

# IASTAM

INDIA

## NEWSLETTER

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### Connecting Systems; Bridging Disciplines

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

**"Your connections to all the things  
around you  
literally define who you are."**

**- Aaron P. O'Connell**

*Due to the lockdown printing and postal services were not available.  
We are happy to bring you this issue after a gap of more than three months.*



## PRE NOTE

### AYUSH AMID THE COVID - 19 CHALLENGE

**Dr. Narendra Bhatt**

Under Prime Minister Modi, the AYUSH sector received an exceptional opportunity to deal with the challenge of Covid 19. The Ministry of AYUSH has responded in a timely manner to make its entry into the scene and use the space and scope offered to play a pivotal role for the first time in the history of India. We must appreciate the initiative of the Central Government to provide space to AYUSH to take up these medical challenges. This saw the Ayurveda task force and groups being formed, and projects being sanctioned or undertaken on their own. The profession, academia and industry have thus come together, and activities have been initiated. The outcome of these activities is eagerly awaited.

Some reports on the outcome of these efforts by individuals, private institutions, and even of activities undertaken with the administration at different levels, have started pouring in. It seems encouraging but AYUSH has a long way to go for obvious reasons, including the challenge of the illness and analyses of its treatment being overly complex in nature.

#### Compilation of Data and Information

Probably the most important aspect would be to collect, compile, classify and analyse the data from all activities undertaken both by public and private organizations to arrive at the right conclusions. Information or data in my

opinion is the most important tool to arrive at the right conclusions. A systematic objective oriented procedure will help identify potential areas, weaknesses and help develop solutions where AYUSH principles and inputs could be suggested for better management of such pandemic.

This necessarily will help identify the strong areas where AYUSH can play the desired role in a phased and more efficient manner. AYUSH systems are built on a different paradigm and it is urgently necessary to identify those areas for the management of Covid 19, the challenge being huge with vast implications. There is a need to redefine the complementary role without competing with existing systems where AYUSH systems too can play their rightful role with better consequences.

#### Changing dynamics and Nature of the Global Challenge

Most viral infections are known to change and gain intensity as adaptability increases. Covid 19 is no different. The newer and dangerous forms that different viruses have taken, over the decades are noteworthy in the sense that, looking for a single therapeutic agent to resolve it, is like venturing on a never-ending chase. The right approach therefore will be to redefine the track and focus on the host factor rather than the everchanging

cause; the host here, playing the most important role. Most of the AYUSH stakeholders have opted to target the immunity requirements as identified by present-day biomedicine. Herein lies the challenge. ***The challenge is not only to target the host requirement in terms of immunity but to redefine the relationship between the host factors and the infective agent and develop newer therapeutic approaches to address them.*** AYUSH systems can contribute to understand the factors responsible for increasing the susceptibility of the host, their interaction with factors that might be leading to higher mortality and can help to define the multiplicity of targets.

### WHO

With better reach to the WHO, India and AYUSH have an opportunity to prove that we do not lack the capabilities to take on challenges. This is the need of the hour because it helps redefine the challenge of a pandemic in terms of ***people's benefit*** beyond geographical boundaries and scientific or other dogmas. The only seeming reality is that the enemy of all humankind is one. AYUSH systems thus have a very important role to play in understanding the anatomy of this illness.

### People's Hopes

Millions of people opting for AYUSH and buying products in the hope of benefitting from them, either to prevent the illness or to be relieved of the symptoms, is proof of the faith that the people of our country have in AYUSH systems. Similarly, the curiosity and interest manifested by other countries about AYUSH offerings for a pandemic illness, is of added significance. Now it is the responsibility of the AYUSH fraternity to capitalize on the hope, faith and expectations of the people, to prove that their faith is not unfounded, and that these systems, principles and practices have the global potential to take on such challenges. In the scenario of the global village, every small achievement will be noticed.

### AYUSH Steps

A welcome caution already exercised by the Ministry of AYUSH has been that of preventing unauthenticated use of AYUSH solutions. It was interesting to observe the industry joining hands with the administration for the task on hand, and for several innovative offerings but this activity was also blemished by a part of it taking undue advantage of the situation. Whereas greed of individuals and commercial exploitations being human tendencies, cannot be avoided it is desirable that all stakeholders and true protagonists of AYUSH systems adhere to virtuous norms as demanded by our ancient masters and practiced by law. Confusion and controversies that create doubts must be avoided. Any action that will make the common

person lose faith in systems will be a huge, irreparable loss to AYUSH systems. Not only should such instances be prevented but all necessary steps must be taken to punish such happenings for the right acceptance and benefit of our systems. That will help develop the continuance of faith that our systems require.

