

NEWSLETTER



FEBRUARY 2022

Contents

2	Letter from the Editor
3	On taking responsibility for our own health
5	Ayurvedic skincare product currently being recalled by the MHRA
6	The Effects of Hormonal Contraception on Artava Dhatu & Artava Vaha Srotas
12	APA Webinars Spring 2022
14	Review of the APA webinar: Cancer from the Ayurvedic Perspective
16	Prohibition of an Ayurvedic Practitioner in Australia - a warning to us all
18	On-line course: Sanskrit Language (advert)
19	Winter recipe 1: Coconut relish - Pol sambal
20	Winter recipe 2: Millet & Coconut Roti
21	APA Contact information

Letter from the Editor

Welcome to this first APA Newsletter of 2022, belated Happy New Year to all readers. In this edition we again feature a store of interesting articles, book reviews and recipes. For those discovering the newsletter for the first time, the APA website allows members to access all back issues <https://apa.uk.com/>

Those wishing to submit material for April's edition please make sure you submit before the middle of March 2022. Articles are not limited to purely Ayurvedic matters and the best part is that selected articles earn CPD points.

If you wish to run an advert in the APA Newsletter please contact me directly on info@neterapublishing.com

Andrew

Please note: The views and opinions expressed here are those of the authors and do not necessarily represent the views or official policy of the Ayurvedic Professionals Association. The information contained in this newsletter are for informational purposes only and is not intended to be a substitute for professional medical advice, diagnosis or treatment.

YOU CAN ADVERTISE HERE ~ PLEASE EMAIL US FOR MORE DETAILS



On taking responsibility for our own health

Who knows your body best? You? Or your doctor?

By Julie Ulbricht



People will give different answers to this question. Those answers will indicate where you are along a whole spectrum, and there are many factors which will push us towards one or other end of the spectrum: Have your experiences of healthcare been good or not? What were the attitudes to health and to self-care in your family of origin? Have you been able to take care of your own health in some instances and has this given you confidence? Who do you turn to for

support, if not a doctor? Have you researched any alternative therapies? What have you tried?

If I were to compare the way I look after my body to how I look after a car, I can draw some parallels. From the point of view of car maintenance, I am definitely at one end of the spectrum: I know how to top up the oil, but not how to change the oil. At the other end of the spectrum is a friend of mine, who rides a motorbike and can pretty much disassemble and reassemble the whole machine. If he doesn't know how to fix something, he would probably know who to ask. He has the confidence that he can fix it himself, even if that may take him some time and need patience and persistence. For most of us, we prefer to let the experts take over while we relax, knowing that our machine is in safe hands.

I trust my mechanic and I trust the attunement I have developed to my own body on my journey with Ayurveda. What about you: where do you place your trust? Where do you have or lack confidence?

After taking on some Ayurvedic principles in their daily diet, one of the things clients often remark on, is something along the lines of "Now I know what I can and can't eat" or "Now I know what was triggering my digestive issues" or "Now I can see the wood for the trees". The reality is that it can be genuinely confusing trying to find our own way back to health; particularly when we have been out of balance for some time. Sometimes guidance is helpful, sometimes essential, but sometimes we can figure it out alone. So how do you know which is your situation?

Ayurveda offers a helpful analysis of the stages of disease. The state of balance is not static as we are always changing – responding to our environment, stress levels, what we just ate, what someone said to us and so on. Vata, Pitta and Kapha are all in flux due to all these factors and the influence of time: Time of day, the season of the year and the stage of life we are in, from youth to old age.

Stages of disease

1. Accumulation. According to Ayurveda imbalance first shows itself with symptoms in the digestive tract which are mild. We will naturally crave foods that will correct the imbalance. Self care is easy here!
2. Provocation. The imbalance has developed as we were not able to follow the impulse to restore balance. Maybe we had a deadline at work and couldn't eat or rest well for a few days in a row. Then we may pay the price with an aggravation of digestive symptoms. But it is still possible to restore balance at this stage with self-care measures.
3. Spread. With a longer-term imbalance, perhaps because you are in the wrong job, relationship or

On taking responsibility for our own health

Who knows your body best? You? Or your doctor?

By Julie Ulbricht

living environment; what has begun as a digestive issue will spread into other parts of the body, leading to symptoms developing outside the digestive tract. At first these will be transient in nature. However, instead of craving what brings balance, from this point on, your cravings will take you further on your journey of disease, creating more and more imbalance.

