



# Newsletter of ASA India



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## Acupuncture Science Association (ASA)

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### NCIM - Howrah Issue

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# Editorial

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Our illustrious nation had been the place of great mysticism. Many venerable sages had worked incessantly for the propagation of knowledge and the evolution of souls. Such stalwarts had disseminated great treasures of preventive Herbal as well as Drugless treatments. The Ayurvedic Five element principles are akin to the theories of Acupuncture and Moxibustion.

Though the modern world claims Acupuncture to be a Chinese way of Treatment, studies of ancient Indian manuscripts and history can establish the trace of Acupuncture to India. Healing art forms like '*Varma Chikitsa*' that speak of subtle "*Nadis*" (Pulses), "*Naalas*" (Meridians) and "*Chakras*" (Major Energy Hubs) and Martial Arts like *Kalaripayattu* had a long establishment.

Preachers from India travelled across Mt. Kailash to Tibetan regions and around. There was a monk from the south of India who travelled to China and enhanced the value of TCM practices and remained a beacon of hope for their people during times of health crises.

In India, Acupuncture is slowly getting acceptance across all the regions. The Government of India is treating this Art as a 'Mode of Therapy' with caution. The Government must understand that Acupuncture is one of the essential aspects which should be open to all the seekers without any stigma – neither should it be observed as a Taboo nor as a subject under so called 'qualified' groups who have not fully explored the potential of the comprehensive effect of the system. A platform for Policy Making should comprise of non-biased Acupuncturists, who can 'respect the constitution' but debate on the Government's Policies regarding this treatment with a full-fledged knowledge, practice and validations.

Acupuncture should be open to all those who seek it without interference from any other medical council. As there can't be a Medical Homeopathy, Medical Ayurveda or Medical Unani, Acupuncture should also be allowed an Independent Status, like in the developed Nations around. It is a fact that certain diseases are caused by something unspeakable by science or scientific medicine - where Metaphysicians and Philosophers were needed to treat possessions over years as they had some sort of innate wisdom of Physiology that was never taught in the Medical Universities.

We need to unite under one roof for absorbing the true classical essence of this Traditional yet Super Scientific system of T&CM known as Acupuncture and Moxibustion and lobby for its singular recognition.

**Dr. C. K. Raju (Editor)**  
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## Vedic Science of Pranayam & Integrated Medicine

**Prof. (Dr.) Ram Gopal**

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Vedic text has narrated full life of hundred years for human beings. We all wish to live fully happy, healthy disease and tension free life. But present day life style diseases have posed a number of challenges in health sector. Not knowing the right path and how to walk on it we run like a mad man after one path to other and acquire more tension, unrest, diseases and thus defile the environment by distributing it around us.

Pranayam is becoming popular these days all over the world. Although it is recommended by Maharshi Patanjali since Vedic period as one the practices of Ashtang Yog. With the judicious practice of Pranayam, all diseases are annihilated, but wrong practice of Pranayam will give rise to many types of diseases. Patanjali says Pranayam is the great Tapa (penance). Let us understand, what is Vedic science of Pranayam, its secrets, aim, different types, principles and effect on human system. The main aim of Pranayam is neither to have more oxygen nor the elimination of carbon dioxide. Let us pay attention to the following type of breathing and compare them with each other to understand the difference – normal breathing, deep inhalation, deep exhalation and breathing in laughing, coughing, blowing the nose, sneezing, weight lifting, singing etc. In all such acts we are holding the breath inside or outside the body or stretching the breath.

Are we not inhaling or exhaling right from birth till death? Should we call these as pranayam?

No, Patanjali has given very simple definition of Pranayam saying; “It is to cut off the flow of breath”-

“तस्मिनसति श्वासप्रश्वासोर्योगतिविच्छेदः प्राणायामः”(पातंजलि योगसूत्रः 2/49 )

Bhagvatgita also narrates that it is not cutting off inhalation and exhalation alone but process of restricting flow of ‘Prana and Apana’ is the pranayam.

अपानेजुह्वतिप्राणंप्राणेअपानंतथापरे प्राणापानगती रुद्ध्वा प्राणायामपरायणाः ॥ : (गीता 4/29 )

Pranayamic breathing is not mixed with emotion, thoughts and desire. It consists of voluntary and particular type of controlled inhalation (Puraka), controlled retention (Kumbhaka, internal and external) and controlled exhalation (Rechaka) phases. According to Hathayoga Pranayama is a type of breathing wherein few points like rounds, ratios, sounds, stomach etc. are emphasized.