### The Challenge

Though different viewpoints and deliberations are good for healthy churning the efforts must culminate in a common roadmap inclusive of various aspects and covering different dimensions of the illness challenge. We have passionately believed in and have had many experiences to share, about the role our systems have played in the past in dealing with infectious diseases like flu, influenza, tuberculosis and viral infections like hepatitis, herpes, and several others. These experiences have remained mostly within the fraternity, as 'scattered' experiences and occasionally with poorly designed or weakly conducted studies. We have not yet succeeded in providing universally acceptable and implementable solutions to such illnesses. Probably we need to develop our own approach. The time is NOW. As the world experiences the new meaning of the burden of an illness that has impacted practically every aspect of human life, the challenge to reduce that burden falls on every constituent of society beyond the barriers of system, state and style.

Though several interpretations and explanations, some complementary and some parallel; about the illness from experts of AYUSH have been provided, the challenge is now to derive a common roadmap with solutions that could further be tested upon for their conclusive validation.

Challenges must be taken up but on our own ground. It is akin to preparing the pitch for a game of cricket where analyses of the strengths and weaknesses of the rival have to be factored in for a suitable result - in this case the illness. This would necessitate thoughtful consideration and open discussion.

Though this is not the right column to deliberate on the *shastriya* or scientific aspects of the illness and how to deal with it, it must be stated that the clinical and therapeutic aspects of this feared infection require critical and carefully crafted solutions. The solutions are variable and multiple and vary from the simplest step of water boiled in a specific manner to a single ingredient to multi-ingredient formulations and even personalised care. The gap between concepts and realities is large. Looking for an antiviral agent may be one of the long term goals and may be among the not-so-productive options but developing the right research methods and modalities to standardize and validate the AYUSH

therapeutic approaches have greater opportunities, if they are managed in the right way. Such a challenge requires effort and involvement across disciplines, and across all activities - professional, academic, research and industrial.

### Two Urgent Needs

There are two urgent needs which must be attended. Foremost is to develop an all-inclusive (non-controlling) mechanism to evolve a consensus supported by agreed means and effective methods to activate a program driven by national objectives and the second is to strengthen our administrative and regulatory communication to reach out to all the stakeholders. It will be advantageous for the AYUSH administration and those involved in research activities to reach out to the expertise available within the AYUSH fraternity to explore and ensure that the inherent strengths are better integrated while

developing modalities to validate AYUSH solutions for the pandemic.

I wish to acknowledge that these views shared in this prenote came to me after receiving an anxious and critical call after a gap of several years from Prof. Vaidya Veni Madhav Ashwini Kumar Shastriji of Gwalior who was examiner for my MD, wherein he shared his anguish about the failure of the Ayurvedic fraternity to take on challenge of the Covid 19 pandemic! This was thereafter followed by a brief conversation with Shri P. R. Krishnakumar who had shared his concerns too. These and concerned voices of several patients and fear amongst masses is the reason to share these lines. ***India needs a second phase of an AYUSH Abhiyan for Covid 19, as a well-thought-out national program that can be developed on its own paradigm. The time to act, to convince and to prove ourselves right about what we believe in, is now.***

## IASTAM Organizational Matters

The lockdown has impacted practically all our activities including IASTAM as an organization. The three-year term of the present managing committee was to end on June 26, 2020. In view of the pandemic situation, an online meeting of the members of the managing committee was held on June 10, 2020 with the participation of 13 out of 17 members and 2 special invitees to consider the situation. In addition to the regular agenda, a separate questionnaire was offered them to have their views and options on the items of the Agenda.

### Extension of the Term of the Managing Committee And the General Body Meeting

After due review of the views received and the deliberations thereof, it was decided to postpone the organization of the general body meeting and the election process to a later period but not later than June 30, 2021. Of course, our efforts will be to initiate the necessary procedure as soon as possible.

### IASTAM Award Function 2020 and the Conclave

Plans were afoot to organize the postponed IASTAM Award Function and the Conclave on 'Meaningful Modalities for Translational Research' in association with our host organization - College of Ayurveda at Bharati Vidyapeeth Deemed University- in the month of September 2020. In view of the ongoing pandemic situation the alternatives considered were: **1.** Cancel the event for 2020 or **2.** Postpone the event to the next suitable date or **3.** Join the 2020 and 2021 Events together or **4.** Consider other options. It has now been decided to postpone the event and take a decision after the situation becomes normal. Our efforts to organize

the 2020 event before the end of the year will continue. We are examining the possibility of organizing the 2020 event in collaboration with a reputed university.

