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Connecting Systems; Bridging Disciplines

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

**"Creativity is the Power
to Connect the
Seemingly Unconnected"**

- William Plomer

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PRE NOTE

INTEGRATION OF MEDICAL EDUCATION - ISSUES & CHALLENGES

Dr. Narendra Bhatt

I. BACKGROUND

The Government of India has taken several initiatives to implement its declared 'One Nation, One Health System' policy by 2030. These initiatives – some obvious and some not so obvious – are being deliberated upon. This major reform, the first since independence, will have an immense impact on the health and medical care of people and institutions directly or indirectly involved with the healthcare sector including the AYUSH sector. It will have *ever-lasting* effects not only on healthcare delivery but knowledge, information, science, and society.

The establishment of the Ministry of AYUSH as an *independent* Ministry by the present Government under Prime Minister Modi was hailed by all – particularly the AYUSH fraternity and the industry - to promote AYUSH – Ayurveda, Yoga, Unani, Siddha and Homoeopathy as reliable systems of medicine. It had taken nearly twenty-five (25) years in independent India to officially recognize the Indigenous Systems with the Central Council of Indian Medicine Act, 1971. Obviously, some of the new initiatives appear contrary to the path followed over the last fifty years.

The present Government has been *reconceptualising* several important areas including health care through NITI AAYOG. Economics of healthcare is necessarily a

global challenge even for well-developed countries. The policy of 'One Nation, One System' seems to be driven by an objective to optimize and rationalize human and infrastructure resources to provide affordable healthcare to the masses. **Integration** is undoubtedly considered an important means to implement this policy.

II. WHY DO WE NEED A NEW POLICY? THE GROUND REALITIES -

A. Globally, the failure of conventional medicine to offer affordable medical care with biomedicine and consumer dissatisfaction are the main factors for increasing use of Complementary and Alternative Medicine (CAM). Two important factors responsible for interest in CAM are (1) the increasing desire of an individual to be in control of one's health and (2) the holistic health philosophy that recognizes the interlink between the body, the mind, and the ecosystem.

B. The limitations of biomedicine (allopathy) have turned into a global challenge, particularly due to its impact on people and the costs involved. In India, despite 95+ % of annual budgets being spent on healthcare that is founded on conventional medicine (allopathy) the quality and reach of health and medical care has continued to remain a mirage with steadily increasing costs and the gap widening between the haves and the have-nots.

C. The conventional (allopathy) medical system that has existed for more than a century in the country, due to early gains in the form of the treatment of infectious diseases and economic benefits, has provided the foundation for the present healthcare delivery structure. This structure has failed to deliver effective and economic medical care to satisfy the complex, multi-ethnic, and socio-economic health care needs of the people.

D. There is an increasing disregard of the clinical aspects of medicine. A Near total dependence on laboratory and technology-based diagnosis and treatment approaches and pharma products or surgical interventions have made the cost of medical care prohibitive even for developed countries.

E. The way in which conventional medicine is practiced has resulted in it losing contact and touch with the patient especially where an institutional set up takes over medical care, whereas AYUSH systems are known to connect with the individuals and one's familial, societal, occupational, and other dimensions. The technology-based approach has led to institutionalization and privatization (industrialization) of medicine as a whole. *Even the AYUSH sector has followed the same path.*

F. Though average life span has improved, the character of disease has become more challenging with increasing morbidity and mortality due to its chronic, detrimental, and aggressive nature.

G. The present Medical Education has led to mostly imitative, borrowed, costly, and highly technological and institution-centric medical care. This is not aligned with Indian requirements to a great extent. *It has been influenced by and is susceptible to unscrupulous means and methods.*

H. The origin of divisive parallelism driven by professional dogmas and rivalry that formed the basis of medical pluralism in India has resulted in a divergence of skills and capabilities amongst the medical fraternity.

I. The limitations of the present AYUSH systems are observed to be due to educational, training, infrastructural issues and limited resources and methods of approval of the practitioners and products.

J. Most of the remedial measures undertaken during the last three decades, mainly in the form of changes in the curricula or training have not yet brought about desirable results.

