

# IASTAM

INDIA

## NEWSLETTER

**Communiqué**

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**Connecting Systems; Bridging Disciplines**

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

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*“The Most Important Things in Life  
are The Connections you make  
with others.”* - Tom Ford



### PRE NOTE

## Regulatory reforms required to boost AYUSH products

**Dr. C. K. Katiyar**

**I**ndian Systems of Medicine like Ayurveda have legacy of thousands of years of uninterrupted practice for promotion of health and alleviation of diseases in human beings, despite invasions by Mughals and Britishers. Inherent strength of Ayurveda and unquestioned trust of Indians has helped its survival despite all the odds.

While Indian systems of medicine got small push by the Government of India post independence, major push started coming from 1994 with the formation of the Department of AYUSH in the Ministry of Health and Family Welfare but solid resolve of the Central Government was evident in 2014 when independent Ministry of AYUSH was formed to provide big push to the system.

AYUSH has shown its strength during CoviD-19 Pandemic by helping boosting immunity of people and protecting them from infection of SARS CO-2 virus, specially during the first wave. It has also led to the unforeseen push to market of AYUSH products and highly seasonal products like Chyawanprash could see multiple fold growth even in summer season besides, introduction of popular products like AYUSH Kadha

and other products.

Admittedly this splurge in interest of AYUSH products might recede once the impact of pandemic settles down but the aroused expectation from AYUSH is going to be there for decades to come.

It's time to review the regulations in order to provide bigger push to AYUSH system and their products.

The objective of this note is to draw attention of The Ministry of AYUSH to the required changes in regulations which may lead to accelerated growth of the sector help realizing its real potential which is as big as IT sector.

**Given below are such areas of regulations-**

1. Regulations related to IPR protection
2. Regulations related to Product Manufacturing Licences-
  - a. Central Government licensing of Proprietary AYUSH products to ensure uniform manufacturing license process and quality standardization throughout India
  - b. Manufacturing license related proposal
3. National Biodiversity Authority and Access Benefit

## Sharing

4. Minamata Convention as huge risk to survival of Rasa Shastra (Ancient Science of Mercury) in Ayurveda.

All the above points are narrated below:

### 1. Regulations related to IPR protection-

#### Need to introduce Data Protection as alternative to Patents to boost investment in R&D in sector

India is one of the 12 mega biodiversity centres of the world as far as plants are concerned. Herbs have been used for thousands of years in our traditional systems of medicine particularly Ayurveda prevalent since the dawn of the civilization.

Quite a number of Indian herbs have been used for a number of chronic ailments and life style disorders like arthritis, diabetes, memory and learning disorder, stress and related ailments, digestion related problems etc.

One of the bottlenecks which come in the way of wider acceptance of herbal products is the issue of quality, safety and efficacy of the herbal products. Research based companies which are interested to invest in research on Ayurvedic/herbal medicines or extracts need incentives like IPR or its equivalent.

Post Turmeric biopiracy case, India has sought, to exercise stricter control over patent protection being granted to traditional knowledge, including traditional medicines like Ayurveda and rightly so. This has been done by

- (a) continuing to hold that inventions related to new use for a known substance not patentable under section 3(d) or Indian Patents Act,
- (b) continuing to hold that inventions related to traditional knowledge not patentable under Section 3(p) of the Indian Patents Act, and
- (c) providing National Biodiversity Authority control over patenting any invention based on any research or information on a biological resource obtained from India, under Section 6 of the National Biodiversity Act of 2002. This has been done to prevent bio-piracy.

However, developing research-based Ayurvedic / herbal products is one area where Indian companies have a significant advantage in terms of knowledge and experience. Moreover, this is one area which is not exclusive preserve of large companies. Small and medium companies, and more importantly, individual scientists, have as good an opportunity to come out with quality products in the area of Phyto products as any

large company. In order for them to invest in R&D and develop quality products of international standards, some form of equitable protection from data-poaching will need to be provided.