### IASTAM Awards 2021

Due to the aforementioned reasons the procedure for selection of the IASTAM Awards 2021 will also be considered later. IASTAM may consider organization of an Online Conference or a Webinar depending on the situation, as it emerges.

### IASTAM Text Publication

I am pleased to inform you that the text 'Integrative Perspectives: Ayurveda, Phytopharmaceuticals and Natural Products' is nearly ready for publication. Half of the galley proofs were received by us when the lockdown began. We hope to attend to the final editing and approval of the final copy for publication.

A suggestion by Dr. Younis Munshi, member of our managing committee for IASTAM to facilitate, match make and coordinate clinical research between industry and academic institutes is being considered. This is with a view to provide guidance and help develop the right modalities for research on AYUSH products, through its reach to a variety of expertise. *I invite your views.*

At the end of the next few months, the medical fraternity would have faced and gone through an unprecedented historical, medical challenge that will leave an everlasting impact on the very survival of humankind. The shades and colour of that impact are yet to emerge.

*Till then, Have Faith, Stay Safe and Stay Optimistic. Time beckons.*

**Dr. Narendra Bhatt** ○○○

# OBITUARY

## Dr. Sangappa Irappa Nagral (1933 to 2020)

*A Tribute from IASTAM Members to Dr. S. I. Nagral who was a Strong Supporter and Active Member of IASTAM.*

*- Dr. A. B. Vaidya*

Dr. Nagral was a pioneer in integrated healthcare. Being a surgeon, he realised that Ayurveda has to keep pace with the scientific advances.

As, Ayurvedic Director of Bhavan's SPARC, he provided a unique stature to the group. He was a major founder of N. I. M. A. and played a significant role in the IASTAM initiative too. We all will miss him as a friend, philosopher and guide.

Ever continued work in integrative Ayurveda is a fitting tribute to his life of utmost integrity, sincerity, humanity and dedication. May his soul rest in peace. We convey our deep condolences to Dr. (Mrs.) Nagral and his entire family.



*Dr. S. I. Nagral*

*- Prof. R. K. Mutatkar*

In Dr. S. I. Nagral, we have lost an ever smiling and cheerful person, always helpful to advocate the cause of traditional medicine on the IASTAM platform.

I knew him since the establishment of IASTAM-India in early 1980. Dr. Nagral functioned as the Chairman of the Sessions Committee and as a member of the Public Relations Committee, as also of the Souvenir Committee, for organising the Asian Conference on Traditional Asian Medicine at Bombay (Mumbai) in March 1983.

Later, he chaired the Programme Organising Committee at the Third International Congress of IASTAM held at Bombay (Mumbai) in early January 1990. We pay respectful homage to him.

### A Reminiscence

*- Dr. Narendra Bhatt*

I got acquainted with Dr. Nagral in the mid-70's when I entered Podar. Being the son of a Vaidya who represented, and having been introduced by Prof. Vasudev Vyas and working with Vaidya Antarkar, I obviously carried that particular stamp of 'shuddha' that went parallel to NIMA, of which he was one of the pioneer pillars. However, during the meetings of the hospital management when he learnt of voices raised by me and some colleagues about some instances of indiscipline or about inefficient behaviour of certain officials, he became perceptive of my research work and viewpoint. Despite being a strong proponent in expressing his own viewpoints, he would also challenge our viewpoints to test our mettle. In that sense he represented the principle of agree to disagree but with respect for the individual. Thereafter there were several occasions where we had the opportunity of meeting at as part of the faculty of Bombay University and academic and professional meets. Dr. Nagral was a strong reformist who remained honest and committed to the purpose. At NIMA he was a great and responsible organiser and a leader who could gain the trust and support of his subordinates. Zandu and IASTAM provided more opportunities to interact with him on different occasions.

Like most surgeons he was impatient and a man of discipline. While planning for ICTAM III when we requested him to be the chairman of the scientific sessions, he so warned me being the conference secretary that he would not wait for more than three minutes to appoint a chairman of his choice if the designated chairman would not make himself available for the sessions. He ensured that all the session coordinators and team were briefed and trained. ICTAM III with five parallel sessions on the first two days and seven parallel sessions on the remaining last two days went down in the history books as one that had the most effective time management. He could be at one place and everywhere else too and he knew how to do that.

He was forthcoming to help organise the seminar on Medical Pluralism where all the different stakeholders despite political differences came together to deliberate on supreme court decision about cross system practice. The

result was obviously favourable.

My personal bond grew further when Prof. L. M. Singh began dividing his stay in Mumbai between his home and mine. Prof. Singh in his inconspicuous manner brought us together.