**Prana** can be sub-divided into 5 Up-prana or up-vayu, namely: Nag, Kurm, Krakar, Devdatt and Dhananjay. Their functions have also been divided. Nag by belching releases stomach, Kurm controls movement of eyelids, Krakar helps in sneezing and coughing, Devdatt generates yawning and Dhananjay produces phlegm and remains in the body after death to swell dead body. In our body there are 10 main types of vayu and 41 in total between Muladhar and Aagnya Chakra. To identify and hold Prana is not an easy task. Only after training and Tapa by Sadguru this difficult and impossible task can be achieved, this is known as spirituality (Aadhyatm).

**Yogshastra** (Hathyog-Pradipika) has described 8 types of Pranayams for eradication of diseases – Suryabhedi, Ujjayi, Shitkari, Shitali, Bhastrika, Bhramri, Murchha and Plawali. Many Yogis and researchers have discovered through their practices some other Pranayams and named them accordingly – Anulom-Vilom, Chandrabhedi, Nadishodhan, Bhramari Pranayam etc.

**Generally** a man breathes 15 times in a minute, 900 times in an hour, 21600 times in 24 hours and lives for 60-120 years depending upon his life style management. Normal breathing rate reaches up to 6 fingers in singing, up to 16 fingers in eating, up to 20 fingers in walking, 24 fingers in sleeping, up to 30 fingers in exercises, up to 36 fingers in sexual intercourse and in anger also it reaches up to 36 fingers. Out of all above, a simplest type of Pranayamic breathing is known as UjjayiPranayam.

In Pranayama practice the beginner must check his capacity so far inspiratory and expiratory phases are concerned. Initially 4 seconds controlled inhalation and 8 seconds controlled exhalation in the ratio of 1:2 without the retention of breath (neither inside nor outside) can be better advised. This helps practitioner to remain within his reach and can be done while in sitting or standing or in any comfortable posture. This ratio of 4:8 seconds can be increased according to the capacity with a prolonged practice. At least 10 rounds of breathing practices are advocated at a stretch to be done but not at the cost of tension of breath. The period of retention (internal of breath after inhalation or exhalation some neuro-muscular locks are introduced in the ratio of 1:4:2 i.e. inhale, retain and exhale. During the phase of retention are applied. They are contraction of the perennial muscle (moolabandha), pressing of the supra-sternum notch by the chin (jalandhara-bandha) and contraction of the abdominal muscle (uddiyana-bandha) slightly. In bandhas heart gets relaxed due to the raised diaphragm.

The bandhas and mudras create tremendous pressure simulation either through positive type of pressure or negative type of pressure. As a result of these practices adrenocortical system and also glands situated in those areas are more or less influenced and finally the master gland also gets the impact.

The main aim of pranayam is neither to have more oxygen nor the elimination of carbon dioxide but to take the practitioner from Bahirang- yoga (i.e. after Yam, Niyam and Asan) to Antarang- yog(Pranyam, Dharna, Dhyana and Samadhi). In fact pranayamic breathing is a bridge between Bahirang and AntarangYog. The production of certain amount of carbon dioxide also helps to result in tranquilizing the mind as a tranquilizer when the percentage of carbon dioxide reaches to a certain level. The practitioner experiences at this juncture, activities of the mind lessen and it results in the reduction of thought process. In Hathapradipika (H.P.) it is described as –

चलेवातेचलंचित्तं,निष्चलेनिष्चलंभवेत् ।  
योगीस्थाणुत्वमाप्नातिततोवायुंनिरोधयेत् ॥ ( हठप्रदीपिका: 2/2)

**Recommended** 10 rounds of pranayamic breathing help to establish a new rhythm at the brain level. This in turn influences psycho-endocrinal mechanisms and also helps to stabilize the mind in turn in the longer run.

Thus we find that pranayamic practices help more to stabilize the nervous system than that of more gaseous exchange. It is rightly said and also claimed by Baba Ramdevji of Patanjali Yogpeeth, Haridwar (U.P.), India in his book “Pranyam Rahasya” that all diseases are annihilated by Pranayama. However, it is advisable that the beginners should omit the phase of both kumbhaka and cardiac patients, particularly, should practice under the guidance of an expert or a trained teacher in Yog, as narrated in traditional text that:

अथासनेदृढेयोगीवशीहितमितागनः।गुरुपदिष्टमार्गेणप्राणायामयन् समभ्यसेत्।।( हठप्रदीपिका: 2/1)

**M**y experience with integrated therapy as a R&D scientist at Beramji's Hospital, Girgaum, Mumbai during my 12 days stay during 18-29 Aug,2014 has strengthened the belief on continuing demand for Traditional & Complementary Medicine (T&CM) products, practices and practitioners, which has been updated by WHO(2013) in the document “WHO Traditional Medicine Strategy 2014-2023”. This document sets out the course of TM and CM (T&CM) in the next decade. As follower and practitioner of pro-nature therapy, I strongly recommend all health centers engaged in practice and training of TM/CM/ISM should promote the safe and effective use of T&CM through regulation of products, practices and practitioners to boost the global integration of T&CM into health systems. I am confident it will be a valuable tool for system planners and health practitioners and will benefit individuals seeking the right care from the right practitioner at the right time. Beramji's Hospital, Mumbai is one such center where integration of Ayurveda, physiotherapy, electro-magnetic therapy, TENS, and acupuncture with modern medicine is serving suffering humanity. During treatment durations of 10, 15 & 20 minutes in different therapies I integrated them with specific type of *pranayamic* breathing and experienced tremendous added improvement and more effective healing by the T&CM.