The limitations in gains have more to do with the confines within which the whole structure of AYUSH has been built and the precincts of the people involved.

III. INTEGRATION

The catchphrase 'integration', with unprecedented significance, is used by all - the policy maker, the administrator, the academics, the researcher, and the

practitioner – *all driven by their own professional priorities and preferences.* Many questions about integration are required to be addressed for the right context and with regards to its objectives; particularly the methods adopted and the means followed.

The World Health Organization [WHO] for the past several decades has recommended 'Integration of Traditional Medicine (TM) with Modern Medicine (MM)' and suggested that while integrating TM in healthcare system, the process and steps taken will vary from country to country and region-to-region. This is important. *Healthcare delivery of a country cannot be independent of the needs of people, culture, history, economics, capabilities, and priorities. A country must learn from its experiences and outcomes. A country must define its own aspirations and goals. A country must adopt a strategy that is efficient to adapt and be gainful in its total outcome.*

Western Model - Integration as being promoted in the West over the last decade or so is more towards a practicing modality where anything or everything that is not conventional medicine (or biomedicine) is classified under CAM. It is important to note that the west which does not have any TM is now looking at CAM to enhance its capabilities to address medical challenges that are not fulfilled by the advances in biomedicine. In India, efforts by private corporate hospitals like Medanta and now even AIIMS, Delhi are built on this model which will help people avail the benefit of choice through integrated care.

China Model - China, that has both tradition and the history of oriental culture is often cited as a successful model of dual track integration. It has seen increasing interest and more gains in Acupuncture, Herbal Heritage and Moxibustion. Several issues as faced by TCM have surfaced in recent studies about the outcome of the China model of integrated healthcare. Even China is revisiting the trodden path of integration that it has followed for nearly seven decades! While considering the Chinese model one must recognize the long-sustained socio-political ecosystem that has made it viable. It is interesting to note that China in its plan for the next decade – also till 2030 – is aiming at better healthcare but *importantly giving priority to TCM* for both, its own people and for increased international interest.

Any approach and effort towards integration that must primarily be based only on conventional medicine (Biomedicine) with AYUSH as one or an alternative constituent has the potentiality of a tragic outcome contrary to stated policy objective. *There is a belief that conventional medicine - allopathy has all the capabilities to evolve and absorb all other systems.* The fact - that the conventional medicine has lost its direction has

been realized and is debated the world over - should not be overlooked. A similar approach to integration should not be persuaded by India as it is now challenged worldwide. ***The fact is that conventional medicine is based on a reductionist approach that is restraining in nature and does not have the premise to be inclusive.***

The “Natural Dimensions of AYUSH Systems” are desirable to be promoted. The environmental protection and societal dimensions that are inherent to AYUSH systems have the potential for lesser costs and better safety against adverse reactions cannot be ignored. There should be a reference to the overgrown pharmaceutical industry to avoid the fueling of inappropriate growth - more commercialization, privatization, and industrialization - without any actual gains to the people. The privatization is an essential constituent of the world-policies driven by economics; however, its modalities must be expansive and growth oriented with beneficial gains for the people.

Requisites for Integration - What is the true meaning of ‘Integration’? What are the ‘Tools of Integration’? Is integration needed for people’s benefit or to address professional rivalry? What is the right ‘Roadmap to Integration’?

The new approach will need methods and systems to lubricate points of friction and bridge positions of parallelism. It will need to achieve its objectives without compromises on one or the other aspect that might be vital for a particular system.

An integrated health and medical delivery system are desirable for India for the reasons of optimum utilization of human resources and facilities. The objective of an integrated medical education should be defined in the context of people, health and medical care needs, priorities, infrastructure, and reach. It should not result into *loss of information, knowledge, application, and utility of the AYUSH Systems*. An aspiring student for medical education must have options to choose based on one’s inclination, interest, and capacity.

IV. ISSUES & CHALLENGES FOR INTEGRATED MEDICAL EDUCATION

Following are the issues and challenges that are required to be attended.

