

Exploring the Potential for Indo-Japanese Cooperation in Traditional Medicine for a Win-Win Situation

By Mohan Gopal



Author Mohan Gopal

Introduction

Japan SPOTLIGHT had asked me to contribute an article on cooperation between Japan and India in medicine to explore if there could be ways to create a scenario beneficial to both countries – a win-win situation. This is a vast field where strong and long allopathic exchanges have already been happening for years between the two countries. India has been known for a while as an important destination for medical tourism and as a source for the manufacture of allopathic generics cost-effectively. Meanwhile, there is an increasing global awareness of the benefits of the Indian traditional system of Ayurveda. All this is against a backdrop of a burgeoning engagement between Japan and India across a variety of areas. I decided to focus on holistic wellness and explore the potential for cooperation between the two Asian countries in this specific area.

This article includes an interview and a talk. The interview is with Dr. Nisha Manikantan who is one of the pioneers of the Sri Sri College of Ayurveda and Ayurveda Hospital in Bangalore, India. She is currently the director for Integrated Cancer Care at the college. The talk is with Dr. Yasushi Ogawa, a pharmacologist who founded the Forest Healing Learning Centre in the mountains near Ueda in Nagano Prefecture. Japan SPOTLIGHT is grateful to them for their valuable insights. The article does not intend to be an in-depth analysis of Indo-Japanese medical cooperation or its potential. It aims to highlight some key points and thoughts towards achieving such a goal.

Ayurveda – the Science of Wellness

*Om Namo Bhagavate Vasudevaaya Dhanvantaraye
Amrutha-kalasha Hastaaya Sarvaamaya-Vinaashanaaya
Tri-Lokya-Naathaaya Shri Mahaavishnave Namaha*

This is an ancient Sanskrit *mantra* dedicated to Lord Dhanvantari, that aspect of the divine that protects creation from disease and cures and heals. Many schools of Ayurveda in India and Ayurveda practitioners begin their day with this chant propitiating the Lord of Healing for the wellbeing of their patients.

Ayurveda is an ancient Indian practice that focuses on holistic wellness. Yoga, proper breathing, meditation, the right diet and a lot of other factors act as a complement to Ayurveda. Thus, the Ayurvedic practitioner, at his or her best, is well-versed in Ayurvedic

healing and curing therapies and pharmacology, herbology, food items, yoga and meditation, in addition to a thorough understanding of the human body.

Dr. Nisha Manikantan is a globally recognized Ayurveda physician. In her extensive travels across many countries, she has disseminated Ayurvedic wisdom and has provided effective support to many patients. As the director and chief consultant for the “Integrated Cancer Care Program” at the Sri Sri College of Ayurvedic Science and Research, she bridges the gap between conventional medicine and patients’ practical needs and challenges, helping them return to mainstream life. She believes in integrated medicine for better health and vitality and encourages her patients to avail themselves of multi-dimensional approaches to healing. Dr. Nisha is a distinguished speaker at international forums and has been honored by the medical fraternity in South America, Russia, and the Middle East. She has treated over 100,000 individuals globally in her 32-year career (Photo 1).

Dr. Nisha is an extraordinary physician, surpassing the conventional role of treating patients. With deep and wide knowledge and experience in holistic health, she addresses wellness

Photo 1: Author



Dr. Nisha Manikantan at the Imperial Hotel Tokyo in December 2016

comprehensively across the mind, body, and spirit. She is an accomplished Wellness and Lifestyle advisor and Ayurveda dietetics expert. She also trains both Ayurveda and allopathy doctors to achieve deeper depths of holistic treatment.

Dr. Nisha is a master of the *Marma Shastra Vaidya* – the Science and Practice of *Marma* – from Thiruvananthapuram in Kerala, India. *Marma* is a profound science of energy points. It is a non-invasive Ayurvedic therapy which works on the body's internal organs through the application of light pressure on various energy points on the body. It is a potent tool for relaxation and healing, facilitating the release of physical and emotional toxins resulting in overall rejuvenation of the body. Dr. Nisha has designed and conducted *Marma* workshops worldwide and has developed protocols tailored to address specific medical conditions, including cancer, migraine, and neuromuscular disorders.