**M**odern medicine divides man into mind and body and body into multiple organs. Each specialist cares each organ through appropriate investigations and procedures. Each system has functional significance for the entire human being (body) and not just for the malfunctioning of a part. Malfunctioning or diseased part affects whole body like fever affects all parts, organs, tissues and cells. The cause lies from centre to circumference. Hence treatment focused on circumscribed problems or organs is totally inadequate. It is a false impression that allopathy is a panacea for all maladies that affect human health. Further in the present scenario, an average man is confused. The experts in each system fight each other and there is no coordination and cooperation. No single system of medicine can solve the health needs of our people. Complementary and Alternative Medicine (CAM) associating *Pranayam*, Yoga and Naturopathy are becoming increasingly popular all over the world.

In Feb 2013 WHO South East Asia Region (SEARO) Member States adopted Delhi Declaration on Traditional Medicine and type of support for T&CM. Government of India based on recommendation of ICMR (2013-2014) is also considering inclusion of above pro-nature therapies under New System of Medicine/T&CM. Recent high court Verdict\* (Kochi, 19 Jan. 2017) has also supported by stating that - A registered practitioner or a trained person practicing acupuncture is not in violation of law. We need to integrate Vedic science with other traditional and modern medicine for management of present life style diseases. ASA India should take up this challenge. International and National Conferences on Integrated Medicine recently organized by different agencies and supported by AYUSH, Government of India is very praiseworthy.

\*(<http://timesofindia.indiatimes.com/city/kochi/trained-person-can-practise-acupuncure-therapy-hc/articleshow/56653454.cms>)

## ETHICAL PRACTICE BY ASA MEMBERS - SUGGESTION

**DebasisBakshi&Inderjeet Singh**  
**ASA India Founders**

**Preamble :-**ASA India is formed in the historic national acupuncture meet, Ludhiana 2013 by the joint initiative of two pioneer social organizations of India named Dr. Kotnis Memorial Acupuncture College & Hospital, Ludhiana, Punjab and Indian Research Institute for Integrated Medicine (IRIIM), Howrah, West Bengal. This joint initiative is a follow-up of the historic move done by All India Coordination Committee for Alternative & Traditional System of Medicine (AICCATSM) formed in 2003 under the Chairmanship of Prof Dr. RamGopal after the notification of 'GOI 2003 Administrative order' against Alternative Systems of Medicine. The whole inspiration behind all these activities was the ideals of late Dr. Kotnis, Dr. Basu and historic Indian Medical Mission to China (1938-43).

In the first accepted draft of ASA India, it was clearly mentioned the necessity of winning over all sections of Acupuncturists and Acu organizations to work together for obtaining justice by achieving recognition of Acupuncture (Acu therapy) as a full-fledged independent System of Medicine and inclusion in National Health Care Delivery.

**Historical Experience:** We are aware that Acupuncturists and Acu organizations throughout India are very much scattered, not very effective for mobilizing the common people and policy makers in our favor. Earlier it was the personal influence of Dr. B. K. Basu and tireless work by the young medicos & social workers which led to the recognition of Acupuncture in West Bengal, the first state in India, in 1996. Unfortunately the initial values and ethical practice of the then organizers were sidelined by the authority, so the glorious history of Bengal became a legend now. Most of the development and inspiration withered away; few persons got their personal benefit only.

**ASA INDIA OPPOSES THIS DETERIORATION AND TRYING TO FIND OUT THE ROOT CAUSE i.e. MASSIVE DECAY OF ETHICAL VALUES FOR SHORT TERMED BENEFIT OF INDIVIDUAL WHICH ULTIMATELY WEAKEND TRADITIONAL & ALTERNATIVE MEDICINE.**

**Achievement since inception:-** After three years of ASA India formation, many a progress took place in comparison to other exiting associations, through which ASA India became more & more popular and quite known to the general Acu Therapists. But we have noticed a good number of our founder members are not aware of the history or the lesson. They are primarily engaged in their personal practice. The inner unhealthy contradictions amongst us are already noticed.

