha & Unani.

May the local traditions and ayurveda, the science behind these traditions both equally prosper in the years ahead through such initiatives in rural areas.

—Ramesh Nanal

Asst. Editor
Jt. Secretary, IASTAM INDIA.

AYURVEDA IN JAPAN

Ayurveda is developing rapidly in Asian and as well as in western countries like Japan and West Germany. No doubt they are not having Ayurvedic institution by which they can train the students. Specially in Japan, Modern doctors who are frustrated with modern medical therapy, they are gradually turning towards Ayurveda. Everybody knows the proverb "Old is gold" I hope once again Ayurvedic Medicine will get its original superiority among all medicines not only in India but also in all Asian & western countries.

In Japan, they have formed an association to promote and develop the Ayurvedic Science, named as '**Research society for Ayurveda in Japan**, Dr. Maruyama Hiroshi, who was professor at OSAKA MEDICAL University, is president to this association and trying his level best to popularise Ayurveda in Japan.

So many scholars are trying to translate Ayurvedic books into Japanese language. Prof. Michio YANO, who is working in Kyoto University has translated Charaka Samhita into Japanese language, Sri Kazuhiro who is managing director for 'Japan Ayurvedic Laboratory' at Tokyo manufacturing Ayurvedic drugs and as well as translating so many Ayurvedic books in Japanese language. He is also maintaining Herbal garden in his house.

I have been invited to present a paper at 31st International congress of Human Sciences

in Asia and North Africa which was held at Tokyo and Kyoto from 31st August to 7th Sept. 1983. I have presented a research paper on "**Traditional science of Asiatic country, and its scientific study with special reference to Indian Traditional Medicine Ayurveda**". By the invitation of Dr. Maruyama Hiroshi, president of Research Society for Ayurveda in Japan., I have delivered a lecture on Ayurveda and Panchakarma at OSAKA MEDICAL UNIVERSITY.

OSAKA on 8th September 1983. for the benefit of the members of R. S. A. J.

Dr. Maruyama Hiroshi has stated that, five Universities have been undertaken the following Ayurvedic clinical Research projects.

1. OSAKA UNIVERSITY, OSAKA. "**On decoction of Meza (silk corn) in management of prostatitis**".
2. Toyama Medical and pharmaceutical University, Toyama "**On BABBULA decoction for dental caries and laceration**".
3. KRUSHU University, Beppu "**Chanda marutam on psoriasis**".
4. TOHO University, Tokyo "**Neem on skin disorders**".
5. Wakayama University. "**Ksharasutra in the management of anorectal diseases**". They are publishing yearly

magazine "**Studies on Ayurveda in Japan**". containing so Ayurvedic articles in English as well as in Japanese language.

My special thanks are due to R. V. P. Mandal president, Sri. Shankerlalji Khandelwal, Secretary Dr. Toble, principal, Mohashabde H. S., who have provided financial help for the trip. I extend my thanks to Siddj Pharmacy authorities who has also give financial help to me.

Yours Sincerely,
Dr. P. Yadaiah.

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NEWS FROM RESEARCH...

1. Academy of Ayurveda, Vijaywada, has evolved a few formulae and methods to preserve liquid extracts of herbs such as kashaya and panaka preparations. The academy has invented new methods of extraction of total active principles of herbs which also serve as self preservatives. They have brought into light the "Samyoga Virudhatwa" (Incompatibility) among herbs in their Kashaya state. The preliminary work on this project is completed.

For detail information contact Dr. Namburi Hanumantha Rao, Director - Academy of Ayurveda - Vijaywada, Venugopal Rao Street 520 003. A. P., India.) □

Kshar Sutra Technique - of Unique Ayurvedic Surgery.

The Indian Council of Medical Research (ICMR) New Delhi have perfected a little known Ayurvedic technique that cures

a disease without recourse to the modern surgery. This technique is poised for a breakthrough in the treatment of anal fistula a painful disease that can only be treated with surgery.

Dr. P. J. Deshpande of Banaras Hindu University Medical College in India has used this technique successfully to cure over 2000 such cases.

Dr. G. R. Satyavati, deputy director general of ICMR plans to promote this Ayurvedic remedy of Ksharsutra. The dept. proposes to establish an advance centre for training qualified surgeons in this technique which would make a significant contribution to the knowledge of Ayurvedic Science.

Promotion of Indian Medicine:

Ms. Mohsina Kidwai, Union Minister of Health, Govt. of India announced in the Parliament that an allocation of Rs. 385 Lakhs has been made for use by the four apex bodies of research in The Indian System of Medicine during the 7th Plan period. The four research bodies are:

1. The Central Council for Research in Ayurveda & Sidha.
2. The Central Council for

Research in Unani Medicine.