4. Localisation. In this stage a disease is beginning to become established in a particular area with preliminary signs and symptoms and you may notice subtle changes taking place in that part of the body. This is likely to manifest wherever you have a genetic weakness.
5. Manifestation. This is when you go to the doctor and the doctor is able to make a diagnosis from the clear symptoms that have emerged.
6. Complications. A long-term chronic disease, if untreated, will lead to complications involving structural change ie. deformity or destruction of tissues, such as the degeneration of bone tissue in arthritis or the growth of tumours.

As you can see, by the fifth stage, when a doctor or health practitioner, is able to make a clear diagnosis, a lot has already happened and ideally we would want to make our corrections and restore balance much earlier on in the sequence.

So to come back to the question of trust and whether I can trust my own intuition, we could look at where we are on the disease continuum. If I have got to Stage 5 or 6 then either somehow the messages have not been getting through, or I have not been taking them seriously....

But why would that be the case?

Education in the home, with our parents as role models, and education in the school system will have shaped us one way or another and an aspect of that shaping may have been to be a good girl or boy and listen to what our elders and betters were telling us. What this may mean in practice is a silencing of the messages from our own bodies. “Sit still!” and “Be quiet!” are referred to by [David Adelman](#) as “everyday micro-traumas.”

So there is a lot to unlearn!



And a whole journey awaits us. A journey of discovering more about ourselves and what really suits us in terms of food and lifestyle. Personally, for example, I've learnt that deadlines stress me out more than they motivate me; yet for some people it's completely the opposite! I'd love to hear your comments about where you are on this journey of self-discovery and what supports you in staying healthy.

Of course if you put your trust in the mechanic, one would hope that the trust is well-placed, because if he damages your car it is you that will live with the consequences....

On taking responsibility for our own health

Who knows your body best? You? Or your doctor?

By Julie Ulbricht

And what if the mechanic is influenced by something he has seen advertised and persuades you to try a different kind of oil? This oil is purported to be “super effective” and uses a completely new technology, previously untested. The mechanic is very confident in this new technology. But what if he is mistaken? You begin to wonder if he gets some kind of incentive from the oil manufacturer as he is so enthusiastic and so keen to persuade you...

Maybe your opinion about this whole story is influenced by something that happened a while ago, when your car started to make a strange whining noise. The mechanic convinced you that there was no point trying to identify the cause because it could simply be prevented from getting worse by adding something to the oil. You have got used to this procedure and got used to the noise, although you do wonder sometimes if it is a sign that something is not quite right with the car....

Julie Ulbricht (BSc, PG Dip Ayurvedic Medicine) is an Ayurvedic Practitioner and Trauma therapist based in Sussex.

julie@simpleayurveda.co.uk

www.simpleayurveda.co.uk/

Ayurvedic skincare product currently being recalled by the MHRA

By Colette Park



The contamination of Ayurvedic products recently hit closer to home (see prohibition article on page 16), with the UK's Medicines and Healthcare products Regulatory Agency (MHRA) investigating and subsequently recalling a herbal Ayurvedic cream, 'Dermaved Sensitive Cream'.

Upon investigation, the MHRA had found low levels of a strong prescription-only steroid, clobetasol propionate. This ingredient is used in topical prescription-only medicines for skin conditions such as eczema and psoriasis.

Read more here: <https://www.gov.uk/government/news/strong-steroid-found-in-natural-skin-cream>

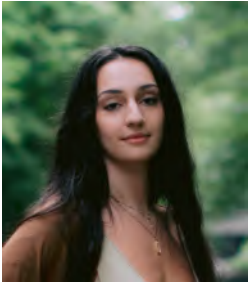
This incident once again highlights the importance for Ayurvedic Professionals to only use and recommend Ayurvedic herbs and products from trusted sources with an external audit system of testing for any contamination.

The Effects of Hormonal Contraception on Artava Dhatu & Artava Vaha Srotas

‘Long term consequences of Hormonal birth control on the female
reproductive tissues and channels of the body’

By Serafina Leffeld CAP

Wisdom of Ancient Women



Serafina Leffeld

Long before the first hormonal contraception was developed, women of the ancient world used natural herbal remedies to effectively prevent pregnancy. These ancient contraceptive practices originated from a predominantly “female- centered culture”, wisdom being passed down strictly through “oral tradition”. In ancient Egypt around 1850 B.C. “...acacia leaves were mixed with honey...or animal dung to be used as suppositories to prevent pregnancy”. Similarly, women in ancient Greece would use astringent olive oils steeped with cedar or tea tree oil as a form of spermicide in the 4th century B.C.. Linen or animal intestines have also been used for thousands of years as effective barrier methods to prevent pregnancy and the transmitting of diseases. John Riddle, author of *Contraception and Abortion from the Ancient World to the Renaissance*, explains how “women held a monopoly on birthing and fertility... Information only passing from midwife to mother, and from mother to daughter”. This close knit womanhood emulated a theology which predated “the arrival of the first patriarchal prophet”, worshipping the divine Goddess. Goddess religion dates back as far as 25,000 B.C. or the Upper Paleolithic Age.