In view of the above, Dept of AYUSH recommended in favour of Data Protection while giving their inputs to the Inter-ministerial committee headed by Ms Satwant Redy, then Secretary (C&PC). It is pertinent to note that the Mashelkar Committee Report'99 had also recommended that Herbal products should be encouraged so that value addition takes place in this sector through research, which will be able to meet and respond to rapid changes in the science of Herbal products.

Such action will also help to spur exports. The global market for herbals is estimated to be approx. \$70 Bn. Europe and other parts of the world will give permission for marketing herbal on the basis of data submitted by Indian manufactures of Herbal Products confirming quality, safety and efficacy as per the international requirements.

The Satwan Reddy Committee in its report submitted on 31.05.2007 has recommended DP for Agrochemicals, traditional medicines. DP has been recommended for a period of 5 years from the date of registration in India. During the 5 years, each applicant would be required to submit complete data to the Drug Regulator. The Regulator shall rely on the data of the first applicant only for the purpose of comparison with the data submitted by the subsequent applicants.

The Drug Technical Advisory Board of Ministry of AYUSH has already ratified the decision and an expert committee under Chairmanship of Prof S S Handa has provided the details of the implementation of DP through introduction of system of product registration.

Since, it has already been approved by Drugs Technical Advisory Board of Ministry of AYUSH, its only one step away from implementation by issuing a Gazette Notification by the Ministry of AYUSH. This step of Government of India would boost the investment in R&D in sector of Ayurveda and would provide an alternative to patent by way of protection of data for five years.

#### Actions required :

A. To boost investments in R&D in the sector of AYUSH medicines by providing provisions of Data Protection (DP) as alternative to Patents, Ministry of AYUSH may issue a Gazette Notification to introduce DP providing provisions of protection of data for five years for the

products researched for the purpose. Since, Drug Technical Advisory Board of Ministry of AYUSH have already approved, it only needs to be published as Gazette Notification.

B. Decontrol access to data on TKDL (Traditional Knowledge Digital Library) - Currently access to TKL is provided only to global Patent offices. Government of India have invested huge resources in creation of this data base. It should therefore, be accessible to all the stake holders like academic institutions, research institution as well as industry.

## 2. Regulations related to Product Manufacturing Licences-Actions required

### a. Central licensing of Proprietary AYUSH products – to ensure uniform licensing, quality and trace and track

Health being State subject there is no uniformity among the states while granting license to AYUSH products and also there is no system of “trace and track” of such product.

Following recommendations of Dr Mashelkar Committee, CDSCO has already set up of vertical for AYUSH under its domain. This vertical needs to be strengthened and initiate the mechanism of Central licensing to all new proprietary AYUSH products.

Every new proprietary product of AYUSH should be given unique identification (AIN) which will help in “tracing and tracking” the products. It would also help in maintaining uniform implementation of quality standard of the products. All the application of new products may be screened and NOC may be given by CDSCO, on the basis of which concerned State Licensing Authorities may provide manufacturing license to the new proprietary products of AYUSH.

The detailed process for the same was prepared by a Committee formed under the Chairmanship of Prof S S Handa and submitted to the Ministry of AYUSH long ago.

### b. Manufacturing License related actions

#### i. Manufacturing license for 3rd Party

Most of the AYUSH industries fall under MSME using the practice of manufacturing products at 3rd Party is fairly common. However, The Drugs and Cosmetics Rules provide provision for Loan License only and there is no provision for 3rd Party manufacturing license.

**Action point:** Ministry of AYUSH to introduce the 3rd Party Licensing also by amending the rules.

#### ii. License for manufacturing the intermediates:

Manufacturing Ayurvedic products is a fairly complex process and involves multiple steps and multiple ingredients. For example during manufacture of Chyawanprash Amla Pishti is procured from a 3rd Party as intermediate and this is a fairly common practice among Ayurvedic industries. However, a manufacturer of Amla Pishti needs to take manufacturing license of this intermediates as the finished products which is actually not a finished product.

**Action point:** Ministry of AYUSH to introduce manufacturing license for intermediates also with appropriate quality standards.