3. The Central Council for Research in Yoga and Naturopathi.

4. The Central Council for Research in Homoeopathy.

In order to popularise the Indian System of Medicines the refresher courses of six weeks and two weeks duration have been introduced to improve the standards of teachers of undergraduate colleges of Indian Systems of Medicine and Homoeopathy.

The Indian Medicine Pharmaceutical Corporation Ltd. established at Mohan in Uttar Pradesh State under the Ministry of Health and Family Welfare with the joint collaboration of Govt. of India and Govt. of U. P. has started manufacturing of Standard and quality drugs of Indian Medicines since 1983.

Herbel Venom Antidote :

The research work of Dr. J. Joseph Thab head of the Pharmacology Department at the post graduate centre of the Government Siddha Medical College, Palayamkotti, was announced in Madras on 9th August by the Tamil Nadu State Health Minister Dr. H. V. Hande.

The fresh juice of the medicinal plant *Indigofera tictoria* Linn. has been used successfully as an effective oral antidote against Cobra Venom. This medicinal plant is commonly known as "Neely" which is widely cultivated and grown all over India. This plant belongs to Papilionaceae family and was chiefly used for centuries in making a natural dye called Indigo. In ancient India root extract of this plant was reported to have been used against "Scorpion Stings" and the leaves were used in the treatment of Epilepsy, nervous disorders etc.

Fungisidal Plant-Extracts :

Dr. R. D. Tripathi, at the National Botanical Research Institute has revealed that the extracts made from Henna leaves and ginger exhibit toxicity strong enough to contain pathogen in plants and animals as well. Pathogen is considered to be responsible for the damage of the number of crops in the country. These plant extracts showed potentially fungicidal activity against some edible fish.



I. *Holarrhena antidysentrica* (कुडा)

PHARMACOLOGY :

Small doses of alkaloids given intravenously produced persistent hypotension in cats (Chopra, U. S. I. 1956) Decoction of stem bark neither effected stimulation of worm nor paralysed or killed *Ascaris invitro* (Raj R.K, 1974). Pharmacology or

H. antidysentrica have been reviewed (Chaturvedi, 1980, 1981) and its hepatotoxic activity has been reported in rats (Asecular-atna SN et al, 1981).

CLINICAL :

Its use in dysentery, diarrhoea, fever, leprosy, vata and kapha, thirst, skin diseases, spleen diseases leucoderma, bleeding piles, fatigue, hallucinations has been reported

(Gupta SK, 1979). Stem bark is reported useful for giardiasis (Singh et al, 1981) diarrhoea (Singh et al, 1982) and amoebiasis (Datta et al, 1968).

II. *Ficus racemosus* (उंबर)

PHARMACOLOGY :

Alcohol extract or stem bark produced hypotension in dogs. Alcohol and aqueous extract pro-

duced significant depression in frog heart (Ghosh et al, 1979), while water extracts of leaves, stem and roots exhibited marked hypoglycaemic activity in rats (Ghosh et al, 1980).

CLINICAL :

It is used by the tribes of Rajasthan and Gujarat as contraceptives (Billora et al, 1978).

III. Adhatoda vasica now

Justica adhatoda

(अडुळसा)

PHARMACOLOGY :

Against Tubercle bacilli (Chopra et al, 1925, 1954), Nematocidal activity (Masood et al, 1980). Its essential showed abortifacient activity in guinea pigs (Cupta et al, 1978) and raised the flow of excretion of respiratory tract fluid (RTF) in anaesthetised rabbits (Rajeswara Rao, 1961)

CLINICAL :

Alkaloid vasicine as bronchodilatory, respiratory stimulant, uterine stimulant, hypotensive and abortifacient activity (Gupta et al, 1977). Alkaloid vascinone as bronchodilator (Amin et al, 1959) Mehta et al, 1963, Gupta et al, 1977). For bronchodilation, bronchoconstriction and relaxation of tracheal muscle (Chorta 1925), D'Cruz et al, 1979).

IV. Acacia Suma

(खरिब)

PHARMACOLOGY :

Bark as an astringent. Gum as officinal in several countries (Kirtika and Basu, II, 1935). Exhibited marked hypoglycaemic activity in normal albino rats (Singh et al, 1976)

V. Tinospora cordifolia

(गुडुची)

PHARMACOLOGY :

Aqueous extract of stem

was antagonistic to the effect of various agonists such as histamine (Patel et al, 1978). Alcohol extract showed mild antifertility activity in female albino rats (Khosa et al, 1981) and also antipyretic and antiinflammatory activity (Sharma et al, 1980, Pendse et al, 1981)

CLINICAL :

Showed good result in the treatment of acute dental infections (Marsaremmas et al, 1980). amavata and sandhigatvaca (Mhaiskar et al, 1980). Also showed antihepatotoxic activity (Singh et al, 1980). Reported useful in fever, dyspepsia and urinary diseases (Kirtikar and Basu, I, 1935), fractures (Chopra, 1958) and antiviral activity (Dhar et al, 1968).

