CCRAS-PARAMPARA

DOCUMENTATION, ASSESSMENT & SCIENTIFIC VALIDATION OF TRADITIONAL HEALTH PRACTICES

CENTRAL COUNCIL FOR RESEARCH IN AYURVEDIC SCIENCES

Jawahar Lal Nehru Bhartiya Chikitsa Evum Homeopathy Anusandhan Bhavan,
No.61-65, Institutional Area, Opp. 'D' Block, Janakpuri,
Ministry of Ayush, Govt. of India
New Delhi-110058

CCRAS-PARAMPARA

Documentation, Assessment & Scientific Validation of Traditional Health Practices

BACKGROUND

India is among such countries that enjoy a long history of health practices, backed by a strong base of indigenous traditional knowledge (TK). The TK on medical and health sciences is systematically documented in dedicated compendia, such as *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Samgraha*, etc., and also as supplementary health information in several nonmedical literatures, while certain health traditions in vogue, which are being transmitted from ancestors as local health traditions (LHTs), oral health traditions (OHTs), and ethnomedical practices (EMPs) remain undocumented.

The Central Council for Research in Ayurvedic Sciences (CCRAS) has been putting efforts to document and validate local health traditions (LHTs), and Ethnomedicinal practices (EMPs) prevalent among individuals and communities through a proactive approach by documentation through the Tribal Health Care Research Program (THCRP) in 14 states through its 14 institutes, and Medico-Ethno Botanical Survey (MEBS) in thirteen states through fourteen institutes and by Reactive approach, taking leads voluntarily provided by individuals/traditional knowledge provider. CCRAS has developed a mechanism for screening and validation of this information. After documenting the claims/practices, they are identified and validated for uniqueness and prioritized based on the scientific merit of the leads and expected translational potential, through a structured format and a systematic approach.

Traditional practitioners/knowledge providers often manage disease conditions using classical Ayurvedic formulations or certain modifications beyond codified texts. While contemporary practice is largely supported by codified sources such as the Ayurvedic Pharmacopoeia of India (API) and the Ayurvedic Formulary of India (AFI), a vast repository of undocumented wisdom persists within OHTs and EMPs. These traditions frequently employ *anukta dravya* (not covered in the authoritative Ayurvedic texts) and novel formulations, underscoring the need to enrich the pharmacopeia and prevent the erosion of indigenous knowledge. A significant challenge remains the vast amount of undocumented ethnomedical practices, which currently limits their scientific utility.

To address this, CCRAS has undertaken the **Documentation, Assessment, and Scientific Validation of Traditional Health Practices** (PARAMPARA). This initiative systematically documents and validates traditional medical practices used by traditional knowledge providers. By adopting evidence-based appraisal, PARAMPARA bridges the gap between undocumented traditional/indigenous wisdom and formal scientific evaluation, ensuring conservation of India's medical heritage while opening new avenues for research & development.

The initiative emphasizes scientific validation and documentation of unique local health traditions, recognizing that such evidence-based appraisal is essential for their global acceptance and for safeguarding India's rich medical heritage.

OBJECTIVES

1. To undertake systematic documentation and validation of Local Health Traditions (LHTs), Oral Health Traditions (OHTs), and Ethnomedical Practices (EMPs)
2. To undertake systematic documentation and validation of Ethnoveterinary practices
3. To undertake research studies (preclinical/clinical, etc.) of suitable claims/practices based on their scientific merit.

OPERATIONAL GUIDELINES

PHASE-1

i. Submission of Format for documentation of traditional health practices in the prescribed format:

The Format for documentation of traditional health practices for the Central Council for Research in Ayurveda Sciences CCRAS- PARAMPARA will be made available on the CCRAS Website. Interested Traditional knowledge providers may apply using the provided format (**Part-I**). Traditional knowledge providers who are unable to fill out the format on their own may seek assistance. CCRAS will suitably acknowledge such assisting individuals. The duly filled-in format (Part-I), along with at least 20 cases as supporting documents, may be submitted to the CCRAS at the address: Director General, CCRAS, Jawahar Lal Nehru Bhartiya Chikitsa Avum Homeopathy Anusandhan Bhavan, Institutional Area, Opp. 'D' Block, Janakpuri, New Delhi -110058 or through email: ccrasparampara@gmail.com, or on the address of the nearest CCRAS units situated in various parts of the country (**Annexure-I**). Approaching CCRAS for submission of information related to the claims/practices is voluntary, and agreement with the terms & conditions thereof. Submitted information will be kept confidential in the CCRAS records.

