

COMMEMORATIVE ISSUE



SILVER JUBILEE

A Journey of Significance

Indian Association For The Study of Traditional Asian Medicine

पारंपारिक आशियाई स्वास्थ्य परिषद् - भारत

GLIMPSSES

Behind the IASTAM we know of today lies an extraordinary story of spirit of an organisation & its people. This commemorative issue is but an attempt to capture a few glimpses of that history. We hope you will appreciate this spirit.

Dialogue

Quarter of a century is a significant period of time in an organisations history. Germs of ideas turn into realities. Intentions transform into directions and missions come into sharp focus. As we look back on the history of IASTAM India, the significance of all this in today's context becomes very relevant.

A movement which began 25 years ago has metamorphosed into a multidisciplinary, pluralistic platform for stakeholders of the indigenous systems of medicine of this country. Groups of committed individuals form the vital components of all movements of significance in the history of world. The driving force behind such movements has always been knowledge and the passion of committed individuals. IASTAM India is no exception to this.

The philosophy of an organisation is mirrored in its actions and deeds. Documentation of this journey and the milestones is important for the sake of posterity. This 'Commemorative Issue' is an attempt to capture the essence of the history and heritage of IASTAM India for posterity with a hope that it would inspire fresh thought processes in coming times.

As we begin a new chapter in the history of IASTAM India we re-affirm our commitment to the ideals & goals of the organisation - identification and development of the role of the indigenous system of medicine for health care of people. This Conclave and the Oration & Award Function are a part of this commitment.

We welcome you to this gathering. And invite you to join us on the voyage towards the next quarter of a century of IASTAM India.

Dr.S.K.Jain
President

Dr. Narendra Bhatt
Vice President

Dr.Prashant Suru
Secretary General

Mr.D.M.Parikh
Treasurer

Presidential Address

Dr. S.K.Jain
President - IASTAM India

Honourable President IASTAM International Honourable Chairman Reception Committee, Other dignitaries on the dais, Participants delegates, guests and young students, I accord a warm welcome to you all. I regret my inability to be there personally, but present before you.

"Some Thoughts for a road map to Golden Jubilee of IASTAM - India".

Any Jubilee year is the time for rejoining and celebrations but it also provide and occasion for introspection, and new resolution for future.

25 years ago, in Canberra (Australia) during the International Conference Traditional Asian Medicine, the few dozens Indian delegates decided to form the Indian chapter of the International body. Under the stewardship of Late Pt. Shiv Sharma and Late Dr. K.N.Udupa. Late Dr. K.M. Parikh readily provided infrastructure facilities. I pay homage to these noble souls.

Past president Dr. R. A. Mutatkar, Vice President Dr. Narendra Bhatt and a few others worked very hard and carried the flag on.

Traditional Medicine in India has two Sectors - the organised Traditional Medicine- i. the Indian system of medicine - Ayurveda, Yunani, Siddha, Yoga and Naturopathy, and ii. the equally large, useful and popular Unorganised sector the folk medicine or ethnomedicine, or the household remedies or grandma's prescriptions. The organised sector has four criteria.

- i. Written texts on philosophy of the system, concepts of health disorders and symptoms making and dosage of drugs, etc.
- ii. Organised institutions for teaching and research of the system.
- iii. Various levels of qualifications or specialisation, like BAMS, MD, PhD. Etc.
- iv. The practitioners of ISM need to be registered by an officially (state) designated body.

The folkmedicine does not meet any of these four criteria.

Thus Traditional Medicine has a wider scope than ISM; it includes ethnomedicne and household remedies or 'grandma's prescriptions.

The name IASTAM does not limit or restrict its objectives and activities to only human healthcare; it should surely include animal healthcare.

India has very rich tradition of animal healthcare and animal husbandry. Among numerous ancient Indian scripture, mention can be made of Puranas dealing with animal health and husbandry, e.g. Hastipurana on elephants, Ashwapuran for horses, Garudpuran for birds and poultry, and Matsya Puran on fish.

India is among those few countries where some animals are even worshipped. One can recall the worship of elephant headed God- The Ganesh, The bull, Nandi reverence for cow and offering of milk to snakes during the festival of Nag Panchami (the fifth day of moon dedicated to snake).

Few years ago, while working on a lecture on credibility of folkmedicine, to be delivered to veterinary surgeons, teachers and researchers at the Veterinary Institute at Bareilly, it was remarkable to find that some 900 plant species are reported for curing animals in Traditional Veterinary medicine. (Jain and Srivastava 1999). A reference to animal healthcare has in another aspect. Billions of animals have been sacrificed for developing and testing drugs for human welfare.

In some measure the reverse is also true. A cursory look at papers in veterinary journals shows that have proved useful in humans are for use animals. One aspect in this regards has remained also unexplored. These are numerous plants which are used in ethnoveterinary practices but are not in use for humans (Jain & Srivastava 2003). They deserve experiments for curing some ailment in humans.

It is only desirable that in coming years IASTAM consider attention on this under explored area. One very important function which the IASTAM can do in the next few decades is to attempt become an umbrella organisation or a federation of so many societies and associations representing interest of different systems of ISM and Ethnomedicine.