Goddess worship eventually fell into obsolescence and the women’s oral tradition usurped by the patriarchal modernization of medicine at the start of the late 15th century. The illegitimation and demonizing of Midwifery and at the hands of the Church of England is known today as the Witch Hunts of the Early Modern Period. Through decades of religious persecution and superstition, women completely relinquished their right to control their own fertility and the wisdom of ancient women was left abandoned in the past.

The Conception of Birth Control

Centuries later, the early 1900’s brought on an era of change and female empowerment, spearheaded by the Women’s Suffrage movement and the establishment of The American Birth Control League in 1921. ABCL Founder and activist Margaret Sanger and biologist Katharine McCormick, known as the “mothers” of the Pill, “insisted female control of contraception was nothing less than a precondition of the emancipation of women”. Spanning three decades of research funded by McCormick, Endocrinologist Gregory Pincus and Gynecologist John Rock would eventually “conduct the first successful human trials of synthetic progesterone on 50 women in 1954”. Two years later while larger trials were continued under the more lenient jurisdiction of Puerto Rico, the pill was “deemed 100% effective”. This original high-dose pill was ultimately approved by the FDA in 1957 for severe menstruation disorder, and later in 1960 as a contraception.

Nearly a decade later with more than “6.5 million American women on the pill“, author Barbara Seaman published the deadly side effects of this high-dose birth control in her book *The Doctor’s Case Against the Pill*. “Increase the risk of blood clots, heart attack, stroke, depression, weight gain and low

The Effects of Hormonal Contraception on Artava Dhatu & Artava Vaha Srotas

**'Long term consequences of Hormonal birth control on the female
reproductive tissues and channels of the body'**

By Serafina Leffeld CAP

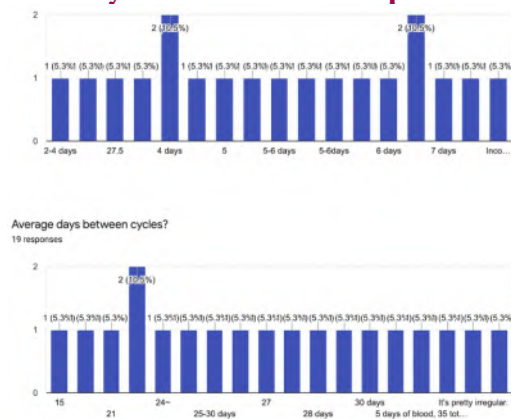
libido” were among the many risks of this original pill formulation. Despite the 1960's pill being replaced with a newer low-dose option in the late 80's, millions of women continue to struggle with mild to severe side effects, “with 1,100 lawsuits currently pending against Bayer Healthcare Corporation regarding blood clots, heart attacks and strokes”.

Today's Birth Control Tribulations

Currently, there are a variety of hormonal birth control options on the market in addition to the pill; patches, rings, shots, intrauterine devices (IUD's), and implants. Today, “43% or 372 million of the world's reproductive aged couples use modern and safe contraception”. According to the CDC, the most common methods used are female sterilization (18.6%), oral contraceptive pill (12.6%), long-acting reversible contraceptives (LARCs) (10.3%), and male condom (8.7%).

Toni Weschler, MPH, author of Taking Charge of Your Fertility suggests “women often do not use birth control because they feel no method is really acceptable...” Artificial hormonal methods increases cancer or osteoporosis, implants are associated with “constant uterine inflammation, IUDs causing excruciating periods, Cervical caps or diaphragms resulting in discomfort and cervical anomalies, the sponge breeding vaginal infections and the female condom covering and desensitizing the clitoris, diminishing a woman's overall pleasure. Additionally, “the notorious Dalkon Shield IUD, rendered many women infertile by causing severe pelvic inflammatory disease”.

A Study of 20 Women's Experiences



As part of the research process for this paper, I created a thirty question reproductive survey to investigate women's relationships with fertility and their experiences with hormonal contraception. The twenty women who participated were anonymously asked about their menstrual cycles, experiences with PMS, forms of contraceptives they had used if any, experiences while using this form of hormonal birth control, and their level of satisfaction. 84.2% of participating women were in their early reproductive stage of life, 10.5% in their postmenopausal age, and 5.3% in early perimenopausal transition.

