



Tribal Health Care Research Program: An Overview of Central Council for Research in Ayurvedic Sciences Contributions

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ABSTRACT

Introduction: Tribal Health Care Research Program (THCRP) was initiated by the Central Council for Research in Ayurvedic Sciences (CCRAS) in 1982. The core objective of the program is to study the living conditions of tribal people, which includes health-related demography, documentation of folk claims, local health traditions (LHTs), use of common medicinal plants and their availability, propagation of knowledge about personnel hygiene, and prevention of diseases besides extending medical aid at their doorsteps. The program has been implemented in Madhya Pradesh, Maharashtra, Bihar, Assam, Arunachal Pradesh, and Andaman and Nicobar at different years from 1982 to 2016. During this period, five independent Tribal Health Care Research units have been relocated through reorganization, which came into force in the year 2000. Further, during the year 2014 to 2015 and 2016 to 2017 the program has been extended in 10 more states, viz., Rajasthan, Jammu and Kashmir, Himachal Pradesh, Karnataka, Tamil Nadu, West Bengal, Odisha, Andhra Pradesh, Sikkim, and Telangana. Currently, the THCRP is being executed in 14 states through 15 peripheral institutes of CCRAS under tribal subplan (TSP).

Materials and methods: The gross physical achievements including the beneficiaries of health care services, details of villages, tribal pockets covered, documentation of disease prevalence, and LHTs during the period 1982 to 2016 were compiled, summarized, and presented based on the information available in the published monographs, technical reports, and annual reports.

Conclusion: A critical appraisal of THCRP revealed that from 1982 up to March 2016, CCRAS has extended health care services at 1,358 villages/tribal pockets that represent around 50 tribes across 14 states covering a population of 947,587. Apart from propagation of knowledge about hygiene and prevention of diseases, medical aid was provided to 336,015 seekers. In addition to this, through this program about 734 folklore claims, LHTs, use of common medicinal plants and their availability were documented and also the prevalence of different diseases in the tribal pockets was recorded.

Keywords: Central council for research in ayurvedic sciences, Folklores, Tribal health care research program.

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INTRODUCTION

India enjoys the distinction of having the largest network of traditional health care that is fully functional with a network of registered practitioners, research institutions, and licensed pharmacies. With its kaleidoscopic variety and rich cultural heritage, India is proud of some unique medicinal forms that look at health, disease, and causes of disease in completely different ways. Best known as the Indian System of Medicine, its focus is on holistic health and well-being of humans.

Indian systems of medicine have age-old acceptance in the communities in India, and in most places they form the first line of treatment in case of common ailments. Ayurveda, Yoga, Unani, Siddha, and Homoeopathy (AYUSH) are the recognized Indian systems of medicine and have been integrated into the national health delivery system. Of these, Ayurveda is the most ancient medical system with an impressive record of safety and efficacy.^{1,2}

The AYUSH represents the tradition of codified, textual health knowledge systems other than the modern, while LHTs represent the practices and knowledge of the common people and folk practitioners who follow an oral tradition of learning and passing on of the knowledge. Planned development of health services in the public system began in India after independence, based primarily on modern medical science (Bhore Committee Report, 1946).³

The AYUSH services have been viewed as one way of ensuring access to some form of health care to the rural and poor population groups who are underserved by the dominant system. However, with the dominance of modern medicine over the past century, there has been a drastic decline in the legitimacy and services of the other systems. Now, with the enhanced recognition of their complementary strengths, there is resurgence

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of utilization of Traditional, Complementary and Alternative Medicine (TCAM), by the well-off of developed as well as the better-off of the developing countries. With concerns of equity and access in health care, a serious question arises about the availability and access of quality AYUSH services and LHTs for all.³

The most prevalent users of AYUSH, Traditional Medicine, Complementary and Alternative Medicine (CAM) are individuals who have incurable, nonlife-threatening conditions that may be chronic. The second largest groups of users are those struggling with chronic, potentially life-threatening diseases, such as cancer and human immunodeficiency virus/acquired immunodeficiency syndrome. Both groups turn to CAM systems for various reasons, such as to improve immune functioning, to improve overall functioning, to increase quality of life, to cope with side effects from conventional therapies, and to relieve symptoms related to their illness.⁴⁻⁷

Tribal Health—Indian Scenario

India is a canvas portraying a unique assimilation of ethnic groups displaying varied cultures and religions. In fact, this uniqueness in the ethnicity of the country is the factor that makes it different from other nations. Moreover, the vastness of India's nationalism, accounting to a plethora of cultural extravaganza, religions, etc., is the reason that the country is seen more as a seat for a major world civilization than a mere nation-state. The ethnic diversity in the country is represented by as many as 400 ethnic groups including the tribes and others. The tribal population is almost 7.5% of the total population of the country. Due to inaccessibility to modern health care, the real knowledge of the usages of plants lies with the rural population of the country consisting of tribes, forest dwellers, and many villagers. The fact is that tribal and forest dwellers have unique knowledge of therapeutic use of plants. Since ancient times, the spiritual land of India has displayed varied hues of culture, religion, race, language, and so on. This variety in race, culture, religion, etc., accounts for the existence of different ethnic groups who, although, live within the sanctums of one single nation and profess different social habits and characteristics. Regional territories in India play an important role in differentiating these ethnic groups, with their own social and cultural identities. With the governance of different states and union territories in the country, there has originated a sense of regionalism among the various parts, with different states displaying different cultures, which although eventually fuse through a common bond to showcase a national cultural identity.

Further, the CCRAS documented ethnomedical practices, use of medicinal plants besides studying living

conditions of tribal areas across the country from Trans-Himalayan region, North-eastern India to southern parts of the country and Andaman and Nicobar through its 18 survey units, mobile clinic research units, THCRP. The authenticity of the information is confirmed by cross-examination of the treated patients, and specimens of plants/part(s) used were kept in record as herbariums/museum specimens. About 2,500 folklore/ethnomedical claims used by tribes have been documented. The tribes used to manage simple diseases/conditions ranging from common cold, cough, fever, vomiting, skin diseases, digestive problems, reproductive and child health problems, wounds, etc. The use of herbs for contraception is also prevalent among them.⁸⁻¹²

In view of providing service-oriented health care facilities that include health education, and to create health awareness about the nutritional, communicable diseases besides curative measures on prevalent diseases to tribal population, the THRCP has been conducted in tribal pockets of 14 states through peripheral institutes of CCRAS.

