

CENTRAL COUNCIL FOR RESEARCH IN AYURVEDIC SCIENCES (CCRAS)

MINISTRY OF AYUSH, GOVERNMENT OF INDIA

Format for Documentation of Local Health Traditions/Folk Claims

1. Title of Project:

<input type="checkbox"/> Tribal Health Care Research Program (THCRP)
<input type="checkbox"/> Ayurveda Mobile Health Care Program (AMHCP) under SCSP
<input type="checkbox"/> Medico-Ethno-Botanical Survey (MEBS) Program

2. Name and Complete Address of the Institute:

3. Whether Related to:

<input checked="" type="checkbox"/> Ayurveda	<input type="checkbox"/> Unani	<input type="checkbox"/> Homoeopathy	<input type="checkbox"/> Siddha	<input type="checkbox"/> Yoga & Naturopathy
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4. Objectives Covered:

<input type="checkbox"/> 1. Home Remedies	<input type="checkbox"/> 4. Bone setting
<input type="checkbox"/> 2. Food and Nutrition	<input type="checkbox"/> 5. Other specialized local health practices
<input type="checkbox"/> 3. Midwifery	<input type="checkbox"/> 6. Ethno veterinary Practices

5. Name of Village/Tehsil/ District/ State:

Village	Tehnsil /Mandal/Taluka	District	State

6. Whether the drug or the formulation/ procedure has been mentioned for the same reference in literature:

Name of the system	Yes	No	Validation category					
Ayurveda			<input type="checkbox"/> V1	<input type="checkbox"/> V2	<input type="checkbox"/> V3	<input type="checkbox"/> V4	<input type="checkbox"/> V5	<input type="checkbox"/> V6
Unani								
Homoeopathy								
Siddha								
Yoga & Naturopathy								

❖ If yes then tick the appropriate Validation Category as per Guidelines (Annexure-I).

7. Whether the information submitted

<input type="checkbox"/> A. Drug wise (if yes fill Point A)	<input type="checkbox"/> B. Procedures (if yes fill Point B)
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A. DETAILS OF DRUG

- i. Whether single/compound formulation Single Compound

ii. **Information on Single drug**

a)	Origin (√ Appropriate)	<input checked="" type="checkbox"/> Plant	<input type="checkbox"/> Animal	<input type="checkbox"/> Mineral/Metals	<input type="checkbox"/> Others
b)	Local/ Regional Name				
c)	Sanskrit Name (if available)				
d)	Hindi Name (if available)				
e)	Urdu Name (if available)				
f)	Tamil Name (if available)				
g)	English Name				
h)	Botanical/Zoological/ Chemical Name				
i)	Family Name				
j)	Part/Parts used			<input type="checkbox"/> Fresh	<input type="checkbox"/> Dry
k)	Period of collection of Plant (mentioned by healer)	<input type="checkbox"/> Specified, Details:		<input type="checkbox"/> Not specified	
l)	Storage condition (mentioned by healer)	<input type="checkbox"/> Specified, Details:		<input type="checkbox"/> Not specified	
m)	Photograph of the Raw drug (Field Photograph)	<input type="checkbox"/> Whole plant		<input type="checkbox"/> Part used	
n)	Photograph of the Final product	<input type="checkbox"/> Collected		<input type="checkbox"/> Not collected	
o)	Specimen of Raw drug (from healer)	<input type="checkbox"/> Collected		<input type="checkbox"/> Not collected	
p)	Specimen of final product (from healer)	<input type="checkbox"/> Collected		<input type="checkbox"/> Not collected	
q)	Videography of method of preparation if available	<input type="checkbox"/> Recorded		<input type="checkbox"/> Not recorded	
r)	Herbarium specimen prepared	<input type="checkbox"/> Prepared		<input type="checkbox"/> Not Prepared	
s)	Audio recording of the interview with Informant/ healer	<input type="checkbox"/> Recorded		<input type="checkbox"/> Not recorded	

*Note: The collected photographs and prepared herbarium specimen (digitized copy) to be enclosed along with this format. The audio & video recordings related to the claim are to be retrieved safely and submitted to the Council whenever asked.

