



# HIHT News

## Energy of Consciousness in the Human Personality *by Swami Rama*

... continued from previous issue

The yogis say that only a certain surface of the mind is asleep but that a vast area of the mind never sleeps. For if the entire mind were to sleep, who is it that continues the digestive processes during that time? Who keeps the lungs breathing and the heart pumping? If the entire mind were to sleep, who would wake us up again? Seeing that the body (which is run by the mind) maintains some of its operations during sleep, we surmise that a part of the mind must remain awake; but if we simply depend on body consciousness to experience that mind which remains awake while we sleep, we are left helpless. Yet we know that the will of consciousness is operant in the mind in order to keep the body functioning and to wake us up again. Thus it becomes clear that the finer energies cannot be contained in, or measured by, the denser ones, but the opposite is not the case.

Our greatest concern in a study of the relationship among energies within the human personality is with the question of self identification, called *abhimana* in Sanskrit. In the average individual, consciousness has gravitated to identification with the densest energy level, the body—or so it appears. But in fact consciousness can identify with each of the forms the energy takes and call them all “I.” This person identifies his relationships with various members of his family. For instance, take these four statements: He is my father, I am his son; she is my sister, I am her brother, she is my wife, I am her husband; she is my daughter, I am her father. In each the “I” is common, but the relationship differs. The person saying “I” has the experience of being in all four roles, those of son, brother, husband, and father. But each of the relatives can play only a single role with him. The wife cannot know him as a son, the sister cannot identify with the father in him. Yet he is all four states within himself. He is also apart from these—just himself—sitting writing a poem to his divine Lover. Then he is free of all human relationships at that time, yet he is even closer to his true identity. It is thus with consciousness. At the level of the body we identify consciousness with the body, and it says, “Yes, body, too, is made of my being, but I also breathe in breath, animate through prana, and think when I am mind, and yet I dwell in my own nature apart from these at all times. They are my modes, but I am not their mode. They are my variations, but I am the theme.”

In other words, even though most human beings seem to identify with only the surfaces of their bodies, consciousness remains wide awake and active elsewhere, too, for if their identifications were truly limited to the surfaces of their bodies (as in the case of someone sleeping), how could they breathe with the lungs, digest with the internal organs, and send out brain waves? Deeper still, how could they have internal emotions and other forms of thought? Obviously, consciousness is operant in and identified with each of these forms of energy even though it appears that their main identification is with the surface of the body. As we



**Swami Rama**

cultivate meditative self-awareness, we gradually proceed from the exterior to the interior self identifications of consciousness—first the body, then the prana, then many stages of mind, one after another, and, finally, pure consciousness alone.

A question is often asked, “How did consciousness ever lose its purity in the first place?” The answer is that it never did. Just as one’s whole mind is never asleep even though the sleeping part does not know of the ever awake part, and just as his sister does not know him as his daughter’s father, so body consciousness identification cannot be identified with the pure consciousness one. But the full and pure consciousness continues on, taking care of all its children—the lower level frequencies which are powerless to contain and measure it. Again and again the ancient texts on the nature of consciousness have made this assertion: “Who are you that ask this question?” A being identifying yourself with the consciousness as it extends into the body? Just move a bit on the spectrum. Keep moving. All of those colors reflect the same light. When did light ever cease to be light? The green is green and the red is red, but the light is always light. Only when you identify the light with one of its modes do you see blue or red. See all of consciousness, and your body is included.

*to be continued . . .*

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## Smile Torch



Smile Train India—the country's largest cleft charity—and its partner hospital, Himalayan Hospital, welcomed the "Smile Torch" to Dehradun on 16 May 2019.

The Smile Torch is a unique national initiative for creating renewed awareness about cleft lips and their treatment. Dr. Vijay Dhasmana, Vice Chancellor of Swami Rama Himalayan University, said that the torch was launched 8<sup>th</sup> February on National Cleft Day in Varanasi and is traveling across India to help sensitize communities about the challenges faced by children born with clefts.

Speaking about the initiative, Sheila Koyyana, Manager, Programs, Smile Train India, shared, "The biggest challenges in cleft treatment are affordability and accessibility. The Smile Torch serves to remind communities that children with clefts have the right to smile and need our support. Only together, can we ensure complete integration of these children in mainstream society."