MATERIALS AND METHODS

The physical achievements including the beneficiaries of health care services, details of villages, tribal pockets covered, documentation of disease prevalence and LHTs during period 1982 to 2016 were compiled, summarized, and presented. These data were taken from the published monographs, technical reports, and annual reports of THCRP available in CCRAS central library at CCRAS headquarters. This project was carried out at various peripheral institutes of council, viz., Regional Ayurveda Research Institute for Drug Development (RARIDD), Gwalior; Regional Ayurveda Research Institute for Mother and Child Health Care (RARIMCH), Nagpur; Regional Ayurveda Research Institute for Infectious Diseases (RARIID), Patna; Regional Ayurveda Research Institute for Gastro Intestinal Disorders (RARIGID), Guwahati; Regional Ayurveda Research Institute for (RARI), Itanagar; Regional Research Centre of Ayurveda (RARC), Port Blair; Central Ayurveda Research Institute for Hepato biliary Disorders (CARIHD), Bhubaneswar; CARIDD, Kolkata; Regional Ayurveda Research Institute for Endocrine Disorders (RARIECD), Jaipur; Regional Ayurveda Research Institute for Skin Disorders (RARISD), Vijayawada; Regional Ayurveda Research Institute for Metabolic Disorders (RARIMD), Bengaluru; Regional Ayurveda Research Institute (RARI), Gangtok, Achanta Lakshmiapati Research Centre for Ayurveda (ALRCA), Chennai; National Research Institute for Sowa-rigpa (NRISR), Leh; Regional Ayurveda Research Institute for Urinary Disorders (RARIUD), Jammu; and

Regional Ayurveda Research Institute for Nutritional Disorders (RARIND), Mandi.

OBSERVATIONS AND PHYSICAL ACHIEVEMENTS

Tribal Health Care Research Program has been initiated by CCRAS in 1982 with the core objectives encompassing study of the living conditions of tribal people, documentation of information available, use of medicinal plants in the area, study of dietetic habits including health-related demography, study of sociodemographic profile, nature and frequency of prevalent diseases, propagation of knowledge about hygiene, and prevention of diseases, providing medical aid at their doorsteps, collection and documentation of folklore claims and LHTs.

CCRAS Initiatives in documenting and reporting Health Care-seeking Attitude and documentation of LHTs

Very little information is available on the utilization of Indian systems of medicine and homoeopathy (ISM & H) in India. The CCRAS has conducted a survey in 12 states across the country on various aspects of health-related demography during various periods (Published report on "Study of Health Statistics under Mobile Clinical Research Program," 1987, CCRAS, New Delhi, India). This is evident from the fact that out of the total population studied by all the Mobile Clinical Research Units with regard to the treatment received through various codified systems of medicine, during the study period; 71.34% of the population received Ayurvedic treatment, 24.67%

Allopathic, 2.33% with others, i.e., with folk medicines, 1.65% with Homeopathy and 0.01% with Siddha system. In addition to these recognized system, folk medicines in the villages still play a major role to provide medical assistance in the rural areas. During the study period nearly 2.33% of the population was found to have used folk medicines.¹⁰

Chronological Developments

The program has been continued at Madhya Pradesh, Maharashtra, Bihar, Assam, Arunachal Pradesh, and Andaman and Nicobar established at different years during 1982 to 2016. During this period, five independent tribal health care research units have been relocated through reorganization which came into force in the year 2000. Further during the year 2014 to 2015 to 2016 to 2017, the program has been extended in 10 more states, viz., Rajasthan, Jammu and Kashmir, Himachal Pradesh, Karnataka, Tamil Nadu, West Bengal, Odisha, Andhra Pradesh, Sikkim, and Telangana. Currently, the THCRP is being executed in 14 states through 15 peripheral institutes of CCRAS under TSP¹³⁻⁴⁵ (Tables 1, 2 and Graph 1).

Apart from the above-mentioned states in table, THCRP was also initiated in Telangana state in March 2017.

Achievements during 1982 to 2016: Through this program during the period 1982 to 2016, the Council has extended health care services at 1,358 villages/tribal pockets covering a population of 947,587, while medical aid and counseling was offered to 336,015 people. 734 folk claims/LHTs have been documented¹³⁻⁴⁵ (Tables 3 to 18, and Graphs 2 to 5).