**M**any of us put personal benefit and local interest above collective & national interest. We all should understand though ASA is formed only three years back, but the experience of the leading founders is more than four decades. We, the leading members truly want to develop the so called suppressed section of the common acupuncturists and acu therapists and upgrade to the national level who will determine the pros & cons of different aspects of Acupuncture recognition, legislation, education, research, propagation and mobilizing the huge Acu therapy forces under one umbrella. Though our progress in comparison to others is little better but many of the founder members can not rise up to the occasion. We must remember with this handicapped practice, we cannot combat effectively the few numbered but powerful lobby who are obstructing the full fledged recognition of Acupuncture as a system of therapy in national & state level.

**S**econdly our schooling are very much different though many of us understand we have to follow the 'WHO training guideline in Acupuncture' and mainland China's Acupuncture training syllabus but in practice we are busy in our old practice which is very difficult to get National & International recognition. Moreover some of our leading persons are still engaged in so called Post Graduate qualification (like MD) to those without having any basic graduation. They also confuse people with the actual difference of "Academic" and "Professional" courses in Acupuncture. Again many of us are conducting courses which cannot be regarded as standard course and has no future except misguiding the students.

**The recent introduction of "NO TUITION FEE REFRESHER COURSE ON ACUPUNCTURE" in memory of Dr. Basu and in line with W.H.O. Guideline on Acu. Training is a clear indicator of ASA India maturity to solve the above limitation.**

**So we request our learned friends not to repeat the mistakes by the lobby in states & centre who are obstructing in different ways the actual FULL FLEDGED RECOGNITION OF ACUPUNCTURE AND IT'S GRADUAL INTRODUCTION IN NATIONAL HEALTH CARE DELIVERY.**

**We also earnestly request you, the pioneers ASA India, should understand the history & background of its formation and understand our historic task which others have left unfinished. Please come forward with open mindedness, work together, criticize not in back but in proper forum, do not put your personal image above the organization. We sincerely hope our consolidated force will definitely be able to overcome all the backwardness and go ahead to fulfill the historic task for which ASA India took birth.**

**Revival of Acupuncture Teachings of Late Dr. Bejoy Kumar Basu**  
**FREE ACUPUNCTURE REFRESHER TRAINING FOR ASA MEMBERS**  
**(As Per Guideline of World Health Organization (W.H.O.))**

*Circular Dated: May 26, 2016*

Dear ASA Members & Well Wishers,

After a primary nationwide survey about the present status of Acupuncture practice, we are seriously feeling a standard basic refresher training on Acupuncture-Moxibustion (AM) should be introduced all over India in order to revive the great teachings of Late Dr. Basu (Doyen of Acupuncture in India) in line of worldwide accepted Acupuncture Training Guideline of W.H.O.

ASA India's senior most founders and direct students of Dr. Basu will lead the whole teaching and refresher program of AM. The whole training will be FREE OF COST. That means there will be no tuition fees for this training as Dr. Basu never charged tuition fee for Acupuncture Training. The trainees have to bear only the expenses for their travelling, boarding & lodging. When the teachers are invited outstation, the organizers have to bear the travelling expenses in addition to boarding & lodging of the teachers. The details are as follows:

1. Fixed Venue: Howrah & Ludhiana. Maximum 10 people can join in a batch with prior planning.
2. Outstation Venue in Any Place of India: For maximum 20 people in a batch. Organizers can contact ASA India Head Quarter for such program after fulfilling all the requirements as mentioned above. Outstation program must be planned at least 2 months earlier.
3. For Travelling Expenses of teachers outside fixed venue (2 teachers at a time), organizers have to bear actual expenses needed (by train within 400 K.M. or by flight above 400 K.M.) and deposit at least 2 months in advance to ASA India bank account.
4. Duration of each refresher course will be 5 full days in fixed venue (40 teaching hours including theoretical & practical) or 3 full days in outstation venue (30 teaching hours including theoretical & practical).
5. Whole program is at present restricted to ASA India members only (Life or 3 yrs. Members). Later on it will be opened to the Acupuncture Practitioners outside ASA India.
6. Certificate of Attendance will issued by ASA India.

Friends, we sincerely hope your continuous support for Acupuncture science & ASA India will be strengthened with this nationwide program for upholding the teachings of our great teacher Late Dr. Bejoy Kumar Basu & the spirit of Historic Indian Medical Mission to China (1938-1943).

We are waiting for your kind initiative and necessary action, Please feel free for any necessary clarification etc.

(Dr. Debasis Bakshi)  
General Secretary, ASA, India



## REVISION OF MEMBERSHIP RATES

*Circular Dated: June 1, 2016*

Dear ASA India National Executive & Founder Members,

ASA India needs further expansion in all the states with a positive intension to unite all sections of Acupuncturists and Acupuncture loving people for the up-liftment of the science as well as Acupuncturists &well wishers of ASA.