1. Achyranthes aspera

(Amarantaceae)

(अपामार्ग)

PHARMACOLOGY :

Benzene extract exhibited abortifacient activity in rabbits (Pak-rashi et al, 1977). It lowered blood pressure and depressed the heart and exhibited spasmogenic effect rectus muscle; of frogs' diuretic and aurgative action in albino rats and also antipyretic effect (Neogi et al, 1970).

CLINICAL :

Fresh plant juice is used as abortifacient [Oommachan et al, 1981], it is in use as anti-rheumatic by Sudanese folk-lore (El-Kheir et al, 1980), and in leprosy by Meghalaya folk-lore (Rao, 1981); for insect and snake bites and as diuretic by people of Samon Islands (Uhe, 1974) in dropay, piles, skin eruptions and hydrophobia (Karnick et al, 1976) Root paste to stop bleeding after abortion and also for early delivery by tribal woman of Madhya Pradesh

(Sahu, 1982); roots in cough; seeds in hydrophobia and asthma, roots to facilitate child birth by tribal of Western Rajasthan (Singh et al, 1980) in bronchial asthma (Charyulu 1981).

2. Bridelia retusa

(Euphorbiaceae)

(आसाणा)

PHARMACOLOGY :

No reference.

CLINICAL :

Astringent, antiviral, anticancer aid for cardiovascular system (Chopra et al, 1956); fruits as laxative by people of Chandrapur district of Maharashtra (Malhotra et al, 1973) to relieve ear ache by native of Nagar Haveli forests (Bennot, 1978), to pregnancy by tribals of Mayurbhanj, Orissa (Mudgal et al, 1980).

3. Carissa carandas

(Apocynaceae)

(करमई)

PHARMACOLOGY :

Cardiotonic activity in guinea pigs (Vohra et al, 1963), alcoholic extract lowered BP in cast (Chatterjee et al, 1965), insecticidal activity of roots (Deb, 1981).

CLINICAL :

Roots hypotensive (Chatterjee 1963), stomachic and anthelmintic (Pal et al, 1968), for diabetic ulcer, diabetic gangrene and dysentery by natives of Nagar Haveli (Bennet, 1978).

4. Celosia argentea

(Amaranthaceae)

(कुरडू)

PHARMACOLOGY :

Anti-ithiatic activity in albino rats (Dubey et al, 1982), Diuretic and lithotriptic activity (Singh et al, 1980), lithotriptic activity in rats

(Banerjee et al, 1957), the seeds are considered efficacious in diarrhoea. They are useful in mouth sores, for cleaning vision and for the diseases of eye

CLINICAL :

For urinary stones (Dubey et al, 1982).

5. *Jatropha curcas*
(Euphorbiaceae)
(मोगली एरण्ड)

PHARMACOLOGY :

No reference

CLINICAL :

Root bark for sores (Malhotra and Moorthy, 1973, Chagtal and Ahmed, 1978), nuts and seeds are purgative (Bhatnagar et al, 1973, Chagtai and Ahmed, 1978), plant juice for scabies, eczema and ringworm (Bhatnagar et al, 1973, Chagtai and Ahmed, 1978). Tender twigs for awollen gums and clean-

ing teeth (Bhatnagar et al, 1973, Chagtai and Ahmed, 1978). Folklore of Bhopal claim for check of Cancer (Chagtai and Ahmed, 1978)

Dr. Tapan K. Mukerjee

Dr. P. K. Panda

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Collected by Vd. R. M. NANAL

Jt. Sec. IASTAM India

Ex. Editor NEWSLETTER



National Seminar on

Role of Ayurveda for health to all till 2000 A. D.

Date : 26 - 28 December 1986

Venue :

Shri Hanuman Vyayam Prasarak Mandal

Amravati-Maharashtra-444 605.

For Details - Contact :

Dr. S. C. Varshney

C/o Vidarbha Ayurved Mahavidyalaya

Amravati-Maharashtra-444 605.

National Seminar on

Food and Nutrition in Ayurved

Date : 15 - 21 December 1986

Venue - KALADI (Near Cochin)

Shri Ramkrishna Advait Ashram

KERALA-INDIA

For details - Contact :

- 1) C/o ADS Campus, Kashi P. O. Karjat - Taluka, Maharashtra - 410 201.
- 2) Vaidya R. M. NANAL, 26, Pt. Satavlekar Road, Mahim, Bombay-400 016.

Second World Congress on

" Yoga and Ayurveda "

Varanasi

2nd to 7th January 1987

For details - Contact :

Prof. S. N. TRIPATHI.

Institute of medical Sciences,

Banaras Hindu University,

Varanasi-221 005 - INDIA.

**Silver Jubilee Celebration-
Presentation of Gold Medal-
Publication of Souvineer-
invites thought provoking
experiences**

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Member of IASTAM are requested to become the members of International body directly by sending their subscriptions to the treasurer.

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