Part A. Preliminary assessment of traditional claims/practices by the CCRAS secretariat:

The CCRAS secretariat will preliminarily assess and scrutinize traditional claims/practices for originality, novelty/uniqueness, scientific merit, alignment with national priorities and unmet needs, translational potential, IUCN status, and feasibility/suitability, as per regulatory guidelines such as the Biological Diversity Act 2002, etc.

Part B. Field visit:

After preliminary screening by the CCRAS secretariat, if deemed suitable, the CCRAS team, comprising experts in Ayurveda and Botany, or other experts as deemed fit, will conduct a field visit to the traditional knowledge providers' site, as required, to reassess the traditional claim/practice.

PHASE-2

i. Review in Internal Scrutiny Committee (ISC):

CCRAS Internal Scrutiny Committee (ISC) will review the claim/practices based on the field visit report, including originality, novelty/uniqueness, scientific merit, alignment with national priority & unmet needs, translational potential, IUCN status, and feasibility/suitability as per

regulatory guidelines such as The Biological Diversity Act 2002, etc., for further evaluation. At any stage of assessment, CCRAS may co-opt an external expert member as per requirement.

ii. Expert Review:

The unique claims/practices will be placed before CCRAS committees, Project Approval and Monitoring Committee (PAMC), Scientific Advisory Group (SAG), Scientific Advisory Board (SAB), or identified experts for appraisal of their scientific merit and suitability for further research. Traditional knowledge provider will be called for interaction with the aforesaid CCRAS committees, as required.

Based on the recommendations of the above committees, such traditional claims/practices may be undertaken for research & development, in accordance with the CCRAS Research & Commercialization policy, after signing a Memorandum of Agreement (MOA) that includes a Non-Disclosure Agreement (NDA).

****

FORMAT FOR DOCUMENTATION OF TRADITIONAL HEALTH PRACTICES

Central Council for Research in Ayurvedic Sciences

Ministry of Ayush
(Government of India)

CCRAS-PARAMPARA

Part I — Initial Screening Format

(Brief format for first submission by the Traditional Knowledge Provider)

Central Council for Research in Ayurvedic Sciences (CCRAS), Ministry of Ayush, Government of India

This is the first-stage submission, kept brief so that Traditional Knowledge Providers are not discouraged from coming forward. It covers Traditional Knowledge Provider/Applicant particulars, a brief description of the claim/practice, and a summary of at least 20 treated cases. Claims found suitable at preliminary screening (as per the existing CCRAS-PARAMPARA Phase-1 process) will proceed to Part II — Detailed Scientific Documentation Format, to be completed jointly with a CCRAS Ayurveda Research Officer. Submission of Part I does not imply acceptance of the claim.