Some of the leading members of ASA met ASA South India members on different issues related to the growth of Acupuncture & ASA in different states. Actually it was a brain storming meet to assess our position in different parts of India.

After some thought provoking discussion, most of the participants suggested the following:

1. To increase the subscription of ASA India by at least 50% so that 50% of the total amount collected by the centre may be returned back to the mother state where committee is functioning or it will be used for the concerned state purpose only (from where member belongs). The purpose of this increase is to create state fund for their smooth activities.

The changed subscription rates are as follows:-

<b>Acupuncture Science Association (ASA) Membership Subscription* (From June 1,2016)</b>		
<b>S.NO</b>	<b>ITEM</b>	<b>SUBSCRIPTION</b>
1.	Admission Fee: (For General, Life & Associate)	Rs. 200 Rs. 100 ( for students)
2.	General Membership:	Rs. 300 (1 year); Rs. 900 ( 3 years)
3.	Life Membership :	Rs. 3000
4.	Student Membership (Annual):	Rs.200
5.	Patron Membership:	Rs. 20000
6.	Donor Membership:	Rs.10000
7.	Associate Membership:	Same as General/Life Membership

2. It was also suggested that "The full Subscription amount along with all the membership related papers will be deposited or submitted to the ASA India Bank account as like the present process is going on.

After official process is completed, on the request of State Leadership for the expenses of state work, ASA HQ will release the 50% fund by cheque only. The amount will be sent to the joint Bank account of state leadership of ASA (but not any official ASA bank account of the state to prevent any complexity of All India Accounting). At the end of year the state will furnish to the centre their official utilization report about the 50% fund received".

We shall be grateful if you send your quick opinion by return mail on the 2 points mentioned above, we can implement the new process as soon as possible.

With best wishes,  
Dr. Debasis Bakshi & Dr. Inderjit Singh  
For ASA India HQ

*N.B. Shortly we are sending some more suggestions/ proposals for further development of ASA work at national & State level.*

### **Trained person can practice acupuncture therapy: High Court**

TNN | Jan 18, 2017, 11.58 PM IST



**KOCHI: A registered practitioner or a trained person practicing acupuncture is not in violation of law, says the high court.**

The court's decision came on a petition filed by Jestine Jacob of Valluvally near Kottuvally in Ernakulam and two others challenging a case registered by Kannamali police against them alleging violation of provisions of Travancore Cochin Medical Practitioners Act. Introduced in 1953, the Act provides for registration of practitioners of allopathic, homeopathic, and indigenous medicine.

Jestine had claimed in the petition that he has been practicing acupuncture for several decades and that he had obtained a diploma in acupuncture therapy from Open International University of Complementary Medicines. The case that alleges violation of the 1953 law was registered by police while he was conducting a camp at a house on September 3, 2014.

While quashing the case, the court said prosecution had no case that the certificates produced by the petitioner were forged or that he was not trained.

Petitioner's counsel produced a notification issued by the central government on November 25, 2003 that prescribed that certain practices like acupuncture and hypnotherapy, which were qualified as modes of therapy, could be allowed to be practiced by registered practitioners or appropriately trained personnel.

# When Food is Our Enemy

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## Introduction

It seems odd when we consider food as our enemy. But in reality it happens so. As per the definition of food -material, usually of plant or animal origin, that contains or consists of essential body nutrients, such as carbohydrates, fats, proteins, vitamins, or minerals, and is ingested and assimilated by an organism to produce energy, stimulate growth, and maintain life. We can add that it should be clean, fresh and free from harmful micro organisms and heavy metals and pesticides. Cooking does not eliminate all the unwanted materials. Earlier food was collected by the hunter gatherers. Later human beings started cultivating land leaving their nomadic life. With further passage of time, modern agriculture started with industry made agricultural inputs like chemical fertilizers and pesticides in view of feeding the teeming millions. However, seeds have been made commodities to be purchased from shops.

During the initial years of Green Revolution, grain yield of cereals like wheat, rice etc has increased in the virgin soil. Later, the yield declined despite heavy application of chemical fertilizers and pesticides. The industrial agricultural inputs have gone inside the food chain and food is contaminated. How can we consider a contaminated food be it carbohydrate or protein as safe food! Apart from our conventional food, the potable water should be from Arsenic and other heavy metals, dirt, pesticide, nitrogen compound from chemical fertilizers, microorganisms like protozoa etc. Safe food and safe drinking water are complementary to each other. This enemy food is causing a lot of harm than good.

## Advertised food

Shopping malls are selling food in the form package showing its brand name and composition. City people believe in packaging as they think it is safe and accepts blindly what is written on the label. Everything is in packaged form; wheat flour, rice, oil, potato chips etc. Different health drinks are advertising aggressively. Different brands are claiming differently like 46 essential nutrients, extra calcium, 70 essential nutrients, DHA, better milk protein etc. Even some are specialized in making child as computer engineer or a taller stronger and sharper boy. Advertisement shows that a little boy is pushing away the food on the table made by his mother as this natural food cannot give all the essential nutrients so he needs health drinks. No one question the veracity of the advertisement. Actually it has not any relationship with human physiology and nutrition.

