

# IASTAM

## INDIA NEWSLETTER

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Dr. D.B.A. Narayana

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### Connecting Systems; Bridging Disciplines

• Ayurved • Yoga • Unani • Siddha • Asian Medicine •

**"Bridges symbolize change and flexibility!  
They show us this simple philosophy:  
When you are on one side,  
you can easily move to the other side!".**

**- Mehmet Murat Ildan**



## PRE NOTE

### 40th Year of IASTAM

**Dr. Narendra Bhatt**

The 31st of January 2020 marks the 40th year of IASTAM. It was inaugurated in 1981 at the hands of Prof. A. L. Basham on the terraces of Zandu. IASTAM has not only survived but has contributed to the development of indigenous systems of medicine, now being referred to as AYUSH, with its analytical approach, while encouraging interdisciplinary deliberations and documented outcomes and recommendations. To satisfy specific requirements the Indian chapter unlike its international body successfully stretched its outreach to other parallel scientific disciplines. We will make efforts to celebrate this journey with more activities.

#### The IASTAM TEXTS

The text, now titled "INTEGRATIVE PERSPECTIVES 2020 – Ayurveda, Phytopharmaceuticals and Natural Products" with contributions from 41 awardees as a part of this celebration is in the press. The publication of a similar text on Yoga with six contributions will also be finalized soon.

#### Next ICTAM X, postponed

ICTAM X, the Joint Conference of IASTAM and

ASHM with the theme 'Challenges to Asian Medicines: Drawing a New Big Picture' that was to be held from April 30-May 4, at Academia Sinica, Taipei, Taiwan has been **postponed** due to coronavirus epidemic. We will keep you informed of the developments.

#### Charles Leslie Award

Most of you know of Prof. Charles Leslie a pioneering author of and about 'ASIAN MEDICINE' and the active support and guidance he offered us, the Indian chapter, right from the beginning. Prof. Leslie, a truly dedicated scholar for studies on Asian medicine consistently helped IASTAM to survive and helped it remain on its designated path.

IASTAM – International has instituted a 'Charles Leslie Award' in his memory for the past several years. I urge you all, particularly faculty and upcoming scholars to participate in this competition. Please have a look at the details in this issue.

We are also working on the next dates of the IASTAM Award Function 2020 along with the Conclave.



## PERSPECTIVE ●

## IASTAM: AN INTERDISCIPLINARY ORGANISATION

Prof. R. K. Mutatkar,

First General Secretary and Third President, IASTAM-India.

International Association for the Study of Traditional Asian Medicine established during the first International Congress on Traditional Asian Medicine (ICTAM) during September 1979 at Australian National University, Canberra, was followed by the formal establishment of India Chapter as IASTAM-India in April 1980 with Pandit Shiv Sharma, eminent Ayurvedic Physician as President and Prof. R. K. Mutatkar a Medical Anthropologist as the General Secretary. International Organisation was headed by the host-Indologist, Prof A. L. Basham as President and Prof. Charles Leslie, a Medical Anthropologist as Secretary General. The office-bearers and governing council members of both the international and national organizations were drawn from several medical systems, such as Chinese, Unani, Siddha and pharmaceutical industry, and academic disciplines such as History, Botany, Psychiatry, Pharmacology ; and languages such as Tibetan, Sanskrit, Urdu, Tamil etc. In India, Dr. S. K. Jain, Director of the Botanical Survey of India, Government of India who joined as Vice-President became subsequently the President of IASTAM-India.

The Preamble of the Constitution of Indian organization on the lines of Preamble of the International Body reveals the inter-disciplinary nature of IASTAM which reads as under:

Preamble: "In every ethnic group there exists a traditional health care system which is culturally patterned. In traditional societies, this is the first line of defense in health care. The contribution of traditional health care has gained the full recognition of the World Health Organisation. It is in the interest of the people that traditional medicine should be fully exposed in its Ethno-Historical, Social, Cultural and Scientific contexts.

In a country like India, there exist great traditions of Indian health system enshrined in various scriptures and texts. There also exists folk medicine practiced in tribal and rural homes. Constant interaction between the great traditions which are taught and transmitted in traditional and institutionalised medical schools and the local traditions of the simple folk, needs to be studied. It may be necessary to develop a distinct methodology for researches in traditional Asian medicine since the methodology of cosmopolitan medicine may not be found wholly suitable for the purpose.