On average, the age of onset menses was between 12 and 13 years old, with an average of 5-6 days in cycle length, and 25 days in between cycles. participants experienced PMS symptoms such as cramping, fatigue, pelvic pressure, low back pain, mood swings, tender breasts, acne, water retention, migraines, exhaustion, sadness, irritability, hot flashes, low energy, and nausea.

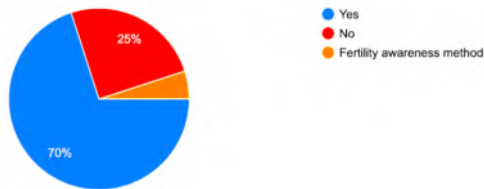
70% of women who participated currently used birth control, while 25% did not. Of the 70% on birth control, 68% of participants used birth control pills (Junel FE, Kariva, Tri-previfem, Junell, LoLo Estetrin FE). 12% used the Nuva ring, 12% used hormonal IUDs, 2% used the Nexplanon implant and 2% relied on the Fertility awareness method. Of the 68% of women who used birth control pills, complications they experienced ranged from bloating, nausea, weight gain and excessive anxiety to

The Effects of Hormonal Contraception on Artava Dhatu & Artava Vaha Srotas

‘Long term consequences of Hormonal birth control on the female reproductive tissues and channels of the body’

By Serafina Leffeld CAP

Have you, or do you currently use any form of hormonal contraceptive?
20 responses



depleted energy, low libido, intense periods and abdominal cramping. The 12% who relied on hormonal IUDs similarly experienced irregular menses, weight gain, depression, severe cramps, heavy periods, and mood swings. Other overall complications that were also listed included hair thinning, dehydration, adrenal fatigue, painful experience with intercourse and suicidal thoughts and emotions. The second most

common side effect experienced by participants was emotional sensitivity and mood swings. This is a direct result of the irregular hormone levels in the system, primarily estrogen, leading to sensitivity, moodiness and emotional reactivity. Over 78% of participants found themselves unsatisfied with their current form of hormonal contraception and were looking for a more natural and gentle alternative.

Herbal Alternatives

While there are many women who still rely on hormonal contraception regardless of the side effects, there are also those who chose to naturally protect themselves with herbs. Susun Weed, author and founder of Wise Women Herbalism, explains that “herbal birth control can be very effective, but only if combined with knowledge of your fertility cycles, selective abstinence, mental control and barriers to sperm”.

Sterility Promoting Herbs

In her book *Wise Women; For the Childbearing Years* Susun goes into list herbs commonly used as sterility promoters. Stoneseed root (*Lithospermum ruderales*) was used by Shoshone women to induce permanent sterility. Women of the Dakota tribe also smoked the root to cause sterility. Jack-in-the-Pulpit root (*Arisaema triphyllum*) is another herb utilized by Hopi women to protect themselves from conception. Interestingly “one teaspoon of the powdered root stirred into a half cup of cold water, strained and then consumed would protect a women for one week”, yet if “sterility was desired, two teaspoons were stirred into a cup of hot water and drunk”.

Implantation Preventing Herbs

Herbs that act to prevent implantation do so by making the “endometrium unsuitable for the growth of the embryo”. Weed indicated these herbs can be taken either before or after unprotected sex occurs, yet “some women say that when they have used these herbs, menstrual flow can be heavier and have more clots than usual.” Queen Anne’s Lace (*Daucus carota*) can be used, whilst women in Rajasthan, India have used Wild Carrot Seeds. Additionally, Rutin is a plant pigment (flavonoid) that is found in certain fruits and vegetables, “most notably Rue, buckwheat, and elder”. Susun concludes her list of implantation preventing herbs with Smartweed leaves (*Polygonum hydropiper*). The leaf of this weed contains gallic acid, quercetin as well as rutin, all of which inhibits pregnancy, and interferes with the gamete stimulating hormones (FSH).

