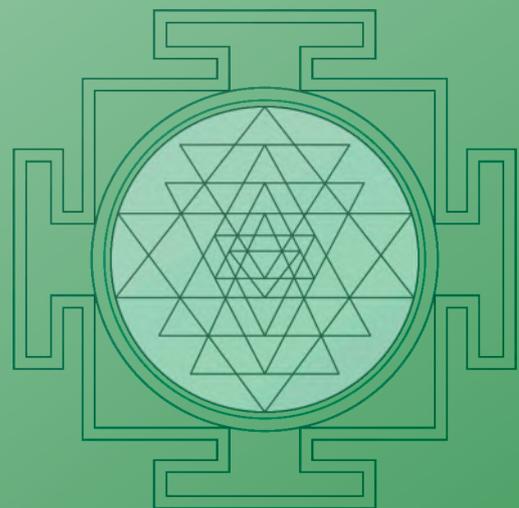


NEWSLETTER



JUNE 2022

Letter from the Editor

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Welcome to the summer Newsletter. In this latest edition we again feature a store of interesting articles, recipes and reviews. For those discovering this Newsletter for the first time, the APA website allows its members to access all back issues, see this link: <https://apa.uk.com/>

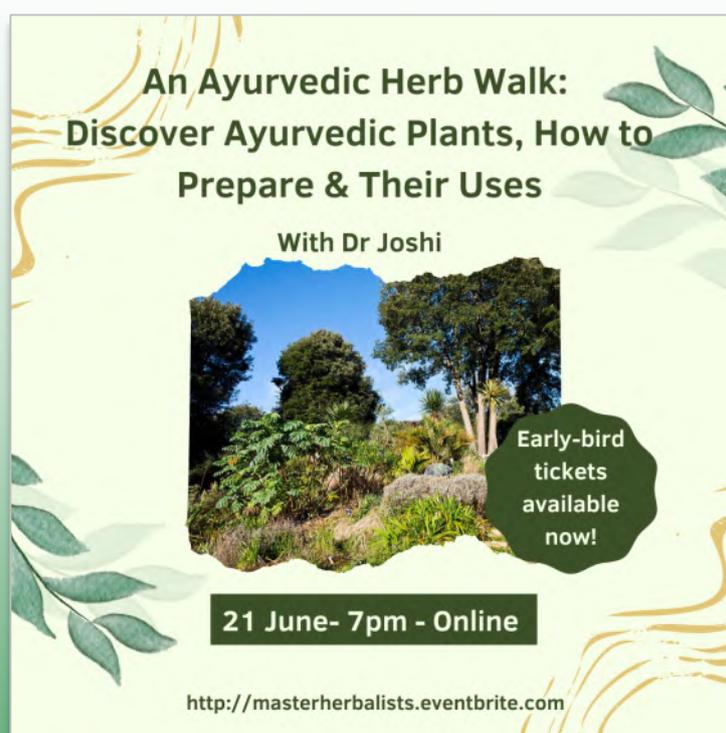
For those wishing to submit material for the Autumn edition please make sure it reaches us by 9th September 2022. There will be a slightly longer break before our next edition, the next edition is currently scheduled for mid October.

In addition, if you wish to run an advert in this Newsletter please contact me directly on info@neterapublishing.com

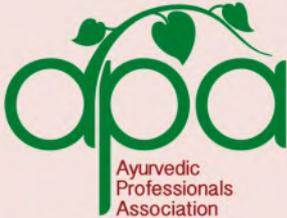
Andrew Mason

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. Content herein is for informational purposes only and is not intended to be a substitute for professional medical advice, diagnosis or treatment.

An Ayurvedic Herb Walk with Dr. V. N. Joshi, 22nd June 7pm - book now



<http://masterherbalists.eventbrite.com>

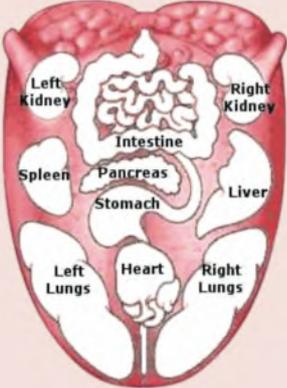


Ayurvedic Professionals Association

APA WEBINAR

**Jihva Pariksha
Ayurvedic Art
of Tongue Diagnosis
with Dr Vasant Lad**

**Friday, 19th August 2022
2.30 pm - 4.30 pm (BST)**



<https://jihvaparikshawithdrlad.eventbrite.co.uk>

APA is delighted to present a summer webinar with **Dr Vasant Lad**, where we will study the depth of Jihva Pariksha - the Ayurvedic Art of Tongue Diagnosis.

Have you ever taken a close look at your tongue? The colour, lines, shape, and marks tell a story of what is happening deep inside the body. Whether it's the placement of the organs on the tongue or the effects of the different tastes we experience, the tongue is one of the most important chapters of the story of our health. In this webinar, you will discover:

- the map of the organs on the tongue
- the significance of the various colours, lines, indentations, and other markings on the tongue
- various aspects of the tongue in relation to the organs of the body and any associated pathologies

Dr Lad's webinar will offer the essence of decades of teaching and clinical practice, providing you with both inspiring theory and rigorous practical application while weaving in his spiritual insights.

How to Tame the Monster

Tomaz Mueller

- Have you experienced increased anxiety levels and worries, especially in recent times?
- Do you often find yourself in a mental loop, uncontrollable obsessive thoughts?
- Are there emotional responses to certain triggers that you find difficult to shake off or get control over?
- Have you looked for ways to get a sudden spike in anxiety under control but often failed?
- Do you often overreact when something triggers your emotions?



Tomaz Mueller

The mind, or manas according to Ayurveda is one of the breeding grounds of disease. Imbalances such as worries and anxieties, addictions, unhealthy eating habits etc are a manifestation of a mind that has gone out of control, together of course with other factors such as poor nutrition and an unhealthy lifestyle. The question to ask is, which was first, the ‘chicken or the egg’? At the same time, the mind is also the seat of health and happiness.

Manas, or mind helps you in obtaining knowledge and is that which allows you to think before you take action. Therefore, manas, or the mind is considered in Ayurveda as a dual organ, it is both, a sense organ and an organ of action. You perceive the other senses such as sight, taste, touch and smell only through your mind. Your actions are very much influenced by the mind. For example if you are anxious and worried you may take actions that are not necessarily serving your highest good.

Therefore, your mind, on one hand, can be your biggest asset; on the other hand it may prove to be the greatest monster. Finding ways to control this monster has become more and more a challenge in a world faced with an information explosion from the environment around us, which demands that we attend to many stimuli simultaneously and then determine which to process and which to disregard.

This mental overload numbs our senses, resulting in emotional constraints- a life circumstance that becomes increasingly difficult to handle, giving rise to the formation of two new diseases that I would like to call ‘Mental Obesity’ and ‘Emotional Constipation’. These are created by a mind that is overloaded with information that can’t be processed, leading to a build-up of mental and emotional toxins, which affect your physical health.

Mental Obesity and Emotional Constipation, according to my view, are the two major causative factors for most diseases of the modern age. Therefore, in my clinical practice with my clients who struggle with their extra pounds, for example, the first step in addressing their weight is not

How to Tame the Monster

Tomaz Mueller

by prescribing a new diet, but by teaching them self- help techniques to deal with their Mental Obesity and Emotional Constipation. Once that is sorted, the physical weight will drop more naturally. These procedures increase self-awareness, which makes you realise how your life is controlled by the ping pong game between the mind and the emotions, where your mind justifies your emotions and your emotions in return feed your mind.

Let's look at the following scenario to understand this concept. Your partner has commented on the fact that each time you come home and are stressed, instead of exercising you seek comfort by eating chocolate. This comment may upset your feelings. Immediately, your mind seeks justification in saying that you have had such a stressful day at work, needing to face so many challenges; you are too tired to exercise and deserve that piece of chocolate.

How dare your partner criticise you for your behaviour? Usually you are so good and control your cravings for most of the day. Your emotional body responds to the mind's justification with a greater sense of discomfort, and you start feeling angry. As a result your mind goes on: But my partner is always pointing the finger at me. I can do what I can, but it is never good enough. All week I don't eat anything that I shouldn't, and just when I have worked so hard, I am made to feel guilty and am being picked on for not exercising.