Dr. Nagral developed a fond interest and made efforts to collect all the different depictions of Lord Dhanwantari from different parts of India that he could make a much-desired presentation.

Though he was into the National politics of Ayurveda, to my great surprise, unlike a politician he said what he believed in and practised what he preached. He was a straight talker, a rare quality today. In terms of being honest to the purpose, he stood tall without being obvious.

## A Man of Discipline, Punctuality, Simplicity and Integrity

- Dr. Ashwinikumar A. Raut

Dr. S. I. Nagral left for heavenly abode on 4<sup>th</sup> May 2020. He was 87 yrs old and had a successful professional as well as family life. However, it was a sad paradox that due to lockdown many of his near and dear ones could not have his last Darshana nor attend the last rites. Dr. Nagral would be ever remembered for his disciplined life style, constant sense of time, his commitment for the social cause, dedication to the medical profession, vow to relieve human sufferings and forever adherence to moral values. He was one of the finest surgeons of our times who had a foundation in Ayurveda.

My father late Dr. Anand Raut had a close association of several decades with Dr. S. I. Nagral and his family which made us fondly call him as 'Nagral-Kaka' in our family. When I entered in Ayurveda at Podar medical college, Nagral-Kaka became Nagral-Sir for me. And he remained ever Nagral-Sir for me guiding every epoch of my career in Ayurveda. My last personal visit to his residence gives me immense satisfaction because of his verbal expression of appreciation and blessings. This was for what I was doing in my professional career and also for research career under the guidance of Dr. Ashok Vaidya and KHS-MRC team. My first introduction to IASTAM in 1980s was also facilitated by Nagral Sir.

At Podar he was one of the favourite teachers of his time. His teaching style was more of an interactive nature than giving a dialectic lecture. His bedside teaching in wards/OPDs were like asking specific objective questions to students and make them think applying the knowledge for effective patient management. In operation theatres although I had few occasions to face him, he would be overtly strict and would expect precise decisive response from his surgical associates and disciples. His teaching was not limited to Podar college and hospital. He was invited faculty to Banaras Hindu University, Gujrat Ayurveda University, post graduate teaching in University of Pune, Tribhuvan University Nepal and many more. Nagral Sir to my mind was an educational reformer. He has participated in number of programmes in establishing the standard syllabi as needed by CCIM (Central Council of Indian Medicine), several universities imparting Ayurveda training, and recognised institutions and boards. In fact, he was an elected Chairman, for Education Committee, CCIM, New Delhi for 12 years 1984 to 1996.

Dr. Nagral was always considered as an excellent professional colleague who would always be available for help to his fellow colleagues and would show way out in any emergency or inadvertent adverse situations. English quote 'Friend in need is a friend indeed' suits Dr. Nagral the most. Hence, he was a natural leader, liked and accepted by consensus at many medical professional organizations. The most significant being National Integrated Medical Association (NIMA), and Family Planning Association of India (FPAI) where he has held several important positions and has literally contributed with his time, money and sweat. He was instrumental in facilitating NIMA life-membership to the new BAMS graduates beyond 1980s batches with a futuristic vision and a larger cause which was missed-out by some of the senior NIMA founders while adhering to certain norms.

Dr. S. I. Nagral was the first and probably the last Ayurvedic degree holder having served as a Deputy coroner of Bombay for almost two decades. The story behind it is fascinating. It was in August 1982 in Mumbai; the Police force had gone on strike to protest their working conditions and there were riots on streets. Military force was called then to control the charged conditions and had to resort to firing. Several bullet injury subjects were brought to Podar and the operation theatre remained open overnight to manage these unprecedented situations of bullet injuries. Nagral Sir had become a situational leader at Podar who with his discipline, ability of quick decisions,

strategic back up plans and simultaneously involving students and other fraternity available in the Podar campus could effectively manage the crisis. Several lives of police-men and citizens were saved. These qualities of Dr. S. I. Nagral was acknowledged by then authorities and confirmed his position as a Deputy Coroner of Bombay for further many years.

Many would be surprised to know that Dr. S. I. Nagral retired as a 'Lecturer' in Shalya tantra from Podar medical college after serving for almost three decades. He remained honorary surgeon and teacher of Shalya-shalaky with minimal remuneration of few hundred rupees per month. He never operated outside Podar hospital except having his consulting clinic in the evening time. This was his dedication to the institution and desire to serve the suffering humanity with his surgical acumen for minimal compensation. Post-retirement he gave his services to Sion Ayurveda Mahavidyalaya and hospital for more than a decade as a surgeon. We had a privilege of having Nagral Sir as one of the honorary Director at Bhavan's SPARC. He has also served as a member of an independent ethics committee; ISBEC (Intersystem Bio-medica Ethics Committee). Post-retirement he had learnt computers in early 1990s and used to communicate through e-mails when majority of Indians were ignorant about computers at that time. This reflects his ever-enthusiastic approach towards life to learn new things.

