

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, Mumbai-400 025.



Editorial

*If you miss being understood
by laymen, and fail to put
your hearers in this condition,
you will miss reality.*

*- Hipocrates,
'Ancient Medicine'*

*Health Care Systems are socially and
culturally constructed. They are forms of
social reality.... Clinical phenomena are
socially constituted and the social world
can be clinically constructed.*

*- Arthur Kleinman,
'Patients and Healers in the
Context of Culture'.*

Though delayed I am glad to put this issue in your hands which mainly covers the proceedings of the 'National Debate on Therapeutic Pluralism'. Due to involvement of the Supreme Court, in a confused and bewildered situation, we are satisfied that IASTAM could address itself to an issue of utmost importance and could organise this event with responsibility and strength.

The response was good with nearly 120 participants. The sad part was practically nonresponse of the administration as only one officer from governmental agencies of the 21 approached, most of whom personally, responded. One is surprised. It should have been otherwise. The administration should be eager to participate and know; if not to share, at least to hear the views and experiences on a burning issue, to get some picture of what they are involved with to administer. Maybe it is this approach, in addition to many other factors that has contributed to the present situation.

The debate was useful in terms of sharing diverse views coming from different disciplines and people. As speaker after speaker shared their concern over the judgement, it was clear that the issue has to be addressed in its totality after considering various dimensions and needs a long term solution, soon. It was equally clear that the therapeutic pluralism is a part of our health care structure and will remain so.

Our country has a unique pluralistic approach but separated structure of basic education, training and implementation of different medical systems which will be difficult and unwarranted to change. With limited resources mostly utilised to manage the existing needs at meagre levels, it will be appropriate to develop a pluralistic and integrated approach at functional level. This will help provide right kind of safe, efficient and interactive structure to derive maximum benefits from different systems of medicine. This will need greatest level of administrative skill and wisdom of concerned people. Based on past experience of 50 years in an independent India, this should not be difficult.



NATIONAL DEBATE ON THE THERAPEUTIC PLURALISM

A Report by Convenor

by N. S. Vasan

IASTAM organised a national level debate on 'Therapeutic Pluralism' in Mumbai, on Saturday, March 29, 1997. This was in the wake of a recent Supreme Court judgement with respect to cross-system practices. The judgement with other related developments in recent months, is likely to have serious implications on various sectors of health care delivery, specially since 70% of registered medical practitioners in India represent medicine systems other than allopathy .

The event was inaugurated by Vaidya Shriram Sharma, President of the Central Council of Indian Medicine (CCIM), who in his opening address, emphasised the need for co-existence of various systems of medicine for the benefit of mankind. Dr. Narendra Bhatt, Secretary General of IASTAM, presented the issues for debate to an audience of nearly 120 persons, representing public health professionals, the industry, consumer groups and researchers apart from practitioners of various recognised systems of medicine.

Speakers included the President of IASTAM, Prof. R. K. Mutatkar, a renowned Anthropologist, Dr. R. D. Kulkarni, retired Professor of Pharmacology, Dr. Ashok Vaidya, a clinical pharmacologist involved in Ayurvedic research and Hakim Syed Khaleefatullah, an expert in Unani Medicine and former President CCIM, and other eminent speakers representing diverse fields of health-related activities including practitioners of different systems, educationists, scientists, public interest groups, trade & industry.

The conference covered the topic of Medical Education in the context of Pluralism; Health Care Delivery; Research, Industry and related issues. The participants held lengthy discussions on the possibility of exchange programmes between various systems prevailing in India. However, they unanimously agreed that given India's complex health care structure, integrated medical assistance becomes a necessity and any related issue needs to be addressed in relation to the country's socio-economic structure.

Significantly, industry representatives expressed their anguish at possible implications of the recent developments on growth prospects of the non-allopathic pharma industry, specially at a time when indigenous medicine is well on its way to receiving international recognition.

Presidential Address

by Prof. R. K. Mutatkar - Anthropologist, Pune

On behalf of The Indian Association for the study of Traditional Asian Medicine, we have pleasure in welcoming you to a 'National Debate on Therapeutic Pluralism'. As you are aware, IASTAM - India had the privilege to organise Asian Conference and an International Conference in this city of Mumbai some years ago and a National Seminar on Research Priorities in Traditional Medicine at the University of Pune.

The current atmosphere of judicial review of prevailing and historically evolved therapeutic pluralism has given us an opportunity to look at the plural medical systems in their various aspects. We are happy that you have responded to our invitation in a large number, which clearly brings out your concern to debate and evolve the models of medical systems useful to the people of this country. We heartily welcome you again, particularly those who have travelled from outstations.

IASTAM - India is committed to study the traditional Indian systems of medicine from a multidisciplinary and holistic standpoint. We are equally interested in all the traditional systems of medicine because they are the part of the Indian culture, historically created, to suit the needs of the people. The great traditions of Indian medicine are interactively linked with the folk medicine practised in the Indian homes, particularly in rural and tribal homes. We do not study the traditional systems of medicine for academic reasons alone although even that would be very rewarding as is evident from the studies by western scholars. Our studies have to have a bearing on health policy planning relevant to the people.

Please send your correspondence
to Editorial Address below :

Editor, IASTAM Newsletter
15, Bachubai Bldg., 1st Floor,
J. Bhatankar Marg, Parel,
Mumbai - 400 012, INDIA.