A national forum is therefore needed where the traditional health care system can express its constituent components and communicate across linguistic and territorial barriers. Besides traditional therapies, the allied disciplines and other techniques and languages connected with tradition such as Sanskrit, History, Philosophy, Botany, Anthropology, Psychology, Indology, Yoga, would have to play an important role in the study of traditional Asian medicine".

There is however a major difference between the functioning of the International and National organizations not only in India but other Asian countries such as Malaysia, Indonesia, China, Japan etc. International scholars mostly from the western academic bodies from various disciplines are involved in studies of Asian Systems of Medicine as per their respective disciplines of history, language, social sciences, botany etc. Other Asian countries which were also colonies of Western Empires were dominated in the health systems by the allopathic system of medicine.

The traditional textual and indigenous medical systems had to play a subsidiary role as health care system, catering to the rural and tribal households. After the equal participation of third world countries in such bodies as W.H.O. which led to establishment of the Department of Traditional Medicine at the W.H.O. and acceptance of the Primary Health Care approach of intersectoral coordination at Alma Ata in 1978, organised traditional medical systems and ethnomedicine have gained respectability. The side effects of allopathic drugs also contributed to the acceptance of Chinese and Indian systems such as Ayurveda and Yoga in the west. Naturopathy has given rise to the debate about medicine and drugs, promoting the symbiotic relationship with nature.

Although communication between traditional and modern health care systems have improved, it is believed that at the academic level, inter-disciplinary dialogues have taken a beating after the establishment of vertical universities such as health and agricultural universities, which were earlier the respective Faculties in the general universities. All the disciplines which are conceptually relevant for the holistic study of systems of medicine, which are historically

derived, having philosophical base are not discussed in such vertical universities, which was earlier done in the Academic Councils of general universities. The positive aspects in the post-colonial scenario are the emergence of plural systems of medicine with an effort to make them equitable and accessible in all aspects to the citizens, accepting health as a human right, making it a justiciable issue. In India, a distinct Ministry has been carved out to put together all non-allopathic systems, with an acronym, Ministry of AYUSH, which includes Ayurveda, Yoga and Naturopathy, Unani, Siddha, Homeopathy and Tibetan Medicine. Ethnomedicine or local health traditions are also covered by the Ministry. Yoga has already established its international credibility through U.N.O., by observance of International Yoga Day on 21st June every year.

IASTAM-India has functioned through 40 years responding to the national and international scenario about traditional medicine networking the plural disciplines and institutions by providing an inter-disciplinary platform to promote studies and research in Asian Medicine. Concepts like 'reverse pharmacology' have emerged out of such discussions. Policy recommendations emerged to give feed back to the state and national governments, which could be incorporated in the respective five year plans. There have been debates about priorities in research, about therapeutic pluralism, about integrated national health policy, about challenges to profession and industry, and about the role of traditional medicine in women, mother and child health, and in longevity and aging. IASTAM has been organizing Asian Congress in 1983, International Congress in 1990 and yearly national congresses, by way of Conclaves, Seminars and Symposia for inter-disciplinary dialogues. A monthly Newsletter is published to update the events, ideas and contributions of scholars representing plural disciplines. IASTAM has contributed intellectually for the promotion of Socio-behavioral research at the Indian Council of Medical Research and Public Health in the AYUSH Ministry.

IASTAM-India is dominated by Ayurvedic professionals from academic institutions as also from industry, since by sheer numbers Ayurvedic institutions outnumber other systems of traditional medicine. What has yet to be achieved is in the area of innovative multi-centric and cross disciplinary studies, under the banner of IASTAM. To summarise in the words of Paul Unschuld, past President of IASTAM, "Medicine touches on the very fundamentals of human existence, and it should be one of the most rewarding aspects of current and future."