#### iii. License of Test Drug for clinical trials:

Currently if any AYUSH company wishes to conduct a clinical trial there is no provision to have a manufacturing license as a Test Drug for clinical trials. Hence the companies apply for Drug license as finished product and then subjects the product to clinical trial. This process beats the purpose of Rule 158B wherein for certain categories clinical trial should be conducted before applying for manufacturing license.

**Action point:** Ministry of AYUSH to provide provision of Test Drug License for clinical trials.

## 3. National Bio-diversity Authority and Access Benefit Sharing

Biological Diversity Act was enacted with the prime objective of protection of biological resources and in turn traditional knowledge associated with them, there have been several instances where it had to face issue of legal interpretation.

Confusion on applicability of BDA on domestic AYUSH Industry- several cases pending in High Courts

Normally Traded as Commodities (NTaC) – The new list of NTaCs was modified by MoEF&CC on 7th April, 2016. The list has 385 plants under 22 categories. NBA has explained that NTaCs that are used by individuals under section 3 of the Act and for alternate/commercial uses need to get prior approval from NBA, as the exemption is only for purpose of commodity trade. This has to be clarified.

Value Added Products – NBA and SBBs through their decisions indicated that VAP obtained from biological resource is a biological resource under the act. Hence VAP needs prior approval for Section 3 companies. Prior approval for any entity to export extracts and oils.

Clarity required as this is against the spirit of primary Act.

Definition of Benefit claimers – If a company is innovating and using bio resources, then who are the actual benefit claimers remains unanswered.

Draft of revised BDA is also available but there are diuergent opinion on its sections, intentions and interepretations.

**Action point:** Ministrfy of AYUSH to ensure that AYUSH Industry is excluded from the provisions of NBA or Act and Rules to be revised thoroughly to become enablers rather than disablers.

#### 4. Minamata Convention

ASU Industry and stakeholders understand that Minamata Convention has taken various measures to protect environment and human health from anthropogenic emissions and releases of MERCURY and MERCURY compounds into the environment. ASU styakeholders highly appreciate the conscious decision of India to be signatory to the Convention and thus contributing to the noble task to save the environment and health of community at large. In view of this, the country has decided to phase out or restrict the manufacturing and processes involving various forms of MERCURY.

However, after detailed deliberations by the Parties, certain products and processes involving use of MERCURY for “traditional and religious practices” were exempted and mentioned under Annex-A (related to para 1 of Article 4) of the Minamata Convention as - “Products used in traditional or religious practices”.

Since Minamata Convention was supposed to be implemented from 2020 status of Mercury import has been shifted from “Free” to “Restricted” with the condition of PIC (Prior Informed Comsent).

Simultaneously Ministry of AYUSH have also circulated a UNEP document providing broad guidelines for storage, processing and disposal of Mercury.

Earlier Central Pollution Control Boards had also published similar document in 2012.

ASU industry is a very responsible industry and has always been in fore-front in any demanding situation and is willing to adopt statutory requirements for safe storage, use and disposal of MERCURY and its compounds for which we would need guidance and training from experts in the field. AYUSH Industry would welcome

an opportunity to roll out much needed upgrade, transformation and guidance for compliance of the same.

#### Actions Required:

- i. Change in status of import of MERCURY from ‘RESTRICTED’ to ‘FREE’ for use by licensed ASU industry.

#### Responsibility-MoEFCC and DGFT

- ii. Guidance, training and handholding regarding necessary upgradation and implementation to achieve compliance in documentation and handling of Mercury in all stages of procurement, storage, manufacturing and data logging as per Mercury management guidelines as maybe stipulated by MoEF&CC or Pollution control norms.

#### Responsibility- MoEFCC, NEERI and CPCB

- iii. Financial help in terms of soft loan for upgradation of the facility, in the case it is determined that substantial CAPEX is specified.

#### Responsibility-Ministry of AYUSH

- iv. A time bound plan to be ascertained for roll out of such MERCURY Guidelines for ASU Industry but not exceeding 10 years from roll out date.