Telefax : 91-22-415 46 11

Email : drnsbhat@bom3.vsnl.net.in

We are aware that no medical systems are perfect. Partly they are science and largely faith. Health is a perennial concern of humans, at the minimum, to be able to discharge the normal functions socially prescribed. Human body does not only react to the environment but responds to it. *Homo sapiens* is an organism which is a combination of body and mind. The adaptability of *homo sapiens* to dynamic environment through the ages is baffling and complex.

India is fortunate in having been endowed with the pluralistic model and has shown the wisdom to accept it in the spirit of tolerance, coexistence and utility. We have the entire infrastructure of medical education and research for all systems of medicine. Even the formal education in modern sciences and biology is considered necessary for all. Surprisingly however, the internship of medical graduates in traditional medicine are in the PHCs where the dominant therapeutic health care delivery is from modern medicine. All traditional medical colleges do not have hospitals with exclusive traditional therapy. There is an appalling ignorance about the duration and content of medical education in traditional Indian systems on the part of those who are getting training in modern medicine. This should be a matter of concern since this studied ignorance cuts at the very root of developing appropriate health care delivery system. We cannot forget that the basic aim of education is to develop the critical faculty of mind and not acquire skills alone. With the explosion of knowledge and information, it becomes necessary for everybody, irrespective of the therapeutic system, to update one's knowledge and skills.

We are aware that health care delivery system in India particularly in the public sector is not therapeutics alone. There is a large emphasis on preventive and promotive programmes in which the trained medical manpower from all systems take the share. In the private sector, it is believed that the freedom runs riot in each therapeutic system and across the multiple systems. Sometimes, it would be difficult to draw a thin line between lack of clinical acumen and malpractice within every therapeutic system. There are several international experiences to question the validity of research as to what proportion is politics, commerce or science, in all scientific disciplines.

Knowledge has a tendency to get mystified under the garb of terminology. Mystification has a potential to be secretive and exploitative. Democratic values therefore call for demystification by transmitting the knowledge to the people in what is being referred to as a right to information.

WHO backed by several nations from the third world came out with the primary health care approach,

enshrining the intersectoral development, appropriate technology which people could afford, community participation and grassroot level health workers with the basic skills of therapeutics and the wisdom to judge appropriateness of referrals. Orientation of traditional midwives to integrate their traditional skills with minimal modern technology has produced fine results in bringing down neonatal mortality. Modern medicine has contributed to reduce mortality due to communicable diseases. However, irrational use of antibiotics is not a monopoly of those not trained in modern medicine. It also holds good for those who are formally trained in antibiotics. The issues in health care relate to what skills can be passed on to the people and how. It is a matter of study as to why the west is exercised with the search for alternative systems of medicine in their pursuit of health and happiness. It is also a matter of study as to why modern practitioners in India in increasing numbers are prescribing traditional medicine including homeopathy and yoga.

We propose to discuss cross therapeutics as practised by professionals. What about those who seek cross therapeutics, from a person in whom they have faith? As people are becoming more knowledgeable, they are developing their own ideas about the efficacies and weaknesses of various therapeutic systems. This process need to be encouraged. People are wise. They do not have vested interests which are detrimental to themselves. Let people be given more knowledge and they will be the best decision makers. Pandit Shiv Sharma, the founder of IASTAM - India, said several times that we might have to import Ayurved from the west! The interest generated in the west about traditional systems by calling them alternative systems need to be backed up by us by our policies and judicial reviews. The clamour for international patents in the west of the traditional herbs from India is a mockery which has to be met by our researchers and policy planners. IASTAM has not stood by the research methodology of modern medicine if not applicable but has advocated the necessity to develop a distinct research methodology which is scientific, appropriate and acceptable.

The so-called judicial activism in India has created a favourable climate to involve the judiciary in the discussion of basic issues which has a bearing on human welfare. It is necessary to take full advantage of this atmosphere and sharpen the issues to find operational solutions and methods which would help the people in getting the appropriate health care in the public and private sector. The privilege of objective outlook need not be limited to the judiciary alone. Science cannot survive or prosper without objectivity. IASTAM as an organisation with academic interests is interested in the objective discussion of all relevant

issues concerning plural medicine and plural therapeutics.

As an Anthropologist, as a student of the science of Man in totality, I am on the side of the people and on the side of traditional medicine, since it is an inseparable part of culture. I am aware that culture and its health aspect are not static but dynamic processes, continuously evolving, and as such, the traditional medical systems have to interact with each other and have to evolve with changing times through a process of constant review and reinterpretation.

We are aware that some operational issues will have to be discussed and recommendations made to the policy planners. In this endeavour, IASTAM would consider its duty to be useful in whatever manner possible since we firmly believe that our studies and research have to be in the best interests of the people.

Introduction of the Theme

*by Dr. Narendra S. Bhatt,
Secretary General, IASTAM - India.*

A vast and diverse country - India, is fortunate to have multiple systems of medical practices satisfying health care needs of people. These systems in terms of medical profession and education have undergone many changes. **The present situation is the result of nearly half a decade of policy making and its implementation.** Health is an important subject required to be dealt with care and specific objectives. A recent judgement by the highest court and certain happenings thereafter have generated much anxiety in the minds of practitioners, professionals, administrators and researchers.

Any health regulation is part of an effort to provide efficient, economic and appropriate health service for the benefit of people. Any legislation or its interpretation cannot be without due considerations of its effect on the health care structure or its tools. Referred judgement in this context is required to be discussed in terms of its effect on medical education, profession, implementation and outcome. If necessary, the rules and regulations can also be reviewed in the light of their impact.

IASTAM, a multidisciplinary organisation interested in study of Indigenous Systems of Medicine has decided to hold this National Debate on Therapeutic Pluralism to take review of the happenings thereafter, its impact on education, health care, research, industry and other areas and to provide suggestions.