1. Basic Paradigm Differences
2. Variety and Vastness of Subjects and Areas
3. Differential Skills and Training Requirements
4. Differential Course Content and Training Requirements
5. Variable Infrastructure Needs as Against Available Resources
6. Possibilities of Compromises on System Contents with Focus on Integrated Content only

7. Dangers of Permanent Loss of Basic Knowledge and Certain Capabilities

8. Different Quality Criteria in the Context of the Systems

9. Danger of the Whole Medical Delivery becoming Equipment and Institution Based thereby increasing the cost of care.

10. Varied Dimensions to Understand Health / Medical Needs and Solutions.

11. Should India with its wide and democratic outlook impose an ‘Integrated Medical Education System’ or should it ***concentrate on ‘Quality and Efficiency’ of Different Aspects of Healthcare including Education, Training and Service and Industry? And make it work.***

12. ***Is the challenge more in terms of science rather than systems and if science is a requisite for quality, is it not advisable that india use modern science and technologies to upgrade all systems rather than try to make one system succeed at the cost of multiple opportunities being viable and economic?***

V. SUGGESTIONS

a) India has a unique experience of having officially recognized ***medical pluralism of nearly five decades. This experience is unique in the world*** and makes India the only country of multicultural dimensions to offer broader options to the consumer or the patient. The outcomes of medical pluralism have been both, exemplary and restrained. India is the only country where the Indigenous Systems of Medicine have survived with much of their roots intact, if not all. ***The experiences and gains of Medical Pluralism should not be lost while planning for the new.***

b) New medical education system must be built on ***ground realities and adaptability of the present structure to the proposed structure.*** A phased approach to changes in an important sector like health is most desirable with possibilities for in-course modifications if needed. Careful and neutral surveys, studies, and analyses of the outcomes of all the systems and practices are necessary before redesigning ‘Medical Education of India’.

c) Similarly, there is need to study experiences and outcomes of AYUSH Education that has helped these systems not only to survive but to develop their own identities. Their utility, contributions, and potentials to address the healthcare issues are more evident.

d) There is a need to develop ‘Principles of Convergence’, on how to come together and achieve the goal. The AYUSH systems should be recognized beyond the concept of CAM rather than as an add-on feature while failing to recognize the depth of these knowledge systems that offer ‘complete functional biology including the

cosmosphere' as a promising aspect.

e) Preventive and promotive aspects are inherent to AYUSH Systems. Whereas it is desirable to compare integrative modalities as practiced or experimented in other parts of the world, it is necessary to recognize the inherent strengths of the AYUSH Systems for their contributions to treat diseases over the centuries. Many a times, AYUSH systems have been considered as secondary to the primary conventional medical system as a charitable gesture. This must be challenged. All comprehensive capabilities of the AYUSH systems must be recognized with deeper understanding.

f) It is interesting to observe that all the non-conventional medicines are grouped together under a single head without recognition of their variable tenets, principles, biological understanding of functionality, diagnostics, or treatment and therapeutic approaches. The chances of AYUSH system getting completely blunted and deprived of development are serious concerns. Biomedicine has recognized the significance of *individualized treatment* approaches. The proposed modality of integration cannot be contrary to this high potential principle for integration.

g) The proposal made after independence under Nehru was to make provision for just one paper on Ayurveda that was overruled by the policy makers at that time. What would have happened if that were accepted is left to the imagination. India is probably the only country in the world that has preserved the sanctity of its culture and medicine. *Any such idea of a semester or paper restricting AYUSH as a part of conventional medical education in the name of integration must be blunted in the budding stage only and must be strongly opposed as dogmatic and detrimental to the basic tenet of the NITI AAYOG Objective.* There is a need to learn from this experience and evolve modalities of integration that are best suited for India and its people rather than modified imitation of an existing model from the west.

h) It is **not impossible** to evolve and successfully develop a healthcare delivery system encompassing the benefits of both conventional medicine and those of the AYUSH Systems. An integrated healthcare system that retains the identity of each of its streams (systems) while converging into a mainstream care is possible. This will be beneficial to the consumer or the patient in every way.

i) The terms medicine and scientific (not science!) are used as synonyms. Whereas science is neutral of other dimensions medicine must necessarily remain societal and humane in nature. ***The novel integrated model from India shall use science to globalize AYUSH systems and their approaches rather than allowing any scientific modality or tool to blunt its growth. True Science Is***

Progressive and Inclusive in Nature.

j) India needs to learn from both, the China Model of Integration, and its own model of Medical Pluralism. Both are enriched with long-term experiences and yet different – parallel and integrated – models of healthcare. Probably what is needed is a parallel and yet converging healthcare delivery of multitude dimension.