Nagral-Sir received several awards and honours; some important ones were Pt. Rajeshwar Datta Shastri Memorial Lecture and Dr. Shankaran Memorial Lecture BHU, Varanasi, Dr. Pranjivandas Mehta Memorial Lecture, GAU, Jamnagar, Dr. Bhaskar Govind Ghanekar oration, Dr. P. J. Deshpande Memorial Lecture, Scroll of Honour IMA college of General Practitioners, Ahmedabad, Capt. G. Shrinivas Murthy Memorial Lecture, Vijayvada, Melmane memorial Gadag, Purna Swasthya Award, World federation of societies of Holistic Medicine, Italy, Dr. G. M. Bhavsar Memorial Lecture, NIMA, Latur, Dr. P. V. Jayde Memorial Lectures, Belgaun, Life Time Achievement Award Ayurveda Academy Pune, International Award of Excellent Teacher Institute of Indian Medicine Pune, and many other. The last and most significant was Dhanwantari Award by AYUSH-2019

Dr. S. I. Nagral is survived by wife, Dr. Kumud Nagral a popular family physician and author of a book 'Ayurveda for Modern medical Practitioners' his well-qualified and successful sons Dr. Sanjay (Hepato-biliary surgeon) and Mr. Ajit (Software entrepreneur in healthcare) as well as daughters-in-law Dr. Abha (Consultant Hepatologist) and Vibhu (Yoga and wellness expert), and promising-talented grandchildren Dr. Nishtha, Avanti and Kabir.

Nagral Sir's life was blessed because it truly reflected what Vagbhata said;

*"Bhishajam Sadhuvruttanam Bhadram Agamshalinam I  
Abhyasta-karmanam Bhadram Bhadram Bhadrabhilashinam II"*

*We pay respectful homage to him.*



## EVENT

### **International Congress on Traditional Asian Medicines ICTAM X at Taipei, Taiwan**

**Postponed**

**9-13 June, 2022**

**"Challenges to Asian Medicines: Drawing a Big Picture"**

**Organised by**

**International Association for the Study of Traditional Asian Medicine  
(IASTAM) & Asian Society for the History of Medicine (ASHM)**

**JOIN THE CONFERENCE**

**Please Participate!**

**For more details visit <http://ictam-ashm.com>**

## Dr. T. Govindachari Rajagopalan [TGR], *A Stoic Scientist of Rare Authenticity*

- Dr. Narendra Bhatt

‘A scientist is one who systematically gathers and uses research and evidence, to make hypotheses and test them, to gain and share understanding and knowledge.’

TGR epitomised this definition of a scientist in every way. An M.Sc. in Biochemistry from the University of Madras, he got his Ph.D. from Duke University and later as a post-doctoral fellow, worked with Nobel Laureates-Stanford Moore and William H. Stein, who recognized his contributions in their work. He was associated with Ciba-Geigy Research Centre, Basle (Switzerland) and was Head of Biochemistry at Mumbai between 1971 to 1982.



Dr. T. G. Rajagopalan

My first incidental meeting with him in 1982 turned out to be significant in many ways. I was instructed by Prof. A. N. Namjoshi, chairman of 1st Ayurvedic Pharmacopoeia Committee to speak at a conference of chemists and analysts. Not being an expert, I was anxious to learn more on the subject. Helped by Vijaya Shanbag (Mrs. Banavaliker) his associate at CIBA whom I was acquainted with, I landed up at his office. After hearing about my desire to learn about the subject, what transpired was a flow of fascinating information and knowledge that lasted for about 3 hours, practically filling up my 100-page notebook! I gushed with feelings of being overwhelmed with the depth of knowledge shared but wondered aloud if it would satisfy the needs of Ayurvedic polyherbal and dosage forms. He seemed miffed and asked what had prevented me from calling a stop to the flow earlier. I sheepishly told him I was too engrossed with the flow. Again, a session followed ending with suggestions on how to look for answers.

Barely a month later, I was asked to see him as to my great surprise, he had asked if I would become advisor to Richardson Hindustan (now Proctor and Gamble), where he was to take charge as Head of Research. A man of few words, he was clear in his approach and believed strongly in the work ethic. Research was his passion and he loathed pseudo-science and politics in research. Unwritten rules followed and nothing other than research was discussed. His persona had two rare traits. Along with great intellect, was a rare indifference - a great focus on research with a detached stolid outlook, where publications and patents were mundane outcomes - traits that I imbibed unconsciously during formative years of my career and a reason of being strongly grounded.