#### Responsibility- MoEFFCC

- v. Amend PIC (Prior Informed Consent) requirements to make them easier to be complied by AYUSH Industry

#### Responsibility- MoEFFCC and DGFT

- vi. Other ways and means Ministry of AYUSH may consider and implement to ease the regulatory and inflationary pressure on Mercury traded for ASU industry.

The above reforms may help the growth of the AYUSH Industry with leaps and bounds meeting the expectations of all stakeholders.

In this issue of the Newsletter, we are announcing the IASTAM awardees. I Sincerely thank the esteemed members of the selection committee.

My heartiest congratulations to the great lumanaries selected for the awards and I am looking forward to welcom you shortly.

**Dr. CK Katiyar**  
President - IASTAM



## GLOBALIZATION OF AYURVEDA-IN EUROPE'S PERSPECTIVE WITH PARTICULAR REFERENCE TO GERMANY PRESENT SCENARIO AND THE CHALLENGES

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**A**yurveda is attracting the attention of whole world in different ways. Demand of Ayurveda is increasing globally. However, not absolutely as Ayurveda itself but as an alternative system of medicine. People are dissatisfied with conventional medicine. There is strong aversion for the 'A pill for every ill' approach, mechanized approach of conventional medicine. Unreliability about research and doubts regarding safety also contribute in this. Ayurveda has been entered in every part of the world but I will highlight mainly on German speaking part of the Europe because I have my experience with this part of the world only. In Europe, Germany is the pivot country for education and practice of Ayurveda.

I am visiting these countries since 1992. In 1992, when I visited Germany first time, Ayurveda was not known so commonly. Whatever was known was as Maharshi Ayurveda. But in last 30 years the scenario has changed significantly and surprisingly. Now people are much aware about it. In these years, I came in contact with more than 20000 persons in German speaking countries (Germany, Austria and Switzerland). In early 90s the usual notions about Ayurveda in German speaking countries were as an esoteric (mystic) system, a form of wellness system, or an Indian herbal system, but now it is gaining reputation as a well developed medical system.

The fascination about Ayurveda in the beginning resulted into mushrooming of incompetent centers and flooding of books with fancy attractive titles those are basically written by authors with minimal Ayurvedic education. Now though very scarce but serious centers are established and also some serious publications available.

According to CAMbrella (a pan-European research network for complementary and alternative medicine) in Europe there is high demand for CAM (complimentary and alternative medicine), across most European countries. This is driven by an increasing number of individuals who are actively looking for relief for disorders they feel cannot be treated with conventional therapy. Around 50% of people use CAM. However, in Germany this is >70 % The EC Commission estimates that consumers

spend on CAM by now is over €100 million p.a. There are >150,000 registered medical doctors with additional CAM certification and >180,000 registered and certified "non-medical" CAM practitioners (qualified as health practitioners). These statistics are for complimentary and alternative medicines which include Ayurveda also. Ayurveda is gaining its place more and more now. We have to remember this also that popularity of Ayurveda is not because of its own but being the system other than conventional system.

If we analyze the overall picture of Ayurveda in German speaking countries, we can discuss them under the following headings:

- Interests and demands of the people
- Misconceptions
- Legal situation and type of practices
- Organizations and associations
- Ayurveda education-
  - Various offerings
  - Publications
  - Lacunae in the training programs
  - Problems before the organizations
  - Problems before the teachers
  - Problems before the participants
- Research

### **Interests and demands of the European people**

1. A common healthy man: maintaining health
2. A common healthy man with some health problems: finding explanations and solutions for his minor health problems generally psychological
3. A common diseased man: relief from his disease, where no solution for his problem in Western school medicine is found
4. A common diseased man : avoidance of side effects of conventional medicine by safe measures
5. Practitioners of alternative medicine (in German: "Heilpraktiker"): integration of Ayurveda in their present clinical setup
6. Practitioners of alternative medicine (in German:

“Heilpraktiker”): exclusive practice of Ayurveda

7. Doctors of conventional medicine
  - (1): integration of Ayurveda in their present clinical setup
  - (2): exclusive practice of Ayurveda
9. Nutrition consultants: integration of Ayurveda in their practice
10. Massage therapists: practice of Ayurvedic snehana therapies under the name of Ayurvedic massage .
11. Investors: material gain by exploiting the growing popularity of the system in a 5 star setup.