Dr. Nisha is a global ambassador for Ayurveda. In addition, she is a certified trainer for various programs of the Art of Living Foundation, including advanced meditation and silence programs. Dr. Nisha formulates and actively participates in de-stress, trauma reduction and de-addiction programs. The Indian government, to provide support to and boost natural therapies practiced in India, established the Ministry of Ayush in 2014. Dr. Nisha was a member of an Expert Committee constituted under the ministry for developing a yoga and lifestyle protocol for diabetes – a disease which affects millions in India.

Wellness programs designed by Dr. Nisha include “*Ayur Jagruti*”, a generic awareness program on Ayurveda and healthy living, “*The Spark of Life*”, an Ayurveda-based health and stress management corporate program, “*Swasthya Yojana Shibir*” – a rural program to create awareness about the significance of nutrition using local produce and congruent to local culture, and “*She Matters*” – a women's wellness workshop. Along with several senior doctors of the All India Institute of Medical Sciences, New Delhi, she co-designed de-addiction programs. She has published several books relating to holistic wellness, including, *Ayurveda Simplified – A Body, Mind Matrix* and *Introduction to Ayurvedic Nutrition Herbs in the Garden*. Her website is: <http://drnishamanikantan.wixsite.com/ayurveda>

Dr. Nisha is an institution builder. She is a founding member of the Sri Sri Ayurveda Pharmacy, a pharmaceutical manufacturing unit under the Sri Sri Ayurveda Trust, the Sri Sri College of Ayurvedic Science and Research, and the Sri Sri Ayurveda Panchakarma Treatment Centre inside the Art of Living International Centre in Bangalore. This artistic facility is built in the authentic Kerala style of architecture, a south-Indian state well-known for its luscious hills and greenery, backwaters of the Arabian Sea, ancient temples and Ayurvedic practices (Photo 2).

Photo 2: Neela Srinidhi, Senior Art of Living Faculty, Hyogo Prefecture, Japan



Sri Sri Panchakarma Centre, International Art of Living Centre, Bangalore, India

Dr. Nisha is married to Dr. Manikantan, a top Ayurvedic physician in his own right. Including their son, Dr. Unni, the Manikantans are a family dedicated to holistic wellness and bringing its benefits to as many people as possible.

Mohan: Thank you for taking the time to join us today despite your busy schedule.

Nisha: Thank you for inviting me.

Mohan: You are well-known globally in the field of Ayurveda. To which countries have you taken this ancient practice?

Nisha: I have travelled to over 40 countries. We offer Ayurveda in several countries in the Middle East, Southeast Asia, Europe, the Americas and Africa.

Mohan: Which countries in Europe have been covered?

Nisha: In Europe, we offer Ayurveda in the United Kingdom, the Netherlands, Germany and Russia.

Mohan: The reason for this question is that there are lots of restrictions in Japan regarding any medical or para-medical practice. But perhaps in Japan, we could follow the model which you have followed in the UK and Germany. In allopathy itself, Japan is said

to have based its approach on Germany's.

Nisha: If you could from your end find out what the Japanese Health Ministry allows, we can put a proposal for cooperation. In whichever way Japan can make use of the knowledge of Ayurveda, we have the resources and are always ready to share.

Mohan: Okay, that will be very good. Another related question. Japan, as you know, is a heavily language and cultural practices dependent country. Further, the overall population is an aged or aging one. How can this be addressed?

Nisha: Yes, geriatric care is a strong aspect of Ayurveda. Often simple herbs can help in bone care, joint care, nervous system decline and supporting immunity.

[Comment: To handle the language and cultural issues it would be necessary to train people (in Ayurveda) who are knowledgeable in both and who can bridge the gap. A combination of Indian wellness knowhow, Japanese language and culture is necessary. Art of Living Japan has made headway in training teachers in yoga and meditation who are already or will become bilingual in due course. – Mohan]

Mohan: Talking of herbs, India being a tropical country is rich in herbs and you yourself grow herbs at your Ayurveda center in Bangalore. What do you do in other countries, especially colder ones, where these herbs cannot grow?

Nisha: We export the supplements from India because other than in some tropical countries it is not easy to find the herbs and only when they are grown in the most natural of climatic conditions does their potential come out.

Mohan: Do you manufacture the supplements outside of India?

Nisha: Right now, no. In India, we have three production units – in Bangalore, Hyderabad and Kotwal.

Mohan: In Japan, there is an island called Yakushima, about 1,000 kilometers southwest of Tokyo. It literally translates as the island of medicine and it is said that any plant native to Japan ranging from sub-tropical Okinawa to cold, temperate Hokkaido, grows there. A Shinto priestess there, Yoshie Kaneko, has a herb

sanctuary on Yakushima and says that anything, including tropical herbs, can grow there. She is keen on collaborating. Do you think this is an option you could look at?