Before you know it, you are caught in the ping pong game and your initial feeling of being upset quickly escalates to anger and perhaps rage, which makes you eat more and more of the chocolate, and the idea of exercising disappears as a mirage in your mind.

Perhaps it might be useful at this point to remember how an overloaded and restless mind leads to false brain messages and emotional patterns, which over time form unhealthy habits where not you but your mind controls your actions. In summary, the key message is that if you wish to turn your health around, you have to find ways to break the cycle of false brain messages, which are the cause of many unwholesome practices.

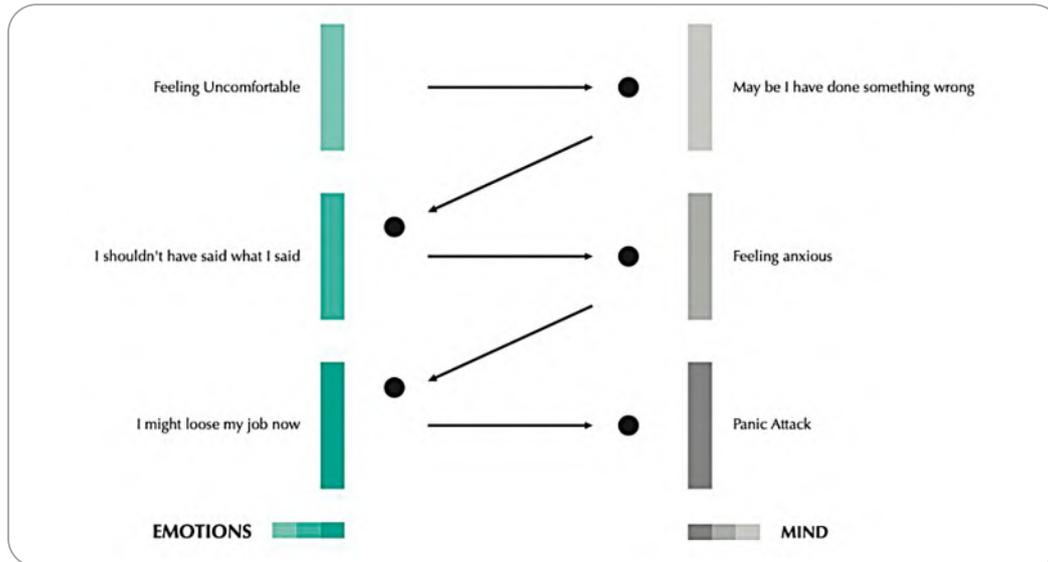
I am happy to share with you Step 1, of my 'OBC – TECHNIQUE' to address the above challenges.

BENEFITS of the Technique:

- helpful in changing unwanted habits
- increases self-awareness
- links you with your higher self

How to Tame the Monster

Tomaz Mueller



- brings mental calm and peace
- stops repetitive thought patterns

STEP 1 of the Technique: O'- OBSERVE

Find a calm and quiet place where you can be undisturbed for some time. Sit upright with your feet placed on the ground and your spine straight. Make sure you are comfortable.

According to Ayurveda and Yoga, we cannot treat the mind without addressing prana, the breath or life force. In this first step you change the thinking mind manas by changing your breath and thereby you increase the flow of prana.

Take a couple of deep breaths in and then breathe slowly out. Breathe in and out through your nose if possible. Elongate your 'out' breath; perhaps you can count up to four when breathing in and up to six when breathing out. This will give you immediately a sense of calm and peace.

Now observe what is happening emotionally; just screen through your physical and emotional body. Perhaps you may feel worried or you may experience pain. Then, as an example, repeat the following sentence in your mind:

“HERE I AM [NAME], OBSERVING MYSELF FEELING [E.G. WORRIED].”

Stop right there and try not to engage in the natural tendency of the mind as it tries to seek justification as to why you experience what you experience. This might be challenging initially, but it will get easier as you practise. Just repeat the sentence above in your mind, for some time until you start feeling a sense of relief and ease.

How to Tame the Monster

Tomaz Mueller

The aim is not to engage with the mind and the ping pong game, which seems to be the natural tendency. This is like training a new muscle; just keep practising until you have mastered it. What you will feel is immediate relief as you distance yourself from your emotions.

Remember you are not the emotion and you are not what your mind wants to tell you. In Ayurveda we teach and advocate increased self-awareness. As you become aware of how your mind interacts with the emotions, you can then choose where to focus your attention so that your actions align with source, your higher self.

The key is not to stop those feelings such as anger, frustration and so on from arising, but to learn how to work around them by accepting that they are there. This is how you can control them, and by controlling them you have then the ability to focus your attention on things that matter to you, on what you and your true self wish to achieve. This is the first step to stop the ping pong game and to take control over your mind and emotions.

It is without question of course that we cannot treat the mind, increase the flow of prana without considering the doshas of VATA, PITTA and KAPHA, which essentially can be understood as pranic imbalances. This means, having a balanced nutrition and living a healthy lifestyle, perhaps adding helpful herbs and other Ayurvedic practices are totally necessary in the process of gaining control of manas, the mind and its interconnectedness with the emotions.

If you wish to read more, just get a copy of my book here: <https://tomazmueller.samcart.com/products/the-spiritual-health-matrix-ebook>

Also, check out my free webinar on ‘**How to meditate**’

<https://tomazmueller.aweb.page/p/455a07f8-5647-4200-8faf-b6b40c280bd4>

Tomaz Mueller:

www.tomazmueller.com, info@tomazmueller.com

Instagram: <https://www.instagram.com/muellertomaz/>

YouTube: <https://www.youtube.com/channel/UC0AfUyUqVLjf3T0hG11CH6w>

TikTok: <https://www.tiktok.com/@tomazmueller>

Join my ‘**Expansion Warriors Meditation Club**’ (7-days' free membership)

<https://bit.ly/expansionwarriors-TM>

Review of the APA webinar 'Cancer Diagnosis & Management in the Light of Ama, Dosha & Sthana Assessment' by Karolina Raczyńska



On the 2nd of April, the APA had the great privilege of hosting a well-known Ayurvedic doctor, scholar and researcher, Vaidya Ram Manohar. Based on the tremendous success of the past webinar Vaidya Ram agreed to offer an in-depth half a day seminar on cancer titled: 'Cancer Diagnosis & Management in the Light of Ama, Dosha & Sthana Assessment' which expanded on the subject of oncology introduced during the 2021 webinar.

Since the integrative and interdisciplinary approach to treating cancer is becoming a growing study area, learning about Ayurveda's contribution in this field is significant and very progressive.

The first part of the seminar has offered a very comprehensive explanation of the process of disease, which progresses in the following manner: Nidana disturbs the Dosha, Dosha disturbs the Agni, disturbance of Agni leads to the formation of Ama, then Samadoshas vitiate the dhatus in specific locations that can be called as the Sthana of the disease. When there is good Bala the Doshas can withstand the insult from the Nidanas, and that is also true in the case of cancer and developing prevention from cancer disease. We need to avoid the risk factors and simultaneously strengthen our Bala to avoid and reverse the disease at the early stages. Following Dinacharya and Rutucharya allows one to continuously re-balance the Doshas and prevent further processes of disease.

Vaidya Ram has put a lot of attention into his teaching, explaining the impact that Ama (that which does not move or transform) plays in disease formation. Ama production is a systemic process rather than solely a gastrointestinal process that extends to metabolic and psychological processes in the body. As the Ama develops, we can see the signature of the Dosha imbalance. Also, the more Ama is present in the body, the less Ojas there is in the body. As much as possible, the formation of Ama should be prevented, not to plant any seeds in the formation of any disease. One verse in the Sarve Bhavantu Sukhinah Shanti Mantra says: 'Sarve santu nairaamaya', which means may all people all over the world be free of AMA.

Review of the APA webinar 'Cancer Diagnosis & Management in the Light of Ama, Dosha & Sthana Assessment' by Karolina Raczyńska

Vaidya Ram has also taught us about the importance of carefully selecting the right type of treatment for cancer based on the Doshavikalpa and the Sthanavikalpa. For example, cancer located in the Kosta should be treated differently compared to cancer located in the Shakha. Then the treatment of cancer is targeted and can be very effective. Since Arbuda is difficult to cure, then it is vital to use Yukti and be very specific when choosing the herbs and the line of treatments.