Table 1: Details of establishment of THCRP projects

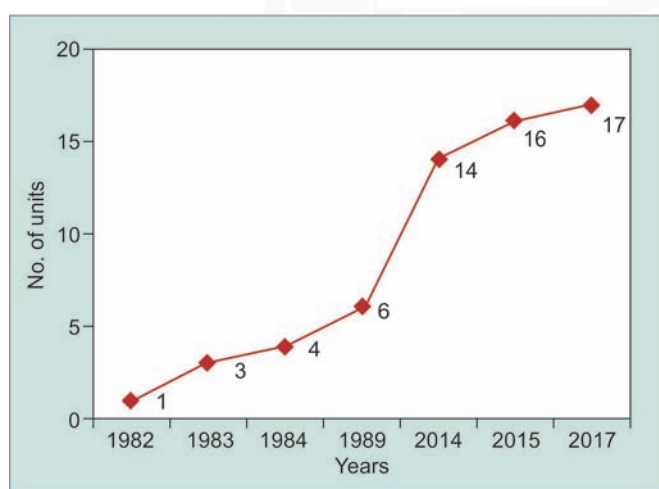
Sl. no.	State	Location of 16 projects in 15 states	Date of establishment	Details of merger/shifting of other units in the year 2000
1	Madhya Pradesh	CARIDD, Gwalior	March 1986	THCRP, Jagdalpur shifted to Gwalior
2	Maharashtra	RARIMCH, Nagpur	Dec 1983	THCRP, Jhabua shifted to Nagpur
3	Bihar	RARIID, Patna	Feb 1983	THCRP, Palamau shifted to Patna
4	Assam	RARIGID, Guwahati	June 1989	THCRP, Imphal shifted to Guwahati
5	Arunachal Pradesh	RARI, Itanagar	July 1982	THCRP, Ziro shifted to Itanagar, later this program has been closed
6	Andaman Nicobar	RARC, Port Blair	Feb 1984	Unit physically shifted from Car Nicobar to Port Blair in 2005
7	Odisha	CARIHD, Bhubaneswar	Oct 2014	
8	West Bengal	CARIDD, Kolkata	Oct 2014	
9	Rajasthan	RARIECD, Jaipur	Oct 2014	
10	Andhra Pradesh	RARISD, Vijayawada	Oct 2014	
11	Karnataka	RARIMD, Bengaluru	Oct 2014	
12	Sikkim	RARI, Gangtok	Oct 2014	
13	Tamil Nadu	ALRCA, Chennai	Oct 2014	
14	Jammu and Kashmir	NRISR, Leh	Oct 2014	
		RARIUD, Jammu	Nov 2015	
15	Himachal Pradesh	RARIND, Mandi	Nov 2015	

Table 2: Chronological development in the establishment of THCRP projects

Sl. no.	Year	No. of institutes established	Name of units/institutes	Total no. of units
1	1982	1	Ziro, Arunachal Pradesh	1
2	1983	2	Jhabua (MP) and Palamau (Bihar)	3
3	1984	1	Car Nicobar (Andaman and Nicobar Islands)	4
4	1989	2	Jagdalpur (MP) and Imphal (Manipur)	6
5	2014	8	Bhubaneswar, Kolkata, Jaipur, Vijayawada, Bengaluru, Gangtok, Chennai and Leh	14
6	2015	2	Jammu and Mandi	16
7	2017	1	Hyderabad	17

Table 3: Tribal Health Care Research Project from 1982 to 2016

Sl. no.	Name of the institute	Village covered	Population covered	Benefiters of health care program	No. of folk claim documented
1	RARIDD, Gwalior	106	99,168	23,709	70
2	RARIMCH, Nagpur	131	77,849	19,909	117
3	RARIID, Patna	206	295,929	114,343	70
4	RARIGID, Guwahati	79	78,525	26,851	112
5	RARI, Itanagar	338	165,895	57,495	43
6	RRCA, Port Blair	125	140,059	63,837	119
7	CARIHD, Bhubaneswar	33	10,225	2,544	21
8	CARIDD, Kolkata	48	12,271	4,914	29
9	RARIECD, Jaipur	27	16,694	3,856	20
10	RARISD, Vijayawada	57	12,878	4,649	47
11	RARIMD, Bengaluru	21	5,053	1,746	38
12	RARI, Gangtok	36	9,113	4,089	21
13	ALRCA, Chennai	55	7,598	3,137	27
14	NRISR, Leh	96	16,330	4,936	0
Total		1358	947,587	336,015	734

**Graph 1:** Chronological development in the establishment of tribal health care research units

As an integral part of the THCRP, the prevalence of the disease in various tribal pockets has been documented, noticed, and enquired during medical camps and door to door surveys (Table 19).

Other Significant Contributions

Besides this, in view of protecting the traditional knowledge through THCRP and other survey programs,

Table 4: Folk claim/LHTs documented under THCRP from 1982 to 2016

Sl. no.	Name of the institute	No. of folk claims documented
1	RARIDD, Gwalior	70
2	RARIMCH, Nagpur	117
3	RARIID, Patna	70
4	RARIGID, Guwahati	112
5	RARI, Itanagar	43
6	RRCA, Port Blair	119
7	CARIHD, Bhubaneswar	21
8	CARIDD, Kolkata	29
9	RARIECD, Jaipur	20
10	RARISD, Vijayawada	47
11	RARIMD, Bengaluru	38
12	RARI, Gangtok	21
13	ALRCA, Chennai	27
Total		734

CCRAS has documented about 2,500 folk claims¹² and published 18 monographs covering the ethno-medical practices in different states.^{11,46-63}

CONCLUSION

India is a vast country having wide diversity in ecoclimatic conditions besides having peoples of different

Table 5: Madhya Pradesh (RARIDD, Gwalior)—Statement of population covered from inception up to March 2016