### Misconception about Ayurveda

Though sincere attempts of some good organization have tried to establish Ayurveda as a medical system, still several wrong impressions about it are prevalent. Because of some personal vested interests some people presenting it giving it an esoteric (mystic) appearance big mass still believe that it is a wellness system. Unfortunately, our tourism promotion policies also contributed to developing this notion. When people see the advertisements mentioning ‘ Ayurveda massage on Goa beach’, they will certainly have this impression. Some commercial interests have produced and nourished the believes about it being a panacea able to treat any disease including cancers.

A big group of people believe that this is a system, which solely incorporates natural healing methods as plants and therefore is considered as a herbal medicine. Common men believe that Ayurveda is a traditional system not taught institutionally and can be learned in few week-end seminars and after that one can have a magic stick in hand to diagnose and treat. People believe that in Ayurveda pulse examination is a tool to diagnose without any other information. For several people Pancakarma is simply massage etc. Conventional medical fraternity believe that it is not an evidence based but a faith based system.

**Legal situation and type of practice.** Ayurveda is not a recognized medical system in Germany. There are only a few semi clinical kind of institutes offering Ayurvedic treatments. Rosenberg European academy for Ayurved Birstein is well known and popular institute for this purpose. Immanuel Klinik , Charite medical university, Berlin has a unit of CAM which offers Ayurvedic treatment. Habichtswald klinik, Kassel, Ayurveda Parkschlösschen, Traben trarbach Ayurveda gesundheitszentrum, Bad Ems, Traditionelle indische medizin an den Kliniken Essen-mitte, and Evangelisches Krankenhaus Hattingen Komplementärmedizin are worth mentioning names. There are some hotels, offering Ayurveda treatments mostly wellness oriented.

Individual practitioners such as medical doctors and Heil praktikers are either integrating Ayurveda in their clinical setups or completely shifted to Ayurveda. There are also therapists and nutrition consultants, practicing Ayurvedic therapies and offering nutritional consultation. Whatever Ayurvedic products are available they are used as health supplements. About 30 Ayurveda plants are grown naturally. Unavailability of treatment material, lack of legal support, adverse propaganda against Ayurveda are the problems faced by the practitioners.

### Organizations and associations-

There are some serious institutes engaged in propagation and establishment of Ayurveda through education programs as well as health services. Rosenberg European academy of Ayurveda, Birstein is a prime institute which is based in Germany but has its branches in all these three German speaking countries and has trained >700 medical practitioners as well as >5000 paramedical professionals .

Various associations of practitioners are playing important role in establishing Ayurveda. VEAT- European Association of Ayurveda practitioners and therapists with >350 Members, EURAMA- Association of medical doctors practicing Ayurveda. DAeGAM- Association of German Ayurveda doctors are main.

### Ayurveda education-

Various kind of offerings:

1. Individuals offering lectures and demonstrations to interested audiences (mainly Ayurvedic practitioners)
2. Hospitals (mostly exclusive in order to train their own staff or to provide information to their patients)
3. Commercial organizations (propagating their own convictions about Ayurveda and creating a clientele to market their products)
4. Private institutes specialized in Ayurveda training (only few available with full-fledged programs) Publications

### What is being offered

1. Intensive trainings for medical practitioners (including medical doctors)
2. Introductory seminars
3. Massage and other therapy trainings
4. Nutrition and cooking trainings
5. Intensive trainings for lay persons
6. Introductory talks or demonstrations

### Lacunae in the training programs

1. Lack of uniformity in curricula

2. Lack of practical training
3. Undue compromises deviating from the classical form of Ayurveda
4. Insufficient time
5. Too costly so that sometimes the most interested persons stay away from Ayurveda
6. Unavailability of capable teachers

#### Problems before the organizations

1. Lack of governmental encouragements
2. Non-supportive laws (Ayurveda is not a recognized medical system in German speaking countries)
3. Difficulties in finding appropriate teachers
4. High expenses
5. Lack of good interpreters
6. Lack of authentic literature