The Effects of Hormonal Contraception on Artava Dhatu & Artava Vaha Srotas

**‘Long term consequences of Hormonal birth control on the female
reproductive tissues and channels of the body’**

By Serafina Leffeld CAP

According to Vaidya Vasant Lad, B.A.M.S., M.A. Sc, Artava dhatu maintains Prajana or reproduction, ojas production and the release of emotion, requiring 24-32 days to form Stayi or stable tissue. Dr Lad lists the causes of Artava dhatu disorders in the first volume of Textbook of Ayurveda; Fundamental Principals; Incompatible food combining, having intercourse at midday or midnight, retention of ejaculation, over indulgence of sexual activity, having several orgasms in one night, sex during menses, violent or forceful sex, use of chemical spermicides, STD's and STI's. He goes on to describe the signs and symptoms of artava dhatu disorder, such as sexual debility, premature orgasm, infertility, miscarriage, premature birth, genetic disorders, emotionally disturbed relationships with partners, disturbed ojas, presence of endometriosis, oligomenorrhea, amenorrhea, dysmenorrhea or menorrhagia, all of which reflect the side effects of hormonal birth control.

In Dr. In Lad's second volume of the Textbook of Ayurveda; A Complete Guide to Clinical Assessment, he describes the signs and symptoms of Artava Vaha Sroto Dushti. “The mula (root) of this reproductive channel is the ovaries and areolas of the nipple. The marga (passage) includes the fallopian tubes, uterus, cervical canal and vagina. The mukha (opening or mouth) is the Yoni osthā or Labia minora and majora. The presence of disorder in this reproductive channel similarly includes oligomenorrhea, amenorrhea, dysmenorrhea or menorrhagia as well as PMS, tender or swollen breasts, Fibrocystic changes in the breast, irritability, low libido, infertility, cystic changes in the ovaries, blocked fallopian tubes, endometriosis, cervical polyps, vaginitis, yeast infections, UTI's, miscarriage, vaginal dryness and prolapsed vagina or uterus. Many of these same signs and symptoms are experienced by women on birth control, with their condition only worsened by the long term use of synthetic hormones. The majority of these disorders are well explained by Sushruta and Maharshi Vagbhata, describing twenty varieties of yoni vyapat or gynecological diseases.

The Phytoestrogens or phytoprogestones found in hormonal birth control can be so disturbing to Artava dhatu and Artava vaha srotas because they tamper with the body's natural ability to produce estrogen and progesterone. When there is excess estrogen, a woman can experience conditions such as severe pelvic inflammatory disease, blood clots, stroke and increase chances of thyroid dysfunction. Excess progesterone can lead to anxiety, bloating, depression, reduced sex drive and/or weight fluctuations in the body. Testosterone levels are also affected, as “birth control pills has been associated in a small retrospective study with elevated sex hormone-binding globulin levels and reduced bioavailable testosterone”. After long term exposure to these synthetic hormones, even if a woman chooses to discontinue hormonal contraception, long term disruption to the endocrine system, pituitary gland and ovaries can lead to irregular FSH levels. This can be seen when previously suppressed testosterone levels sky rocket after hormonal birth control is stopped and cessation of menses, excess body hair, balding, acne, enlargement of the clitoris and decreased breast size occur.

The ideology that women must risk infertility, painful menstruation or even life risking conditions just to experience sexual freedom without the worry of pregnancy is an archaic mentality. Just as the hormonal pill was once revolutionary in its formulation, there may be one day a completely natural and painless alternative available for women all over the world.

The Effects of Hormonal Contraception on Artava Dhatu & Artava Vaha Srotas

**'Long term consequences of Hormonal birth control on the female
reproductive tissues and channels of the body'**

By Serafina Leffeld CAP

Works Cited

- Elias, Jason, and Katherine Ketcham. *Feminine Healing: a Woman's Guide to a Healthy Body, Mind, and Spirit*. Warner Books, 1997.
- Experience, American. "Birth Control Before the Pill." PBS, Public Broadcasting Service, www.pbs.org/wgbh/americanexperience/features/pill-birth-control-pill/.
- Lad, Vasant. *The Complete Book of Ayurvedic Home Remedies: a Comprehensive Guide to the Ancient Healing of India*. Piatkus, 2006.
- Weed, Susun S. *Wise Woman Herbal for the Childbearing Year*. Ash Tree Publishing, 1986.
- Weschler, Toni. *Taking Charge of Your Fertility: the Definitive Guide to Natural Birth Control, Pregnancy Achievement, and Reproductive Health ; 20th Anniversary Edition*. William Morrow, an Imprint of HarperCollinsPublishers, 2015.
- Allen, Sc. D, Deborah. "Birth Control Methods ." Bedsider.org, 2019, www.bedsider.org/tools/methods.
- p., Planned Parenthood Federation of America. *Planned Parenthood*. 2017, www.plannedparenthood.org/files/1514/3518/7100/Pill_History_FactSheet.pdf.
- Lad, Vasant. *Textbook of Ayurveda; A Complete Guide to Clinical Assessment*. Vol. 2, Ayurvedic Press, 2002.
- Lad, Vasant. *Textbook of Ayurveda; Fundamental Principles*. Vol. 1, Ayurvedic Press, 2002.