Right from the start he threw down the gauntlet by reminding me that although Ayurveda worked, he was going to challenge me as a scientist, and my logic in these issues would have to bail me out. There was always the thrill of being challenged critically on Ayurvedic viewpoints and session after session would be dedicated to seeking solutions. He was critical and exacting but matched every inquiry and need, with solutions and resources. He got to the depth of Ayurvedic rationale and helped evolve new means to address the issues.

Thus began an association with him that brought many firsts in the field of research in Ayurveda with which we experimented. This included the first ever use of computers in Ayurveda to develop database on 9500+ formulations and ingredients from ancient texts (1982-83), the first ever composition of Ayurvedic ingredients to match all requirements of a DMARD (1984), the first ever complete standardization of a 9-ingredient polyherbal formulation (1984) and the first ever validation of a product that was clinically validated both at an Ayurvedic institute and at modern hospital with a protocol of international level (1984-86). I remember his visits to my residence where we jointly undertook Gugulu shodhan with Triphala kwatha that he carefully watched, documented, and then developed further with new technologies in the lab.

Another example of his keenness was in a simple digestive composition that was being prepared, where I was surprised to observe nearly 16 dosage forms developed out of one simple composition and his keen eagerness, not only to understand but to imbibe differences between pancha lavan, the 5 types of salts. I understood the value of pharmaceuticals, approaches to standardisation and productive research being a collective effort. There was always warm encouragement for the work of associates and colleagues. In research and learning, we were all his peers - collaborators with one agenda!

After four years of working together when I decided to leave academics in 1987, he assumed that I would join

him full time at P & G and was angry that I had opted to join Zandu. He even called me names; but accepted my argument to remain within the Ayurvedic fraternity.

Thereafter we remained in contact, would meet on occasions, and as I recollect now, one whom destiny enabled me to meet the most, in an unplanned manner, at airport lounges during our international travels. His immense joy was always, his laboratories. We remained connected after he retired, when I would make it a point to see him every time, I visited Chennai. As we talked, his views along with my newly gained experiences were a treasure trove of memories. We did plan to write together on approaches to standardization of Ayurvedic products that never took shape. Looking back in time, I wish he were more uninhibited as it would have undoubtedly given new direction to the research in the field. Despite being urged to do so by many, he opted to withdraw from action, and found joy in nurturing hundreds of orchids that he passionately grew on his terrace.

He participated at ICTAM III and was curious about my association with IASTAM and believed it to be part of the activities of Zandu; but later came around not only to like but also to advise on integration of Asian medicine.

A man who vehemently despised meets and conferences, he readily agreed to make an exception, and came down to Mumbai (December 2013) to share his views at a symposium to celebrate the centenary celebration of my father. His first slide, depicting a man arising out of a coffin, said it all about the man- a candid scientist, a man in quest!

The world of science and research is poorer with his passing away on February 20, 2020 at the age of 81.



## 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: Due to the current global situation we have decided to postpone the deadline.**

**Entries must be received no later than October 31<sup>st</sup>, 2020, by the president of IASTAM.**

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

**Visit website for details - [www.iastam.org](http://www.iastam.org)**

## COVID 19 and Revolution in Higher Education -Ways & Challenges

*By Dr. Manasi Deshpande  
Secretary General, IASTAM India*

The COVID- 19 pandemic has sparked a global realization that our current way of life does not work. It has broken our perception of what is normal and has deconstructed the society as we know it. One such critical area where the need for change has become evident is education. The effects of coronavirus and thereby its preventive measures have upended the life of students, parents and teachers. The impact of the pandemic has already been felt on the education sector. It is reasonable to assume that this impact will be here to stay for a fairly long time.

The clear disruption in the 'normal' functioning of education has placed an emphasis on many questions, primarily what could the current effects of this global pandemic mean for the future of education? It is also an event that has given rise to push digitalization in the education sector.

All around the world, educators and policymakers from government and various industries debate on the future of work and the changes brought by technology. Despite this, we are not reacting fast enough to update our system of education, both in content and delivery.

It is an alarming situation that arises the question of how we will prepare our future generations to thrive in this changing situation.

### **Reviving Education in the Post Covid-19 era**

We have to prepare and mould ourselves to bring the best of online education into the classrooms - a blended learning approach offering students a powerful learning experience, with quality resource access.