#### Problems before the teachers of Indian origin

1. Language problems (Indian English is not well understood, interpreters often are not trained in Ayurveda)
2. Different atmosphere in classrooms (behavior of students)
3. High expectations from participants (condensed knowledge fast to apply, practical demonstrations, application of different media, prepared scripts)
4. Unawareness about socio-cultural backgrounds (of students, of patients, of medical landscape including availability of drugs, legal situation)
5. Differences in educational backgrounds among the students

#### Problems before local teachers

1. Unavailability of standard literature in their language.
2. Unavailability of senior teachers for time-to time guidance.

#### Problems before the participants

1. Differences in cultural and educational background between teacher and students (see teachers esp. number 3.)
2. Misconceptions created by faulty literatures and teachings from inefficient teachers
3. Difficulties in application of Ayurvedic teachings arising due to geographical and climatic differences
4. Uncertainty about application of Ayurvedic teachings due to other reasons (legal situation, availability of drugs)
5. Insufficient time (usually Ayurveda is studied side by side with regular duties on weekends or in free time)

6. High costs of training program

#### Research:

Involvement of medical persons and institutes resulted into some research activities at a personal and institutional level. Ayurveda also become a part of conferences on complementary and alternative medicine. Biggest breakthrough is a research project on Sandhigata vata a Cherite medical university, Berlin financed by AYUSH. M.Sc. Students also doing some minor research works.

#### Our role as the country of origin of Ayurveda-

Globalisation is certainly an attractive word. We all love to see Ayurveda as a global system of health care. However, we have to analyse our role honestly.

When Merits and Demerits of Globalization are discussed the usual arguments in favour of merits are related to economy, national pride and employment. Often international herbal market is a matter of talk. Usually China's export is compared. It is a case of overexploitation of medicinal plants. In a recent survey, it has been revealed that almost 93 percent of medicinal plants in India are endangered and have been assigned Red List status(IUCN) ranging from critically endangered, endangered, vulnerable to near-threatened. It is not that efforts are not being made to preserve the species. However, not enough even to meet the national demand. When a demand for Ayurveda practitioners will rise, are we ready to supply? We produce more than 10000 graduates every year. How many of them are able to practice Ayurveda? We have to decide one most important thing. Are we interested to propagate Ayurveda as Ayurveda or as herbal medicine? There is big difference between both. In Europe, medical practitioners like to see Ayurveda as science not only as philosophy. And again science for them does not mean an imitation of modern science. They like to have diagnosis and treatment on these principles. They want to know the drug actions on the basis of principles of dravyagunavijnana and the principles of dosa, dusya and srotas. Biochemical composition of food is not important for them. They want to see the implementation of principles of Ayurvedic dietetics. They want logical explanation of everything according to Ayurvedic principles not on scientific principles. Most important is to change our education system which at present aimed to produce degree holders authorized to practice any medicine whichever is comfortable to them. We have to redefine aims and objectives properly to produce experts of this divine wisdom holistically.

#### Following are the suggestions-

Uniform country wise curricula may be designed keeping the needs, traditions and beliefs of countries in view after discussions with stake holders of that country.

Common curriculum for every region is not practical and fruitful. Inclusion of brief information about Indian cultural and philosophical background will be beneficial. Controversial, impractical and unexplainable topics which are of mere literary and academic interest must be excluded. Different curricula may be designed according to different needs. Intense practical trainings and internship in competent Indian hospitals will be useful.

Publication of well explained translations on Ayurvedic texts is vital. This may be done by teams consisting of multiple specialists' after sincere discussions on every aspect of the scripture without leaving a minute description untouched. Not mere translation but proper explanations of technical words in form of a new commentary suitable to modern life and thinking is necessary.