Sl. no.	Years	No. of villages covered	Name of villages	Total population covered	No. of patients treated		
					New	Old	Total
<i>(A) Work carried out at Jagdalpur (Madhya Pradesh now Chhattisgarh) initiated from 1990 to 1991</i>							
1	1990–91	01	Dhamour	667	92	473	565
2	1991–92	02	Adaval, Gatavand	1,552	96	230	326
3	1992–93	03	Badegatavand, Durguda, Pandaripani	3,178	771	2,392	3,163
4	1993–94	01	Agahanpur	0	200	743	943
5	1994–95	02	Agahanpur, Sargipal	850	412	2,184	2,596
6	1995–96	01	Tamakoni	58	58	74	132
7	1996–97	01	Agahanpur	5,000	38	35	73
8	1997–98	01	Kachora	1,250	648	1,073	1,721
<i>(B) Work carried out at Gwalior (Madhya Pradesh)</i>							
9	1981–82	01	Chorpura	2,000	1684	0	1,684
10	2000–01	01	Nayagoan	1,136	239	87	326
11	2001–02	01	Jourasi	1,770	337	272	609
12	2002–03	02	Panihar, Ghatigoan	2,361	417	197	614
13	2003–04	01	Ghatigoan	1,107	207	102	309
14	2004–05	03	Siasakapura, Kait, Girwai	2,024	358	147	505
15	2005–06	05	Girwai, Aarone, Chhimak, Dhurshendhi, Shivpuri	5,302	686	210	896
16	2006–07	05	Raipur kala, Barole, Maharajapura, Bujurga, Sehasari	5,132	383	140	523
17	2007–08	4	Jakhoda	1,135	104	0	104
			Mohana	1,769	84	13	97
			Shyampur	374	25	0	25
			Dourar	1,454	87	0	87
18	2008–09	4	Patai	1,344	80	05	85
			Karai	316	80	0	80
			Brahana	647	19	0	19
			Chaint	3,074	121	09	130
19	2009–10	4	Amargarh	649	120	20	140
			Ummedgarh	1,582	77	11	88
			Samaria Taka	2,955	219	07	226
			Kaitha	240	52	03	55
20	2010–11	4	Kirawali	525	32	0	32
			Patha (Panihar)	2,087	194	11	205
			Bhainsnari	1,298	108	22	130
			Bijakpur	1,428	124	6	130
21	2011–12	3	Nunhari	904	113	21	134
			Rithodan	1,957	186	49	235
			Badagaon	1,560	207	27	234
22	2012–13	3	Thetiapura	714	86	16	102
			Bhartari	1,301	168	22	190
			Jatrathi	1,256	262	39	301
23	2013–14	4	Gharsondi	1,101	105	12	117
			Gharhi	994	197	27	224
			Nayagaon	985	47	0	47
			Ghatigaon	2,002	56	0	56
24	2014–15	23	Bhimlat	460	55	20	75
			Bhela	413	49	07	56
			Panar	611	48	0	48
			Chaintikhera	602	78	24	102
			Piparbas	781	127	09	136
			Ratodhan	714	85	0	85
			Heerapura	354	30	0	30
			Hanumankhera	266	30	0	30

(Cont'd...)

(Cont'd...)

Sl. no.	Years	No. of villages covered	Name of villages	Total population covered	No. of patients treated		
					New	Old	Total
			Bandhaly	668	93	08	101
			Awada	1559	157	53	210
			Kalmi	674	82	13	95
			Kakardha	1063	44	23	67
			Bamoree	307	83	07	90
			Gothra	460	105	26	131
			Saran Aharbani	942	59	17	76
			Bairagi	487	106	19	125
			Khamha	369	73	19	92
			Mohani	136	42	08	50
			Khinha	472	82	06	88
			Dobh	470	22	0	22
			Doondikheda	231	60	0	60
			Dubdee	298	48	0	48
			Kankra	389	24	0	24
25	2015–16	26	Karrai	638	66	15	81
			Gadhla	659	169	18	187
			Piprani	689	119	34	153
			Bargwan	1,710	392	55	447
			Agra	332	65	21	86
			Hasanpur	118	30	0	30
			Palampur	183	47	0	47
			Sirsod	626	99	4	103
			Maharajpura	1,034	143	19	162
			Makronda Kalan	889	71	5	76
			Subkara	829	121	12	133
			Mujhari	619	117	18	135
			Baudichapa	1036	132	14	146
			Nayagaon Tehkhand	545	126	16	142
			Bagdiya	1,179	149	14	163
			Bheekhapur	987	84	17	101
			Bardha Bujurag	1,321	251	24	275
			Dengda	1155	83	18	101
			Kalarna	1,162	204	20	224
			Nasirpur	675	121	20	141
			Ladpura	611	98	30	128
			Dtarda Khurd	475	164	16	180
			Dlarna Khurd	340	73	31	104
			Tilsani	639	132	0	132
			Deori Khurd	100	25	0	25
			Phiphari	853	108	0	108
Total		106		99,168	14,350	9,359	23,709

Table 6: Maharashtra (RARIMCH, NAGPUR)—Statement of population covered from inception up to March 2016

From inception to March 1999					
Sl. no.	Year	No. of villages covered	Name of villages	Total population covered	No. of patients treated
(A) Work carried out at Jhabua (Madhya Pradesh) initiated from 1984 to 85*					
1	1987–88	1	Gadwara	725	261
2	1990–91	1	Gadwara	725	222
3	1992–93		Headquarter	0	100
4	1993–94	1	Jhabua village	0	150
5	1995–96		Headquarter	0	383

(Cont'd...)

(Cont'd...)

Sl. no.	Year	No. of villages covered	Name of villages	Total population covered	No. of patients treated
6	1996-97		Headquarter	0	130
7	1997-98		Headquarter	0	97
8	1998-99		Headquarter	0	177
	Total			1,450	1,520

From 2000 to March 2016

Sl. no.	Year	No. of villages covered	Name of villages	Total population covered	No. of patients treated					
					New	Old	Total			
(B) Work carried out at RARIMCH, Nagpur										
1	2000-01	1	Borda	194	08	00	08			
2	2001-02	4	Borda	1,098	111	33	144			
			Talwada	252	35	26	61			
			Jamlatola	191	34	17	51			
			Kridurd	411	57	48	105			
3	2002-03	8	Bothali	525	117	75	192			
			Dahegaon	296	46	13	59			
			Shirshi	353	67	16	83			
			Amrutguda	160	42	18	60			
			Bhendala	712	131	09	140			
			Satara (Bhoshle)	339	89	00	89			
			Wirie	00	26	00	26			
			Guguldeo	00	46	00	46			
			4	2003-04	9	Sonpur	359	114	52	166
						Maharkund	193	74	20	94
Mogra	171	62				28	90			
Tekadi	372	64				18	82			
Kundri	949	235				100	335			
Kanhadevi	259	76				36	112			
Dhoda	542	114				72	186			
Pathari	1,112	172				83	255			
5	2004-05	9	Bothia (Palora)	1,048	139	54	193			
			Ghoti	448	111	58	169			
			Marksur	485	93	47	140			
			Vachbodhi	538	167	78	245			
			Borgad	626	100	60	160			
			Gondi (Khapa)	444	86	49	135			
			Chankapur	354	97	79	176			
			Khatta	686	69	38	107			
			Sindewani	681	89	85	174			
			Warghat	1,576	146	133	279			
6	2005-06	10	Kohla	402	85	87	172			
			Gugguldov	961	134	113	247			
			Chargaon	520	72	109	181			
			Amghat	398	111	109	220			
			Kawadapur	339	65	79	144			
			Surewani	330	75	83	158			
			Pendhari	312	124	74	198			
			Mohagaon (Jangli)	219	85	82	167			
			Ghatpendhari	1,015	93	90	183			
			Belda	965	186	92	278			
7	2006-07	10	Bondetalsarra	488	162	52	214			
			Maudi	840	259	123	382			
			Pendhari	537	112	53	165			
			Salairani	613	153	51	204			

(Cont'd...)