I think presently, practitioners of none of the three or four major Indian System of medicine have one society or body to represent the interest of the system there are several Sabhas or Samitis.

Another important function for which the IASTAM -India is uniquely suited is much greater and more intensive representation of the status, merits and scientific basis of Indian Traditional Medicine in world fora. It is heartening that IASTAM's most articulate office bearer- Vice president Dr. Narendra Bhatt is on the International Council IASTAM can strive to be the flag bearer of Indian Traditional Medicines distant lands.

The brilliant exposition of some merits and shortcomings or bottlenecks in the ISM in India at the Intellectual Conclave held at Delhi in 2003 places before the IASTAM clear agenda for 2-3 decades. It will no doubt need the cooperation of various other bodies currently working on similar objectives.

For promotion of any medical system or practice, two factors are most important: efficient practitioners and effective drugs.

Effective drugs involves standardisation and regulatory mechanisms for controlling spurious or substandard drugs. The regular supply of correct herbal or other products again has several facts, and can not be dealt here. It is enough to say That uncontrolled exploitation from the wild has already depleted natural population and effected regeneration.

Cultivation of medicinal plants is the only solution. The Medicinal Plants Board is now trying to promote this and wide scale cultivation of "Safed musli" is one example.

In my view, the IASTAM should lay emphasis only on such aspects which are not or only marginally being done by other associations, societies or bodies.

IASTAM has certain unique strength. It is the only well established association dealing with local health practices with the all inclusive term traditional, i.e. it is not confined to any one system in ISM, or to the ISM itself. It includes also the wide area of unorganised, largely unrecorded folk medicine or ethnomedicine. Thus it can be said to be seated on a pedestal with strong pillars of Ayurveda, Unani, Siddha, Yoga, Naturopathy & ethnomedicine.

Being Indian chapter of the International STAM it can easily convey its message overseas. It is well known that these is great receptivity today for anything labelled herbal, ayurvedic or organic. IASTAM can strive to take full advantage of this favourable environment.

Being only 25 years old i.e. relatively recent it is not bound by dogmatic philosophies or approach, and can better understand and appreciate modern approaches and advance in technologies.

It's activities can relate to neighbouring countries in Asia, many of which have fairly rich tradition of healthcare.

The WHO has recognised that in many regions of the world indigenous medical practices are more acceptable culturally, feasible economically, and even suitable physiologically. Hence, hopefully the Department of AYUSH will appreciate that an umbrella voluntary organisation is necessary and desirable for promotion of Traditional Medicine in the country.

For IASTAM to deserve this status, serious effort is necessary, so that its Managing Committee and Advisory Committee have people of sound knowledge of ground realities are of repute and credibility, represent the whole country and all interest. IASTAM has to establish that it is above slightest bias for any system, practice, region, ethnic or linguistic group, leave aside any individuals.

It has to be a unifying force for all indigenous systems and practices.

Hopefully, The IASTAM can achieve some of these along with its other activities; that will ensure, 25 years from now still more glorious Golden Jubilee.

IASTAM An Experience

Dr. Narendra Bhatt
Vice-President, IASTAM India

To be associated with an association right from its inception till it covers 25 years is definitely an experience by itself. To me, this journey that started as a simple interest out of curiosity has turned into a passion to understand and interpret areas of my activities on a different platform so as to be able to do it little better.

Traditionally, medicine is believed to be a 'social science', having social implications. It affects vital component of human life, health

Ayurved and other Asian Medical Systems are in phase where its needs are felt but the results are questioned, faith is there but outcome is suspect. Its holistic nature is appreciated but its parts required to be tested. The Systems per say, are also in a critical phase where a part is either lost or feared to be lost and at the same time the system is required to attend to specific modern day needs. And above all, the playing field available is totally aligned to the basic paradigm.

Such a situation though confusing and difficult is interestingly challenging. It is such situation where *study of a System* becomes more challenging. It provides a much wider spectrum of possibilities and depth to explore.

IASTAM rightly provides a learning and exciting platform for interdisciplinary exchange and multidisciplinary modalities. One learns of dimensions beyond one's own, learns of limitations and learns of diverse opportunities.

IASTAM beyond people and perceptions provides ability to be different. And it is that difference which provides development.

Else, how is it possible that you can find a linguistic talking of meaning of a word in the light of some newer advance of physics for its biological interpretation? Or a medical detail of a biological process is appreciated for its literary marvel and at the same time a newer research modality is thought of due to fascination on the same medical detail. And, to learn of a tradition of a part of my own country from a total stranger to ethos and culture.

And may be we need to evolve it further, nationally and internationally. Asian medicine, principles and practices offer much to many. Wider interests for different reasons. Maybe there is a need to limit its scope to provide greater focus. Maybe, some parameters are needed.

But IASTAM or such activity is needed. It is needed to increase the interest and enhance the studies. It is needed to understand the outcome and observe the impact.

That is IASTAM to me. In an era of global village, it is needed to exchange and share.