VI. RECOMMENDATION

1) Consider a Parallel yet Converging Health and Medical Care System to satisfy social, cultural, and preferentially complex needs and yet have economically beneficial gains for united India.

2) Evolve an 'Integrated Model of Health and Medical Care Services' where the Health Care Infrastructure – both public and private – is encouraged to be integrated in nature and is practiced with commonly identified healthcare issues and solutions.

3) Design and Encourage 'Integration of Medical Education' at Post-Graduate and Post-Doctoral Levels necessarily amongst Different Medical Streams and also amongst other streams of Science, Humanities or even Arts. Let there be Systematic and Structurally interesting opportunities for the New age Scholars, Faculties, and Practitioners.

4) Systematic efforts be made to create greater awareness about the aspirations of the new approach for higher acceptance and educated choice for the consumer or the patient. Design modalities to create interest among all about the strengths of different medical knowledge streams, particularly at the levels of high school and undergraduate medical education.

5) Utilize Public (Governmental) Medical including AYUSH, Science and Technical Institutes, Bodies and Agencies and Provide Funds with Focus to Develop Integrative Modalities satisfying basic tenets of Knowledge Base and Scientific Inquiry for Research, Development and Growth.

6) Encourage innovation to attract private investments covering a wide range of requirements for economic and eco-friendly solutions to address health and medical issues.

7) Develop a 'Dynamic Eco-system of Health & Medical Care Delivery' which is mutually respectful and converging in nature.

8) Means and Methods be evolved and supported with existing and new schemes to achieve the Goal of 'One Nation, One System' where the identity and utility of diverse systems are protected and enhanced under one umbrella to offer economic solutions for healthcare needs and medical priorities.

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MODALITIES FOR INTEGRATION

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Theme 'INTEGRATION' is a basic law of life; when we resist it, disintegration is a natural result, both inside and outside of us, thus we come to the concept of harmony through integration. -Norman Cousins

Integration is About Connecting the Dots, Applying Knowledge from One Subject to

'Biomedicine of the 21st century has embraced integrative modalities for development. The need for science to integrate rather than contradict nature for a harmonising holism, is being realized. Ayurveda and Herbal products can play a greater role to remedy natural biological anomalies. Knowledge and science have mutual significance for being the source and the outcome'. 'If one wants to Innovate, then one cannot but integrate'. Every Reader, will Find a Takeaway' Dr. Narendra Bhatt, Contributing Editor, Consultant Ayurveda, Research & Industry, Former CEO, Zandu Pharma.

'To my mind, the world 'integrative' in the title of the book is of tremendous significance. I am so convinced of its significance. We should be open to new ideas and new thinking. The book has well-marked sections. Not only do the papers provide excellent analysis they also provide innovative strategies as the way forward'. 'The book is invaluable in terms of pointing the way forward'.

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ARTICLE

“Comprehending Viral Diseases with Sushruta’s Insight”

By Dr. Mrs. Madhuri P. Bhide

Covid 19 Pandemic has collapsed all the economic stability as well as wobbled the medical field. How the tiny and microscopic virus has done as much disaster and harassed the world? When the whole world is questioned and unanswered What our time tested and righteous Ayurved opines about it?

Sushrut the master Surgeon has quoted about the tiny organisms which may harm the mankind in his special chapter “Amanush Upasarga Pratishedh Adhyay” (Ref. Sushrut Samhita Uttartantra 60/3). ‘Amaush Upasarga’ means the diseases caused due to the organisms or other factors such as undue and erroneous force of planets. In such Agantuk disease (external factors) there is no acute role of any human being of consuming ‘Apathya Ahar-Vihar’. The commentrator of Sushruta ,Dalhan explains microorganisms as ‘Amanushani- Bhutani’.