To welcome the Smile Torch in Dehradun, Smile Train India and Himalayan Hospital organised a series of colourful events including a motorcycle rally, essay writing, rangoli and speech competition to create awareness and support for children born with clefts. It is estimated that, in India, over 35,000 children are born with clefts every year.

Speaking about clefts, Dr. Sanjay Dwivedi, Project Director of the Cleft Program at Himalayan Hospital, shared, "Children with untreated clefts are often forced to live a life of isolation when timely treatment can give them a second chance at life. Cleft surgery is safe and the transformation is immediate. After treatment, children lead normal lives and have the opportunity to go to school, make friends, learn a trade and get a job. That is the power of a smile." Himalayan Institute has operated on 8,300 cases in the past 15 years of partnership with the Smile Train.

Smile Train India has supported over 5 lakh cleft surgeries in India, including over 11,000 free cleft lip and palate reconstructive surgeries in Uttarakhand alone in just 19 years. This has been possible through a network of partner hospitals with the Himalayan Institute Hospital as a pioneering partner in Dehradun.

Smile Train empowers local medical professionals with training, funding and resources to provide free cleft surgery and comprehensive cleft care to children globally. It advances a sustainable solution and scalable global health model for cleft treatment, drastically improving children's lives, including their ability to eat, breathe, speak, and ultimately thrive. Director of the Smile Train at Himalayan Institute speaking about the future plans said, "We plan to develop this as a centre of excellence in Northern India to provide world class comprehensive cleft care under one roof."



Inauguration of Aanchal Daycare at SRHU Campus 8 April 2019



It is with profound grief and sorrow that we announce the sad demise of Mr. Mahipal Singh Rawat (Incharge Nurse) on 24 April 2019 who was in service with our organization since May 2009.



## The Ayurvedic Centre Plants in Campus

### Aakaarkarabh ( *Acmella oleracea* )

This plant is known as akarkara in Hindi and commonly known as toothache plant or electric daisy in English. It belongs to family Asteraceae. Its description is not found in the ancient Ayurvedic books. References about akarkara start from medieval Ayurvedic books like Bhavprakash and Gadnigraha. Origin of this plant is not clear but it seems to be derived from Brazilian *acmella* species. Another species of it is known as *Anacyclus pyrethrum* originated from Arab countries.

**Plant description:** It is a perennial erect or stout herb 20 to 50 cm high. Leaves are opposite, petiolate, broadly ovate, narrowed at base, acute or obtuse at apex. The flowers are conical, axillary or terminal in loose branching clusters. These are yellow at the center and white rays of petals by its sides. The flower bud has a grassy taste followed by a strong tingling or numbing sensation and often excessive salivation, with a cooling sensation in the throat so known as “electric buttons.” In India, they are used as flavoring in chewing tobacco. The root is almost cylindrical, very slightly twisted and tapering and often crowned with a tuft of grey hairs. Externally it is brown and wrinkled, with bright black spots. It has many oleoresin glands. The taste is pungent and odor slight. This plant prefers well-drained, black high organic content soil. Seeds need direct sunlight to germinate, so should not be buried in soil.



**Ayurvedic pharmacology:** Guna- Ruksha, Teekshna Rasa- Katu Vipaak- Katu Veerya- Ushna

**Chemical composition:** It has shown a brown, resinous, acrid substance containing pelletinin, two oils—one dark brown and acrid, the other yellow, tannin, gum, potassium sulphate and carbonate, potassium chloride, calcium phosphate and carbonate, silica, alumina, lignin. An alkaloid pyrethrine yielding pyrethric acid is stated to be the active principle.

**Therapeutically useful parts:** Flower, leaf, root and whole plant.

**Therapeutic uses:** The flower heads are chewed to relieve toothache and other mouth related troubles. Leaves are used externally in treatment of skin diseases. Root decoction is used as purgative. Leaf decoction is used as diuretic and lithotriptic. Whole plant is used in treatment of dysentery. Akarkara root is widely used because of its pungent efficacy in relieving toothache and in promoting a free flow of saliva. The tincture made from the dried root may be applied to relieve the aching of a decayed tooth. It can be rubbed on the gums for pyorrhoea. The powdered root forms a good snuff to cure chronic catarrh and to clear the sinuses by stimulating free flow of nasal mucous and tears. It is also used in the medicines of premature ejaculation.