Publication of authentic books on specific subjects in language of the region is also necessary. Teams of translators and authors may include the experts of the region to make it useful region wise. Refresher and reorientation programs may be organized periodically. Practically competent teachers on the subject possessing

capacity to explain and answer the questions of European students are necessary. Training programs for language, customs, legal situations, availability of treatment material and food items may be organized for them. To reach the need of growing demand of treatment material, policies and program are to be prepared to protect and cultivate animal as well as plant species. Studies on European species to use them according to ayurvedic principles are to be conducted. These species may be substituted for ayurvedic species. Continuous efforts are to be made to convince governments of these countries to recognize Ayurveda and to get financial and legal supports on the basis of its economical and safety parameters. Universities, associations, and policy makers of India as well as European countries may initiate the process.

Today Ayurveda is standing on a point of threshold, where if lead by the right hands it will firmly establish itself as a global scientific health care system, but falling in wrong hands it might totally vanish as another short lived medical fashion. We, as Ayurvedists from the country of its origin have to be very careful, analytical and realistic.

## ARTICLE

## COVID 19 AND MEDICAL EDUCATION - CHALLENGES & SOLUTIONS

**Dr. Manasi Deshpande**

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**A**s of the beginning of 2022, the COVID-19 pandemic continues to unfold. The 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 society, as we know it. One such critical area where the need for change has become evident is education. 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? In addition, this situation has given rise to push digitalization in the medical education sector. The effects of corona virus and thereby its preventive measures have upended the living of students, parents and teachers.

### Present scenario

At present, the medical profession has witnessed

tremendous changes in curriculum with new additions of many relevant topics. However, this pandemic situation has brought the classroom teaching change into online teaching mode. Most immediate changes introduced have been cancelling of in-person training, with most replaced by recorded lectures or videos using different virtual platforms. In India, we have been following the traditional teacher-centric pattern, which does not set up advanced technologies in medical professionals as much as developed countries. However, some institutions may find it easier to adjust to the revamped system, while some will find it hard with limited resources.

### Difference between online and traditional teaching

Basic difference between online teaching and a traditional classroom is that the teachers and the students can interact. Students can learn a lot from teachers' expressions, smiles, or gestures. The teachers also can alter their strategies according to the reaction of the students. For the virtual classrooms, 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 complement. Combination of the two methods will be better suited to our education.

### Technology

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.

### Student Engagement

Many students faced the problem of staying focused while in an online classroom, due to the distractions around them whether from family or surroundings.

### Faculty

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.

### Examination pattern

There is a need for 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 familiarize 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.

### Solutions

- Medical education should be re-designed. It should be flexible, innovative, collaborative and less risk averse and international standard but also more locally connected and socially responsible. Innovative models should be introduced.
- 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.
- Faculty need 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.
- Universities/institutes could be online- providing internet-based flexible short-term courses, traditional learning with hand-on work; collaboration with other institutes/ universities.

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 how we will prepare our future generations to thrive in this changing situation.

## 'Change is the only Constant'

Medical education needs to adapt itself to the rapid changes taking place.

We need to move away from the teacher-centred, content-oriented mode of education to the student-centred and outcome-oriented education system with traditional teaching blended with advanced technology.

## IASTAM India - Orations and Awards 2021-22 Announcement

IASTAM India is happy to announce the IASTAM Orations and Awards 2022

During the Awards selection process, nominations were invited and a selection committee was formed. Total 24 nominations were received including few repetitions for 12 IASTAM Awards. The procedure for selection was done critically by the selection committee for the Awardees selection as per the procedure laid down. The final awardees list has now been concluded where the esteemed members of the selection committee have provided their choices for the awardees. So the final list of 12th Series of 12 IASTAM Awardees selected for the year 2022 is as follows:

| <b>IASTAM India - Orations and Awards<br/>Nomination- 2021-22-(Selection committee- First Choice-<br/>List)</b> |  |                               |
|---|--|-------------------------------|
| <b>Sr.No.</b>   | <b>IASTAM Orations/ Awards</b>   | <b>Selected Awardees</b>      |
| 1   | IASTAM Pandit Shiv Sharma Oration for contribution to Promotion of Ayurveda  | Dr. Shailaja Chandra          |
| 2   | Dr. K. N. Udapa IASTAM Award for Contributions to Research in Ayurveda / Indigenous Systems of Medicine  | Prof.Subir K.Maulik           |
| 3   | Dr. C. Dwarakanath IASTAM Award for Contemporary Interpretation or Application of Ayurvedic Principles   | Dr. Geethakrishnan            |
| 4   | Dr. K.M.Parikh IASTAM Award for Contribution to Drug Development of Ayurvedic/ Herbal Pharmaceutics  | Dr. Atmaram Pawar             |
| 5   | Vinaben Patel IASTAM Award Excellence in Teaching - Ayurveda   | Prof. Dr. Abhimanyu Kumar     |
| 6   | Shri Mathuradas Parikh IASTAM Award for Excellence in Profession- Ayurveda   | Vaidya Rakesh Amarnath Sharma |
| 7   | Yoga Forum Munchen Patanjali IASTAM Award for Excellence in Interdisciplinary Development of Yoga  | Dr.Raghavendra Rao M.         |
| 8   | Shri Gopaldas Parikh IASTAM Award for Contribution to Drug Development in the field of phytochemistry, Medicinal Chemistry, Pharmaceutical Chemistry or Biochemistry           | Dr. Rabinarayan Acharaya      |
| 9   | Vaidya Chandraprakash IASTAM Award for Contribution In Rasashastra   | Dr. M.Gopi Krishna            |
| 10  | Shri Jugatram Vaidya IASTAM Award for Excellence in Shalya Tantra  | Dr.Sunil Kumar Joshi          |
| 11  | IASTAM – Zandu International Oration Award, for 'Excellence in Research Contribution to Ayurvedic and / or Natural Products'. [International Expert]                           | Dr.Liaquat Ali                |
| 12  | Zandu International Oration Award for Excellence in Research Contribution to Ayurvedic and / or Natural Products to recognize contributions to the field by an Indian citizen. | Dr. Madhu Dikshit             |

We sincerely thank all IASTAM members for their cooperation and support for sending the nominations.

IASTAM is grateful to the Award selection committee for completing this tedious job within the stipulated time.

Our esteemed selection committee is as follows :

Members of the IASTAM India Oration Awards Selection Committee

1. Dr C K Katiyar, President IASTAM
2. Dr N S Bhatt, Former President IASTAM
3. Prof R K Goyal, Delhi
4. Prof Pulok Mukherjee, Imphal
5. Dr (Mrs) Neeraj Tandon, Delhi
6. Prof Kishor Patwardhan, Varanasi
7. Vd Balendu Prakash, Dehradun
8. Prof Sanjeev Rastogi, Lucknow
9. Prof Manasi Deshpande, Pune
10. Prof Dr S N Gupta, Nadiad
11. Dr GS Lavekar, Delhi

Dr. Kavita Indapurkar  
- Secretary General IASTAM INDIA

## OBITUARY



**Prof. Dr. Premvati Tiwari** madam left us for her eternal journey on 04.02.2021. She can be considered as the mother figure for Ayurvedic Prasuti tantra and Stri roga. She was a profound well-wisher of IASTAM. She was conferred Sundarlal Joshi Smriti Puraskara for life time contribution in the field of Ayurveda by Mahagujarat medical society, Nadiad in year 2017. We pray Moksha for the departed soul.

**Prof. Dr. S.N. Gupta,**  
*Distinguished Professor Post Graduate Department of Kayachikitsa,  
J.S. Ayurveda College, Nadiad*



## IASTAM ORATION AND AWARDS SELECTION PROCESS AND IASTAM CONCLAVE 2022

Since 1990 IASTAM has instituted and nurtured the unique tradition of  
'IASTAM Orations and Awards'

91 Interdisciplinary Awards under this 'Aspiring tradition'  
aims to encourage learning, growing and aspiring  
for excellence in the areas of AYUSH,  
Related Sciences and Integration.

*The selection process of IASTAM Oration and Awards has been concluded.  
The Award function will be organized once the pandemic situation gets over  
The theme of the upcoming conclave will be  
"Targated Therapeutics in Ayurved".  
We invite your suggestions under this theme.*

Views and opinions expressed in different articles are entirely of the writers and authors

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To,