APA WEBINAR

How to develop effective Ayurvedic treatment protocols with the use of Samprapti Ghataka - Elements of Pathogenesis.

with Dr Aakash Kembhavi,
Saturday, 26th February 2022
9.30 am - 11.00 am (GMT)



WEBINAR 1

Saturday, 26th February at 9.30 am - 11 am

How to develop effective Ayurvedic treatment protocols with the use of Samprapti Ghataka - Elements of Pathogenesis by Dr Aakash Kembhavi.

The booking link: <https://sampraptighatakas.eventbrite.co.uk>



APA WEBINAR

Ayurveda in Yoga Teaching
by Tarik Dervish
Friday, 11th March 2022
18.30 - 20.00 (BST)



WEBINAR 2

Friday, 11th March at 6.30pm - 8pm

Ayurveda in Yoga Teaching by Tarik Dervish.

The booking link: <https://ayurvedainyogateaching.eventbrite.co.uk>



apa
Ayurvedic Professionals Association

APA WEBINAR

Cancer diagnosis & management
in the light of Ama, Dosha & Sthana
assessment in Ayurveda'
by Vd. P. Rammanohar

Saturday, 4th April 2022
09.30 - 13.30 (BST)
4 hours in-depth seminar

WEBINAR 3

Saturday, 2nd April at 9.30 am - 1 pm (4 hours with a short break)

Cancer diagnosis and management in the light of Ama, Dosha and Sthana assessment in ayurveda
by Dr Ram Manohar.

The booking link: <https://cancermanagementinayurveda.eventbrite.co.uk>



apa
Ayurvedic Professionals Association

APA WEBINAR

HEALING WITH FLOWERS
by Anne McIntyre
Tuesday, 10th May 2022
17.30 - 19.00 (BST)

WEBINAR 4

Tuesday, 10th May at 5.30pm - 7pm

Healing with Flowers by Anne McIntyre

Booking link: <https://healingwithflowers.eventbrite.co.uk>

Review of the APA webinar

'The Fear and Retaliation of the Jivaparamanu: Cancer from the Ayurvedic Perspective'
by Karolina Raczyńska.



Editors note: the following reviews were kindly written by Karolina as a personal commentary on the webinars and do not necessarily represent the views of the APA or the Newsletter Editorial Team, we are most grateful to her for taking the time to write this report.

On the 11th of December, the APA had the great privilege to host a well-known Ayurvedic doctor, scholar and researcher, **Vaidya Ram Manohar**. Some APA Members might remember Vaidya Ram, one of the presenters at the APA's Ayurfest in the UK a couple of years ago. This time we were fortunate to hear a fascinating two-hour lecture on cancer titled: *'The Fear and Retaliation of the Jivaparamanu: Cancer from the Ayurvedic Perspective'*. Since an integrative and interdisciplinary approach to threatening cancer is finally becoming a growing area of study, learning about Ayurveda's contribution in this field is very important.

During this past webinar, we have learnt about the concept of **Jivaparamanu** in the context of developing cancer. Vaidya Ram explained that the Jivaparamanus are the smallest units of the living body, which are innumerable. According to the theory of spontaneous dissolution, they continuously die and get replaced by new Jivaparamanus. Vaidya Ram explained that due to the accumulated deep-seated **Ama** in the dhatus and the aggravation of Vata, the proliferation of the Jivaparamanus happens, and it eventually leads to the development of a tumour. He further explained the difference between the Ayurvedic terms **Arubuda and Granthi**. Arbuda (from Sanskrit means the one that kills by becoming hundreds and millions in number) refers to a solid tumour, primary cancer. Granthi (from Sanskrit means a knot like structure) is the non-cancerous lump that is considered to be benign. Arbudas are classified in Ayurveda on the basis of the predominant Dosha and Dhātu. Therefore Arbudas can be classified as: vataarbuda, pittaarbuda and kaphaarbuda, as well as raktaarbuda, mamsaarbuda or medoarbuda. Furthermore, haematological malignancies, e.g., leukaemia, which do not form solid tumours, are discussed in Ayurveda under Pandu's disease category.