Tribal Health Care Research Program: An Overview of CCRAS Contributions

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Sl. no.	Year	No. of villages covered	Name of villages	Total population covered	No. of patients treated		
					New	Old	Total
8	2007-08	8	Chikhaldhokda	440	119	45	164
			Khanora	670	127	50	177
			Sawangi	643	126	44	170
			Pauni (Jangli)	534	101	24	125
			Salai	544	160	52	212
			Tuyapar	622	82	50	132
			Khumari	710	143	73	216
			Akola	503	79	27	106
			Bhivgad	418	111	65	176
			Ghogra	902	136	64	200
			Mayawadi	948	110	38	148
			Gondi (Dig.)	1,288	169	55	224
9	2008-09	10	Gonhi	797	155	107	262
			Navegaon	497	64	09	73
			Kharpada	382	91	56	147
			Bhandra	565	102	44	146
			Phuljari	511	112	37	149
			Khadbikheda	608	95	66	161
			Chinchada	189	35	33	68
			Bondewada	607	87	117	204
			Dulara	597	37	33	70
			Nagalwadi	283	67	34	101
			Saleghat	628	68	38	106
			10	2009-10	12	Bhandarbodi	1,396
Bondri	698	98				39	137
Gudegaon	401	74				60	134
Chorbahuli	479	61				75	136
Khidki	434	41				8	49
Kedapur	282	98				44	142
Sabkund	586	58				46	104
Ambada	745	90				43	133
Jambhulpani	304	64				21	85
Panwadi	245	89				00	89
Zolwadi	678	105				65	170
Zizoria	1,027	81				74	155
11	2010-11	12	Khairi	297	96	65	161
			Muradpur	334	41	29	70
			Sindhivihari	308	52	38	90
			Surabardi	177	65	74	139
			Mandri	1,207	128	26	154
			Kirnapur	759	77	19	96
			Junewani	384	99	86	185
			Karwahi	1,887	86	41	127
			Chawari	297	55	14	69
			Savara	794	73	32	105
			Sonpur	328	56	16	72
			Sakharkheda	680	61	24	85
12	2011-12	7	Chandanpardi	1,178	86	24	110
			Nishan Ghat	232	37	11	48
			Sinjar	1,294	86	47	133
			Khapa	727	138	86	224
			Ganeshpur	353	76	18	94
			Ghubdi	392	60	81	141
			Vadhona	809	68	36	104
			Khangaon	1,483	48	26	74

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Sl. no.	Year	No. of villages covered		Total population covered	No. of patients treated		
		Name of villages			New	Old	Total
13	2012-13	7	Pusda (Ramtek)	1,019	59	70	129
			Manegaon (Ramtek)	672	63	20	83
			Pindkapar (Ramtek)	696	44	34	78
			Narhar (Parseoni)	418	56	20	76
			Kolitmara (Parseoni)	345	74	47	121
			Umatha (Narkhed)	844	80	14	94
			Bordoh (Katol)	338	27	10	37
14	2013-14	7	Behalgondi (Katol)	448	26	12	38
			Karla (Katol)	436	94	33	127
			Sabkund (Katol)	572	94	108	202
			Ambazhari (Parseoni)	522	10	12	22
			Umri (Ramtek)	1091	45	18	63
			Rampuri Chaugan (Ramtek)	431	14	0	14
			Tangla (Ramtek)	870	113	44	157
15	2014-15	7	Dadapur	775	67	13	80
			Shivni	631	85	11	96
			Sonsari	1,120	199	69	268
			Dhamditola,	1,123	128	19	147
			Mohagoan	318	36	12	48
			Anajantola	478	88	23	111
			Sawargaon	467	77	40	117
16	2015-16	10	Khambada	1,191	245	140	385
			Gardapar	405	183	130	313
			Gorwat chak	566	218	114	332
			Sonegaon (Begde)	721	238	129	367
			Keslabodi	431	143	87	230
			Nandara	687	262	130	392
			Yerkheda	609	348	269	617
			Kaparla	717	281	208	489
			Lonara	327	136	94	230
			Rajulwadi	187	61	19	80
Total		131		77,849	12,940	6,969	19,909

Table 7: Bihar (RARIID, Patna)—Statement of population covered from inception up to March 2016

From inception up to March 2004					
Sl. no.	Year	No. of villages	Villages covered	Population covered	No. of patients treated
1	1983-84	1	Ranka	12,000	30
2	1984-85	6	Kardiha, Mayanpur, Khapro, Bori, Tenudih, Sihajo	10,400	750
3	1985-86	15	Khud, Bhatwabi, Hurdage, Sikata, Jogikhura, Kanchanpur, Mungdaha, Siksiga, Khurda, Barbadiha, Hunhe, Dhurda, Hunhe Kala, Sharasan Sonadage, Sigsiga Kala	7,816	2,471
4	1986-87	20	Palhay, Boila, Lady Kanda, Son Purwa, Kukumbar, Semarkhar Delay, Khura, Babda, Jhagraha, Tetadih Saleya, Daundag, Siroi Kala, Serio Khurd, Majhigawa, Birbandha, Swadiha, Sigakhurd, Siga Kala, Uchari, Chankari	7,443	10,431
5	1987-88	24	Bishrampur, Bhadua, Bhaopur, Barahdari, Barwahu, Katra, Chutiya, Baligarh, Gobardaha, Birajpur, Kushwar, Terardih, Homiya, Durjam, Barwa, Bairiya, Sirka, Mangarhi, Ramkanda, Madgari, Saraidih, Jamauti, Garhwa, Khardiha	32,059	27,491
6	1988-89	19	Dalla, Rajbas, Chauteliya, Ranichari, Chiniya, Chirka, Billetikhad, Chapkati, Khudi, Nagshili, Haskhadi, Ranpuri, Mesara, Besari, Tudimund Betta, Paleh, Seede, Purigarh, Salwahi	23,333	17,903
7	1989-90	9	Chatakman, Jolgan, Kasmar, Kudrum, Pindra, Furegada, Tamgekurd, Tamge Kala, Gaurgada	7,610	3,306

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Tribal Health Care Research Program: An Overview of CCRAS Contributions

(Cont'd...)