The three sessions of this debate and possible

subjects that will be debated are as follows :

Session I : Medical Education in the Context of Pluralism

1. Should different systems be taught independently as today ? Is it necessary to expose students of one medical system to the other ? What could be the level of this exposure and in what way ?
2. Can there be only single medical education structure incorporating all the systems ? Is it possible ? If yes, what could be the modality ?
3. If neither of the above, are there any alternatives? How to address the present issue where there exists polarisation in education but integration in practice ?
4. Is it possible to evolve a model for integration ? Should it be at undergraduate level or post-graduate level ? Should it be mandatory ?
5. Can there be extension courses to benefit mutual respect and to avoid untoward outcomes ? What can be the role of continuing medical education?
6. Can we provide any specific suggestions ?

Session II : Health Care Delivery

1. In what way the different systems, either conventional (allopathy) or Ayurved or Unani or Siddha, and their practitioners contribute to health care of our people ? What are the strengths and weaknesses of these systems ?
2. What kind of health care delivery structure we have evolved and what roles are played by the different systems through this structure ?
3. How to derive the maximum benefits out of the present structure and systems and what could be the right modalities ?
4. What type of issues does the present system face and due to what reasons ?
5. Are there possible solutions, both short and long term ?

Session III : Research, Industry, Trade & Other Relevant Subjects

1. Research and Industry are known to provide growth components to medical care. How have these components been affected ?
2. What is the status of research in indigenous systems of medicine ? Has there been interaction between the different systems ? If so, what is the outcome and how it has affected mutually ?
3. How is the status of industry related with

indigenous systems ? What has been its contribution?

4. What will be the short and long term effects on research and industry due to polarisation or integration?
5. Are there any problems in implementation of the same ? If so, are there any solutions ?
6. Possible effects of the outcome in global context in relation to contributions to medical knowledge, culture and scientific exchange and commercial potentials ?

Method of Debate

The invited experts, contributors and representatives of different organisations are expected to share their views and experiences and give their suggestions. The presentations are expected to be brief, specific and nonrepetitive. The discussions must be broad based in the general interest, above narrow considerations.

Hope you will take this opportunity to address specific issues of importance. I welcome you to a healthy and beneficial debate.

Medical Education and Practice

by Dr. K. M. Parikh
Treasurer, IASTAM - India.

The school, high school, college degrees and diplomas are meant for the training of persons in that field. Medical education and degrees given in various fields are on the basis of the diagnosis and the treatment for health and diseases. The real education one gets only with experience, with practice and thus man prospers with continuous education he gets through experience and through learning in the subject. The basic education qualifies him to understand the subject by himself for his professional conduct.

The development expertise is obtained in varying degrees by the individual concerned by allotting his time and interest in the studies of his profession which includes the system in which he is trained as well as the other systems prevalent and available. The medical man wants to serve his patients wholly and totally. Morally the interest of the patients to medical man is very high. Human beings are one.

The medical man keeps himself updated by referring to medical journals, publications, by attending conferences and exchanging views including experiments on human beings with their consent. They are also contacted by the pharmaceutical

manufacturers. Thus medical education as well as other education is a constant continuous education and it has no limitations.

The patient approaches for the advice of the medical persons with whatever he reads or the information he gets from various sources and it has no limit to one pathy. The family physician is bound to assist him and advise him in the matter.

The medical people conduct research in new fields and new products which do not belong to any pathy and thus this research work is published and it is used by the entire profession. Restrictions on the basis of studies in one aspect where therapeutic pluralism is existing appear to be inconsistent.



Views

Nature's Push For Therapeutic Pluralism

Life-current is flowing in natural way, only educated human being thinks he has found life by rules.

Therapeutic pluralism has always worked, today also it works mostly unofficially, in future it will work officially.

Use of spices, baths, packs, smokings, massage, physical exercises, nature's simple food, etc so many processes, knowingly or unknowingly are done, and good results are got by therapeutic pluralism. Doctors of different therapies can join hands in making Therapeutic Pluralism an official success. In the future, mingled therapies are sure to come up.

Medical teachers can help by -

1. Introducing life stories of great doctors making a compulsory subject for each student of every therapy, in curriculum.
2. Today it is believed that clinical laboratories belong to allopathy. Scientifically they belong to every therapy. Modern method entangles patient in allopathy. If clinical laboratories are developed as separate units in governmental and non-governmental areas it will help to develop Therapeutic Pluralism.
3. Today it is believed that surgery is part of allopathy, really it is not so. Surgery is a last emergency therapy, it belongs to every therapy. So surgery should work as separate therapy not as a part of allopathy.

Vaidya Himmatji

Shri Aurobindo Ashram, Pondicherry - 605002

AND AN ON THE SPOT SURVEY - National Debate

The participants representing different disciplines and activities during lunch time were asked a series of questions, that arose out of the Supreme Court judgement. Of the 120 participants, including some of the office bearers, 49 responded as follows :

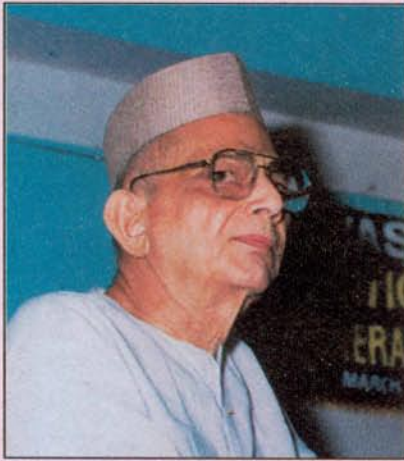
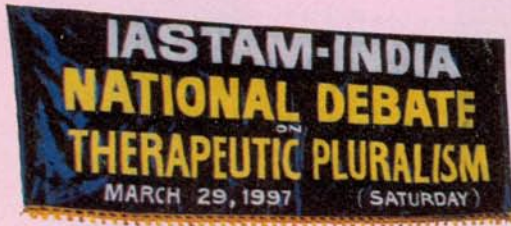
We are sure that you are aware of the recent Supreme Court judgement banning cross-prescription. We would like to have your valued opinion on the following.