Higher education should be re-designed. It should be flexible, more innovative, more international but also more locally connected and socially responsible, more collaborative and less risk averse. Innovative models should be introduced.

Universities/institutes could be online- providing internet-based flexible short-term courses, traditional learning with hand-on work; collaboration with other institutes/ universities.

Faculty needs to be motivated and actively involved in curriculum integration. Need training and induction programs for teachers

Designing new e-content such as animation videos, audio, revamping in curriculum & syllabus and Preparedness are the ways to combat the situation.

### **Challenges**

Of course, there are challenges one has to face at the initial stages. Most important is leveraging technology to deliver better and more inclusive education. The COVID-19 pandemic has caused a major disruption of traditional face to face teaching and learning.

The current use of technology for higher education during the COVID-19 pandemic is not yet reaching its potential. The lack of faculty development programme and development of students' skills may avoid achieving the full potential of online teaching and learning.

Basic difference in online teaching and traditional classroom is that the teachers and the students can interact. Students can learn a lot from teachers' expressions, smile, or gesture. The teachers also can alter their strategies according to the reaction of the students. For the virtual classroom, this is almost impossible. There is less interaction with others. The students focus on virtual classroom or the internet too much, they may lose their ability to deal with real people in reality. Traditional classroom is more suitable for our education whereas virtual classroom is a proper complementarity. Combination of the two methods will be better suiting our education.

*Continued on Page 11 ....*

## ACCOLADES ○ INPUTS ON PRESS RELEASE OF SUN PHARMA

*Sun Pharma initiates Phase II clinical trial on AQCH, a phytopharmaceutical drug, as potential treatment for COVID-19 patients*

**IASTAM Feels Priviledged Two Members of IASTAM Managing Committee - Dr. Chandrakant K. Katiyar and Dr. Prasoon Kumar Gupta - Involved in the Research Activity at some stage for A Phytopharmaceutical Drug Useful in the Treatment of the Covid -19.**

### *Inputs from Dr. C. K. Katiyar*

It is extremely heartening to know that Sun Pharma has received the DCGI's permission for clinical trials of ACQH, the first Phytopharmaceutical drug, on COVID 19 patients.

This project holds special place in heart of Dr C. K. Katiyar, Director Herbal Drug Research and the team lead in Ranbaxy in 2007 when collaborative project was initiated with ICGEB, New Delhi through DBT Funded project to search for herbal drug for Dengue.

Dr Katiyar and his team dug deep into Ayurvedic wisdom and identified few plants having potential against Dengue virus. Multiple solvent extracts of each of plant were tested on in vitro models at ICGEB since there was no in vivo model for its evaluation at that time.

Few leads were taken forward and patented followed by publication. The product held high potential against Dengue since it was killing all four serotypes of Dengue virus from I to IV.

Scientists across Ranbaxy and ICGEB gave their best to this project at that time. Later Ranbaxy was acquired by Daiichi and the project got deprioritised.

Later Sun Pharma took over Ranbaxy and its management found potential in this otherwise deprioritised project and showed renewed interest and again initiated activities in collaboration with CSIR-IIIM Jammu to take it forward for clinical trials against Dengue.

While it was due to enter clinical trials for Dengue by Sun Pharma, COVID 19 invaded human population across nations. Since mode of replication of both Dengue and COVID 19 virus is same inside the human body, probability of success of the product is high in human clinical trials.

Category of Phytopharmaceuticals did not exist in 2007 hence regulatory pathway was not clear. But later Sun Pharma and CSIR-IIIM Jammu have worked hard to take it forward on Phytopharmaceutical route.

Best wishes to the duo for success of the human clinical trial across 15 centres in India. ACQH would become the first ever scientifically proven and clinically tested drug against COVID 19.

*What is Most Important is the Fact that the Product Comes from India and has its Roots Deeper into Ayurveda*

Dr Katiyar feels exhilarated with this latest development and extends his heartiest best wishes for success of the product.

### *Inputs from Dr. Prasoon Kumar Gupta*

*5th June 2020 marks a red-lettered day in India's history of modern medicine.*

Many of you might know, the modern drugs and pharmaceuticals paradigm has evolved over the last 100 years.

Over the years, more than 2500 medicines have been approved all over the world to treat different diseases. While the paradigm has evolved identifying one cause of a disease, and one chemical entity to correct that cause, the traditional system in many countries/cultures which has used extracts from natural sources has by and large been ignored.

## ACCOLADES

Thus, the traditional system of medicines which used various natural sources and their extracts, has not found use in modern medicine. Due to increasing debates and concerns over the years, the US FDA in 2005 finally recognized a class of medicines termed as "botanicals", which are plant-derived natural extracts and complex mixtures of compounds.