SECTION A — PARTICULARS OF THE TRADITIONAL KNOWLEDGE PROVIDER/APPLICANT

A. Traditional Knowledge Provider/Applicant— Basic Information		
No.	**Particulars**	**Details / Response**
A.1	Name and complete address (including mobile number and e-mail, if available)	
A.2	Age / Date of birth	
A.3	Gender	
A.4	General educational qualification	
A.5	Medical/traditional medicine qualification, if any *Degree/certificate, institution, and year of qualification*,	
A.6	System/category of traditional practice *Local Health Tradition (LHT) / Oral Health Tradition (OHT) / Ethnomedical Practice (EMP) / Ethnoveterinary practice / Other (please specify)*	
A.7	Source of knowledge — how the practice was acquired *Hereditary / Guru-Shishya Parampara / Self-experience / Community knowledge / Other (please specify)*	
A.8	Family history of practice (i) *Whether hereditary/passed down within the family (Yes/No)* *(ii) Number of generations in the family engaged in this practice* *(iii) Name and relationship of the family member(s)/ preceptor from whom the knowledge was received*	
A.9	Years of practice / total experience (in years)	
A.10	Area / branch of specialization in disease treatment	
A.11	Training received, if any *Formal or informal; institution/guru; duration; certificate obtained (attach copy, if available)*	
A.12	Whether registered with any traditional/local practitioner body or association *If yes, give registration details*	
A.13	Whether any modern medical facility is available in the applicant's local area (Yes/No) *If yes, distance from the place of work/village*	

SECTION B — BRIEF DESCRIPTION OF CLAIM/PRACTICE

This section applies equally to a drug/formulation, a procedure/technique, or an instrument/equipment claim — complete only the parts relevant to the type(s) ticked at B.1; mark the rest "N/A". Full technical detail for whichever type is ticked is recorded later in Part II (drug detail in Section B1–B3, procedure detail in Section B4, instrument detail in Section B5 of Part II) after preliminary assessment, as required.

B. Nature and Brief Description of the Claim/Practice		
No.	**Particulars**	**Details / Response**
B.1	Type of claim (tick all that apply) *Single drug* ☐ *Compound formulation (Aushadhi Yoga)* ☐ *Procedure/technique* ☐ *Instrument/equipment* ☐	
B.2	Name of the claim *For a drug/formulation — regional/local name, Hindi name, Sanskrit name and botanical/scientific name, where known:* *For a procedure/technique or an instrument/equipment — its name in local/regional usage and Hindi name, if any.*	
B.3	Brief description of the claim *In 3–4 lines: what it is; for a procedure, the technique and any materials/tools used; for an instrument, what it is made of and its purpose; how it is used/administered/performed*	
B.4	Materials, tools, or equipment involved *Applicable to procedure/technique and instrument/equipment claims — brief note only; detailed description, dimensions, and photograph/drawing to follow in Part II*	
B.5	Disease(s)/condition(s) for which used	
B.6	Whether a traditional/hereditary practice; approximate number of years in use	
B.7	Abundance/availability of the raw drug in the local area *Applicable only to drug/formulation claims — mark N/A otherwise: Abundant* ☐ *Frequent* ☐ *Occasional/Scanty* ☐ *Rare* ☐ *Very Rare* ☐ *N/A* ☐	
B.8	Whether this claim has been submitted to, or is under consideration at, any other institution/agency?	

SECTION C — PRELIMINARY CASE SUMMARY (MINIMUM 20 CASES)

List a minimum of 20 cases treated using the above claim/practice, for preliminary assessment. Detailed, verified case documentation proforma for cases selected for further evaluation will be compiled in Part II with the assistance of the CCRAS Ayurveda Research Officer. (Use additional sheets in the same format if more than 20 cases are to be listed.)

S.No.	Patient/Subject Name	Age / Sex	Address (Village/Town, District, State)	Diagnosis / Condition Treated	Outcome
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

SECTION D — DECLARATION

I hereby declare that the information furnished above is true to the best of my knowledge, and I am voluntarily submitting this claim/practice to CCRAS for preliminary screening under the CCRAS-PARAMPARA initiative. I will not use the details of this submission for advertising/self-promotion.

I understand that submission of this Part I format does not imply acceptance or approval of the claim by CCRAS, nor does it entitle me to any certificate, prize, or award.

Date: _____ Place: _____

Signature of the Traditional Knowledge Provider

Enclosures checklist: (a) duly completed Part I format (Sections A–C); (b) summary of at least 20 cases (Section C); (c) plant specimen, where applicable; (d) photograph of any claimed instrument, where available.