These are termed as “Rakshasaha ,Nishacharaha, Makshikaha” which destruct the tissues and cause disaster in the body. Specially Sushrut has warned a doctor to avoid the contact of these infections from the wounds as wounds are open and organisms get easy entry in body.

निशाचरेभ्यो रक्ष्यस्तु नित्यमेव क्षतातुरः | Su U. 60/3

Sushrut has explained how they enter in body and person gets infected.

यथा देहं च देहधृक् ।

विशन्ति च न दृश्यन्ते ग्रहास्तद्वच्छरीरिणम् ॥१९॥

Su U 60/19

The way how suksma and invisible soul enters in body, these micro-organisms enter silently and we do not know when we get infected.

As we know virus are innumerate, Sushrut says they are crores and crores so there is no need to name them. Swine flu virus, corona virus, saars, british virus and so onmany many more to arrive worldwide even with their mutations.

तेषां ग्रहाणां परिचारका ये कोटीसहस्रायुतपद्मसङ्ख्याः ।

असृग्वासामांसभुजः सुभीमा निशाविहाराश्च तमाविशन्ति ॥२२॥

Su U 60/22

All these viruses are called as “Bhima” and “Atyarth Bhayankar” means the dreadful. The bhutas provoka tridoshas and act as poison and suddenly create diseases.

वैद्यातुरौ निहन्युस्ते ध्रुवं क्रुद्धा महौजसः ॥५५॥

Su U 60/ 54

These can create a dreadful situation and hence doctor should be competent and well equipped.

How to prevent their entry in the body and how to repel them ?

Now a days we use sanitizers and disinfectants ,Sushrut has advised some effective measures for it.

सर्षपारिष्टपत्राभ्यां सर्पिषा लवणेन च ।

द्विरह्नः कारयेद्भूपं दशरात्रमतन्द्रितः Su Su 19/28

Burn the Mustard seeds, Neem leaves, Saindhav salt and cow ghee and make Dhupan twice a day without any fail for 10 days. The dhupan is called as ‘Rakshoghna vidhi’ and repels the Small organisms. Due to fumigation the rakshas or bhuta become Hatoujas it means they become inactive or their liveliness becomes less. Thus, this bhutas not only merely get repelled but also become Inactive to increase doshas in the wounded patient.

All the world is facing disaster of severe viral infections but as we have come across to the fact that its response to everyone is different.

Many of the patients who had suffered from common cold and fever due to the seasonal changes but all had not faced respiratory arrest. A very few of them that is only ten percent have been faced morbid situation. It is the basic query that why” immunoresponce of each person is different?

1) According to Sushruta, the ‘Atmavan’ person who undergoes ideal diet, has equilibrium of doshas and whose dhatus are in healthy condition may suffer from common cold or fever due to the doshavridhhi but can repel the viral infection without any major fatal problem like respiratory distress.

सर्व एव व्रणाः क्षिप्रं संरोहन्त्यात्मवतां सुभिषग्भिश्चोपक्रान्ताः ;

अनात्मवतामज्ञैश्चोपक्रान्ताः प्रदुष्यन्ति, प्रवृद्धत्वाद्दोषाणाम् ॥

Sushrut has wisely advised that those people who are “Atmavan “will get the wounds fast cured without any suppuration or complications due to healthy tissues but those with “Pravridhha doshas” take a long time to heal though treated by a great physician and with potent medicines. Though he exemplifies about the wound this phenomenon is applicable to other diseases also.

Atidoshakar ahar leads to suppuration of the wound.

Sushruta refers to the Hitakar Ahar quoted by him.

हिताहितीये यच्चोक्तं नित्यमेव समाचरेत् ।

ARTICLE

ARTICLE

Atidoshakar Ahar-

Ekant Hitakar Ahar is -

नवधान्यमाषतिलकलायकुलत्थनिष्पावहरितकशाकाम्ललवणकटुक
गुडपिष्टविकृतिवल्लूरशुष्कशाकाजाविकानुपौदक-मांसवसाशीतोदककृश
रापायसदधिदुग्धतक्रप्रभृतीनि परिहरेत् ॥

1. Nivat shayan - sleeping in ventilated but in such place where direct contact of blowing wind is not present. This factor is of utmost importance as people sleep in Air condition or near the fan.