## Cold Drinks and Bottled water

Advertisement shows that a popular Bollywood hero is having a cold drink standing in a sugarcane field. Most brands contain artificial color, sugar or artificial controversial sugar like Aspartame. Bolivia has banned Coco Cola in 2012. Campaigners (2012) are calling for a ban on a coloring linked to cancer which has been found in Coca-Cola sold in Britain. It was banned in South Korea and Cuba also. In India, most of the drinks contain pesticide above permissible limit and there farmers' movement in Plachimara, Kerala against heavy withdrawing of ground water as the farmers cannot irrigate their field.

Many people use the bottle of packaged drinking water which is meant for single use. It was banned in Bendanun city of Australia in 2009 and in Concord of Massachusetts in 2013 and Sanfrancisco in 2014. Millions of bottles are creating environmental hazards all over the world. There are options like *Sarbat* with lime juice, salt, sugar and water, sugarcane juice, coconut water, roselle syrup, honey-water and fruit pulp *Sarbat* with green and ripe mango, bael, litchi, lime, lemon, water melon etc. Fruit syrup or juice available in the market contains mostly artificial preservatives. Fresh date palm juice in the winter mornings and palm juice in summer was a delicacy. The demand for cold drinks rises during summer months. But cold *Lassi* made of sour curds, sugar and ice gives nutrition and freshness without any artificial colour and preservatives. As these cannot be stored and bottled like popular cold drinks, it needs to be consumed *in situ* and cannot be marketed.

### **Our Food Crops Vs Newly Introduced Exotic crops:**

We have abundant vegetables grown all the years. But we opt for off-season vegetables like cauliflower, cabbage, tomato, capsicum in hot summer that has been forced to grow with huge fertilizers and pesticides. Taste of them is not like that during winter season. A tomato rots easily in kitchen or a few days longer in Refrigerator but tomato sauce keeps well in a bottle with cancer causing preservatives like sodium benzoate / potassium meta-bisulphite. Instead to tomato, tomato sauce is used. In the name of high value vegetables city people go for red cabbage, baby corn, colored capsicum, broccoli, strawberry, gherkin etc as if our traditional vegetables have no nutritional value and taste.

Moreover, these are grown mostly with chemical fertilizers and pesticides. Conventional books on agriculture hardly write on easy growing and nutritious crops like Roselle ( a type of sour okra grown during winter months), Kudri (a kind of small gourd), spine sourd, sponge gourd, sward bean, cluster bean, flowers like Bak Ful (*Sesbania grandiflora*), moringa, cassia, cucumber, water lily (*Sapla*), lotus (every part is eaten), water hyacinth flower, Jukti ( used as anti pox- *Wattakaka volubilis*) different types of minor fruits, various root and tuber crops etc. Earlier Brinjal was used as medicine for treating diabetes and kidney stone etc. Later it is in regular diet. In India traditionally food was considered as medicine as these have healing properties. We have vegetables for all seasons. Apart from costly Carrot, moringa leaves, and colocasia leaves contain huge amount of beta carotene. Our grandmothers used to dry cabbage and cauliflower during winter in the Sun for consuming it in the summer months.

### **Concept of Fresh Vegetables and Pesticide Residue:**

Fresh vegetables are always good for health. But the freshness we get is not truly fresh as these vegetables contain huge amount of pesticide residues and heavy metals specially in the vegetables grown in *Dhaparmath* (vast stretch of land beside east Calcutta wet land). Fresh does not mean freshly harvested crops and it should not contain any obnoxious harmful material. After some days, these materials degrade a little but not the entire amount. We need to dip vegetable pieces in alkaline water (add a pinch of baking soda in 2 liter of water) for 10 – 15 minutes. Some water soluble vitamins like B and C may go away but it ensures the removal of the toxic materials to some extent. Farmers do not wait for the minimum period to harvest a particular crop after spraying of pesticides. Minimum waiting period to harvest after spraying of pesticide is 8-15 days. Brinjal, tomato, vindi, pointed gourd, amaranth, cauliflower etc are heavily sprayed vegetables.

Some conscious farmers do not spray the crops as these will be consumed by their family. There is one standardized limit of pesticide residue (mg/ kg of body weight) in crops called MRL (Maximum Residue Limit). But it does mention about children, bees, birds, soil microbes and cocktail of pesticides. In EU and USA the crops, before marketing, are regularly tested for pesticide residue but in the third world countries there is no scope for testing. There should not be any iota of pesticide in food, as poison free food is our birth right. Some people buy fruit borer infected brinjal with a notion that pest attacks on crops which escapes spray. It's not always true. On the contrary, pests are becoming resistant to pesticides and farmers fail to control pests despite heavy spray. Many a time, Indian food exported to other countries have been rejected due to heavy pesticide residue.