Botanical drugs are not necessarily purified chemical entities to treat a disease. The same class of drugs was also adopted in India as "phytopharmaceuticals" in 2015. Yet, till date no clinical trial (RCT) of any phytopharmaceutical has been undertaken in India.

Today, the situation has changed. Clinical trial of extracts from *Cocculus hirsutus* (in Hindi called as Patalgarudi) spearheaded by SUN Pharma has begun to mitigate Covid-19. This is led by the CSIR-IIIM, Jammu and ICGEB, Delhi on the academic side. Dr. Gupta is very pleased to be a part of this success story as a lead investigator from IIIM. He looks forward to the success of the clinical trials. He believes this is just a beginning; we have many more treasures in the Ayurvedic System of Medicine and other traditional knowledge. Now time has come to start systematic investigation of our traditional knowledge.

*Let Us Rejoice the Immense Contributions of the Lab at CSIR-IIIM in Participating in Historic Development of Getting A Phytopharmaceutical Into Clinical Trial.*



## APPRECIATION

*Thank you, Dr. D. B. Anantha Narayana*

*We express our sincere gratitude to Dr. D. B. A. Narayana for his faith in IASTAM objectives and financial support to our activities once again.*

*His continued gesture keeps us all motivated.*



*Dr. D. B. A. Narayana*

*Continued from Page 9 ....*

Faculty plays the most important role in such a system for the setting of active integrative, innovative curricular/ syllabus and transformation of knowledge by active participation. Curriculum design, collaborations, skill development and faculty involvement should all focus on internationalizing higher education. *Today it is Covid-19; we don't know what the future would bring.*

Additional unknown academic issues will require attention, including standardized examination patterns. Taking online exams is also a challenge as internet connectivity conditions will unavoidably widen the gap between students with different backgrounds - rich versus poor, and rural or semi-urban versus metropolitan. A sudden change in the style of question papers (as is required by the "open book" format) without enough time to familiarise students with this change may create anxiety. Technical malfunctions are certain to impose long delays in declaring results that will retrospectively mock the haste to hold the exam.

Potential drop in enrolment of new students and how the universities/ institutes plan to deal with this impact as well as financial uncertainty may be the biggest challenge.

***'Change is the only constant.'***

*The system of higher education needs to adapt itself to the rapid changes taking place.  
We need to move away from traditional, teacher-centred, content-oriented mode of education  
to the student-centred and outcome-oriented education system  
with traditional teaching blended with technology.*



## NEWS

### AYUSH Entrepreneurship Development Programme of The Ministries of Ayush and MSME To Promote The AYUSH Sector Launched

*Posted On: 30 APR 2020 6:01PM by PIB Delhi*

AYUSH Entrepreneurship Development programme is jointly organized by the Ministry of AYUSH and Ministry of Micro, Small and Medium Enterprises for promoting the AYUSH sector in the country under different Schemes of the Ministry of MSME.

AYUSH practices of India has a big potential to help India become a economic super power as the alternative methods of treatment and cure which has been prevalent in India for centuries is gaining increasing popularity.

The Sector faces different challenges include unorganized sector, lack of Good Manufacturing Practice, Quality Systems, Testing etc., traditional Marketing Methods, little Opportunities for Export, lack of promotional Programmes & Support. The Programme held was a part of the Action Plan to overcome the challenges faced by the AYUSH sector. About 1000 AYUSH based MSMEs are participated in the programme through various online/ social media modes as the event was simultaneously broadcast live on social media platforms.

The two Ministries have drawn up an ACTION PLAN for promoting AYUSH SECTOR. Accordingly an MoU was signed MoU between M/o AYUSH & M/o MSME few days back. The Roadmap ahead for promotion include need assessment & Identify AYUSH Clusters by field offices, roping them in Schemes of Mo MSME such as:

Zero Defect Zero Effect / Lean – Good Manufacturing Practice.

Procurement & Marketing Support Scheme – National/International Trade fair, Exhibition, GeM, Packaging, E-Marketing, Export.

ATI – Capacity Building & Skill Development.

ESDP, Incubation – Start-Up / Enterprise Development.

Cluster Development (SFURTI / CDP) – Technology Upgradation.

CLCS, PMEGP – Financial support

CART (Centre for Agro Rural Technology) Division – AYUSH in rural areas.

Technology Centres (Hub & Spoke) – AYUSH focused Technology support.

Testing Centres – Quality Improvement / Standardization.

Views and opinions expressed in different articles are entirely of the writers and authors  
Authors are solely responsible for originality of the published article.

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