Ojas (the final outcome of digestion and metabolism) plays a key role in preventing cancer disease. It is Ojas that helps the DNA to repair, and it is Ojas that helps the body detect an invading agent and impact the result of healing. If the state of Ojas is healthy, then every single cell in the body functions optimally, so the body's response is correct and efficient. Ojas is a state of the body's functional integrity, which is dependent on proper Agni, the balance of the Doshas, and a lack of stress in the mind.

Vaidya Ram explained that the Ayurvedic treatment can empower the body to repair the DNA and therefore prevent cancer disease. Cells have a mechanism to repair damaged DNA, and even if the repair is not successful, the body has a function to eliminate cells wherein the DNA damage has not been completely repaired. Adopting Deepna, Pachana (including Langhana) and periodic Shodana and ingesting Amalaki Rasayana can help to prevent DNA damage.

During this seminar, Dr Ram explained that Arbudas could be classified as follows:

- Vata Arbuda (more painful, fast-growing and spreading)
- Pitta Arbuda (more inflamed, suppurating and spreading)
- Kapha Arbuda (painless, slow-growing and not so invasive)
- Meda Arbuda (soft and slow-growing)
- Mamsa Arbuda (hard and large)
- Rakta Arbuda (associated with bleeding and anaemia).

To plan a successful treatment in various stages of Arbuda, we need to construct the proper Shatkriyakala of the cancer disease which Vaidya Ram has explained as follows:

1. Vata is activated and provoked, which causes uncontrolled cell division and, in association with Kapha, causes slow but substantial growth of the Arbuda. This stage is compared to hyperplasia. We can consider it as an early-stage Sancaya.
2. As the hyperplasia progresses, the Pitta participates in making changes in the appearance of the cells. In later stages, when Pitta is also aggravated, the Arbuda becomes aggressive and

Review of the APA webinar 'Cancer Diagnosis & Management in the Light of Ama, Dosha & Sthana Assessment' by Karolina Raczyńska

causes great discomfort and fatal outcomes in the patient. This is the stage that can be compared to dysplasia, and this can be considered the late stage of Sancaya.

3. Transformation of dysplasia into a more developed form of cancer where it is confined to the site of origin. It is called 'in situ cancer'. This can be considered as the Prakopa stage.
4. Early Prasara stage is when cancer begins to invade the nearby tissues, and it can reach the nearby lymph nodes (it can be compared to stage II cancer).
5. Late Prasara stage, which is further spread of cancer, as cancer becomes more invasive, it reaches distance lymph nodes (it can be compared to stage III cancer).
6. Sthanasamsraya stage, when cancer metastasises to the other parts of the body, and in Ayurveda, this is called Dvirarbuda (it can be compared to stage IV cancer).
7. Vyakti stage with clear clinical manifestations (it can be compared to advanced stage IV cancer)
8. Bheda is the final terminal stage of cancer, where it has progressed beyond control.

Vaidya Ram has further explained that in Ayurveda, tumours are classified into Granthis and Arbudas. Granthis are encapsulated and have Kosha, while Arbudas are not encapsulated. Both begin developing similarly, but at one stage, in Arbuda, the cells transform structurally and functionally to become cancerous. Sushruta points out that Arbudas can recur (Adhyarbuda) or metastasise (Dvirarbuda). Arbudas that are fixed (Achalyam) or Prasruta (that ulcerate) are challenging to treat. Arbuda seems to refer to the primary pathogenesis of cancer; however other diseases may also turn cancerous at certain stages, e.g., Vatarakta, Gulma, Pandu, Vidradihi, Valmika conditions can turn into cancer.

From The Ayurvedic perspective, it is Ushna, Ruksha, and Tikсна Gunas that provoke Vata, which in turn stimulate the uncontrolled cell division. This combination of Gunas is precisely the opposite of Ojas. Avoiding excessive exposure to these Gunas (radiation, chemotherapy, alcohol) and the preservation of Ojas is a preventive strategy for cancer. By reducing the accumulation of Ama, regular use of Dipana, Pacana, Vyayama, periodical Shodana, and administration of Rasayana, the cancer disease can be successfully prevented.

If the disease has already developed, Ayurveda can adopt multiple treatment approaches by empowering the body to recognise and deal with cancer cells, inducing apoptosis and senescence of cancer cells. Ayurveda can also offer support before or after chemotherapy and radiotherapy to protect the body. In the case of advanced metastasis, the Rasa medications might be necessary to bring positive treatment results.

Review of the APA webinar 'Cancer Diagnosis & Management in the Light of Ama, Dosha & Sthana Assessment' by Karolina Raczyńska

To follow an inspiring work of Vaidya Ram Manohar and his profound research done at the Amrita School of Ayurveda in Kollam, India, where he works as the Research Director, please visit <https://amrita.edu/faculty/dr-rammanohar/>. If you would like to access the video recording of this webinar then please, please email info@apa.uk.com.

Review of the APA webinar 'Healing with Flowers' by Karolina Raczyńska



On the 10th of May, the APA had the great privilege to host another webinar by Annie McIntyre, one of the long-standing APA members. Annie has been kindly offering webinars for the APA over the last couple of years. We were fortunate to hear about Annie's vast experience with the Healing Power of Flowers this time.

During this webinar, Annie has connected us with the beauty of flowers that permeate every aspect of our lives, marking the most significant events and ceremonies: weddings, the birth of the child, and birthday to enhance the beauty of each occasion. They also offer us beauty, joy, and solace; if offered to a sad or unwell friend, they lift the spirits and speed up healing. Flowers have inspired poets, authors and artists alike and have come to symbolise a whole range of human experiences. For centuries, flowers have been featured in beliefs, myths, legends, art, medicine, worship, and religion.

Annie said that a flower contains all the elements of nature: ether, air, fire, water and earth. It has form, colour, texture and fragrance. The flower can also connect us to the deeper parts of ourselves and our consciousness and have the power to heal us on all levels of our being.

Annie shared that every flower has its blend of many different attributes, such as myriad biochemical constituents, texture, and combination of tastes and smells. Each flower has energetic properties such as heating or cooling, drying or moistening, and heavy or light properties. In ancient wisdom traditions, flowers and their prana were seen as manifestations of the universal conscious intelligence. Each flower has its unique life force and attributes that give it energetic qualities and its array of medically active constituents that offer the ability to heal. To assess the quality, freshness, and properties of the plants, the organoleptic approach is being used, which is a term for the use of senses to detect each plant's shape, colour, taste, and smell. That way, we can be sure of its identity and evaluate the presence, concentration and quality of the plant's constituents.

Review of the APA webinar 'Healing with Flowers' by Karolina Raczyńska

Annie has guided us that there are so many ways to take flowers, in the form of herbal preparations, essential oils, homeopathic remedies or flower essences. Flowers can also be taken in food and drink. Culinary flowers and herbs contain volatile oils with antioxidant and antimicrobial effects.

Flower preparations include infusions, tinctures, elixirs, oxymels and honey for internal use. One can make creams, poultices, plasters, oils, and liniments for external use.

Annie has also strongly recommended growing or foraging your own flowers and making your own medicine from what you have grown or collected locally. That way, you can be more in touch with the remedies compared to ordering them from a supplier. Growing our flowers allows us to know that pesticides, chemicals or bacteria do not contaminate them, they are unadulterated and not mixed or substituted with ordered ingredients, and we can ensure the botanical identity.

During this webinar, Annie took us on a detailed journey through the floral world of fragrant Roses, Rose Hips and Carnations and their vast medicinal properties, which everyone can access.

Annie has just released her new book titled 'Healing with Flowers: The Power of Floral Medicine', which we invite you to read. This beautifully illustrated book tells the story of flowers' mythological and historical origins in healing and medicine. It reminds us of their significance which is as powerful today as it was in ancient times. If you would like to learn more about Annie's work or would like to purchase Annie's books, please visit: <https://annemcintyre.com/>

If you have missed this webinar but would like to watch a replay, please email info@apa.uk.com.

