



June 7-9, 2013

Ayurvedic Approach to Mental Health

**Conference Room EG-013
UCONN Health Center, Farmington, CT**

Sponsored by The University of Connecticut School of Medicine, office of Continuing Education and
Complementary Alternative Supportive Care (CASC)
in collaboration with The International Society for Ayurveda and Health (ISAH)
www.ayurvedahealth.org**

Course Director and Speaker: Dr. Amala Guha

June 7th, 2013

10 AM- 12 Noon. Introduction to Ayurvedic approach to health and wellness

Ayurvedic understanding of human constitution, environment, aging and its effect on body and mind
Introduction to Ayurvedic pathogenesis and diagnostics -connecting mental health

2 PM- 4 PM. Ayurvedic perspective of “MANAS” (mind) and its attributes

1. Understanding “Manas” and its functions
2. Mental disconnects and indications

5:15 PM-7PM. Spiritual Conclave (SC): Mind, Matter and Consciousness

Recommended reading for discussion

The Archetypal Cosmos: Rediscovering the Gods in Myth, Science and Astrology by [Keiron Le Grice](#)
Science Set Free: 10 Paths to New Discovery by [Rupert Sheldrake](#)

**Registration: Free
Open to all/public**

June 8th. 10 AM- 5 PM

Ayurvedic Approach to Mental Health and imbalances

Develop an understanding of Ayurvedic approach to mental health, factors that vitiate the balance of mind and applicable therapeutic modalities.

1. Causes of mental imbalances (selected imbalances will be discussed)
2. Neuro-immune and psychological dysfunctions
3. Therapeutic approaches
4. Selected therapeutic herbs, their properties and applications

June 9th 9:30- 12 Noon

Aging Mind: Dos and don'ts in keeping the health of “MANAS”

Preventative measures and therapeutic applications of selected interventions

** Course details also see website www.ayurvedahealth.org

Registration Form: Ayurvedic Approach to Mental Health



In collaboration with
International Society for Ayurveda & Health (ISAH)

(Please print or type)

Last Name _____ **First Name** _____ **Middle Initial** _____ **Degree** _____

Address _____ **City, State, Zip** _____

Daytime Phone _____ **e-mail** _____

Institution _____ **Specialty/Area of Interest** _____

Please note: Your e-mail address is used for information: registration confirmation, course evaluation, certificates information and communications. Please be sure to include an e-mail address you check daily or frequently.

Registration Fee \$600 -----

ISAH Member \$500 -----

CME/attendance certificate \$50.00 -----

Students: Special rate -----

Spiritual Conclave: Free

Total amount enclosed -----

Check #

Make check payable to **ISAH**

Mail to **Post Box: 271737 ***
West Hartford *
Connecticut -06127-1737 * USA

1. **Refund Restrictions Apply: No Refund**
2. **Please enclose duly filled registration form along with your check (incomplete/no registration form will not be processed)**
3. **Registrations must reach our office by May 27th, 2013**
4. **Student please contact Dr. Guha**
For registration and CME information, please contact Dr. Guha: aguha1@att.net

Signature -----

Date -----