iii. **Information on Compound formulation:**

a)	Name of the formulation													
b)	Dosage form of formulation		<input type="checkbox"/> Svarasa	<input type="checkbox"/> Kalka	<input type="checkbox"/> Kvātha	<input type="checkbox"/> Kvāthacūrṇa								
			<input type="checkbox"/> Phāṇṭa	<input type="checkbox"/> Kṣīrapāka	<input type="checkbox"/> Hima	<input type="checkbox"/> Arka								
			<input type="checkbox"/> Cūrṇa	<input type="checkbox"/> Vaṭi	<input type="checkbox"/> Kṣāra	<input type="checkbox"/> Lepa								
			<input type="checkbox"/> Taila	<input type="checkbox"/> Ghṛta	<input type="checkbox"/> Bhasma	<input type="checkbox"/> Leha								
			<input type="checkbox"/> Varti	<input type="checkbox"/> Sattva	<input type="checkbox"/> Piṣṭi	<input type="checkbox"/> Others (specify)								
c)	Method of preparation in detail including the number of ingredients and their proportion (weights and measures preferably in Metric equivalents).													
d)	Videography of method of preparation if available		<input type="checkbox"/> Recorded				<input type="checkbox"/> Not recorded							
e)	Audio recording of the interview with Informant/ healer		<input type="checkbox"/> Recorded				<input type="checkbox"/> Not recorded							
f)	Photograph of the raw drugs		<input type="checkbox"/> Collected				<input type="checkbox"/> Not collected							
g)	Photograph of the final product		<input type="checkbox"/> Collected				<input type="checkbox"/> Not collected							
h)	Specimen of raw drugs		<input type="checkbox"/> Collected				<input type="checkbox"/> Not collected							
i)	Specimen of final product		<input type="checkbox"/> Collected				<input type="checkbox"/> Not collected							
j)	Details of ingredients													
	S.No.	Local Name	Origin	Sanskrit Name (if available)	Hindi name (if available)	English name (if available)	Urdu Name (if available)	Tamil Name (if available)	Botanical/ Zoological/	Family Name	Part/ Parts used	Quantity (in Metric)	Period of collection of	Storage condition

*Note: The collected photographs and prepared herbarium specimen (digitized copy) to be enclosed along with this format. The audio & video recordings related to the claim are to be retrieved safely and submitted to the Council whenever asked.

iv. **Disease/ indicated condition**

• Disease as mentioned by Healer (preferably in his/her own language)	
• Possible correlation with Codified System	
• Method of Diagnosis	
➤ Symptoms	
➤ Observation	
➤ History	
➤ Pulse examination	
➤ Modern parameters	
➤ Others	

v. **Mode of Administration**

<ul style="list-style-type: none"> Mode of preparation of formulation 	<input type="checkbox"/>	<input type="checkbox"/> Kalka	<input type="checkbox"/>	<input type="checkbox"/> Cūrṇa
	Svarasa		Kvātha	
	<input type="checkbox"/> Phāṇṭa	<input type="checkbox"/> Hima	<input type="checkbox"/> Lepa	<input type="checkbox"/> Others
<ul style="list-style-type: none"> Route of administration (Oral/ topical/ inhalation/ others) 				
<ul style="list-style-type: none"> Dose (preferably in Metric) 				
<ul style="list-style-type: none"> Frequency and duration 				
<ul style="list-style-type: none"> Vehicle (if any) 				

vi. a) **Dietary regimen during the treatment (mentioned by healer):**

b) **Lifestyle regimen during the treatment (mentioned by healer):**

vii. a) **Concurrent medicine (if any) taken during treatment:**

b) **Concurrent procedure (if any) during treatment:**

viii. **Contra indication of the medicine (if any as mentioned by healer):**

ix. **Details of Knowledge Provider/Introducer (one who provides information related to Local healer viz. local authorities, forest personnel, local inhabitants, ASHA workers etc.):**

Name & Photo	Contact details	Age	Gender	Level of Education	Occupation

x. **Details of Local Health Practitioner/Healer:**

Name & Photo	Contact details	Age Groups	Gender	Level of Education	Occupation
		<input type="checkbox"/> 20-29 yrs <input type="checkbox"/> 30-39 yrs <input type="checkbox"/> 40-49 yrs <input type="checkbox"/> 50-59 yrs <input type="checkbox"/> 60-69 yrs <input type="checkbox"/> 70-79 yrs <input type="checkbox"/> 80-89 yrs <input type="checkbox"/> 90-99 yrs		<input type="checkbox"/> Illiterate <input type="checkbox"/> Primary [class 1-5] <input type="checkbox"/> Middle [class 6-8] <input type="checkbox"/> Secondary [class 9-10] <input type="checkbox"/> Higher Secondary [class 11-12] <input type="checkbox"/> Graduate <input type="checkbox"/> Postgraduate	Female <input type="checkbox"/> House-wife <input type="checkbox"/> Labour <input type="checkbox"/> Farmer <input type="checkbox"/> Agriculture Labour <input type="checkbox"/> Business <input type="checkbox"/> Employee <input type="checkbox"/> Others(Specify) Male <input type="checkbox"/> Labour <input type="checkbox"/> Farmer <input type="checkbox"/> Agriculture Labour <input type="checkbox"/> Business <input type="checkbox"/> Employee <input type="checkbox"/> Others(Specify)

Average number of patients of the disease treated in a year	
Total years of experience in treating the disease/ indicated condition	
Learning and healing knowledge acquired from (Parents/ friends/ relatives/ neighbours/ self interest)	
Whether records of cases documented and maintained by the healer (Yes/ No)	
Details of investigations before and after treatment (if any)	
Results of treatment	