CCRAS-PARAMPARA

Part II — Detailed Scientific Documentation Format

(To be completed jointly with a CCRAS Ayurveda Research Officer, for claims selected after Part I preliminary screening)

Central Council for Research in Ayurvedic Sciences (CCRAS), Ministry of Ayush, Government of India

This Part II documentation is undertaken only for claims found suitable at Part I preliminary screening. It is completed jointly by the Traditional Knowledge Provider and a CCRAS Ayurveda Research Officer, for the Internal Scrutiny Committee (ISC) and Expert Review.

Cross-reference to Part I		
No.	**Particulars**	**Details / Response**
Ref.1	Applicant name (as per Part I, Section A.1)	
Ref.2	Part I submission/reference number and date	
Ref.3	Case(s) selected from Part I, Section C for detailed documentation (list S.No.)	

SECTION B — DETAILED CLAIM DOCUMENTATION

B1. Drug/Formulation Identity — Additional Details		
No.	**Particulars**	**Details / Response**
B.1	Source/origin of the drug (for single drug) *Plant / Animal / Mineral / Other (please specify)*	
B.2	Part(s) used *e.g., root, bark, leaf, whole plant, resin, etc. — specify for each ingredient if a compound formulation*	
B.3	If of plant/vegetable origin — specimen enclosed (Yes/No) *A flowering/fruiting twig of about one foot, pressed and well dried, to be enclosed*	

B2. Compound Formulation (Aushadhi Yoga) — Additional Details		
No.	**Particulars**	**Details / Response**
B.4	Whether it is a Shastriya Yoga (classical/codified formulation) (Yes/No) *If yes, give the Shastriya name*	
B.5	Original text (Sanskrit shloka), if Shastriya	
B.6	Full reference of the text *Name of the book, volume/part, chapter, and shloka number*	
B.7	If not a Shastriya Yoga — list of ingredients *Name (regional/Hindi/Sanskrit/botanical) — Part used — Quantity/proportion, for each ingredient*	

B3. Preparation, Dosage and Administration		
No.	**Particulars**	**Details / Response**
B.8	Dosage form *e.g., Churna, Kwath/Kashaya, Taila, Vati/Gutika, Arishta/Asava, Leha, etc.*	
B.9	Method / process of preparation *Detailed, step-by-step processing, including any purification (Shodhana), if applicable*	
B.10	Diseases and symptoms in which indicated (detailed)	
B.11	Other actions/effects of the drug	
B.12	Dose (at various stages/age groups/conditions)	
B.13	Anupana / vehicle used (at various stages/conditions)	
B.14	Duration of treatment	
B.15	Route/method of administration	
B.16	Pathya-Apathya (dietary and lifestyle restrictions, special precautions)	
B.17	Any side effects/complications observed, if any	
B.18	Details of standardization carried out, if any	
B.19	Details of safety/toxicity studies carried out, if any	
B.20	Specific instructions for use of the drug *e.g., time/season of collection, storage conditions, processing precautions, timing relative to food, etc.*	

B4. Procedures / Techniques Used for Disease Management

To be completed if the practitioner uses hands-on or instrument-assisted procedures — e.g., fracture/bone-setting, suturing, pressure or point-therapy, cauterization, blood-letting, massage/manipulation, midwifery procedures, etc.

B4. Procedure / Technique Details		
No.	**Particulars**	**Details / Response**
B.21	Name of the procedure/technique *e.g., bone-setting/fracture management, suturing, pressure therapy, cauterization, blood-letting, massage, etc.*	
B.22	Condition(s)/indication(s) for which the procedure is used	
B.23	Detailed step-by-step description of the procedure *Materials/tools used; technique/sequence of steps; duration of each sitting*	
B.24	Practitioner's specific training/experience in this procedure	
B.25	Frequency of sessions and total duration of the procedure course	
B.26	Pre-procedure and post-procedure care	
B.27	Precautions/contraindications	
B.28	Adverse events/complications observed, if any	
B.29	Number of cases in which the procedure was used, and outcome	
B.30	Whether a traditional/hereditary or self-devised procedure; number of years in use	

B5. Instruments / Equipment Developed or Used by the Traditional Knowledge Provider

To be completed only if a claim is made regarding any instrument, tool, or equipment developed, modified, or traditionally used by the applicant.