Sr. No.	Questions	Answers	
		Yes	No
1.	Do you observe and agree that therapeutic pluralism is prevalent in our country ?	46	3
2.	Do you note that the practice of therapeutic pluralism is pertinent in our country ?	40	9
3.	The recent SC judgement would really affect this practice of cross prescription in India ?	35	14
4.	The research & development (including clinical studies at modern hospitals) of ayurvedic medicines will be severely affected by this SC judgement ?	35	14
5.	Do you feel that MBBS curriculum should be revised to include some time-tested & widely investigated herbal preparations and also the treatment of diseases for which the modern system does not have a curative treatment ?	42	7
6.	On similar lines, the graduate students of Indian system of medicine can be imparted intensive training on some more medicines of the modern science ?	44	5
7.	Is there a need for an integrated system of medicine as the national system of medicine?	34	15
8.	By banning cross prescription, the delivery of primary healthcare to the masses will be adversely affected ?	38	11
9.	The business of the allopathic drug market will be badly hit by the judgement ?	24	25
10.	The business of the ayurvedic drug market will be badly hit by the judgement ?	27	22
11.	Is it justified to restrict the common man to opt for any one system of medicine rather than to have the best of the available systems of medicine in the country ?	8	41
12.	Is it practical for a patient to run to several physicians for the treatment of one disease ?	4	45
13.	Do you feel that India should also follow the example set by China to develop marriage of traditional and modern medicine ?	32	17
14.	Do you agree that an ISM physician should not be allowed to prescribe those allopathic drugs which enjoy OTC status (like Paracetamol) which a patient can even purchase even otherwise from any shop and when it is being widely advertised on television ?	8	41
15.	Do you agree that an allopathic practitioner should not be allowed to prescribe those ayurvedic drugs which enjoy OTC status (like drugs for the liver) which a patient can even purchase even otherwise from any shop and there is no cure in the modern system of medicine ?	6	43
16.	Do you agree that even though ayurvedic drugs are OTC and do not even require a sale licence, an allopathic doctor cannot prescribe them ?	13	36
17.	Do you agree that ISM and modern medicine should be complementary to each other rather than antagonistic for the benefit of the masses ?	45	4
18.	Do you agree that the discovery of a new synthetic molecule and the rediscovery of an ayurvedic drug stand on the same footing as far as the knowledge of the doctor goes ?	28	21

OUTCOME

- ➡ **Pluralism is accepted and required to be encouraged**
- ➡ **Cross-system exposure is necessary**
- ➡ **Previous benefits are not relevant or clear**
- ➡ **Practices must be pro people**
- ➡ **Research and development activities need not be allowed to be affected**

National Debate On Therapeutic Pluralism



Vd. Shriram Sharmaji

President,

Central Council of Indian Medicine, Govt. of India.

From Inaugural Speech -

...You can get positive ideas from your foes also ...

...Supreme Court judgement has placed several obstacles not only for practitioners but also the public...

...Integrated system of medicine is not ideal system of medicine...

...The cross prescription, if given after a long experience and exchange of ideas and views by a physician, should be allowed...



Presidential Remarks :

...India has shown the wisdom of accepting the pluralistic model in a spirit of tolerance, co-existence and utility...

...Let people be given more knowledge and they will be the best decision makers...



Prof. R. K. Mutatkar
Anthropologist

Welcome & Remarks :

...Every physician has a right to use whatever is best for his patient...

...Which treatment should be given is between patient and the doctor and this freedom has to be maintained even in medical ethics...



Dr. K. M. Parikh
Pharma Industry & Research

Introduction : Theme

...Supreme Court judgement has generated anxiety in the minds of the people...

...Any health regulation is part of an effort to provide efficient, economic and appropriate health service for the benefit of people...



Dr. Narendra Bhatt
Ayu. Research, Physician & Industry

Views & Thanks :

...One who cures patient is an ideal physician...

...Ayurved and Unani systems should be kept alive...

...Every physician should be allowed to give the prescription he chooses...



Vd. Padhye Gurjar
Ayu. Physician, Writer



Hakim
Khaleefathullah, S.

**Unani Med., Former
President, CCIM**

*...System is not important
but a patient is important...*

*...Our syllabus is quite
uptodate to make our
graduates competent to
practice even in other
systems of medicine...*



Mr. Prataprai Doshi

Pharma Trade

*...Legislation has to be
suitably changed according
to the needs of the people...*



Justice S. N. Khatri

Judiciary

*...In Supreme Court judge-
ment the word 'only' has to
be interpreted as 'only'
only...*



Dr. S. I. Nagral

Ayu. Surgeon, NIMA

*...The present problem is created
because of confusion, contro-
versy, conflict, confrontation and
chaos...*

*...What is needed is a clarifica-
tion, cooperation, coordination,
cohesion and coexistence...*

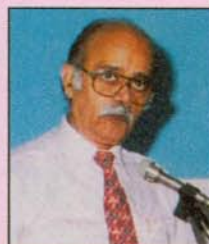


Prof. (Dr.) R. D. Kulkarni

Clin. Pharmacologist & Edu.