IASTAM was founded to provide an organizational framework designed to improve the exchange of information's, insights, opinions, and experiences among all those who, for whatever academic, administrative or practical reasons, have a scholarly interest in the study of traditional Asian Medicine." ○○○

## ANNOUNCEMENT

### SCHOLARS, ACADEMICIANS, PRACTITIONERS CHARLES LESLIE PRIZE

#### *To The Best Original, Unpublished Scholarly Essay On Asian Medicine*

The Charles Leslie prize seeks to honour the work of Charles Leslie and his dedication to IASTAM, and aims to encourage young scholars in the field that he helped to establish. The nominee for the award must be a member in good standing of IASTAM, and must fall into any of the following categories:

- A practitioner of an Asian medical tradition (with fewer than three publications), or
- A graduate student, or a recent PhD who received his/her doctoral degree fewer than five years prior to the deadline for nomination, or
- A scholar who is in a contingent faculty position without tenure or long-term contract (e.g., adjunct, one-year visiting scholar, etc.)

There are no age restrictions on entering for this prize. The paper should apply methods from anthropology, history, or any other academic discipline to the critical study of Asian medical systems in context, and from any period up to the present. Manuscripts must be in English. The winning essay will be announced in IASTAM publications and the society website and will be given preferential consideration for publication in the organisation's journal, Asian Medicine (subject to editorial decision). Please follow the journal style guidelines for the submission.

**Deadline: Entries must be received no later than April 15th, 2020, by the president of IASTAM.**

**Please email submissions to [messner@sino.uni-kiel.de](mailto:messner@sino.uni-kiel.de).**

## MEMORY ●

## REMEMBERING SCHMADEL... LEARNING THE SOCIAL DIMENSIONS OF MEDICAL CARE AND MANAGING CONTRADICTIONS

*Dr. Narendra Bhatt*

Last year on January 5, Regensburg city in Germany lost one of its brilliant minds- Prof. Dieter von Schmadel-who would have otherwise on February 16, marked his 80th birthday. I learnt about it much later through a common acquaintance who came across an obituary in the local newspaper. That information triggered a train of thoughts that need an outflow. Some people, well beyond individual interactions, influence the minds of people that they are associated with. Their approach to life and their actions leave a long-lasting impact on the society in which they live. Dieter was one of a kind. Let me share that viewpoint and its outcomes on my work and Ayurveda with our acquaintance over the last many years.

### The first encounter

In 1981 a team arrived in Mumbai to document the teaching and practice of Ayurveda for a project sponsored by Pharma Schwarz which was organized by Prof. Lobo from Munich and Vaidya B. P. Nanal and Vaidya C. G. Joshi from Pune. Zandu administration came forward to help the group which had faced delays due to objections raised by the customs officials about bringing in sophisticated photographic equipment for the documentation. After their Pune visit, the group arrived at Mittal Ayurvedic College for the documentation where I was working as a lecturer. I was put in-charge of the visit, with a brief about the anxieties regarding further delays and coordination issues. Unaware of any detail, on the eve of the project I went to meet the head of the group. On introduction I was welcomed by a sharp-eyed well-built German with an undermining and mischievous look and two words, 'one more'. However, my simple inquiry about the purpose of the visit with a matter of fact question, 'what do you want?' changed the whole scenario. The cup of tea and piece of bread in hand were put aside, and my shoulders were held by hands matched by a face that held a look of big surprise. I was greeted with those unforgettable words, 'you are the first person upon coming to India who has asked me what I want. So far everyone seemed to be telling a German professor, what he was to do?' That was a classic statement from a proud and methodical German, Prof. Dieter von Schmadel, from the Department of Medical Sociology

of Regensburg University. That began a friendship that was to last many years. That also marked the beginning of my learning of cultural differences and training outcomes. But more was in store. The next day, when informed of possible delay due to disturbed sleep because of the adjoining railway track, I made it clear that the timings of ongoing hospital activities would not be changed to suit their convenience and added that I would not be responsible for any delay that might occur. I found the team ready within the next 20 minutes. Thus, begun an association of working together with a purpose to learn and develop. The project was completed 1½ day earlier than scheduled.

### Non-verbal Communication

We considered it appropriate not to film two departments that were well established and reputed for research at BHU that were to be visited later by the group during the trip. Having been accused of partiality and being instructed to rectify what had been done, I approached Dieter for filming the remaining. On that evening he discussed with me the documentation done while repeatedly explaining to me the need for study of 'non-verbal communication' as an important aspect of the social dimension. Next day, with camera and lighting we filmed the remaining departments. It was only after a few years when I reviewed the films that my doubt about the camera not having any film was confirmed! *We never talked about it.* Of course, the idea of nonverbal communication did help in our joint studies later.