Nisha: Yes, definitely. In fact, if one can locally grow and use native herbs, that can be more effective than importing. A study can be done to explore the herbs that grow there and how they correlate with those that we use here. Would it be possible to get the detailed herb classification and details?

Mohan: Most probably it is available and even published, but it will be in Japanese.

Nisha: Yes, if we could get an English translation that may help. When I visited Japan (in 2016), I heard that there was traditional Japanese medicine made from herbs. Possibly there was a developed system of traditional medicine. Many ancient countries have their own traditional medicine. Ayurveda is not based on pharmacopeia. It is based on an ancient Sanskrit text, the *Chikitsa Siddhantas* (roughly the Principles of Treatment). Patients are treated based on these. This is a basic difference between Ayurveda and other forms of medicine.

Mohan: Could we see potential for cooperation between India and Japan in the field of Ayurveda? Perhaps there could be areas of synergy between the traditional systems of the two countries?

Nisha: Yes, that would be great.

Mohan: Do you have any plans to visit Japan?

Nisha: (Chuckles). No plans. Let's see. Maybe next year.

Mohan: Perhaps we should make a proposal for cooperation.

Nisha: We have several therapies in addition to Ayurveda, like *Marma*, Cranio-sacral. All these therapies we use along with Ayurveda. Of course, *Marma* is a part of Ayurveda and of all these therapies it is the best restorative therapy. It may be easier to begin in Japan with such therapies.

Ayurveda is the science of wellness. It has two parts – the first part is wellness, the second is therapeutic. The first part is about diet, lifestyle, and prevention of illness. Its aim is wellbeing and disease prevention. The second part is if one falls sick, how to treat

oneself in an intelligent way, in a holistic way. The first part is quite easy to implement. For example, let's take one's general diet. Depending on one's *prakriti*, there are diets that support each person. [JS: *prakriti* is the basic constitution of an individual. There are three *prakritis* mentioned in Ayurveda – *kapha* (water), *pitta* (fire) and *vata* (air)]. There are lots of options, permutations and combinations of food items recommended for each *prakriti*. For example, *pitta* people should avoid too much spice; too much of sweets is not good for a *kapha* person. Too much dry food, like chips or salty snacks, is not good for a *vata* person. Just by knowing this, one can promote one's own wellbeing. Different spices are good for different *prakritis*. For example, cummin is good for *vata*, coriander is good for *pitta*, ginger is good for *kapha*. There are lots of such aspects for both diet and lifestyle. Do you remember the *Ayur Jagruti* talk? [JS: In 2016 in Tokyo, Dr. Nisha gave a talk on this subject called *Ayur Jagruti* (Wellness awareness)]. This knowledge helps one a lot in maintaining good health. How to detox oneself at home, when to eat, what to eat – this type of knowledge one should carry with oneself; one does not have to go to a doctor for these.

Mohan: So it should be a part of daily life.

Nisha: Yes, yes.

Mohan: Do you also do these types of explanatory sessions (on *Ayur Jagruti*) online?

Nisha: Yes, *Ayur Jagruti* can be conducted online. In fact, we can do many of these wellness workshops online. It makes a lot of sense from a logistics perspective.

Mohan: This could be an easier way to begin. Of course, we would like to have your physical presence in Japan sometime.

Nisha: Yes (smiles and chuckles).

Mohan: We have taken about 40 minutes of your time today. Thank you so much for the salient information.

Nisha: Thank you very much. It was a pleasure talking to *Japan SPOTLIGHT*.

A Wellness Community in the Japanese Alps

Nestling in the lower hills of the Japanese Alps in Nagano Prefecture is a small, happy and hard-working community. Access is through a hilly road from the nearest railhead at Bessho Onsen, 3 km away, which is accessible by a single-track railroad from the Shinkansen stop at Ueda. The driving force behind this is a man who spent more than a decade in northern India, studying Tibetan medicine, which in India is considered a branch of Ayurveda and is recognized by the Indian government. Yasushi Ogawa was enraptured by the Tibetan way of life. It was simple, natural and at peace with all. He painstakingly studied the Tibetan language – mandatory for learning Tibetan medicine. As Tibetan medical texts are based upon ancient Vedic treatises, some understanding of Sanskrit was also required. Medical practices and healing are heavily based upon the state of mind, so it was important to “live the life”, so to speak. Ogawa enjoyed it. It brought him satisfaction. He finally decided that he would carry this wisdom back with him to Japan and practice and promote it in whatever way he could (*Photos 3 & 4*).