Review of the APA webinar 'Suśruta's classic Compendium of Medicine:

Recovering a medical classic as it was 1000 years ago' by Karolina Raczyńska

On the 27th of April, at the APA we were fortunate to listen to Professor Dominik Wujastyk and learn about his fascinating project: 'Suśruta's classic Compendium of Medicine: Recovering a medical classic as it was 1000 years ago.'

Dominik is a Professor of Ancient Indian History at the University of Alberta, Canada. His background is in Sanskrit and Classical Indian studies, and he has held research and teaching positions at the Wellcome Centre in London, University College London, the University of Vienna and visiting positions at Harvard, Austin Texas, Helsinki, Zurich and elsewhere.

This webinar was a rare occasion to learn about Ayurveda from the point of view of a historian. Professor started by offering a historical context of the first mentions of the Ayurvedic

Review of the APA webinar 'Suśruta's classic Compendium of Medicine: Recovering a medical classic as it was 1000 years ago' by Karolina Raczyńska



terminology given in the teaching of the Buddha.

The physicians who developed Ayurvedic theory and practice did not write anything down for a long time. The writing in India became much more widespread after the period of King Ashoka in the last two centuries of the BC period and then

onward towards the Gupta Empire period.

India has a very strong oral tradition, and the knowledge has been passed in that form for centuries. At the same time, writing has always been very important in India, and there are millions of Sanskrit manuscripts which have survived until today; most of them are located in India, and some are spread across libraries in Germany, the UK and the USA. The oldest manuscripts found were palm leaf Buddhist manuscripts dating back to 1st century BC. These have been buried inside Buddhist stupas in places like Afghanistan and Pakistan.

Paper started to be used in India around the 1500s. Before then, the manuscripts were written on palm leaves, which proved to be more durable than paper. Before then, stone or wood was also used to create manuscripts. Printing has taken over the production of manuscripts after the period of the 1830s.

Some of best editions of Suśruta Samhita were:

1. Pandit Acarya from 1915, which was based on three manuscripts.
2. Pandit Acarya from 1931, which was based on nine manuscripts.
3. Pandit Acarya from 1938, which was based on another three manuscripts.

Not all the above manuscripts had the complete parts of the Suśruta Samhita, so there were many possibilities for errors or missing information.

To a big surprise, in January 2007, the Nepal-German Manuscript Cataloguing Project announced the discovery of an ancient palm-leaf Suśruta manuscript that is reliably datable to 878 CE. The manuscript is part of the Kathmandu library of Kesar Shamsheer Jang Bahadur Rana (1892–1964), a former Prime Minister of Nepal, and has been added by UNESCO to the "Memory of the World" register.

The discovery of this manuscript offers evidence and gives an opportunity to go back in time by over a millennium. A study of this thousand-year-old manuscript reveals an early stage of the

Review of the APA webinar 'Suśruta's classic Compendium of Medicine: Recovering a medical classic as it was 1000 years ago' by Karolina Raczyńska

work's textual development. This evidence, together with two closely related early manuscripts in the Nepalese National Archives, places the historical understanding of this Asian medical classic on a new foundation.

This manuscript discovery led to the development of the Suśruta Project, which Professor Dominik leads. It undertakes detailed work reading and transcribing the new manuscripts, evaluating their relationships and translating their content. The manuscript is now being transcribed using the Text Encoding Guidelines and the system called Saktudeva. The work on this project is progressing and generating a lot of fascinating discoveries, some of which have already been published as research papers that can be read online. If you would like to follow the journey of the Suśruta Project, then please visit <https://sushrutaproject.org/introduction/>

If you would like to watch a replay of the webinar with Professor Dominik Wujastyk, please email info@apa.uk.com.

Kanchanara (*Bauhinia variegata*) in Ayurveda

Andrew Mason



Rakta Kanchanar

Kanchanara is a popular medicinal ingredient in a number of important Ayurvedic remedies; in this short introduction article we'll take a closer look at some of its medicinal applications.

The common Sanskrit name for this tree is Kanchanara, but it may also be referred to as Pakari, Girija, Yugmapatra or Mahapushpa. Kanchanara is a medium sized tree (10-12 meters in height), seen growing throughout India, usually frequenting higher altitudes. It has a notably rough reddish bark, flowering in the spring and monsoon seasons. Its seeds are flattish and woody looking and there are roughly about 12-15 seeds in each of its pods. Chemically, the bark contains amongst other things, rich tannins used as a dyeing agent, along with various resins, gums and natural sugars.

The flowers of Kanchanara are yellow (hari-Kanchanar), white (sona-pushpak) or red (rakta Kanchanar), and are particularly impressive, earning it the name 'Orchid Tree.' Ayurvedically, the tree is categorised by the colour of its flower, the white and red varieties growing to a similar height, whereas the yellow variety tends to be the taller of the three. The leaves of this tree are large and distinctive, bi-lobed and looking like the foot of a camel, inspiring one of the tree's other popular names - Camel's Foot.

Kanchanara (*Bauhinia variegata*) in Ayurveda

Andrew Mason



Leaf of Kanchanara



Some Kanchanara guggulu ingredients



Kanchanar bark



Additional ingredients



Kanchanara decoction

All parts of this tree have medicinal value. Its leaves and buds are both edible and nutritious, the latter regularly consumed along with other vegetables. The flowers of Kanchanara are highly prized, these are collected and dried and ground into a powder. The powder is drunk as a tea (hot infusion), or a cordial (cold infusion). Both promote strength and vitality. The wood of Kanchanara is both hard and durable, having been historically favoured in the manufacture of building, tools and weapons.

In terms of general ecology, *Bauhinia variegata* has excellent nitrogen fixing properties, enriching soil fertility. It also provides a source of cattle feed and so has become doubly important to farmers and their livestock.

Medicinal applications

The flower, bark, leaf and root are all harvested for medicinal applications, which can be both used internal or external. Some of the main external uses include: decoctions aiding in wound cleansing and accelerated wound healing. When pasted, its bark is useful in skin conditions, to reduce inflammation. When decocted, it is useful as an oral gargle for gum disease, abscesses or tooth decay.

Some of the main internal uses of the bark include its use as a haemostatic, reducing inflammation and swellings such as tonsillitis/lymph nodes and goitre. It is also useful in cases of jaundice and other liver related problems. Bark decoction, along with rice water and ginger juice is sometimes used in cases of osteoporosis, whereas its natural astringency and de-oiling properties make it effective in helping to reduce lipid congestion or in the reduction of body fat. Flowers of Kanchanara, prepared a gulkand (a kind of jam) are useful in cases of constipation and haemorrhoids. Ayurvedically, Kanchanara is considered an effective herbal remedy in the reduction of Pitta/Kapha dosha, in that order.

Kanchanara appears in a number of popular Ayurvedic medicines, including Kanchanaradi Kwatha and Kanchan gutika. It is perhaps best known in Kanchanara Guggulu, a formula used in cases of thyroid imbalances, glandular swelling (lymph nodes),

Kanchanara (*Bauhinia variegata*) in Ayurveda

Andrew Mason



Kanchanara decoction filtered



Purified guggulu added to Kanchanara



Kanchanara guggulu paste



Herbal powders added to guggulu



Kanchanara guggulu complete

skin diseases, uterine polyps, lipoma, haemorrhoids and anal fistula. It is also useful in cleansing the body, aiding in the elimination of deep-seated toxins.

One popular formula and method for Kanchanara Guggulu

The following is a list of ingredients used in the manufacture of Kanchanara Guggulu.

Kanchanara (*Bauhinia variegata*), Guggulu (*Commiphora mukul*), acacia gum (gum Arabic), Sunthi (*Zingiber officinalis*), Marica (*Piper nigrum*), Pippali (*Piper longum*), Amalaki (*Emblica officinalis*), Haritaki (*Terminalia chebula*), Bibhitaki (*Terminalia bellerica*), Varuna (*Crataeva nurvala*), Ela (*Elatteria cardamomum*), Tvak (*Cinnamomum zeylanicum*) and Patra (*Cinnamomum tamala*).