Sl. no.	Year	No. of villages	Villages covered	Population covered	No. of patients treated
8	1990-91	11	Bahkahara, Gasedag Jaune, Chiyarki, Barkagaon, kaudiya, Jhabar, Pokhraha-Kalan, Chukru, Sua, Kundelwa	18,138	8,242
9	1991-92	12	Khanwa, Halumar, Dulsulma, Jurumansuti, Tabar, Sutrayaa, Ponwi Pokhorcha, Ledwa Khard, Gaura, Harmur Jora, Turadin, Kanica	25,268	5,546
10	1992-93	6	Rajderwa Biriya, Khandib Purnadih, Basawra, Duba, Polpol, Urhulia	9,040	6,446
11	1993-94	5	Pokharaha, Oriya, Lotwa, Rakhara, Chandu	10,435	4,825
12	1995-96	2	Chhipadohar, Kechaki	6,249	1,323
13	1996-97	3	Bahera, Khurakhurd, Khura, Chando	5,451	1,767
14	1998-99	7	Khurakhurd Bhera, Saluta, Darami, Kalyanpur Mangra, Rabdi, Panchnadia, Dubiakhar	21,837	4,555
15	1999-00	2	Oriya, Jhabar	5,330	3,155
16	2001-02	5	Chakai, Ponijha, umma, Amata, Rehama	7,000	1,056
17	2002-03	2	Jamui, Dumka	10,500	1,056
18	2003-04	9	Keluadih, Baghpathar, Chhata Jhgua, Bandarbhagua, Pipara, Bhalua, Ambadih, Berwari, Dhamnadiha	6,288	1,061
Total		158		226,197	101,772

April 2004 to March 2016

Sl. no.	Year	No. of villages	Name of villages covered	Population covered	No. of patients treated		
					New	Old	Total
1	2004-05	4	Berwari, Hariyandhi, Ambadih, Dhamana	9,075	1,529	360	1,889
2	2005-06	5	Chata, Jhagrahi, Rana Damaka, Dorsakola	5,035	793	290	1,083
3	2006-07	3	Baheri	5,348	1,049	316	1,365
			Kovana	3,485	594	310	904
			Kedali	5,125	608	396	1,004
4	2007-08	3	Nawadiha, Daha, Taravagada	3,485	594	310	904
5	2008-09	5	Urali	1,030	128	75	204
			Belgara	995	107	69	176
			Kalyanpur	1,045	132	87	219
			Gidhor	1,105	137	93	230
			Hatbariya	950	104	71	175
			Mardanpur	961	76	21	97
			Geari	565	45	12	57
6	2009-10	5	Kacha	1,425	76	26	102
			Ahuri	1,055	65	19	84
			Tarog	1,123	87	33	120
			Dadha	2,113	163	38	201
			Sell	1,315	113	18	131
7	2010-11	3	Pakariya	1,714	96	33	129
			Bachdag	600	50	0	50
			Sehda	1,127	60	42	102
			Uperbaro	1,181	41	41	82
8	2011-12	5	Chudharia	349	25	19	44
			Sanghari	2,158	108	101	209
			Suraj	1,800	98	65	162
9	2012-13	3	Sajna	2,420	127	41	168
			Larkua	1,300	83	15	98
			Jaled	1,800	129	18	147
10	2013-14	4	Amona	1,080	83	50	133
			Kargu pater	1,435	73	20	93
			Kathotia	975	66	13	79
			Luttu	726	72	0	72
11	2014-15	3	Barbadih Chatra (Jharkhand)	400	20	0	20
			Kadmahwa	557	147	37	184

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Sl. no.	Year	No. of villages	Name of villages covered	Population covered	No. of patients treated		
					New	Old	Total
12	2015-16	5	Kadamahawa	1,030	310	40	350
Chiuntaha	442	139	84	223			
			Bhitaha	960	212	166	378
			Bairiya	1,147	310	169	479
			Hathwanwa	1,296	301	123	424
	Total	48		69,732	8,950	3,621	12,571

Table 8: Assam (RARIGID, Guwahati)—Statement of population covered from inception up to March 2016