Along with his wife Miki, he built a small Japanese log-house and leading a minimalistic eco-friendly life, he set up a learning center there. Named the Forest Medicines Learning Centre, he disseminates knowledge about Tibetan medicine and wellbeing through workshops, seminars and informal discussions. He publishes his writings and thoughts regularly on the center's website, including

Photo 3: Yasushi Ogawa



Yasushi Ogawa at his Forest Medicines Learning Centre

Photo 4: Yasushi Ogawa



Ancient Tibetan Medical Text

various global perspectives of Tibetan medicine based on his personal interactions with fellow international students while a student there. In addition to the foundational Indian perspective, there were perspectives from regions which have had a strong Tibetan influence – Bhutan, Mongolia and Nepal – and from countries beyond, notably China, Russia, Germany, the United States and Japan. Ogawa has compiled the Japanese view in roughly four period sections: pre-war (1900-45), postwar (1945-90), 20th century end (1990-2010), and early 21st century (2010-2020). While the earlier periods are essentially about the experiences of Japanese doctors who spent time in Tibet, their comments ranging from a strong condemnation of what was looked upon as superstitions to a deep appreciation of the spiritual aspects of it, the most relevant piece is that as recently as 2010 then Prime Minister Yukio Hatoyama in a policy speech mentioned “considering the active promotion of integrative medicine”, which included Tibetan medicine. It was a move to make alternative medical practices, including Tibetan ones, eligible for insurance coverage. However, there have been no further developments since then.

In 2011, Ogawa published his book *I Became Japan's Only Tibetan Doctor* in which he spoke about Tibetan medicine from an insider's perspective as a medical student. He summarizes other Tibetan medical practices that have emerged in Japan since 2010, including, “Singing Bowl Therapy” (though he also says that he neither found it in Tibetan society nor mentioned in the Four Medical Canons that form the basis of Tibetan medicine), Tibetan Massage, *Kunye* and “Dream Diagnosis”. However, to quote Ogawa, whether these methods cure illnesses is unclear.

Ogawa's home-cum-center is an open house. He likes people to just drop by for small talk over cups of herbal tea (Ogawa himself prefers his tea Indian style – black tea, milky and highly sweetened). He builds a community in this way, helping and supporting each other (Photo 5).

The Learning Centre conducts the following activities covering people of all ages:

- Lectures and workshops on medicine with the goal of fostering an individual's unique perspective on medicine by connecting history, culture, nature, and modern medicine through herbs.
- Sales of natural medicines, herbal teas, incense, bath additives, primarily made from traditional Japanese and Chinese herbs.
- Sales of children's picture books.
- Reiki Healing practiced by Miki Ogawa.

I asked Ogawa about the potential to spread the benefits of Tibetan medicine and Ayurveda in Japan. Ogawa was candid. He said these approaches to wellness do not have the full intended benefits in Japan due to people's own mindset. There is a strong premise of

faith underlying the traditional medical methods of the Indian subcontinent. Faith in herbal medicines, faith in the process, and above all faith in the medical practitioner. Emotional bonding between patient and physician is necessary. Of course, the methodology is important, and this is followed to the letter by Japanese practitioners. However, according to Ogawa this brings only limited benefits. The Japanese medical community fears the patient and the legal charges they may easily bring against them. Legislation is severe, so health practitioners must be very careful about what they say, prescribe or recommend.

Ogawa mentioned the story of Akahige, an elderly doctor of the late Edo period who tended to his patients diligently with warmth and bonding. Ogawa said that it is medical practitioners with a Dr. Akahige type of personality who can deliver the best of traditional medicine. Indeed, one of the foundational texts of Ayurveda, the *Charaka Samhita*, spells out the qualities of an ideal medical student: *He should be of a mild disposition, noble by nature, never mean in his acts, free from pride, with strong memory, a liberal mind, devoted to truth, likes solitude, of thoughtful disposition, free from anger, of excellent character, compassionate, one fond of study, devoted to both theory and practice, who seeks the good of all creatures.* – *Charaka Samhita* 3.VIII.6 (Abridged) (Source: Wikipedia).