Preparation of Kanchanara Guggulu is as follows:

1. Purify Guggulu using the prescribed method; this involves either boiling Guggulu resin in triphala decoction or milk. One alternative method advises steaming Guggulu in a decoction of triphala.
2. The bark of Kanchanara is broken into small pieces, and decocted in 16 parts water, reduced to one quarter.
3. A similar decoction of Varuna is also prepared.
4. The two decoctions are added to the purified Guggulu and reduced until a thick dark paste is achieved. This paste should be continually stirred (in an iron pan) until resin sticks to the surface of the pan.
5. Gum Arabic, ginger, black pepper, long pepper, triphala (1-1-1), cardamom and cinnamon (leaf and bark) are ground well and mixed, all in an equal quantity.
6. A little ghee is used to coat the inside of a mixing bowl.
7. The herbal powders are then poured into the bowl and the Kanchanara Guggulu poured on top. Slowly by hand, the powders and paste are kneaded together. As the mixing continues, fresh powder is added.
8. Kneading is continued until the mixture can be formed into a lump that does not lose its shape. To aid the mixing, a small amount of ghee can be added sparingly.
9. When this stage is achieved it is worthwhile rolling into pills of about 500 mg. These are then air dried and stored in a glass amber coloured jar.



Ayurvedic Digestive Types and the Bristol stool chart

Ayurveda places great emphasis on good digestion and healthy elimination. Our appetite, ability to digest and the regularity and consistency of our stools provide us with valuable insights into our state of health.

Ayurvedic texts such as the Charaka Samhita, one of the oldest authoritative texts on Ayurveda, written around 400-200 BCE, recognised the link between digestive health and diseased states. Modern science now link imbalances in the gut microbiome to a wide variety of chronic diseases, such as inflammatory bowel disease, asthma, behavioural disorders, diabetes, cardiovascular disease and autoimmune disorders.¹

Digestion and Pathogenesis

In Ayurveda, digestive imbalance is viewed as the main cause in almost all diseases (except exogenous causes). Ancient classical texts list the site of origin (Udbhava Sthana) in the pathogenesis (Samprapti) of different diseases, as either the stomach (Amashaya) or large intestine (Pakvashaya). These two Sanskrit words very beautifully describe the function of the digestive organs by their inherent meaning:

- Amashaya - 'ashaya', the seat or abode of 'ama' or uncooked, unprocessed food material, thus referring to the stomach
- Pakvashaya – 'ashaya', the seat or abode of 'paakva' cooked, digested food material, thus referring to the large intestine

Ayurveda has two important concepts that gives insight to our digestion and bowel movements: Agni (digestive capacity) and Kostha (expression of bowel habit). The nature of an individual's Agni and Kostha are affected by the dominant Dosha of their constitution or 'Prakriti'. However, it can also be affected by their current Doshic imbalance (acquired due to their diet and lifestyle).

Agni (digestive capacity)

The word **Agni** translates as 'digestive fire' or digestion. However, in the context of the 4 types of Agni described in Ayurveda, it refers to digestive capacity:

Ayurvedic Digestive Types and the Bristol stool chart by Colette Park

Colette Park

References for this article available on request

Digestive Type:	Symptoms:
Vishama Agni (irregular digestion) 	<ul style="list-style-type: none"> • due to the dry and airy qualities of Vata • digestion is erratic and irregular • symptoms include an irregular appetite (sometimes hungry, other times not), bloating, flatulence.
Tikshna Agni (sharp digestion) 	<ul style="list-style-type: none"> • due to the hot and penetrating qualities of Pitta • digestion is strong or intense and food gets digested very quickly • symptoms include thirst, intense hunger, hypoglycaemia, acid reflux.
Manda Agni (slow digestion) 	<ul style="list-style-type: none"> • due to the slow and damp qualities of Kapha • digestion is dull, poor or inadequate – even small quantities of food does not digest • symptoms include low appetite, lethargy, abdomen feels heavy.
Sama Agni (balanced digestion) 	<ul style="list-style-type: none"> • due to balanced Doshas • linked to good appetite, balanced metabolism, digests all meals easily, feeling of vitality and energy.

Kostha (expression of bowel habit)

Koshtha is a concept of how the bowel habits are expressed in each individual and includes the frequency and consistency of stools:

Bowel Type	Symptoms:
Krura Kostha (hard bowels):	<ul style="list-style-type: none"> • Elimination predominantly affected by Vata (leading to dryness) • Results in dry, hard stools that are expelled with difficulty or strain. • Elimination does not occur regularly or daily.
Mrudu Kostha (soft bowels):	<ul style="list-style-type: none"> • Elimination predominantly affected by Pitta (creating heat and moistness) • Results in soft, semi-solid or liquid stools that are easy or quick to expel. • Elimination occurs more than once a day.
Madhyama Kostha (moderate bowels):	<ul style="list-style-type: none"> • Elimination predominantly affected by Kapha (creating heaviness and moistness) • Results in well-formed stools (neither too dry, nor too soft) that are moderately easy to expel.¹

¹ Murthy, K.R.S. (2003): Vagbhata's Ashtanga Hridayam, reprint, Volume 1, Sutrasthana 1: Varanasi: Chowkhamba Press.

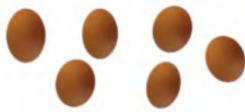
	<ul style="list-style-type: none"> • Elimination is regular and occurs daily.
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When the Doshas are balanced, it creates moderate bowels. Thus, Madhyama Kostha (moderate bowels) is the ideal and does not lead to disease.

The Bristol Stool Chart

The Ayurvedic understanding of bowel habit (Kostha) corresponds quite beautifully with the Bristol Stool Chart. The Bristol Stool chart was developed in 1997 as a clinical assessment tool and lists seven types of stools (faeces).

Below is a chart that shows how the Bristol Stool Chart corresponds with the Ayurvedic concept of Kostha and Agni:

Bristol Stool Chart	Description	Kostha (bowel habit)	Agni (digestive capacity)
Type 1 	Separate hard lumps, like nuts, difficult to pass	Krura (hard)	Vishama (irregular)
Type 2 	Sausage-shaped, but lumpy	Krura (hard)	Vishama (irregular)
Type 3 	Like a sausage but with cracks on its surface	Madhyama (moderate)	Manda (slow) / Sama (balanced)
Type 4 	Like a sausage or snake, smooth and soft	Madhyama (moderate)	Manda (slow) / Sama (balanced)
Type 5 	Soft blobs with clear cut edges	Mrdu (soft)	Tikshna (sharp)
Type 6 	Fluffy pieces with ragged edges, a mushy stool (diarrhoea)	Mrdu (soft)	Tikshna (sharp)

Type 7 	Watery, no solid pieces, entirely liquid (diarrhoea)	Mrdu (soft)	Tikshna (sharp)
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Digestive imbalances and their link to other diseases

Digestive issues are caused by an imbalance of the Doshas. An individual with a Vata constitution will have a natural tendency towards irregular digestion (Vishama Agni) and constipation (Krura Koshtha). However, such a person may develop sharp digestion (Tikshna Agni) and/or diarrhoea (Mrdu Koshtha) due to stress and eating lots of spicy foods (which has thus created a Pitta imbalance).

These imbalances then have an impact on the rest of the body, creating disease.

Colitis and Rashes

Allopathic Medicine recognise a link between ulcerative colitis (a disease causing inflammation and ulceration of the colon) and inflammatory skin conditions such as rashes, hives and psoriasis.³ Using the Ayurvedic framework it is easy to understand how an excess of Pitta (linked to the fire element, thus an expression of inflammation) in the digestive system can give rise to symptoms of Pitta in the skin.

Parkinson's and Constipation

The presence of constipation in Parkinson's Disease patients is a well-established observation. However, a study in 2001 was the first to show a causal link between long-term constipation and an increased risk of developing Parkinsonism.⁴ Study participants with long-term constipation (bowel movement less than once day) were 2.7 times more likely to develop Parkinson's Disease later in life. Interestingly, as the frequency of daily elimination increased (2 or more times a day), the likelihood of developing Parkinsonism decreased. Parkinsonism in Ayurveda is named Kampavata – 'Kampa' referring to tremors and 'Vata' indicating the involvement of a Vata imbalance in the disease. It is worth remembering Vata's link to Vishama Agni (irregular digestion) and Krura Koshtha (constipation) in this instance.



Is there a perfect bowel movement?