Su Su 19/16

2. Ushnodak Snan- Regular bath with lukewarm water.

2) Ajirna -

3. Nisha Swapna- Taking adequate sleep at night. This is of utmost importance as many of the doshas come forward due to late night vigil. Perhaps this is the current reason of the development of sudden complications in the diseases.

Indigestion is the major cause of the deterioration of the body tissues and complications in body systems. Ayurved emphasizes to rule out Aam or Ajirna always in the initial stage of disease. The diseases may get controlled or minimize if person gets rid of the indigestion in the initial stage.

4. Vyayam- This is the most important regimen of the day as if doshas accumulate in small amount get nullified due to exercise. Exercise makes our body active and our body tissues remain powerful and compact.

Ajirna -

Body and Mental condition -

अजीर्णात् पवनादीनां विभ्रमो बलवान् भवेत् ।

तत्र, वयःस्थानां दृढानां प्राणवतां सत्त्ववतां (आत्मवतां) च
सुचिकित्स्या व्रणाः; एकस्मिन् वा पुरुषे यत्रैतद्गुणचतुष्टयं १ तस्य
सुखसाधनीयतमाः ।

ततः शोफरुजास्रावदाहपाकानवाप्नुयात् ॥२२॥ Su su 19/21

Su Su 23/1

Sushruta clearly states that indigestion aggravates all the doshas and the wound may get worsened due to uninhibited swelling, pain, Serous secretions and irritated inflammation of body tissues.

The young patients, patients with compact, elastic and tough body tissues have good recovery graph. The people who have strong mental aptitude can bear all pains, face the situation strongly and seldom suffer from any complication.

Complications-

मूर्च्छा प्रलापो वमथुः प्रसेकः सदनं भ्रमः ।

On the contrary the patients with co- morbid conditions and having flaccid and flawed body tissues like Diabetic patients, Asthama patients and with diseases like severe skin disorders are considered in illumination of the fear of being morbid. Sushrut has wisely stated these patients as Asadhya. These patients have Shithil (flaccid) Dhatu and have dushta dosha embedded in them. Hence suddenly get transformed into complications.

उपद्रवा भवन्त्येते मरणं चाप्यजीर्णतः ॥५०४॥

These are the time tested and factual sayings of the master surgeon Sushruta about the treatment modalities and complications of viral diseases.

Thus, if person gets suffered from any viral disease also, he should avoid heavy food, follow light diet and get first the doshas minimized, thus his recovery becomes fast without any severe complications. This advice of Sushrut is Noteworthy as now a days it is observed that hospitals treating diseases like corona gave the patients heavy and Doshavridhikar diet like fried Vada of black gram which should be stopped according to Ayurvedic principles.

Sushrut here says that –

अपतर्पणमाद्य उपक्रमः; एष सर्वशोफानां सामान्यः प्रधानतमश्च ॥

In the recent pandemic of Covid 19 it is observed that world is searching for some herbal remedy on the viral disease. Researchers are searching consequence of the herbs like Guduchi, Shatavari, Kalmegha and many more through different research models but mere medicines without following Sushruta's valuable strategies will not work effectively. Also, a mere viral infection can make a terror campaign and can prove mortal if Sushrut's wisdom is not tagged.

Dalhan- सामान्यः सर्वशोफहितः। प्रधानतम आशुरोगहरत्वात्॥

Su Chi 1/11

Snigdha ,ushna, Alpa and drava (liquid) diet is recommended for patients. It means gruel of rice, mudga Yush is ideal for patients.

3) Vihar-

तथा ब्रह्मचर्यनिवातशयनोष्णोदकस्नाननिशास्वप्नव्यायामाश्चैकान्ततः

पथ्यतमाः ॥६॥

Su Su 20/6



*Dr. Madhuri Bhide

ERRATA

* In the January issue of Newsletter, we regret missing the photograph of Dr. Mrs. Madhuri P. Bhide, instead the photograph of Dr. Rama Jaysundar was placed inadvertently.

TEXT -

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FORM IV

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Dr. Vandana Kozarekar

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