From inception up to March 2000							
Sl no	Year	No. of villages covered	Name of villages covered	Total populations covered	Total patients		
<i>(A) Work carried out at Imphal, Manipur</i>							
1	1989-90	3	Langol Tarong, Naikalong Tarong, Tharon	1,020	125		
2	1990-91	6	Lambuland, Chingmeirong, Ragailong, Ramgailong Cannan Veng, Doupaoveng, Zomi Villa.	3,990	947		
3	1991-92	1	Mahabale Sangalbrou	806	179		
4	1992-93	3	Koirangei, changangi, Chingkhunlong	1,080	1,080		
5	1993-94	3	Keikhu,, Sabbal Tongba, Heigrujam	947	107		
6	1994-95	1	Konthoujam	1,000	223		
7	1995-96		HQ.	1,250	377		
8	1996-97		HQ.	0	1,865		
9	1997-98		HQ.	0	1,906		
10	1998-99		HQ.	0	635		
11	1999-2000		HQ.	0	570		
	Total	17		10,093	8,014		
<i>2002 to March 2016</i>							
<i>(B) Work carried out at RARIGID, Guwahati</i>							
1	2002-03	03	Tepesia, Yogdal, Katakeepara	5,030	1,736	443	2,179
2	2003-04	01	Jalukbari	876	163	47	210
3	2004-05	04	Panbari, Misamari Gariaghuli, Thakurchi	5,278	859	285	1,144
4	2005-06	07	Chandapurgoan, Chandapurbagicha, Borkhatgoan Luflong NC, Luflongvillage. Mariakuchi, Birkuchi	5,139	928	390	1,318
5	2006-07	04	Diksak, Bejeni, Bamunkhat Panikhaiti goan	5,943	1,009	558	1,567
6	2007-08	03	Ghagua	492	226	326	552
			Luri	404	193	284	477
			Barkuchi	493	196	292	488
7	2008-09	04	Borgoan	365	98	146	244
			Ketekijhar	510	80	113	193
			Garobasti	3,065	138	174	312
			Belguri, Kurkuria	1,475	79	89	168
8	2009-10	3	Botahkuchi	3,105	208	287	495
			Hajpombari	1,790	149	179	328
			Burahmayong	1,060	110	125	235
9	2010-11	4	Pavakati Kachari Gaon	1,383	122	126	248
			Dhemai village	890	54	85	139
			Moupur	1,712	130	194	324
			Sendurighopa	1,480	68	90	158
10	2011-12	4	Upporikhola	2,962	128	243	371
			Gajai Goan	1,066	112	192	304
			Baratandu	798	83	151	234
			Saratandu	492	25	34	59
11	2012-13	2	Andherjuli	2,575	150	260	410
			Rajapanichanda	2,781	140	213	353
12	2013-14	5	Sarugaon	690	88	131	219
			Najukuchi	802	69	106	175

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(B) Work carried out at RARIGID, Guwahati							
			Barbitali	747	55	79	134
			Tegheria	498	40	61	101
			Bhoragoan	2,357	152	154	306
13	2014-15	9	Bandorgog	1,368	70	171	241
			Markong	793	54	84	138
			Magursila	1,712	140	225	365
			Southala	267	63	52	115
			Rajapara	267	65	144	209
			Patgaon	453	93	99	192
			Burha Mayong	517	67	60	127
			Panisenga	475	68	84	152
			Punampur	105	21	27	48
14	2015-16	9	Deulguri	1,184	264	334	598
			Nortap	1,287	256	247	503
			Challi	695	120	186	306
			Batahbari	517	130	230	360
			Garopara	586	120	241	361
			Tulsibari	783	222	585	807
			Deopani	397	121	260	381
			Dhekiabari	344	110	187	297
			Murkata	424	96	96	192
		62	Total	68,432	9,668	9,169	18,837

Table 9: Arunachal Pradesh (RARI, Itanagar)—Statement of population covered since inception up to March 2016

From inception up to March 2004					
Sl. no.	Year	No. of villages	Villages covered	Population covered	No. of patients
1	1982-83	Established			
2	1983-84	Preliminary survey of village			
3	1984-85	11	Kimin, Dorpa, Komaskia, Lowarsher, Uppersher, Lowarliche, Uppderliche, Jimi, Siroshibe, Hakhera, Jar	1,418	2,274
4	1985-86	13	Lampia, Tamin, Tazang, Kalong, Jorum, Reru, Dhaporijo, Dhumporijo, Lamdik, Dutta, Hiza, yazali, Penni Bellow	12,503	320
5	1986-87	7	Hari, Talo, Deed, Dam Hong, Yacul, Mayl	5,673	3,050
6	1987-88	5	Doimukh, Lampia, Mudan Tage, Michi, Bamin	18,185	302
7	1988-89	15	Ziro, Old Ziro, Hong, Datta, Hari, Hiza, Reru, Kalong, Lampiya, Tajag, Zoram, Siro, Yachuli, Yazali, Deed, Talam	11,365	2,110
8	1989-90	1	Bri Gaon	126	1,332
9	1990-91	3	Chunilika, Nanchulia, Boppi	12,851	1,464
10	1991-92	6	Siro, Mirchi, Dirghadaphla, Borsetam, Lowar Jurmi, Kakoi	2,810	1,842
11	1992-93	7	Ziro old Duta, Hari, Kalong, Reru, Lampia Talo, Dam, Sivi	15,125	10,937
12	1993-94	3	Dutta, Hong, Tajang	3,500	4,238
13	1995-96	1	Hong	2,900	3,357
14	1996-97	4	Talo, Joramhari, Dutta, Mundanttaga	6,718	3,930
15	1999-2000	1	Mani Bagsh	800	236
16	2000-01	2	Sosa Sopabasti, Sasabasti	985	347
17	2001-02	3	Rakap, Pichola Mani Basti, Yupia Basti	1,000	415
18	2002-03	2	Gruwardha, Bishnupura	500	972
19	2003-04	3	Pichola, Poma, Rakap	785	1,089
	Total	87		97,244	38,215