Unlike the Bristol Stool Chart that states the normal bowel habit produces a stool every 1-3 days, Ayurveda stresses the importance of having a good bowel movement every single day. Even skipping one day or having an incomplete bowel movement, is considered as constipation.

Balanced elimination is a result of Sama Agni (balanced digestion), which results in Madhyama Koshta (moderate elimination). It has the following qualities:

- a well-formed, sausage-shaped stool
- floats in the toilet bowl
- light brown in colour
- mild odour
- not sticky (does not stick to the toilet and the anus remains clean) ⁵

Ayurvedic wisdom recommends that all food and drink we partake should help support and protect the balance of our digestive functioning. An imbalance in the digestive system is the root cause of Doshic imbalances in the body and by taking steps to balance the digestive system we can improve disease outcomes. To balance digestion, Ayurveda uses nutritional changes based on the qualities and tastes of foods, herbal remedies and self-care practices.

By understanding our digestive type or imbalance, we can make wiser food choices to support and correct our digestive imbalance and support our overall health.

Article by Colette Park, *BSc (Hons Ayurveda), MSc Clinical Nutrition*

www.colettepark.co.uk

[@coletteparkayurveda](https://www.instagram.com/coletteparkayurveda)

Buddhist Ayurvedic Therapy (BAT) in the NHS

Matthew Aldridge

References for this article available on request



Mental health problems pose a significant current and future challenge all over the world. In England mental health problems represent the largest single cause of disability and sickness absence. One in four adults experience at least one diagnosable mental health problem in any given year and people with mental illness die on average 15-20 years earlier than those without, often from avoidable causes (Mental Health Taskforce, 2016; Research Councils UK, 2017).

It has been argued that Buddhist Ayurvedic Therapy (BAT) may be an acceptable means for increasing holistic and culturally inclusive care in England and may have potential to contribute towards public mental health interventions (Aldridge, 2018, 2019, Under review). A current online petition is calling for Ayurveda to be available through the National Health Service (NHS). The petition states: ‘We believe this treatment [Ayurveda] should be fully funded through NHS. Currently patients must self-fund, but we want the treatment to be available to all, not just to those who can afford it’: <https://petition.parliament.uk/petitions/612296>

Across England one in ten (10.3%) nursing posts are vacant and the NHS is facing a severe shortage of nurses. In 2022, Patricia Marquis, Royal College of Nursing (RCN; www.rcn.org.uk) director for England, said:

“The fact that nursing vacancies remain stubbornly high, at about 40,000 in the NHS in England, is deeply worrying. With every job that remains unfilled, safe patient care becomes even harder to maintain”

It is feared that low pay, burnout from heavy workloads and constant pressure during shifts is leading more nurses to quit. Yet calls for Ayurveda in the NHS need not be seen as competing with funding for more nurses. Prof. Murphy Halliburton (2020) reported on a project in Kerala which takes an approach that could potentially be adapted within the NHS to enable the introduction of Ayurvedic therapies within mainstream professional healthcare. Snehavedu, a psychosocial rehabilitation centre in Kerala is currently undertaking the training of 400 nurses from similar centres around Kerala, in Ayurvedic methods for mental health care (Halliburton, 2020).

Ayurveda does not, of course, have such an established basis in England as it does in Kerala. Unlike in India, which has the Central Council of Indian Medicine (CCIM; www.ccimindia.org), in England there is no regulatory body for Ayurvedic practitioners or therapists. On the other hand, the Nursing and Midwifery Council (NMC; www.nmc.org.uk) is

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the independent regulator for nurses in the UK. This means any Registered Mental health Nurse (RMN) in the UK is bound by the professional standards set out in the NMC Code and can potentially lose their registration if these standards are not met. In relation to practising effectively the NMC Code states:

‘Always practise in line with the best available evidence... To achieve this, you must... make sure that any information or advice given is evidence-based including information relating to using any health and care products or services...’. (Nursing & Midwifery Council, 2018).

Some Ayurveda enthusiasts in the UK are highly critical of adopting an evidence-based approach such as this within Ayurveda, and appear to prefer simply sharing heartfelt convictions, anecdotes, and assertions that Ayurveda is the ‘science of life’ and ‘over 5,000 years old’. Within an Ayurvedic forum one such person, who seemed critical of evidence-based practice, wrote:

“While some colleagues in this group think it's important to get “evidence” in order to “prove” efficacy of Ayurveda (as if 5000 years of practice isn't proof enough), others are more patient-focused and spend their energy and time empowering patients towards actual wellness” (Anonymised, 2022).

Leaving aside Big Pharma conspiracy theories, in relation to Ayurveda, it should be remembered that: ‘...absence of evidence is not the evidence of absence’ (Narayana and Durg, 2021, p. 411), but for Ayurvedic therapies to be accepted within the sphere of professional healthcare, smart or enthusiastic assertions are inadequate. Addressing questions such as “Why do we need an evidence base to Ayurvedic practice?”, “Do we really require an evidence search for a healthcare practice which is in vogue since ages?”, Rastogi and Singh (2012) argue that an evidence-based Ayurveda would offer prospectively better and dependable health care, growth of Ayurveda as a contemporary science, and an evidence-base for diagnostics, supporting the fundamentals of Ayurveda. They argue that applying an evidence-base to Ayurvedic clinical practice would create a sound scientific and logical basis upon which a decision of therapeutic intervention can be made:

‘...we need to understand that bringing evidence base to the practice of Ayurveda is mandatory if it is thought to be raised as a medical system where predictability and dependability are features as key components’ (Rastogi and Singh, 2012, p. 47)

Rastogi and Singh (2012) also clarified that an evidence-based approach would by no means challenge the classical principles or practice of Ayurveda, but would supplement it: ‘...in light of best available evidences to the tune of conventional understanding’ (Rastogi and Singh, 2012, p. 33).

Buddhist Ayurvedic Therapy (BAT)

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Buddhist Ayurvedic Counselling and Psychiatry (BACP; Galmangoda, 2015, 2022) is a new subject area grounded in premodern Buddhist and Ayurvedic texts. It was originally developed and introduced at the University of Kelaniya and Nāgānanda International Institute for Buddhist Studies (NIIBS) in Manelwatta by Prof. Dr. Sumanapala Galmangoda (Royal Pandit, Senior Professor and Dean – Faculty of Graduate Studies, Nāgānanda International Institute for Buddhist Studies (NIIBS)). Prof. Sumanapala is an Ayurvedic doctor, specialist in Buddhist Abhidhamma and a respected authority on traditional cultural approaches to promoting mental wellbeing in South Asia (WHO, 2012, p. 39).

The 2011 annual report of the Postgraduate Institute of Pāli and Buddhist Studies (PGIPBS), mentions the introduction of two courses leading to Postgraduate Diploma and MA in Buddhist Ayurvedic Counselling. These vocational courses with practical components received financial support and other facilities from the World Health Organization (WHO). WHO support was received following presentations on Buddhist Ayurvedic Counselling by lecturers and students at a workshop organized by the WHO in Kandy, an introduction to these courses given at a WHO workshop in Indonesia, and other presentations including at a WHO meeting in Myanmar in 2012 (WHO, 2012). The PGIPBS 2011 annual report states that two counselling centres had been established through the Anusāsānī Foundation through the participation of a qualified Buddhist Ayurvedic counselling practitioner and representative from the WHO.

Buddhist Ayurvedic therapeutic methods are aligned with a textually based theoretical understanding on transdiagnostic mechanisms of change and encompass a broad range of methods including Buddhist anusāsānī (psychoeducation/advice/counselling), Ayurvedic yukthivyapasraya techniques (logic-based physio-pharmacological therapies) and other therapeutic approaches. As Prof. Sumanapala explained:

“When I formed this method, I included physical treatments from Ayurveda. Because, mental problems we can solve through Buddhism, but related physical problems, how to treat? Then it is a problem. Therefore, I combined Ayurvedic aspect into Buddhism. That’s how I mixed these two subjects...” (Galmangoda, 2015, personal communication, 14 October, 2015).