B5. Instrument / Equipment Details		
No.	**Particulars**	**Details / Response**
B.31	Name / local name of the instrument or equipment	
B.32	Purpose/use of the instrument	
B.33	Description of the instrument *Material, dimensions, and design — attach a drawing or photograph, if available*	
B.34	Method of preparation/fabrication of the instrument	
B.35	Source of design *Traditional/hereditary or self-innovated/modified — specify*	
B.36	Number of years in use	
B.37	Whether currently manufactured/available, and source	
B.38	Safety features and precautions in use	
B.39	Comparison with any existing/standard instrument, if applicable	
B.40	Any other claim/novelty regarding the instrument	

SECTION C — DETAILED PROFORMA FOR DOCUMENTATION OF CASES

Photocopy this proforma for documentation of cases and complete one for each case listed in Part I, Section C (or identified during the field visit), verified jointly by the Traditional Knowledge Provider and the Ayurveda Research Officer.

C. Proforma for documentation of cases (one per case)		
No.	**Particulars**	**Details / Response**
C.1	Case reference number *(cross-refer to Part I, Section C, S.No.)*	
C.2	Patient/subject name, age, and sex	
C.3	Complete address	
C.4	Diagnosis/disease (clinical assessment)	
C.5	Duration of illness (prior to treatment)	
C.6	Treatment given *Drug/formulation/procedure/instrument used, with dose and duration*	
C.7	Modern scientific investigations carried out (Yes/No) *If yes, findings — pathological, biochemical, biopsy, X-ray, etc.*	
C.8	Outcome *Cured / Improved / No change / Worsened — with date of assessment*	
C.9	Follow-up details, if any	
C.10	Adverse events/Adverse drug reactions/complications, if any	
C.11	Remarks of the Ayurveda Research Officer	

SECTION D — DECLARATION

D1. Declaration by CCRAS Ayurveda Research Officer		
No.	**Particulars**	**Details / Response**
D.1	Name	
D.2	Designation	
D.3	Name of CCRAS Institute/Centre	
D.4	Date(s) of field visit	
D.5	Declaration *I declare that the details recorded in this Part II documentation have been verified through direct interaction with the Traditional Knowledge Provider named above.*	

Signature of Ayurveda Research Officer(s): _____

I, the undersigned Traditional Knowledge Provider, confirm that the above details have been recorded correctly and with my consent.

Date: _____ Place: _____

Signature of the Traditional Knowledge Provider

*Enclosures checklist: (a) duly completed Part II format (Sections B–D); (b) individual proforma for documentation of cases for all selected cases (Section C)**;** (c) drawing/photograph of any claimed instrument (B.33); (d) photograph/video of a claimed procedure, where feasible (B4); (e) any other supporting documents (certificates, standardization/safety study reports, etc.).*