### Objectivity

On his return after submitting his report he decided to undertake a study of the filmed material of training and practice in comparison to similar films that were available in his department where it was common for premedical students to learn the social dimensions. When I pointed out the scientific inappropriateness of comparing an Ayurvedic institute in India with an allopathic institute in Germany he very humbly accepted the argument and undertook a brief but objectively narrowed down exercise to film at a Municipal Hospital in Mumbai and brought in changes in parameters.



### Doctor-Patient Relationship: Learning to be unbiased, self-analyses

As a part of this project I was invited for a month to transliterate, explain and comment upon the full 56-hour films followed by regular deliberations on them with Schmadel and his colleague Prof. Schmidt, a medical psychiatrist. The documentation covered three academic institutes and hospitals, eight private practitioners, two manufacturing units and many interviews with physicians, faculty, students and patients.

I was put up in a huge squarish room with about 6 large tv screens, multiple remote controls in my hand, earphones and tape recorders. After early delays to adapt to this technical format I gradually achieved greater momentum, completed the assignment three days in advance thus leaving time for us to discuss and plan future activities. I eagerly absorbed the value of documentation.

I went to his classes, got exposed to training modalities, equipment and techniques used. I observed a different kind of student – teacher relationship. He made me participate in departmental meetings and I was witness to his arguments with the Head of the department. I witnessed practical demonstrations in other departments. It was thus a first-hand experience of a European university that I found to be much closer in meaning as described in Ayurvedic texts but within a modern institutional frame. The whole focus till then was on doctor-patient relationship.

### Critical Observations

It was through these films that I learnt the difference between theory and practice, the distance between walking the talk and the significance of the needs of the patients and society at large. I better understood *chikitsachatushpada*, the four pillars of medicine as described in Ayurveda. And of course, a lot about subject content.

We analysed most physicians holding the pulse for diagnosis between 8 to 20 seconds except one for one minute as against their own claims of need to hold it for a minimum of one to three minutes. We observed anatomy practical's being held in an unhygienic manner, the seemingly poor interest of students as visible on their faces while taught by certain teachers, the attention diverting habits of some teachers, the surrounding happenings in outpatient departments and insights into indoor behaviours of nurses and their interactions with patients. We found a physician in his private practice

examining the scrotum of a young boy in the open for skin ailment and then involuntarily touching his own lips without washing his hands. We observed a dramatic and hearty welcome to a foreign lady patient from Bhagwan Ashram in contrast to not-so- pleasant behaviour with locals. A manufacturing unit had visible cleanliness while occasional grease drops from the stirrer were getting mixed with the homogeniser below and thus, we tried to understand these happenings in terms of their educational component, skill, training, social, economic and population dimensions and even considered solutions. We studied variances in diagnostic and treatment modalities. We considered system paradigms. We studied many syllabi of Ayurvedic course based on history, acceptance by people, recognition by authorities, medical developments and integration modalities.

***This was probably the most important lesson I learnt about inconsistencies of human mind and behaviour and how it affects the growth of an individual and development of a society.***

That whole experience helped my clinical practice and in management while with the industry. Habitually, I considered social dimension in all aspects of my activities - teaching, research, industry or practice.

### Expanding inquiry

I observed a very sceptical and critical academic slowly accepting and getting interested in Ayurveda as a potential alternative to the biomedical system. He got connected with Prof. Beatrix Pfladeherer and Johannes Laping who were interested in related studies and got me involved with that project. In addition to undertaking in-depth studies of documented material we undertook three more joint trips to the southern, western and northern parts of India visiting well known Ayurvedic institutes and organizations. The studies were expanded into professional practices and academic structures that included critical review of contents of earlier and contemporary syllabi for relevance while examining mandatory requirements against the ground realities. Based on documented proofs we observed dangers of imitating the western medical system, both in education and healthcare. Several papers were authored by him for the first journal of European Ayurvedic Society, in an issue of IASTAM Journal and other European publications. In 1980s there was a new academic and research interest in Ayurveda giving rise to many activities. This helped us get introduced to scholars like Muelenbeld (Sanskritist), researchers like Prof. Labadie (Pharmacist) and Ashchoff (Neuro-physician interested

in Tibetan Herbomineral preparations) and several others.