With the inclusion of the ‘Ayurvedic aspect’, Buddhist Ayurvedic Counselling and Psychiatry (BACP) is not adequately described as a ‘psychological’ intervention, as it is holistic in scope (i.e., it includes the mind, body, and broader social, cultural, and spiritual aspects). Its wide range of therapeutic methods go beyond counselling alone. In the UK, a ‘psychiatrist’ must be a medically qualified doctor who specialises in biomedical psychiatry, so a person using the term ‘psychiatry’ to refer to their practice without relevant medical qualification could be accused of pretending to hold a licence to practice biomedicine, as ‘passing off’ as a biomedical practitioner and fined

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under the Medical Act 1983. For these reasons “Buddhist Ayurvedic Therapy (BAT)” is the preferable term to encompass this field in the UK.

I first learned of Ayurveda in the 1990s during a five month stay in a rural village in Sri Lanka. I was volunteering for Samaseveya, a Non-Government Organisation (NGO), where I supported local children with learning English and participated in a project educating on indigenous Ayurvedic herbs. After qualifying and working for over a decade as a Registered Mental health Nurse (RMN) and contributing to practice development in this field (Aldridge, 2012, 2015), I later qualified with Complimentary Medical Association (CMA) and Federation of Holistic Therapist (FHT) accredited Ayurveda diplomas (in ‘Ayurvedic Therapies’ and as an ‘Ayurvedic Diet & Lifestyle Consultant’).

Jinadasa Liyanaratne is a widely respected scholar who has written a number of publications on traditional medicine in Sri Lanka and its connection with Buddhism (Liyanaratne, 1987, 1991, 1995, 1999, 2001, 2002, 2009). He has mentioned that families of specialist traditional physicians in Sri Lanka continue to carefully protect their private collections of medical texts. Within the Neelamahara ‘Ayurvedic psychiatry’ tradition in Sri Lanka, a private collection of ola-leaf medical manuscripts relating to mental illness continues to be carefully protected within a family tradition. The Neelamahara tradition has roots in Hela Wedakama (traditional Sinhala medicine) and is famous in Sri Lanka for having specialised in the specific field of mental health for over three centuries. Gananath Obeyesekere, Emeritus Professor of Anthropology at Princeton University has done much work in his home country of Sri Lanka, and this included research into the Neelamahara tradition. In 1970 he wrote that in Sri Lanka, there are:

‘...numerous specialists who deal with mental illnesses in the manner prescribed by Ayurveda... the most famous of these specialists has a ‘hospital’ in Nillammahara, ten miles outside of Colombo, where mentally ill patients are treated’ (Obeyesekere, 1970, p. 294).

Today, Ayurvedic psychiatrists within the Neelamahara tradition also train in the field of Buddhist Ayurvedic Counselling and Psychiatry (BACP; Galmangoda, 2015, 2022). During a UK-based Master of Arts (MA) in Buddhist Studies in 2015 I returned to Sri Lanka and stayed in Neelamahara village where I learned and participated in administering traditional therapies under supervision of Ayurvedic psychiatrists within the Neelamahara tradition. Until 2021, the full Postgraduate Diploma and MA courses in Buddhist Ayurvedic Counselling at Kelaniya university in Sri Lanka had been delivered in Sinhala language only, but in 2015 I was also kindly invited to a ‘Diploma in Buddhist Ayurvedic Theory and Practice of Counselling (short term programme)’ at the Nāgānanda International Institute for Buddhist Studies (NIIBS) which was delivered in English language by Prof. Sumanapala Galmangoda. In 2022 I also completed the MA in Buddhist Ayurvedic Counselling based at Kelaniya university. In personal correspondence Prof. Sumanapala wrote:

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“As the first westerner who was awarded the Diploma in BACP [Buddhist Ayurvedic Counselling and Psychiatry] from Nāgānanda, Mr. Matthew, I am proud of you... I very much hope that we can introduce a BACP course in an international level somewhere in the west...” (Prof. Sumanapala Galmangoda, personal email correspondence, June 18, 2016).

Since 2016 I have continued to introduce various Buddhist Ayurvedic programmes in England in various formats, both privately and within the NHS (Aldridge, 2018, 2019, Under review).

Rather than focusing on deficits and illness, the ‘recovery approach’ to mental health focuses on wellness and the achievement of a meaningful life. The recovery approach supports people with mental health conditions to reclaim control of their own lives. It emphasises the importance of good relationships, education, employment and purpose alongside reductions in clinical symptoms. The World Health Organization (WHO, 2019) explains the meaning of recovery:

‘The meaning of recovery can be different for each person. For many people recovery is about regaining control of their identity and life, having hope for their life and living a life that has meaning for them whether that be through work, relationships, spirituality, community engagement or some or all of these’ (World Health Organization, 2019, p. 3).

The introduction of Recovery Colleges (which embody the recovery approach) has revolutionised the way people with mental health problems can be supported to live the lives they want to lead. Using an educational paradigm, Recovery Colleges are centred on the promotion of wellbeing. They inspire students to develop a different relationship with mental health conditions, promote a wider range of coping skills, greater confidence and knowledge, to overcome challenges, and strive towards their own goals.

Originally Recovery Education Centres were developed in the USA, the first pioneer Recovery College in the UK was established in Southwest London in 2009 and in Nottingham in 2011 (Perkins et al., 2012, p. 3). Recovery Colleges offer a possibility of change and transformation for people wishing to rebuild their lives. They can be defined as formal learning institutions that strive to create environments in which people with a lived experience of mental distress feel safe, welcome and accepted (Jay et al., 2017). Recovery Colleges inspire students to develop a different relationship with mental health problems, a wider range of coping skills, and greater confidence and knowledge to overcome challenges, and there are now over 85 Recovery Colleges in the UK (Anfossi, 2017).

In recent years, as a Practitioner Trainer, together with Peer Recovery Trainers (who have a lived experience of mental health challenges), I have co-produced and co-facilitated Buddhist Ayurvedic recovery education programmes at the South London and Maudsley NHS Foundation Trust (SLaM) Recovery College. Initially, from April 2020, during the early period of the coronavirus (COVID-19) pandemic, an internet-delivered Buddhist Ayurvedic recovery education programme titled: ‘The Ayurveda Way to Wellbeing’, was co-produced and offered by

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References for this article available on request

Claire (Peer Recovery Trainer) and myself (Practitioner Trainer), via Microsoft Teams. Twenty-six 50-minute sessions were delivered (three each week), and an average of 127 people registered on each session (a total of 3,299 registrations).

Buddhist Ayurvedic recovery education programmes within the SLAM Recovery College currently include sessions teaching methods for Ayurvedic self-massage and a programme on the 'Five Obstacles on the Road of Recovery'. This monthly programme consists of a total of seven hours over four weeks. It is based on the teaching of the five hindrances (pañca nīvaraṇani). In accordance with the purpose of Recovery Colleges this programme offers the possibility of change and transformation for people wishing to rebuild their lives, it supports students to build a wider range of coping skills, supports them to gain greater confidence and knowledge to overcome challenges, and inspires a different relationship with these five transdiagnostic obstacles to recovery.

As Buddhist Ayurvedic programmes and courses continue to be co-produced and offered at the South London and Maudsley NHS Foundation Trust (SLAM) Recovery College for free, the calls for Ayurveda to be available through the NHS have continued to grow. The example of Snehavedu in Kerala shows that mainstream mental health professionals can be trained in Ayurvedic methods specifically for mental health (Halliburton, 2020); however, a greater evidence-base will be required if Ayurvedic therapeutic approaches are to be introduced more widely within professional healthcare in the NHS (Rastogi et al., 2012).

Buddhist Ayurvedic Therapy (BAT) may be an acceptable means for increasing holistic and culturally inclusive care in England and may have potential to contribute towards public mental health intervention. To take this further, in October 2022 I will be starting a PhD at King's College London (KCL) (with possible transfer to the university of Oxford if required) which will entail collaboration with Ayurvedic psychiatrists and other Buddhist Ayurvedic specialists in Sri Lanka. This project has an applied focus with attention to both theory and practice. It will be the first to introduce Buddhist Ayurvedic Therapy (BAT) within a higher education institution in the west. This research will be supervised by a professor of Buddhist Studies and professor of Mental Health Nursing at KCL, as well as additional supervision from specialist professors and practitioners in this field in Sri Lanka. The intention is for this research will provide foundations for the development of an evidence-base for BAT in England, not as an "alternative" or "complementary" therapy, but as an option within mainstream NHS healthcare. As part of this project, collaboration is also sought with UK-based Ayurvedic practitioners and therapists, people interested in this project from within UK South Asian communities and others who are interested in Buddhist Ayurvedic approaches to mental health and wellbeing.