*...Regular updating of courses
every five years for modern
medicine courses is neces-
sary...*

*...Ayurvedic drugs will become
the drugs of the future not
only in India but all over the
world...*



Dr. Ashok Vaidya

Clinical Pharmacology

*...Global foothold is being
negated by the misinterpretation
of the Supreme Court judge-
ment...*



Dr. M. R. Samuel

Med. & Pharma

*...One year's training in
pharmacolgy of modern
drugs is necessary for
Ayurvedic and Unani
graduates...*

*...Judgement is very clear.
What is needed is our
intelligent suggestions...*



Dr. Naren Mehrotra

Scientist

*...If we do not take note of
the various facts then we
will be pushing the ailing
public of India into greater
sickness...*



Dr. S. P. Kinjawdekar

Med. Practitioner, NIMA

...It's pressure tactics...

*...Such defective judgement
should not be allowed to
rule over us...*



Dr. A. D. Bhatt

Clin. Pharmacology & Ind.

*...There is necessity for the
modern medicine practitio-
ners to have access to the
information for the proper
use of Ayurvedic medicines...*



Prof. B. V. Sathaye

Ayu. Education

*...One can use therapeutic
instrument according to his
experience and exposure.*

*What has been provided by
Act to me as a right has
been violated by administra-
tive person...*



Dr. C. K. Katiyar

Med., Ayu. Industry

*...The presently felt impact
of interpretation of the
Supreme Court judgement is
part of a grand interna-
tional plan...*



Mr. Tupkari

FDA

...FDA is going to standardise 50 Ayurvedic formulations...



Dr. R. K. Yadav

BAMS Association

...Standards for Ayurvedic and Allopathic drugs are to be judged on separate platforms...

...Decision should be based on acts and facts...



Dr. D. K. Shah

Ayu. Surgery

The judgement is one-sided....

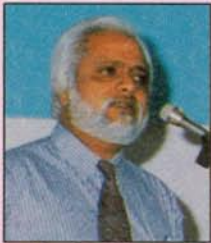
...It is also the question of successful employment of practitioners/occupation...



Vd. K. G. Desai

Ayu. Edu. & Practitioner

...We must take decisions after considering all related issues...



Mr. Prabhakar

Pharma Marketing

...Ayurvedic industry is growing at the 100% growth rate...

...Our country has been invaded when our people have made it wonderful...



Mr. Kishorebhai Shroff

Ayu. Industry

...Judgement will create lot of chaos and unemployment...

...Industry and people will benefit if the Govt. looks into it properly...



Dr. A. M. Raut

Med. Practitioner, NIMA

...Entire care of the patient is important and not the drug...



Prof. (Dr.) Nayampalli

Pharmacologist & Edu.

...When we are speaking to allopathic doctors we should speak their language...

...Proper toxicology studies for Ayurvedic drugs should be done...



Dr. P. S. Bal

Scientist

...A system which damages the body is harmful...Still we are using it...morality is more important than technicality. A system which covers the totality is always better...



Ms. Asha Idnani

Consumer Forum

...Patient should know what type of medicine he has been given...



Vd. V. V. Upasani

Ayu. Education

...This will make it necessary to establish a separate administrative set up...

...Public health services of Ayurved should be routed through a separate structure...



Mr. Anand Puranik

Ayu. Industry

...Interdisciplinary refresher courses for the existing medical practitioners...

...Hold in abeyance the existing FDA's order...

National Debate On Therapeutic Pluralism

M. C. Ghia Hall, Mumbai.

Saturday, 29th March 1997



realities

thoughts !



impact ?

NATIONAL DEBATE - OUTCOME

This group, comprising experts in their respective fields, after extensive debate on the aforementioned issues arrived at the following conclusions -

GENERAL OBSERVATIONS

1. *Therapeutic Pluralism - Coexistence of different systems of medicines has been a part of our culture and health care delivery system. We must encourage this pluralistic approach to health care and provide ways and means for better utilization of the same.*

2. *Government of India has recognised medical pluralism by providing the infrastructure for imparting medical education, research and by regulating the manufacture and trade of drugs belonging to all the medical systems in India.*

3. *The World Health Organisation has provided guidelines for use of traditional systems of medicine in health care delivery. The State Government and the Central Government have also accepted the positive role of different systems of medicines. This policy must be adhered to in totality.*

4. *The people in urban and rural areas as well as the health care delivery structure have all been benefited from the current practices which should continue to do so.*

5. *Professionals from all systems of medicines have to be involved in health care delivery. The medical practitioners of Indigenous systems should not be posted to remote areas only because modern medical practitioners are not willing to serve there. A policy has to be developed to provide opportunity on the basis of equality. The indigenous systems*

of medicine must enter the field of community health most actively through government and non-government agencies.