Vaidya Ram has clarified that cancer disease is Tridoshic. From the Ayurvedic point of view, cancer is triggered by Vata, which provokes multiplication (Vibhaga). However, only when there is a derangement of Kapha, the Vata can initiate the process of carcinogenesis. And finally, when Pitta gets out of balance and starts to manifest, cancer in the body becomes aggressive, and metastasis

Review of the APA webinar

'The Fear and Retaliation of the Jivaparamanu: Cancer from the Ayurvedic Perspective'
by Karolina Raczyńska.



occurs. Therefore, to prevent the occurrence of cancer in the first place, it is vital to keep the Vata in balance, especially in the older age when this dosha becomes more dominant in the body and at the same time the quality of Kapha is decreasing by default. However, to prevent cancer that has already developed, one needs to keep Pitta under control. It is essential to keep the chronic stress and chronic inflammation in the body at bay as much as possible to arrest these processes.

Towards the end of the webinar, Vaidya Ram has elaborated in great detail on the pathogenesis of cancer according to Ayurveda, starting with the formation of Ama as a sign of failed digestion. Vaidya Ram stressed the importance of pacifying Vata Dosha on a daily basis by having a regular deep sleep. The preservation of Ojas is also vital. We heard an interesting example that the Ojas built over many years can be burnt in just one moment during a stressful experience. In order to take care of the Vata and preserve the Ojas, Ayurveda advises us to be relaxed inside yet attentive on the outside so that we can be in balance with everything around us. When one responds correctly to each situation's demands and does what needs to be done, then one is on the right path in life.

Vaidya Ram spoke about the importance of prevention and early detection of cancer at the **Sancaya stage** where chronic inflammation is present, Agni is impaired, and Srotas are clogged, preventing Ama's removal from the body. This is the stage where Vata is being continuously provoked in the seat of Kapha. Ayurveda can play a significant impact in the prevention of cancer development when the disease is still silent, and the symptoms are not visible as it is in the Sancaya stage.

This webinar left many of us hungry for more knowledge on this subject. Dr Ram kindly accepted APA's invitation to deliver another half a day seminar on the 2nd of April titled: **'Cancer diagnosis and management in the light of Ama, Dosha and Sthana assessment in Ayurveda.'** This seminar is not to be missed by anyone interested in learning further about the complexities of oncology from the Ayurvedic point of view. If you would like to book your place, please visit: <https://cancermanagementinayurveda.eventbrite.co.uk>

If you would like to access the copy of the December webinar recording, please email info@apa.uk.com as it might be excellent preparation for the upcoming in-depth half a day seminar in April.

And finally, those of you who are meeting Vaidya Ram Manohar for the first time, I encourage you to follow his inspiring work and research done at the Amrita School of Ayurveda in Kollam, India, where he works as the Research Director. <https://amrita.edu/faculty/dr-rammanohar/>

Prohibition of an Ayurvedic Practitioner in Australia - a warning to us all

By Colette Park & Valerie McKie



The APA attended a meeting in December 2021, initiated by the Global Ayurveda Network, in response to the prohibition of an Ayurvedic Practitioner in Australia from clinical practice. This prohibition came about after the practitioner prescribed a pre-prepared traditional herbal product (Manasamithra Vatika) purchased from a third-party in India, which was found to contain elevated levels of lead and other heavy metals. Upon discovering mildly elevated blood levels after consumption of the remedy, the patient notified their local Public Health Unit. The practitioner subsequently received an [interim prohibition](#), later followed by a [permanent prohibition](#) from providing any health services to any member of the public.

This is truly a sad story from which we can all learn, so as to avoid such an issue occurring to any one of us here in the UK.

Following this unfortunate incident, the Global Ayurveda Network took the initiative to bring together a wide group of Ayurvedic organisations and representatives from around the world to discuss the issue and initiate a working group to develop guidelines and recommendations for the safety of Ayurvedic products. The Global Ayurveda Network (GAN) is a voluntary group connecting Ayurvedic people across the world. During the Zoom meeting initiated by GAN in December, the following aims were discussed:

Prohibition of an Ayurvedic Practitioner in Australia

- a warning to us all

By Colette Park & Valerie McKie

- To develop guidelines for the export of Ayurvedic products,
- To develop measures to safeguard distributors and practitioners of Ayurveda that is practicing outside of India against litigation and penalisation on issues related to products made by a third-party manufacturer,
- To develop measures to hold manufacturers, distributors, and licensees of import/export licences accountable in the event of an untoward safety incident

The APA will continue to support Global Ayurveda Network in their aim to make the use of Ayurvedic products safer for us all. It was wonderful to be part of such a diverse and deeply committed global team of Ayurvedic professionals, working towards the shared goal of raising products standards and assuring public safety.