**Doses:** 500 mg to 1 gram.

*Dr. Pratibha Mamgain, Department of Ayurvedic Medicine*

## The Theory of the Chronic Miasms of Homeopathy

*continued from last issue*

Allen describes the miasmatic potential as “an invisible and unseen thing, yet we see the effects of its presence in the organism long before any change of tissue takes place.”

One of the downfalls of homeopaths today is that, for fear of appearing “unscientific” to the rest of the medical community, and because of lack of understanding of the theory of the chronic miasms and of the vital force, they tend to ignore them. Yet it is these exact concepts that make homeopathy a superior and advanced system of medicine.

If we equate the terms “vital force” and “prana,” Hahnemann’s philosophy can be explained and understood. The miasms have often been described as permanent distortions of the vital force. For example Sarkar defines miasm as a form of deranged dynamis in which the vital force, working under adverse circumstances, fails to maintain normal function, and thus produces the symptom complexes we call diseases. From the yogic point of view we can say the miasms create distortions in the pranic field with consequent disturbances in the functions of prana. Miasmatic affections at the deepest levels result in imbalanced concentrations of energy in the chakras so that the basic functions of prana may become hyperactive (rajasic) or underactive (tamasic) as dictated by the subtler controlling forces within the dynamic hierarchy of the human being.

Prana and its functions can be disturbed by a number of exogenous factors also, and when this occurs, conditions are created in the organism that can simulate miasmatic states. The major vehicles for taking prana into the body are the breath and food. Therefore, defective breathing habits may result in deficient intake of prana, as will also a diet poor in essential nutrients. Environmental pollution and rancid or impure foodstuffs may cause accumulation of toxins that can lead to blockage of the nadis, thus obstructing the proper movement of prana. A sedentary lifestyle and lack of daily exercise can also lead to sluggish and inefficient distribution of prana through its channels. Congenital structural deformities may be reflections of obstructions to the flow of prana through its intended passageways in the pranic- or bio-field.

Even though the evidence is pointing more and more strongly to the existence of subtle “potentiality” behind the cell, there are still those scientists who stubbornly persist in their search for the as yet to be discovered ultimate infecting organism. Some scientists believe that still undiscovered “slow viruses” are responsible for some neurological disorders and perhaps for Alzheimer’s disease too. But because such viruses have never been isolated and because of the nature of these diseases, some researchers suspect that a mysterious entirely different infectious agent is involved. We equate this “mysterious infectious agent” with the chronic miasms. In other words, the miasms are responsible for individual susceptibility to external or exogenous infection. Thus the three miasms, psora, syphilis and sycosis, represent three broad constitutional types that indicate different susceptibilities to the development of illness.

*(to be continued)*

*Dr. Barbara Bova, HOD, Department of Homeopathy*

## Engaging and Empowering Adolescents



Adolescence is a special phase of life. After working with adolescents for past 25 years, RDI strongly believes that adolescents are an enormous untapped resource and potential who can perform significant role in the societal development, therefore they should be mobilized and engaged in awareness and development activities. To mark this RDI regularly offers innovative and creative activities through which adolescents' engagement can be made effective and purposeful for them.

This summer RDI has conducted 4 workshops with 10 more to come in which adolescents from 6 blocks of Uttarakhand—Doiwala, Narendranagar, Vikasnagar, Kalsi, Chamba and Bahadarabad are engaged. In May 103 adolescents, 44 boys and 59 girls attended the workshop. Objective of these summer workshops is to engage adolescents in diversified activities and broadening their horizon of understanding, perspective and to build their capacities, to enable them for their improved healthcare practices and lifeskills.

Participant adolescents enjoyed learning various topics like first responder wherein they knew how to tackle accidental injuries

and how to provide medical aid. They learnt to assess the health of an injured person and his level of response and to administer CPR (cardio pulmonary resuscitation). In another session of language lab they were exposed to software Wordsworth English Language. They got several tips of English language related to vocabulary, formation of sentences, and grammatical tips for communicating with people. Adolescents keenly attended session on Menstrual Hygiene Management (MHM) which was quite informative to them. Girl adolescents liked this most and mentioned they received knowledge towards maintaining hygiene and cleanliness and were happy since their queries were settled. Similarly palliative care session enhanced their understanding towards healthcare needs and services required for persons living with cancer and their families.

Sessions on yoga, career counselling and counselling to improve their daily habits were facilitated as per the specific need of adolescents. Health checkup and counselling was facilitated for all participants.

Adolescents participated enthusiastically in each session and were happy to receive the 2-day workshop.

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