6. *Continuing education to update knowledge and skills in one's own therapeutic system is equally important as also in other sister therapeutic systems. Usually, the basic education in one system and the experience during internship equips the mind to grasp the basics of other systems.*

7. *It is necessary to organise basic training and update workshops in all therapeutic systems for the practitioners of all systems who want to learn about the sister therapies. In increasing numbers, the modern medical practitioners are prescribing ayurvedic and homeopathic drugs to the patients as supportive therapy. In life-style based diseases, ayurvedic and yoga advice is invariably given by all, since western science has now proved the relationship of mind and body and the beneficial effect of meditation.*

8. *The patient practitioner relationships and medical ethics to serve the patient are sacrosanct and there is no reason to change the existing practice to permit the use of all available aids in any system/pathy by any practitioner.*

9. *Right to medical information is central to patient care and patients have right to information about diagnosis and treatment. This approach must be emphasised in decisions with respect to policy for health care delivery.*

contd. on next page

10. *There is necessity to cultivate public awareness in favour of Therapeutic Pluralism in the national interest. Leaders, professionals and decision makers should meet and jointly decide the action to be undertaken for this issue of great significance.*

SPECIFIC RECOMMENDATIONS

1. It is the basic education which qualifies one for registration as a medical practitioner as per law. Once this recognition is granted, all practitioners should be considered at par.
2. Therapeutic aids available from one system of medicine to another should be encouraged and it is desirable to create facilities or training in use of such tools as well as essential drugs or traditional remedies.
3. The role of practitioners of Indigenous Systems of Medicine and Homeopathy not only in general but specifically for national health programmes has been recognized. For the benefit of the people at large, this process must be continued with appropriate training, and extension or refresher courses.
4. In view of the potentials of indigenous systems of medicine in several areas the practitioners of conventional medicines (Allopathic) be provided training opportunities in indigenous systems of medicine and allowed their rational use.
5. If any lacunae in drafting of the law is noticed on the basis of judicial observation, it shall be corrected by the government on the basis of actual prevailing practices by necessary amendment to the law in the interest of medical aid to all people of our country.
6. Academic institutions, professional bodies and the health care administration

should provide facilities for refresher courses and update programmes of all medical systems and for appropriate cross therapeutics.

7. Research, both clinical and experimental in indigenous systems of medicines may suffer because of this judgment of exclusivity. A mechanism should be evolved to provide such opportunities for inter-disciplinary and collaborative research.
8. The negative financial and motivation impact on the industry and trade of medicines from indigenous systems of medicine as also of modern pharmaceuticals must be assessed and remedial steps taken.
9. The increasing global importance of traditional systems of medicine and herbal therapeutics must be considered positively. It is necessary to evaluate the impact of any such decision and evolve right methods conducive to these requirements.
10. In the private sector, medical professionals should have the freedom to prescribe certain drugs, unless specific drugs are restricted to be prescribed by the practitioners of a particular therapy.
11. Some safeguards, and checks and balances could be evolved in case of specified drugs in all systems, which are not to be prescribed without proper orientation or without team prescription. Referral system, in vogue, in cross therapy needs to be encouraged.
12. Individual cases of negligence and malpractice have to be dealt with according to the law of the land but need not affect the entire medical system or cross therapy, to the detriment of the people, industry, research and trade.



International Ayurveda Conference - '97

S.G.P.G.I, Lucknow, Feb 1-2, 1997

Ayurveda, the traditional Indian system of medicine is all set to dominate the global health scene, was the dominant opinion of a large number of luminaries who had gathered here at the prestigious SGPGI to debate on an **'Interface between Ayurveda and Modern Medicine for Futuristic Medicine'**. Dr (Mrs) Manju Sharma, the Secretary to GOI in the Dept. of Biotechnology, while inaugurating the conference said, "A holistic approach on scientific principles towards health care, taking note of the latest technological advances and the ancient and traditional systems of medicine offers a pragmatic and desirable strategy to attain the goal of Health for all by 2000". She, however, cautioned that the future medicine must be made available to people at affordable prices to ensure that all the people have access to such effective medicine.

Highlighting the importance of conserving our medicinal plants in his presidential address, famous plant molecular biologist, Dr. P.V. Sane, the Director of the National Botanical Research Institute wanted the industry and the government to take collective measures to use modern tissue culture methods to cultivate the plants required in large quantities, lest more species disappear from the earth.

A paediatrician from California and a faculty member of the Stanford University, Dr. Deepa Chitre wanted the safe and efficacious medicines from Ayurveda to be standardized and validated by modern toxicity and clinical studies in order to gain global acceptance. As medical director of Bio-Ved, the company sponsoring the conference, she expressed her commitment to develop Ayurvedic drugs of such standards

The famous immunologist and the director of the SGPGI, Dr. S.S. Agarwal joined several prominent Vaidyas from the country, including Vd. B. P. Nalal of Pune, that care has to be taken to ensure that the total philosophy of Ayurveda should be emphasized rather than merely thinking of taking effective 'drugs' from this system. Dr. S. C. Rai, the Mayor of Lucknow, welcomed the experts and exhorted the scientists to work for developing an interface with Ayurveda in the land of Rishis where Ayurveda had developed.

Speaking at the first scientific session, Dr. M. D. Nair, Vice-President, SPIC, pointed out the strengths and weaknesses of Ayurveda as well as Western allopathic medicine. Despite increasing R & D expenditure, the rate of development of new drugs from modern medicine was declining and hence people were looking towards alternate systems with a lot of promise. Indicating various impediments to development of Ayurveda at global level, he cautioned that partial adoption of the system may be dangerous.

While Vd. V.N. Pandey, former Director of the CCRAS, recounted some of the earlier attempts at integrating the two systems, he wanted the future attempts to take due cognisance of the strength of the basic philosophy of Ayurveda. Dr. Nitya Anand, the former director of CDRI wanted a deeper study into the fundamentals of Ayurveda which could offer a lot to development of modern medicine. The illustrious Vaidya from Hyderabad, Vd. I Sanjeeva Rao tried to explain the mechanism of action of some Ayurvedic drugs with the help of modern scientific understanding of biochemistry, molecular biology and immunology. The panelists agreed to the urgency of developing this interface and wanted modern tools and techniques of science to help further develop Ayurveda in facing the challenges of modern times. They wanted collaborative research projects to be undertaken to outline the common grounds in a few selected areas.