The APA would like to remind all its members that we strongly recommend you establish your own dispensary and prescribe individualised prescriptions to your patients. You may make up your own individual formulas prepared from raw herbal powders, or prescribe Food Supplements. The use of non-herbal ingredients - animal products, minerals and metals are not allowed in the UK. You should ensure that the herbs you are using are coming from a known source and a reliable supplier with an external audit system that guarantees correct species identification and that is testing for microbiological and heavy metal contamination.

Gowing forward, the APA will be focusing on establishing closer relationships with herbal providers so that APA members can work with confidence and peace of mind when preparing herbal remedies for their clients.

To read more about the current rules surrounding the 2011 EU Directive on Traditional Medicinal Products, please refer to the [APA Pharmacopoeia document](#) available on the APA Member's [login page](#).





ONLINE COURSE OF SIX 12-WEEK TERMS

SANSKRIT: LANGUAGE & LITERATURE

STARTS SATURDAY 23RD APRIL 2022, 9.00AM – 11.00AM BST

Begins with learning the Devanagari script

*Continues with the basic grammar of Sanskrit using our own
St James textbooks*

Supported by a full set of videos

*Incorporates study of the Bhagavad Gita in the original & the cultural and
philosophical background of the Ramayana & Mahabharata*

*This is a good opportunity for interested students keen to learn systematically
and willing to fulfil a weekly assignment of homework.*

Details & application at:

<https://www.sanskritexams.org.uk/2-Yr-Language-&-Literature.html>

*'Sanskrit @ St James' is part of the Independent Educational Association Limited.
Registered in England no. 1222329. Charity no. 270156*



Pol Sambal – Coconut Relish

by Karolina Raczyńska



Karuna
Yoga &
Ayurveda



INGREDIENTS:

- *Freshly grated coconut (if not available, use desiccated coconut but then add water for the coconut for it to become moist) – 250 g*
- *Finely chopped onions – 2 teaspoons*
- *Paprika powder – 1 tsp*
- *Red Chilli powder – ½ tsp*
- *Salt – ½ tsp*
- *Freshly squeezed lime juice – approximately -10 ml*
- *Optionally, green chilli to taste*

PREPARATION METHOD:

Mix all the ingredients well, and at the very end, add the lime juice.

If you use desiccated coconut, add a bit of water to the dry coconut and leave aside for 30 minutes before adding the spices and the onion.

You can serve this relish with millet & coconut roti and your favourite curry.

This coconut sambal recipe is one of the easiest dishes that you can make quickly at home.



INGREDIENTS:

- *Millet flour – 100 g*
- *Your choice of flour, e.g., coconut, buckwheat or rice flour – 100 g*
- *Freshly grated coconut, if not available use desiccated coconut – 50 g*
- *Pinch of salt*
- *Water*

OPTIONAL INGREDIENTS:

- *Curry leaves – 10 g*
- *Grated carrot – 20 g*
- *Chopped onion – 20 g*

Millet & Coconut Roti

by Karolina Raczyńska



PREPARATION METHOD:

1. In a bowl, mix the millet flour with another flour of your choice, add the coconut and salt. Optionally you can add finely grated carrot, onion, and curry leaves.
2. Add the water and mix, and knead to make dough.
3. Leave the dough aside for approximately 10 minutes.
4. Roll the dough with a rolling pin until it is around ½ cm thick.
5. Use a small bowl with sharp edges or another tool to cut dough circles around 7 cm in diameter. Cook them on both sides on the hot pan for a couple of minutes until the colour turns light brown.
6. It is good to use a Tava dish or another pan (avoid Teflon) for cooking these rotis.
7. Serve with a choice of your favourite curry and Pol Sambal.

These fresh rotis can also replace your regular bread, they are delicious and very easy to make.

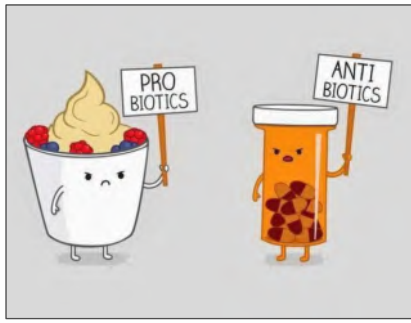


PHOTO CREDITS

Page 2: Pixabay: Cinnamon seasoning. Page 3: Google images. Page 4: Google images. Page 5: Google images, Page 6: Serafina Leffeld. Pages 7/8/9: Google images. Page 11: Google images. Pages 12/13/14: APA. Page 15: The Statesman (India). Page 16: Google images. Page 17: APA. Pages 19/20: Karolina Raczyńska.