### **Not to be an American tourist**

Before I began the study, Dieter had planned a trip on his house-on-wheels caravan for 13 days in the surrounding areas of Germany, Austria and Italy including small towns and villages in the Alps. He abhorred the American way of tours and travels comparing it to a baggage being taken from one point to the other without any real experience. Visiting at ease the places of local importance, history, the architecture of buildings, markets, meeting people and understanding culture was and is the right way for a true learner. We did that. Accompanying him on these journeys has been one of the most memorable aspects of travel time. After a test stay of two days, I was accepted and made to feel at home, by Petra, his artist wife and Judith, his daughter. We enjoyed challenging his argumentative ways together.

### **Our nationalistic pride and argumentative outcomes**

During our travels we would visit places of destruction during WWII. Rather than only reading about it, visiting history was interesting. We were able to observe how Europe as a region and Germany as a country had revived for the better. Being older, and holding an important position, he was able to challenge my curious mind against the backdrop of oriental versus occidental thinking and their virtues and limitations.

Being a politician and holed up in a hotel room for three days during the communal riots in Ahmedabad I had seen him arguing with security forces. He was a critical observer of Indian politics and the lack of accountability, both of people and by leaders.

He was surprised when Prof. Gerhard Vogel from Hoechst came to interview me for a project proposal. He not only tried to guide me but prepared himself for an alien subject. He shared his happiness and unmitigated pride when after few months, I informed him about getting the project on Ayurvedic formulations and medicinal plants.

Though appreciative of his ideas I frequently differed with him in the interpretation of situations and approach to solutions. At one stage, to my surprise, though a strong opponent of Indian migration, he persistently suggested that I move to Germany for better success and assured me all the means and help. I remained firm to put in efforts where I belonged. We represented two

different cultures, processes, contradictory viewpoints and still we remained excellent friends and learnt from each other. Throughout our relationship we learnt to respect our individuality, our opinions and looked for gains of learning from each other rather than being mere critiques of each other.

Once convinced he believed in the strengths of Ayurveda and promoted it but did not hesitate to publicly voice his objection to its cult-like propagation and unreasonable claims. I could convince him about Vedic thinking and about the concept of atman beyond psycho-somatic manifests. We tried to redefine a holistic concept of Ayurveda in an objective perspective. It was an eye-opening experience in understanding and managing contradictions and yet developing a logical approach. This experience helped me later to address issues of science as against what is termed 'unscientific' and look for solutions without dogmas and thus to manage contradictions.



*Dr. Narendra Bhatt and Prof. Dieter von Schmadel*

### **Politician with Green Party**

Having witnessed the outcome of the war at a very young age, Dieter was a strong, vocal and active member of the then new Green Party and was member of the city parliament for a few terms. He believed in non-nuclear policies, protecting the environment, humankind, in democracy and responsible citizenship. We would discuss for hours the differences between the Indian model based on British principles, the American model and various forms of socialist models as prevalent in different parts of Europe.

His views were clear and objective. At a meeting in Mumbai organized by a German pharma company, I recollect a reputed scientist recommended the need for scanning facilities at every district hospital for early diagnosis of hepatitis. Dieter had no hesitation in loudly refuting it saying India had need of drinkable water first in every house.

### Follow up

He participated at ICTAM III in Mumbai with his wife and continued to be associated with it for quite some time. He was able to better judge IASTAM international outcomes pointing out to its narrow outlook at that time and suggested that we in India stretch 'to the beyond' in the cause of Ayurveda. He was right.

Later, I visited Regensburg many times, giving seminars at the university or at the city centre. He would often send me reference material needed for my research work that was not so easy in those days. We did plan to extend out project but each of us got occupied with our own priorities, he with politics, I with my career. I was happy to have been able to relieve him of his pain due to a serious back problem.

### Incomplete agenda

After retirement, he was dealing with antiques and had a nicely made additional house in Austria.