Giving credit to the Japanese government, Ogawa said it has shown interest in Indian traditional medicine. About 20 years ago, it sponsored several Japanese students and physicians to study Ayurveda in Gujarat State, India. Armed with this basic information from Ogawa, an in-depth Internet search revealed that across the years, several individuals and institutions in Japan have taken an

Photo 5: Yasushi Ogawa



Aerial view of Forest Medicines Learning Centre in Nagano Prefecture, Japan

interest in Ayurveda. A key example was the Indian Traditional Medicine Research Group founded in Osaka in 1967, centered around Dr. Tsutomu Hatai who was at the time a professor at Toho University and a leading researcher in traditional medicines. A research team including Hatai and a few other researchers visited India in December 1968 and across one month visited several Ayurveda institutions there. The group has translated a few Ayurvedic treatises, including the enormous work of revising an earlier translation of the core *Charaka Samhita*. This group evolved significantly over the years, becoming known as the Ayurveda Research Society in 1971, to the current name of Ayurveda Society of Japan in 1999. The society works in tandem with the non-profit Japan Ayurveda Association to disseminate knowledge of Ayurveda through regular seminars and workshops.

The Importance of Herbs

Dr. Nisha had spelt out the importance of herbs in being the vital constituent of Ayurvedic medicines. Indeed, in most traditional medicines, the foundation provided by local herbs is fundamental. The Indian subcontinent has been a veritable treasure trove of different herbs, ranging from the Himalayas in the north to the tropical waters of the Indian Ocean thousands of kilometers to the south. However, every land on the planet has been gifted by nature to a greater or lesser degree. So it has been in Japan. I had mentioned earlier about the rich herbal characteristics of the Yakushima islands in southwest Japan. Across the country, there are many medicinal gardens and the Japanese people have known the benefits of these local herbs from time immemorial. The oldest private medicinal herb garden in Japan is supposed to be the Morino Medicinal Herb Garden

established by an arrowroot starch manufacturer, Tosuke Morino, in 1729 in Uda, Nara Prefecture. However, the credit for being the oldest medicinal herb garden in the country possibly goes to the Koishikawa Medicinal Herb Garden in central Tokyo. Established as a government-sponsored medicinal herb garden by the Tokugawa shogunate in 1684, it occupies a portion of what is today the vast Koishikawa Botanical Garden in Tokyo's Bunkyo Ward – a ward which has



Photo 6: Author

Edo-era Medical Herbs Garden at Koishikawa Botanical Gardens, Tokyo.

been known as a center of learning and continues to be home to several major Japanese universities including the main campus of the University of Tokyo (Photo 6). The Botanical Garden itself became part of the University, primarily used for research work. Spread across 16 hectares of land it has several historic trees and remains and in 2012 was designated a “Place of Scenic Beauty and Historic Site of Japan”. Two notable botanical inhabitants of the garden are “Newton’s apple tree” and “Mendel’s grape vine”, respectively descended from the iconic apple tree of Isaac Newton and the European grape vine of Gregor Mendel (Photos 7 & 8). Back in 1722, the garden was home to the Koishikawa *Yojosho* (charity hospital) which catered to the poor. (It is this hospital which forms



Photo 7: Author

Mendel's Grape Vine, Koishikawa Botanical Garden, Tokyo



Photo 8: Author

Newton's Apple Tree

Photo 9: Author



The Well of Koishikawa Charity Hospital

the backdrop to the story of Dr. Akahige mentioned earlier in this article). The well of the hospital remains today as a sentinel to the past. This well was a source of bountiful spring water and provided sustenance to the hundreds of evacuees who took refuge in the garden in the aftermath of the Great Kanto Earthquake of 1923 ([Photo 9](#)).

The campus has a Main Building which was built in 1939. It houses about 700,000 plant specimens and 20,000 botanical books and is used by researchers from across the world. The medicinal herb garden includes some rare species whose ancestors were in the original 18th century garden. The botanical garden is open to the public and spending a few hours here is a relaxing and refreshing experience – making it difficult to believe one is bang in the middle of an albeit quiet Tokyo residential district.