If you would like to be involved and/or are interested to find out more about this project, please contact: matthew.aldridge@slam.nhs.uk

APA Help for Ukraine - Happy Kids Foundation by Karolina Raczyńska



Over the last months, the APA has supported Ukrainian children who were evacuated to Poland due to the ongoing conflict in Ukraine. APA has directly donated funds to a Happy Kids Foundation and a couple of Ukrainian families who came with nothing to Poland and were in great need. The funds were used to purchase necessary clothing for the children and basic living supplies.

The Foundation Happy Kids, which the APA supported, is a leading Polish non-governmental organization founded in 2001 to provide a chance for a happy childhood for children in Polish orphanages with little to no chances for adoption.

Since the war in Ukraine, the Happy Kids Foundation has assisted Ukrainian authorities in emergency evacuations of children from state orphanages and their caregivers to Poland. Starting as early as February 28th 2022, in cooperation with the city of Lodz in Poland and local and international partners, Happy Kids has assisted in the evacuation of approximately 2,000 civilians, including 1,500 children and guardians from orphanages located Kharkiv, Kherson, Lviv, Kyiv, Odesa, Poltava, Zhytomyr.

The youngest child who was rescued was seven days old when crossing the border. The evacuation was conducted in close cooperation with the Department of the Protection of Children's Rights and Adoption of the Ministry of Social Policy of Ukraine and Polish authorities, and Global Compact Network Poland. Thanks to the generous support of the donors, the foundation was able to assist orphanages, foster families or other forms of foster care, which require immediate evacuation from Ukrainian territory affected by war, provide support in transportation to the border between Poland and Ukraine, assist the evacuated children at the border crossings and work with local governments to secure and prepare accommodations ready to meet the needs of the evacuated groups.

Now that the children and their caregivers have managed to flee the horrors of war, the Happy Kids foundation focuses on providing children with an environment where they can feel safe, happy and at home. A significant proportion of children suffer from psychological trauma and physical or intellectual disabilities. The foundation assists the children in the following areas: infrastructure and furnishing, food security, nutrition, equipment and supplies, direct cash transfers, health care, psychological support, educational support, and hearing devices.

Letter from the APA President

This extended issue will take us to Autumn, thanks to those who shared such detailed and interesting writing. Many of you will have noticed the circulated petition for Ayurveda on the NHS, this is again mentioned by Mathew on page 22, however, to reach **significant numbers**, a huge effort amongst friends and families will be needed on all SM platforms.

The APA were very fortunate to have fantastic Spring webinars, reviews are included in this issue, monies raised have been used to help children evacuated to Poland, the APA has sent £465.00. Thanks to everyone who attended webinars and helped make this possible. **Autumn webinars will be announced soon.**

As you may have noted from page 3, **Dr Lad** has kindly agreed an on-line webinar. Dr Lads team have generously allowed **Early-Bird pricing**, book ASAP to secure a space.

We are all leading busy lives, time is short and many struggle to make a living from Ayurveda alone, but **please try to take some time to contribute to the APA newsletter to ensure the continuation.** August is renewal time for APA members and **CPD will be due along with renewal**, contributing to the Newsletter counts towards CPD.

Over the next month we are working on a more public facing magazine, our hope is, you will be able to use a page to include your details and then send to your database promoting your work and Ayurveda in a ready to use format.

The website had a revamp now promoting affiliates (*what's new*) as well as altering some parts after feedback from members. We are also working with organisations to become a more inclusive community

Letter from the APA President

of like minded souls and because of this are able to offer APA members the excellent **Herb Walk** with Dr Joshi, filmed by APA editor Andrew and made possible by the Association of Master Herbalists, I have seen, it is excellent and discussing Ayurvedic herbs so book your place ASAP.

Thanks for your continued support, *feel free* to share your views and comments either via the office or directly with me.

Sue (sueayurveda@gmail.com)

Dot Bowen, Yoga teacher, as many of you know APA former secretary, sent for consideration.

Question? Should the APA be interested in having closer ties with PHA?

The PHA is a refreshing, inspiring and contemporary organisation advocating for both practitioner and patient empowerment.

It already has a platform that associations like APA can be part of, and could provide incredible knowledge-based resources enabling Ayurvedic practitioners to collaborate with other health-modalities to serve their local community co-operatively.

It's so important to frame our intentions around co-operation rather than competition.

The PHA offers hope for a much more wholesome and community-oriented practice where practitioners can develop long-term relationships with clients and also peers in the healthcare field.

Many alternative healthcare businesses aspire to something like a community hub but are usually profit-driven. The values which underpin a "community" hub are rooted in different values, not the damaging and crippling capitalist system that has driven the NHS and dedicated staff to their knees.

The idea of "complementary healthcare" originated not as an addendum to allopathic medicine, which is how it is used nowadays, but rather to complement people's lives. It's implicit in the word that many things contribute to health and wellbeing, and to limit people's options as is the case now, is an insult to the diverse and incredibly powerful health modalities in the world.

The reductionist view that our healthcare provision should begin and end with conventional medicine is over and being part of the PHA, (we have always known this really), and building a local team of multi-talented caring practitioners is a wonderful, and much-needed approach.

I hope that as Ayurvedic professionals we can become an integral part of the healthcare revolution! We can be recognised as part of a powerful healing resource in our communities. I believe we need to turn away from trying to prove our worth in a corrupt system by fighting for acknowledgement, and instead focus our energy on the bright future serving people who are desperately in need of more options.

<https://the-pha.org/education/therapies/>

Moroccan Courgette Salad with Chermoula by Laura Bridge

Serves x4

- Chermoula sauce:
- 1 (mild) red chilli
- 1-2 garlic cloves
- 1 bunch of parsley
- 1 bunch of coriander
- 4 tablespoons of olive oil
- 30 g of lemon juice
- Salt and pepper
- 1/2 tsp smoked paprika
- 1/2 tsp roasted cumin powder

Salad:

- 2 green courgettes
- 1 yellow courgette
- 1 head of sweetcorn
- A few coriander leaves to garnish

Method:

1. Heat a griddle pan.
2. Bring a pan of salted water to the boil.
3. Meanwhile slice the courgettes into rounds, about 4 cms, place in a bowl & season with salt and pepper. Pour over a tablespoon of oil of your choice such as olive, untoasted sesame, or safflower, over the sliced courgettes and mix it in to coat the sides.
4. Place the courgettes onto the griddle pan and lightly grill the vegetables on either side, avoiding actually charring them black. Set aside but avoid stacking them, or the heat will steam cook the Courgettes more.



5. Once the water has boiled, cook the corn for 2 minutes, then remove it with tongs, and once dry, place it on the griddle pan to give it a nice smoky flavour. You can avoid the blanching step, however I just find the corn is more juicy this way.
6. When the corn is cool enough, cut the kernels off the cob.
7. To make the chermoula, sauce, place all the ingredients into a liquidiser and blend to a thick consistency. You may need a tablespoon of water to loosen it to the desired consistency.
8. To present the salad, overlap the courgettes on a plate, scatter over the corn, drizzle over the chermoula and scatter over a few coriander leaves to garnish.

Notes: *You can opt to steam the vegetables instead.*

Recipe by Laura Bridge

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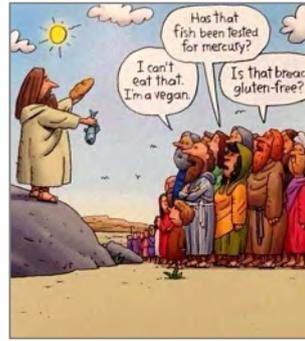
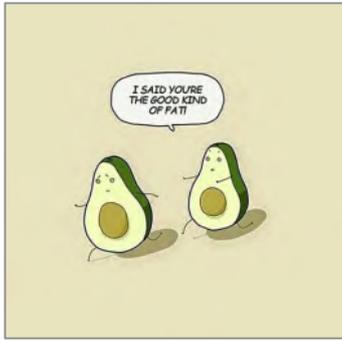


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Ayurvedic Professionals Association
Office contact: info@apa.uk.com