Prof. S.S. Agarwal highlighted that the immunomodulators could be of general as well as specific type to either enhance or suppress the immune system. He lamented that none of the immunomodulators currently in use are from plants and hence wanted those from Ayurveda to be investigated in depth. Dr. Shakti N. Upadhyay of NII presented his data about the efficacy of some immunomodulators from Ayurveda in experimental and animal studies.

Highlighting the concept of Vyadhikshamatva, Prof. R. H. Singh of Varanasi felt that it was the intrinsic strength (Bala) of the body to maintain homeostasis. Comparing the immunomodulators to Rasayanas, Prof. Singh opined that nutrition and immunity were linked and the concept of ojas was akin to that of general innate immunity. The chairperson Prof. G. P. Talwar of ICGB and Vd. I. Sanjeeva Rao opined that the concept of immunity had a lot of commonalities with 'Vyadhikshamatva' and hence practical application of Rasayanas to induce 'Bala' and 'Ojas' can be linked to raising general immunity after conducting requisite experimental studies. *contd. on page 15*



Announcements

Mid Conference of Indian Society for Clinical Pharmacology and Therapeutics

The Bombay Chapter of ISCPT and Dept. of Pharmacology is organising a Mid Conference of Indian Society for Clinical Pharmacology and Therapeutics on 19th and 20th of September 1997.

The Theme of Conference is "Drug Development". Renowned physicians and pharmacologists from academic and industry have consented to participate. It will consist of sessions like Computers in drugs development, research in herbal drugs, and three decades of clinical pharmacology.

For registration and presentation of work contact before 15-07-97 the Organising Secretary, ISCPT, Mid Conference, Dept. of Pharmacology, L.T.M. Medical College & L.T.M.G. Hosp., Mumbai-400 022.

National Seminar & Workshop on "AIDS - Curative Or Preventive Approach in the Traditional Medicative Systems"

AIDS has come upon this world as a curse and poses a challenge to persons concerned with the 'NOBLE PROFESSION' irrespective of the systems whether conventional, contemporary or traditional. It is a matter of regret that the efforts made by us belonging to the traditional system are negligible, although in this system they have the most probable cure and preventive methods. In fact signs of prevalence and cure of similar diseases are mentioned in Indian & Egyptian scriptures.

In view of this, the initiative has been taken to organise the above and bring into focus, the research work being done by experts in the field of Ayurveda, Unani and other traditional systems. I invite all colleagues to take part in the workshop.

Interested persons may contact :

Dr. Naren Pandey (Director),
Institute of Medical Sciences
Research and Allied Technology, 7B,
Rani Tashmoni Road,
Calcutta - 700 013.
Phone : 244 3127, 249 1123.



Awards

National Herbal Award

Dr. Mohd. Ali, Faculty of Pharmacy, Jamia Hamdard (Hamdard University), New Delhi, an author of seven books and over 110 research papers and reports, has been selected for the National Herbal Award by the Herbal Academy, Pune, in recognition of his outstanding contributions to the development and promotion of the subject of Phytochemistry. His biographical data is being published in the international encyclopaedia 'Who's Who in the World', New Providence, U.S.A., the 'International Directory of Distinguished Leadership', North Carolina, U.S.A., and in the 'International Directory of Specialists in Herbs, Spices and Medicinal Plants', Amherst, U.S.A. He is an Advisor on the Research Board of Advisors, American Biographical Institute, U.S.A. The Senate of the Open International University for Complementary Medicines, Colombo, Sri Lanka has nominated him for the conferment of the degree of Doctor of Science (D.Sc.) for his significant achievements in the field of humanitarian studies.



Book Review

Principles of Pharmacology in Ayurved

by Prof. (Dr.) R. D. Kulkarni

At a time when there is an increasing interest in Ayurved amongst modern medical practitioners and researchers this book comes as a useful tool to understand Ayurved in a language that will be easy to understand. Prof. R. D. Kulkarni, a renowned pharmacologist, confirms by this book his depth of the Ayurvedic understanding.

The book covers most of the fundamental principles of Ayurved in chapters that are designed so to suit the needs of a new student of medicine or science. The book will also be of much help to students of Ayurved with a need to express Ayurved in modern language. As suggested by the author the book is readable at one length as I actually did.

Author's faith in the system is indicated by the statement that study of Ayurved in future will not only be personally satisfying but may turn out to be a necessity to find answers to so far unanswerable questions of medicine.

The book reflects his experiences and problems he faces for the deep knowledge and his efforts to understand it. Prof. Kulkarni's indication that any work in Ayurved without any attempt to understand the

contd. on Page 16



Dr. Arun D. Bhatt of Hindustan Ciba Geigy described the classification of arthritis, and briefed about the etiology and pathogenesis of the disease, besides highlighting the problem areas in the management of the disease. Vd. Narendra Bhatt of Ajanta Pharmaceuticals referred to more than 200 Ayurvedic preparations used in the management of different types of musculo-skeleton disorders. Vd. Bhatt and others, explained how Ayurveda emphasised on the role of Sanshodhana therapy involving Panch Karma along with the dietary control and use of asanas and local applications in management of the disease.

Dr. Arvind Chopra presented the data about a placebo controlled double blind clinical trial conducted by him in 182 patients of rheumatoid arthritis using an Ayurvedic formulation developed by Bio-Ved team.