### **Meat, Fish, Egg and Milk**

It has been observed that frequency of meat consumption per month has risen. The poultry meat contains high amount of antibiotics and it is being grown pathetically in small cages. It is true for egg. The taste of fish has gone due to artificial feed. Milk is extracted through artificial hormone – oxytocin. A roaming cow used to eat at least 20 types of plants and the goodness of it went to her milk and thereby milk becomes medicinal. Now people depend on the milk of stall fed Jersey/ Holstein cross or packaged milk that contain the A1 variant of beta casein protein, which is related to allergies and serious health conditions.

### **Organic Vs Chemical**

Growing of food crops with artificial chemicals have started since 1960s for increasing grain yield. With the passage of time, yield declines along with the colossal loss of indigenous crop diversity. Soil, ground water, crops have been polluted. Nitrate in ground water causes *blue babies* in Gujrat and Punjab. There are reports of pesticide poisoning in different parts of the world and alarming suicides due to pesticide consumption. Govt. of India and many states stress on organic farming. It has been proved that slow release organic manure help plants accumulate more nutrients like Vitamins, aroma, trace elements, antioxidants and sugar. The crop is tastier than chemically grown crop. There is a great demand for organic food in India. Shopping malls are selling them at a premium price. Farmers have started organic farming for low cost of cultivation with sustainable yield. Organic food reduces health expenses.

### **Polished Rice Vs Non Polished Brown Rice**

It has been a fashion to eat shining polished fine rice – be it aromatic basmati derivatives or non aromatic. The fineness does not bring taste. The bran (the thin layer on rice) contains substantial amount of Vit B complex, amino acids, minerals and fiber. Polished rice is devoid of nutrients. Unpolished rice may be of various types depending on the bran color- white (*Chamarmani, Dudheswar, Gobindobhog, Kabirajsaletc*), brown ( *Kabirajsal* etc), red (*Shatia, Talmugur, Agniban, Khara* etc), Black ( *Kalabhat, Burma Black* etc). The term brown rice is a misnomer. It has also been observed that indigenous rice grown organically contains much more nutrition than polished modern rice varieties. Black rice is the most nutritive rice in the world. It has low Glycemic Index and high amount of cancer fighting anti oxidant- *Anthocyanin*.

### **Organic Farming and Food Is a Life style**

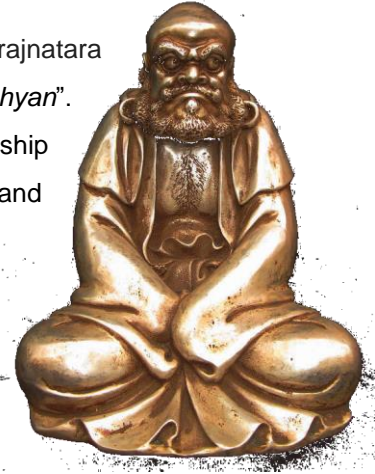
In view of the consequences of chemical intensive farming, conscious people may opt for organically grown crops and may grow some vegetables on her garden, roof tops. Cooking oil (not imported GM Soybean oil etc), cooking pan (not non-stick ware, still ware) and fuel (not micro oven, induction plate etc) are very important. Usage of locally grown vegetables, fish, unpolished rice (red or black), millets, iron / earthen utensil, unprocessed food, conventional food preparation with locally grounded spices are key to good health. Thus our food becomes friend. Mere organic food does not solve our problems.

## A Serene Saint from the Subcontinent

'Bodhidharma' (*Damo*) was a Buddhist monk who lived between the 5th or 6th century, he was born as a prince in the Pallava Kingdom in South India. He was initiated into the order of monk at the young age of 22 by his spiritual master 'Prajnatara' who was ahead of her time and trained Damo in Yoga, Meditation, Martial Arts and Herbal Medicine.

Sensing his immense potential in occult practices, Guru Prajnatara authored his trip to China to propagate Zen - understood as "*Dhyan*". Bodhidharma carried Dhyan to China, where it became Chan. He left by ship from the nearby port of Mahabalipuram, skirting through Indian coast and the Malay Peninsula for three years, he finally arrived in Southern China.

Upon his arrival he visited Monastic Institutions and graced the monasteries with Knowledge and wisdom of the Orient. The emperor Wu invited the monk to the capital in Chienkang for an audience as the emperor was expecting the arrival of a great Zen Master for ages. However, the emperor could not understand the Zen Philosophy after an eclectic debate with Bodhidharma.