ANNEXURE I

List of CCRAS Institutes

S. No.	Name of CCRAS Institutes	Address
1.	Central Ayurveda Research Institute, New Delhi	Road No.66, Punjabi Bagh (West) New Delhi – 110 026
2.	NationalAyurveda Research Institute for Panchakarma, Cheruthuruthy	National Ayurveda Research Institute for Panchakarma, Cheruthuruthy, Thrissur District, Kerala-679531
3.	CentralAyurveda Research Institute, Bhubaneswar	Bharatpur, Near Kalinga Studio, Bhubaneswar-751029, Dist- Khorda, Odisha
4.	Central Ayurveda Research Institute, Kolkata	4-CN Block, Sector–V, Bidhannagar, Kolkata– 700091
5.	Central Ayurveda Research Institute, Patiala	Moti Bagh Road, Patiala-147001
6.	Raja Ramdeo Anandilal Podar *(RRAP) Central Ayurveda Research Institute, Mumbai*	Podar Medical Campus, Dr. Annie Besant Road, Worli, Mumbai-400018, Maharashtra
7.	National Institute of Indian Medical Heritage, Hyderabad	Survey No.314, Revenue Board Colony, Gaddiannaram, Hyderabad-500036, Telangana.
8.	Regional Ayurveda Research Institute, Lucknow	INS-106, Sector-25, Indira Nagar, Lucknow- 226016
9.	M.S. Regional Ayurveda Research Institute, Jaipur	Indira Colony, Bani Park, Jhotwara Road, Jaipur-302016
10.	Regional Ayurveda Research Institute, Gwalior	Aamkho, Gwalior-474009 (Madhya Pradesh)
11.	Regional Ayurveda Research Institute, Vijayawada	New Rajiv Nagar, Payakapuram, Vijayawada- 520015, Andhra Pradesh
12.	Regional Ayurveda Research Institute, Nagpur	Near Gharkul Parisar, Near Venkatesh Nagar, NIT Complex Nandanwan, Nagpur – 440009 Maharashtra
13.	Central Ayurveda Research Institute, Bengaluru	12, Uttarahalli Manavarthe Kaval, Uttarahalli (Hobli), Bangalore South (Tq.) Kanakapura Main Road, Talaghattapura Post, Bengaluru - 560109
14.	Regional Ayurveda Research Institute, Thiruvananthapuram	Poojappura, Thiruvananthapuram, Kerala-695012
15.	Regional Ayurveda Research Institute, Patna	RMRI Building “D” Block, Agam Kuan, Patna-800007, Bihar
16.	Central Ayurveda Research Institute, Guwahati	Borsojai, Beltola, Guwahati-781028

S. No.	Name of CCRAS Institutes	Address
17.	Regional Ayurveda Research Institute, Gangtok	Tadong, Gangtok, Sikkim-737102
18.	Regional Ayurveda Research Institute, Itanagar	Near Mithun Gate, Itanagar-791111, Arunachal Pradesh
19.	Regional Ayurveda Research Institute, Jammu	Rajinder Nagar, Ban Talab, Jammu-181123
20.	Regional Ayurveda Research Institute, Mandi	Gandhi Bhawan, Mandi-175001 (Himachal Pradesh)
21.	Regional Ayurveda Research Institute, Ahmedabad	Block A & D, 2nd Floor, Bahumali Bhavan, Manjushree Mill Compound, Near Girdharnagar Over Bridge, Asarwa, Ahmedabad-380004
22.	Regional Ayurveda Research Institute, Ranikhet	CCRAS, Thapla, Ganiyadeoli, Ranikhet, Almora Pin: 263645 (Uttarakhand)
23.	Central Ayurveda Research Institute, Jhansi	Gwalior Road, Jhansi-284003 (Uttar Pradesh)
24.	Regional Ayurveda Research Institute, Pune	Gandhi Bhawan Road, Kothrud, Pune – 411038, Maharashtra
25.	Captain Srinivasa Murthy Central Ayurveda Research Institute, Chennai	Arignar Anna Government Hospital Campus, Arumbakkam, Chennai – 600106, Tamil Nadu.
26.	Regional Ayurveda Research Centre, Agartala, Tripura	135, Ramnagar Road, No.4, Opp. Raj Bhandar, Agartala, Tripura. Pin: 799002
27.	Dr. Achanta Lakshmipati, Regional Ayurveda Research Institute, Chennai	2nd Floor, VHS Campus, Taramani, Chennai, Tamil Nadu. Pin: 600113
28.	Regional Ayurveda Research Institute, Port Blair	Quarter No. NGII - 1/3, Chakkargaon (PO), Opp. Municipal Complex, Near Ganesh Temple, Chakkargaon, Port Blair, South Andaman-744112
29.	Regional Ayurveda Research Institute for Mineral and Marine Medicinal Resources, Goa	Old GMC Building, Raibander, Goa, Pin- 403006
30.	Regional Ayurveda Research Centre, Dimapur, Nagaland	CMO Building, 1st Floor, District Hospital Colony Dimapur, Nagaland, Pin. 797112