Herbal Taxonomy

Dr. Nisha had emphasized that a deep understanding of the taxonomy of herbs local to Japan was important to developing Ayurvedic manufacturing facilities in the country. The father of modern taxonomy in Japan is said to be Tomitaro Makino (1862-1957), a Meiji-Taisho-Showa era botanist and researcher. Born in what is now Kochi Prefecture in Shikoku, Makino had a childhood fascination with plants and went on to Tokyo to dive deep into botanical research. He worked with researchers at Tokyo University and interacted with foreign scientists like Carl Johann Maximowicz who was a Russian authority on plants in East Asia. Makino collected plant specimens from across the country and even Taiwan, studied them and published his findings with detailed drawings (he was a

Photo 10: Author



Makino Memorial Garden in Oizumi, Tokyo

gifted artist).

Makino spent the last three decades of his life dedicated to plants, in what is now Oizumi-Gakuen in Nerima Ward in Tokyo. I visited his garden and residence which has been made into a memorial garden-cum-museum with free public access and enquired about whether there are records of Makino studying and classifying the herbs of Japan. The museum said that while Makino may not have focused specifically on medicinal herbs, he definitely would have included them in his all-encompassing research. It is on record that he had interacted with researchers who specialized in the medicinal value of plants. So a deeper study could reveal the material requested by Dr. Nisha. ([Photo 10](#))

Actionable Items for Cooperation

From the many inputs received from both Dr. Nisha and Dr. Ogawa, we can formulate a list – a little over-simplified perhaps – of actionable items that could promote and enhance cooperation between India and Japan in traditional medicine:

1. Enhance research work by Indian and Japanese Ayurveda researchers in Japanese herbology.
2. Establish herbariums or use existing medicinal herb gardens in Japan as a source for Ayurvedic medicines in Japan.
3. Develop small-scale manufacturing facilities for Japanese Ayurvedic products.
4. Build a pool of Japanese-capable Ayurvedic practitioners through collaboration with Indian institutions.
5. Establish holistic wellness centers across Japan that cater to the local population, as a complement to what is provided by the

well-established allopathic framework.

6. Make an easy start with online wellness workshops.
7. Establish a Natural Medicinal Systems think-tank under the Japanese Ministry of Health which can oversee the above. This organization and the Indian Ministry of Ayush can work together to expand the umbrella of cooperation between the two countries in this field.
8. Develop a strategy for getting native medical systems covered by the Health Insurance system in Japan.

It is likely to take years for the benefits of this to reach large numbers of people in Japan, primarily because of their reluctance to accept such alternative ways to wellness, as mentioned by Ogawa. There are an estimated 11 million practitioners of yoga in Japan, placing it in the top 10 countries of the world where yoga is practiced in terms of numbers. One may be right in concluding that from yoga to Ayurveda is an easier progress and this could be a target market in Japan, to begin with.

While the domestic market for Ayurveda develops, it may be possible in the meantime for Japan to build a healthy export of its Ayurvedic products, notably to Western countries. In addition, inbound wellness tourism could be a further incentive for foreign tourists visiting Japan, with Ayurveda complementing the excellent hot springs with medicinal waters that abound in the country. For India, it provides the opportunity to further spread and share its ancient knowhow with resulting economic benefits in the long term. India is already the most popular destination for Ayurveda. India's health and wellness market size reached \$156.0 billion in 2024 and is projected to touch \$256.9 billion by 2033 (IMARC, *Transforming Ideas into Impact*).

Conclusion

Early in this article, I mentioned the *Dhanvantari Mantra*, a short chant to invoke the cosmic energy for healing. It shows the importance of the unseen in fostering wellness in Ayurveda, in addition to following practices which can be studied and experienced with our senses. I will end with the *Dhanvantari Shloka*, a hymn which is chanted or simply listened to as a contributor to regaining one's health. Dr. Nisha Manikantan has given a mellifluous rendering of this hymn chanted 108 times on YouTube, available here:

https://www.youtube.com/watch?v=i3xPet9KyjU&list=RDi3xPet9KyjU&start_radio=1

Photo 11: Neela Srinidhi, Senior Art of Living Faculty, Hyogo Prefecture, Japan



An Idol of Lord Dhanvantari

The lyrics are:

*Namaami Dhanvantarim
Aadidevam
Suraasurairvandita
Paadapadmam.
Lohke Jaraaruk
Bhayamrutyu Naasham
Dhaatarameesham
Vividhoushadheenaam*

With this, *Japan SPOTLIGHT* wishes all its readers a life full of wellness and cheer (*Photo 11*).

JS

Mohan Gopal is an IT professional living in Tokyo since 1991. He is a multi-culture specialist, teacher and sales coach and is closely associated with global humanitarian organization The Art of Living as special advisor in Japan.