I met him consecutively in 2014 and 2015. Having lost Petra to cancer a few years earlier, he was emotionally affected but his natural sense of humour and pride were very much intact. He showed me the videos that had been converted into DVD's. We both wanted to revive the study in a newer and better-connected world; but it was not to be. We would laugh at our unfulfilled wish to travel from Mumbai to Munich by road.

His obituary in the Regensburg paper rightly states, '*Schmädel was a profound connoisseur of the Indian medical tradition of Ayurveda and was concerned about the misuse of this holistic method of prevention and healing*' and further states, '*He has significantly shaped the open, open-minded climate of Regensburg that is taken for granted today.*'

*To me he brought in social dimension, and its significance for delivery in health care.*



## DIALOGUE



**Dr. D. B. Anantha Narayana, Retired Director, Regulatory Affairs, Foods, Home & Personal Care, Unilever Research, Bangalore, India; worked for setting up Natural research programme, Hindustan Unilever. Recipient of IASTAM Dr. K.M. Parikh Award For Pharmaceutical Sciences and Former Director Dabur Research Foundation he is the Founder of Ayurvediye Trust that Promotes and trains young scientists in research on botanicals and ayurveda, and contributes through this trust. He led the scientific work at Indian Pharmacopoeia Committee (IPC), which has seen inclusion of objectively assessable quality specifications for over 160 herbs/products that has received wide recognition.**

*We interacted with him to find out his views and seek suggestions for IASTAM activities.*

### Q: How long are you associated with IASTAM?

Sometime during 1995-2000, while I was working with M/s Dabur, Late Dr. K.M.Parikh had inducted me to IASTAM in its Indian chapter as council member and for one or two years I also acted as its treasurer. At that time this body was not very active in India though Dr. Parikh used to attend to it during his business trips to Europe. In the later part of 2000 this body became active with Dr. N.S. Bhat leading it. I think from 2009 onwards I have been more actively associated with IASTAM.

### Q: You have participated in IASTAM activities. What are your observations and views on IASTAM and its activities?

Intense discussions, deliberations on the association charter of study of Asian Traditional Medicine especially ayurveda is planned and happening rightly so. These

have centered around clinical practice of ayurveda and the pharmaceuticals of ayurveda, industry and regulatory related issues, safety, quality. Greater focus has happened on discussions around research and development needs and directions for research in ayurveda. Discussions have involved both traditional ayurveda qualified practitioners of ayurvedic clinicals and scientists from various other disciplines including IT professionals. In my opinion these have been enriching deliberations, non BAMS/ MD qualified persons debating, suggesting, presenting case studies and data of their work, advising on the regulatory changes required, proposing design and various elements of clinical trials for ayurveda and their products, advances in quality testing including testing for contaminants and safety. These subjects are very important.



**Q: What are your views on the IASTAM Dr. KM Parikh Award, IASTAM Shri Gopal Das Parikh Award, Zandu International Award?**

These awards are in right direction, promoting and recognizing innovations and contributions and motivates the community.

**Q: How do you think it will help Ayurvedic products? Your views on the integration of Ayurved, Pharmaceuticals and Asian medicine.**

These awards recognize the work of individuals who have contributed. In addition, if the association works with the awardees and conducts master classes that can be a short 4 to 5 days intensive course where the learnings of the cross sciences (ayurvedic science, contemporary biomedical and pharmaceutical sciences) are imparted to interested persons. This will help in skills and competency transfer and confidence building so important to this sector.

**Q: In your opinion why should the new generation**

**of AYUSH join IASTAM? What should be done to attract them? future of IASTAM?**

Yes. New generation of AYUSH qualified personnel should consider and join IASTAM. This body's programs may need to be focused on two areas broadly – 1. Skills and competency building for BAMS / MD professionals to make them competent pure ayurveda practitioners for treating patients, to work with cross functional teams for research in ayurveda, to expand their Bhesaj Kalpana with current pharmaceutical technologies and analytics, learn communication and management aspects all aimed to main stream ayurveda and their products as well as to work with MBBS / MD physicians to integrate ayurveda and treatments for betterment of patients. 2. Most professional associations speak to & amongst their own professionals / scientists. IASTAM may consider and initiate actions to reach the consumers / masses about the usefulness of ayurveda for their health maintenance and treatment when required.



## INVITE TO MEMBERS

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