A team of Vaidyas and modern rheumatologists from Lucknow comprising Vd. S.N.Vidyarthi, Prof. R.K.Mishra and Drs. Siddhartha Das and Amita Agarwal presented two patients of arthritis who were independently assessed and diagnosed. The discussion brought forth the commonalities and differences in the approach of Vaidyas and modern rheumatologists in looking at the same case. The experience could help in devising experimental protocols for study of such conditions.

A round table discussion was conducted by Dr. Nitya Anand with an illustrious panel comprising Vaidyas B.P.Nanal, S.K.Mishra, Narendra Bhatt, modern clinicians Drs.S.R.Naik, R.C.Srimal, B.N.Dhawan, A. Chopra and scientists Drs. Sukh Dev, N.N.Mehrotra and Bhartendu Prakash to identify possible future areas of intervention for research, study or clinical practice. The recommendations presented by Prof. S.R.Naik were as follows :

1. The group unanimously felt that Ayurveda, practised in India since several centuries, and Modern Medicine have both a lot to offer to humanity and it is therefore essential that practitioners of the two systems of medicine must create an interface urgently. Practitioners of other indigenous branches of medicine may also be invited to join the dialogue at appropriate time.
2. Such interface can be created best through a process of education, which could begin first in an informal fashion, but should eventually culminate in formal education. An expert group should be formed to work out the details to devise institutional structure necessary to achieve this.

3. The Indian laws governing patenting of products must be formulated with great care so as to prevent misuse of the national heritage and resources of drugs derived from principles of Ayurveda and other Indian systems of Medicine.
4. To make it possible to interpret Ayurvedic terms and principles correctly in terms of Modern Medicine, it is essential to initiate basic, pharmacological and clinical studies using inputs of modern science and technology.

In the concluding session, the President of Bio Ved Mr. Barry Wald reiterated commitment as a catalyst to continue to support this dialogue with a hope that it would help in developing futuristic medicine for mankind. In his valedictory address, Vd. Nanal pointed out the complexities of Ayurveda and underlined the need of sincere studies with the help of modern science and technology to tackle the challenges facing humanity. Dr.V.P.Kamboj, Director of CDRI, in his presidential address emphasised the need for standardization of Ayurvedic Medicine to ensure their better acceptance at global level. Dr. Bhushan Patwardhan and Prof. Naik outlined the plan of follow-up for future action as the meeting has opened up new vistas of research and clinical studies. Dr. M.M.Godbole, of SGPGI, the co-convener of the conference gave a vote of thanks.



ADMA

Ayurvedic Drug Manufacturers Association -

ADMA is formed with a view to represent the Ayurvedic and Herbal Industry which has seen a significant growth in recent times. ADMA aims to bring together members of this industry to share and express their views in an organised way and to enhance the growth of this upcoming industry. There are supposed to be more than 7000 manufacturers involved in manufacture of indigenous medicines. The industry in coming times is bound to face challenges and will need support in various ways. ADMA has organised several workshops. It has also represented the industry on several issues like that of excise and standardisation. ADMA has been very active with respect to current issues related to endangered species, GMP for herbal drugs and Supreme Court judgement.

For membership and other details kindly contact its registered office at ADMA, C/o. D. K. Sandu Bros. Pvt. Ltd., D. K. Sandu Marg, Chembur, Mumbai - 71



principles may be futile and his suggestion that opportunity to observe Ayurvedic principles in practice would have been a great help needs serious consideration by anybody interested in study or research in Ayurved or related subjects.

The book also poses a challenge to present day Ayurvedic experts to provide suitable replies to a modern questioning and interrogating mind.

Though, easy to read, it would have been better if the references cited in Roman transcript in later part of the book were available with the Devanagari script, particularly for those not exposed to Sanskrit and with relevant reference to the text.

After this first book on Ayurved one would definitely expect more to come from Prof. R. D. Kulkarni on his interpretations and actual experiences as a pharmacological and clinical investigator.

*Prof. (Dr.) R. D. Kulkarni
284B, A. Khimji Marg, Matunga,
Mumbai-400 019. Tel.: 022-4141308
Price Rs. 500/- US\$ 50*



Mirage of Health and Development

*by Dr. Narinchandra S. Jain (M.A., Ph.D., IAS)
Dr. Robin D. Tribhuwan (M.A., M.Sc., Ph.D.)*

The most outstanding contribution of this book, merely does not lie in highlighting the health & development scenario in tribal areas, but it has paved a way by providing an action plan which will be useful to both government & non-government organisations to check & control health & nutritional hazards in tribal areas. Also to develop culturally & ecologically appropriate programmes to upgrade the socio-economic conditions of the tribals. Secondly the book also provides number of research areas for intellectuals, voluntary agencies and national & international agencies to understand tribal health & development from an inter-disciplinary view.

This book would certainly be useful to policy planners, government administrators, sociologists, anthropologists, economists, health scientists, social activists & students of social work & development planning. It also provides an insight into inter-disciplinary theoretical research problems. Finally, it presents an insight of tribal health & development that exists in reality to general readers as well.

10% Discount Price Rs. 525/-

*Published by Vidya Nidhi Publications, C-2,
West View Society, Salisbury Park, Pune - 411037.*

WRITE TO US SHARE WITH US

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 from our members falling within the purview of IASTAM. Please send your matter to the Editor.

For Subscription :

IASTAM - INDIA

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

SUBSCRIPTION FEE : Minimum for 4 years Rs.100/-
US \$ 20 (air fare)

Editor : Dr. Narendra S. Bhatt