To set stage to spread the mystical knowledge of Zen, Bodhidharma meditated for 9 Years in a cave near Shaolin Temple. Later on, this temple became the epicenter for learning for monks from various streams of Buddhism. As Bodhidharma hailed from India, he undoubtedly instructed his disciples in certain form of Yoga, Ayurveda, Varmachikitsa, Kalaripayattu (Martial Art) and Meditation.

Traditional Chinese Medicine (TCM) values were synchronized by Bodhidharma (Chinese call him Damo Master to this day) and he was a rescuer of the fellow men in crucial epidemic states. The statue of Bodhidharma (Damo) can be found in Shaolin Temple and many Asian Art Museums around the world.

China adopted a few ideas from Varmachikitsa too and formed a concept called zhēnjiǔ (Pricking and Warming up) where thin needles are inserted into the body to stimulate the meridian points and warmth of Moxa cigar applied. Acupuncture became a key component in TCM before many monks and missionaries visited to learn the healing wisdom.

Shaolin Temple on Mount Sung was built in glory of meditating master from India; scholars suggest that this temple was built to glorify "Boganathar" a Sage from India. A large section of TCM is Inspired or adopted from Indian Medicinal System while the current status of Acupuncture in India is abysmal.

Let us invoke the Bodhidharma in us, and unite under one roof ASA, to lobby for the recognition of Acupuncture with Government of India.



Estd. 2014

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ASA Newsletter

Dr. C. K. Raju

Chennai, Tamilnadu

### NOTICE

#### ASA India 4<sup>th</sup> National Meet 26<sup>th</sup> Feb. 2017, IRIIM Bhawan, Howrah, West Bengal

ASA India 4<sup>th</sup> National Meet will be held on 26<sup>th</sup> Feb. 2014 (Sunday) 9a.m.-7p.m. just after completing "1<sup>st</sup> National Conference on Integrated Medicine 2017" to be held on February 24-25, 2017 jointly organized by IEST Shibpur and IRIIM Howrah to be held at IEST Shibpur, Howrah, West Bengal campus.

The National Meet will discuss the following:


1. Reporting of activities done throughout India with special emphasis on:
  - i. Recognition move
  - ii. Move to Restrict Non Doctor Acupuncture Practitioners in different parts of India
  - iii. Free Refresher Course for Standardization of present Acu. Workforce
2. Fund raising Program for possible Legal work to be undertaken
3. Newsletter
4. Proper Handling of Social Media for effective organizational work
5. Reorganizing existing committees of Centre & States
6. Future Plan of Action
7. Misc.

#### PLEASE NOTE:

i) On 27<sup>th</sup> Feb. there will be post conference workshop on Chinese Tuina Therapy and advance Moxibustion Therapy by Dr. Pradeep Antony of Trivandrum, Kerala.

ii) Please the attached guideline for joining the 4 days two meets.

January 12, 2017

  
(Dr. Debasis Bakshi)  
Gen. Secy. ASA India



EACU

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## IMPORTANT APPEAL

First time in India, "Indian Research Institute for Integrated Medicine (IRIIM) Howrah" and "Indian Institute of Engineering, Science & Technology (IEST) Shibpur" (Formerly B.E. College, later on BESU, Howrah, now directly under Union HRD Ministry) JOINTLY organising "1st. NATIONAL CONFERENCE ON INTEGRATED MEDICINE (NCIM 2017)" on FEBRUARY 24-25, 2017 at IEST Shibpur, Howrah Campus (only 20 min. from IRIIM, Howrah - HQ of ASA India).

Leading experts, scientists & researchers from all over India and abroad already confirmed (out of which 3 are Padmashree awardee). On Feb. 24 at 10 am, Govt. of India AYUSH Task Force Chairman Padmashree Awardee 2016 Dr. H.R. Nagendraji will inaugurate the Conference, Padmashree Awardee 2017 Prof. Ajoy Kumar Ray, Director, IEST Shibpur will chair. Conference will conclude at 6 pm on Feb. 25.

Policy making discussions on future of Integrated Medicine in India along with Integrated Protocol development in major diseases are on agenda. There will be 3 days (Feb.23-25) Exhibition, Free Medical Camp with integrated therapies, live demonstrations, organic food stall etc. Pl. Join & Be Part of History where oldest & topmost fully central Govt. Engineering Institute & oldest non Govt. Integrated Medicine Institute jointly organising national level meet on most important health issue -Integrated Medicine. Ministry of AYUSH is expected to support.

ASA India fully support this conference. 4th. National Meet of ASA India Feb.26 (Sunday) followed by CME on Feb.27 will be held at ASA INDIA HQ- IRIIM Bhawan, Howrah.

CONTRIBUTORY DONATION PER COPY : 50/- Rupees