B. Information on Procedures (Bones setting/Midwifery/Ethno-veterinary)

	Disease/ indicated condition	
	<ul style="list-style-type: none"> • Disease as mentioned by Healer (preferably in his/her own language) 	
	<ul style="list-style-type: none"> • Possible correlation with Codified System 	
	<ul style="list-style-type: none"> • Method of Diagnosis 	
	<ul style="list-style-type: none"> ➤ Symptom 	
	<ul style="list-style-type: none"> ➤ Observation 	
	<ul style="list-style-type: none"> ➤ History 	
	<ul style="list-style-type: none"> ➤ Pulse examination 	
	<ul style="list-style-type: none"> ➤ Modern parameters 	
	<ul style="list-style-type: none"> ➤ Others 	
ii.	Whether the patients referred from other practitioners etc. for the same procedure	
iii.	Aids/ tools used	
iv.	Description of the Procedure/Technique	
v.	Care during procedure	
vi.	Pre procedure precautions/ care if any	
vii.	Post procedure care	
viii.	List of medicines used in the process	
ix.	Outcome of the procedure	
x.	Video/ photograph if any – List here and provide CD in a universally openable format.	

ix. Details of Knowledge Provider/Introducer (one who provides information related to Local healer viz. local authorities, forest personnel, local inhabitants, ASHA workers etc.)

Name & Photo	Contact details	Age	Gender	Level of Education	Occupation

x. **Details of Local Health Practitioner/Healer:**

Name & Photo	Contact details	Age group	Gender	Level of Education	Occupation
		<input type="checkbox"/> 20-29 yrs <input type="checkbox"/> 30-39 yrs <input type="checkbox"/> 40-49 yrs <input type="checkbox"/> 50-59 yrs <input type="checkbox"/> 60-69 yrs <input type="checkbox"/> 70-79 yrs <input type="checkbox"/> 80-89 yrs <input type="checkbox"/> 90-99 yrs		<input type="checkbox"/> Illiterate <input type="checkbox"/> Primary [class 1-5] <input type="checkbox"/> Middle [class 6-8] <input type="checkbox"/> Secondary [class 9-10] <input type="checkbox"/> Higher Secondary [class 11-12] <input type="checkbox"/> Graduate <input type="checkbox"/> Postgraduate	Female <input type="checkbox"/> House-wife <input type="checkbox"/> Labour <input type="checkbox"/> Farmer <input type="checkbox"/> Agriculture Labour <input type="checkbox"/> Business <input type="checkbox"/> Employee <input type="checkbox"/> Others (Specify) Male <input type="checkbox"/> Labour <input type="checkbox"/> Farmer <input type="checkbox"/> Agriculture Labour <input type="checkbox"/> Business <input type="checkbox"/> Employee <input type="checkbox"/> Others (Specify)

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Total years of experience in treating the disease/ indicated condition	
Learning/ healing knowledge acquired from (Parents/ friends/ relatives/ neighbours/ self interest)	
Whether records of cases documented and maintained by the healer (Yes/ No)	
Details of investigations before and after treatment (if any)	
Results of treatment	

S. No.	Name and Designation of the team members	Signature (s)
1		
2		

Date of collection of Claim:

Annexure I			
S.No.	Categories of References	Reference Texts/ works	Validation Category
1.	Classical literature and Recent compilations from Classical literature	– Ayurvedic Pharmacopoeia of India, Part I, Volume I to IX. – Ayurvedic Pharmacopoeia of India, Part II, Volume I, II and III. – Ayurvedic Formulary of India, Part I, II and III.	V1
		2. Ayurveda Principles (Carakasamhitā, Suśruta samhitā, Aṣṭāṅgasaṅgraha and Aṣṭāṅgahr̥daya).	V2
		3. Dravyaguṇavijñāna by Ācārya P.V.Sharma.	V3
2.	Published literature listing home remedies	4. Handbook of Domestic Medicine and Common Home remedies, CCRAS, 1974, 2005, 2012.	V4
		5. Appraisal of Tribal Folk Medicines, CCRAS, 1996.	V5
3.	Out side the above refernce and Non-classical refernces	6. Glossary of Indian Medicinal Plants. 7. Bhāvaprakāśanighaṇṭu. 8. Priyanighaṇṭu. 9. Dhanvantarinighaṇṭu. 10. Rājanighaṇṭu. 11. Kaiyadevanighaṇṭu. 12. Śaligrāmanighaṇṭu. 13. Nighaṇṭu Ādarśa. 14. Medicinal Plants used in Ayurveda, RAV, New Delhi, 1998. 15. Classical Uses of Medicinal Plants by Ācārya P.V.Sharma. 16. CCRAS Home remedies 17. Indian Materia Medica by K.M. Nadkarni. 18. Database of Medicinal Plants, Vol 1-8, CCRAS, New Delhi.	V6

		<ol style="list-style-type: none">19. Vṛṇdamādhava20. Yogaratnākara21. Cakradatta22. Other available books listed under First Schedule of Drugs and Cosmetics Act 1940, Nighaṇṭu, important works in Ayurveda, Plant Databases/ compendia, Pharmacopoeias & Formularies of Siddha-Unani and Homoeopathy Systems of Medicine etc.,	
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Bibliographic details of the text(s):