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April 2004 to March 2016

Sl. no.	Year	No. of villages	Villages covered	Population covered	No. of patients		
					New	Old	Total
1	2004-05	5	Banderdewa, Tara Jully, Karsingsa, Chimi village, Jullypanchayat	3,656	1,106	662	1,768
2	2005-06	10	Ganga, Vatvasti, Holongi, Pabar Gwangbasti, Upper balijan Nanki Balijan, Upper Tobong Kokila, Tengbari, Chesa, Doimuk	9,630	618	304	922
3	2006-07	10	Balijan, Poma, Holongi-1, Holongi-II, Karvi, Jote, Nirjuli, Kemi, Jullie, Kokila	4,812	991	288	1,279
4	2007-08	23	Tengabari	694	95	14	109
			Karbi	150	20	0	20
			Karsingsa-I	324	17	0	17
			Karsingsa-II	412	27	0	27
			Banderdewa	680	23	0	23
			Byibala	480	16	0	16
			Daphala	240	17	0	17
			Karajuli	697	10	0	10
			Billobasti-I	492	28	0	28
			Lanka-II	340	20	0	20
			Selli Basti	360	105	10	115
			Balek	244	106	10	116
			Rasam	440	20	0	20
			Tigra	253	5	0	5
			Gune	141	21	0	21
			Bong	402	30	0	30
			Yibarg	180	15	0	15
			Roing	63	15	0	15
			Banderdewa 5/1	250	49	0	49
			Krack Juli	303	30	0	30
			Tarajuli	250	50	0	50
			Chesa-I	505	19	0	19
			Chesa-II Manku	506	15	0	15
5	2009-10	32	Pote Vasti	324	84	0	84
			Telam village	109	18	0	18
			New Dekapam	318	71	0	71
			Old Dekapam	308	90	0	90
			Nari village	116	43	0	43
			Karbi Vasti	222	73	0	73
			Dirgha Daphala	216	58	0	58
			Lower and Uppertobung	137	61	0	61
			Lower Balijan	42	22	0	22
			Daphala Pahar	112	29	0	29
			Dirgha Daphala	332	102	0	102
			Bori Dirgha	95	34	0	34
			Barsutum Vasti	180	55	0	55
			Dirgha village	373	102	0	102
			Bamin village	196	42	0	42
			Michhi Vasti	120	24	0	24
			Hari Vasti	281	60	0	60
			Mandan Tage Vasti	290	69	0	69
			Dutta Vasti	167	39	0	39
			Hija Vasti	190	60	0	60
			Nemichalyang Vasti	138	34	0	34
			Sesa village	195	55	0	55
			Elephant pas (Flat)	141	38	0	38
			Tippi Vasti	233	57	09	66
			Bhalukpung	170	48	07	55

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Sl. no.	Year	No. of villages	Villages covered	Population covered	No. of patients		
					New	Old	Total
6	2010-11	23	Sejusa village	203	62	05	67
			Sejusa Lekhe	119	29	19	48
			Ruksin	119	34	0	34
			Berung village	261	83	0	83
			Pashighat	59	17	0	17
			Ayeng village	306	78	0	78
			Rani Vasti	38	10	0	10
			New Poma Basti	458	105	26	131
			Tani Hapa village	403	84	34	118
			Panbari village	13	7	0	7
			Koloriang village	741	214	17	231
			Yachuli village	493	123	16	139
			Madang Tage Basti	140	32	0	32
			Hija Basti	192	53	0	53
			Bulla Basti	244	58	3	61
			Hari Basti	307	74	3	77
			Kontur village	479	107	0	107
			Pale village	131	35	0	35
			Chili Ete Basti and Licho Basti	309	76	16	92
			Kalaptukar Basti	361	79	12	91
			Rajali Basti	269	128	10	138
			Medpu Basti	56	17	0	17
			Kherwadi Basti	67	16	0	16
Paro Basti	224	58	0	58			
Lumsi and Bomte Basti	101	23	0	23			
Kangku village	520	93	0	93			
Uli Basti	67	22	3	25			
Baleshwari village and Nigorkochi	534	111	4	115			
Borajan village	501	120	0	120			
Mopi village	156	32	5	37			
7	2011-12	26	Upper Berung village	324	82	0	82
			Upper Ayeng village	633	161	0	161
			Lower Ayeng village	204	46	0	46
			Runne village (Karang circle)	388	78	0	78
			Gagar village	86	22	0	22
			Malini village	201	52	0	52
			Milanpur	50	14	0	14
			Garbow village	142	44	0	44
			Dikshi Pam Basti	57	22	0	22
			Jamiri village	203	76	0	76
			Mahadevpur-I	71	19	0	19
			Dharampur and Krishnapur	536	148	0	148
			Manmow and Nanom	500	158	0	158
			Old Mohong and Mapoliang	251	55	0	55
			Mahadevpur-II	149	48	14	62
			Chakama Basti	71	15	0	15
			Yazali village	666	170	11	181
			Old Pithapool village	290	56	0	56
			New Pithapool (Neepco)village	327	114	0	114
			Poosa Basti	60	13	0	13
Balek village	351	68	0	68			
Simari village	157	54	0	54			
Abali village	338	107	0	107			
Simari-II village	42	14	0	14			
Rukmo village	161	41	06	47			

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Sl. no.	Year	No. of villages	Villages covered	Population covered	No. of patients		
					New	Old	Total
8	2012-13	32	Imuli village	217	60	08	68
			Bene village	306	121	19	140
			Bilat village	89	32	0	32
			Borguli village	113	62	0	62
			Chonkham village	103	65	0	65
			Depi village	224	87	0	87
			Jaipur	169	91	0	91
			Jomlobari Basti	209	84	52	136
			Kangjang	211	64	0	64
			Karhe village	261	93	15	108
			Kiyit village	363	132	0	132
			Lower Mebo village	69	32	0	32
			Lumpo Dere village	236	80	0	80
			Mahadevpur-I	443	128	54	182
			Mahadevpur-II	112	53	40	93
			Mahadevpur-III	45	27	1	28
			Mahadevpur-IV	21	6	17	23
			Medo village	116	54	0	54
			Mori village	173	82	45	127
			Mowai-I	210	63	0	63
			Namey village	226	86	0	86
			Nari village	83	27	0	27
			New Depi and Detok Basti	252	86	0	86
			Ngopok village	333	86	0	86
			New Pokhari	116	40	0	40
			Old Pokhari	254	78	15	93
			Oyan village	533	257	0	257
			Pangkeng village	306	123	54	177
			Pobdi Basti	193	71	0	71
			Tissue village	173	82	0	82
			Upper Mebo village	269	65	0	65
			Wak Basti	164	166	18	184
Wakro	84	29	14	43			
9	2013-14	13	Kuntur village	460	99	45	144
			Lipu village	231	55	36	91
			Pale village	324	106	41	147
			Old Sonpura village	268	89	0	89
			Hatibuda Paya	256	71	26	97
			Yalong village	242	90	0	90
			Jeko Adi village	97	58	0	58
			Khowji village	301	83	57	140
			Mopaya village	784	141	68	209
			Kalatang village	103	34	0	34
			Dikshi village	109	31	0	31
			Jigon village	174	44	0	44
			Mukuthing village	123	27	0	27
10	2014-15	51	M-Pen	0	40	0	40
			M-Pen 2	11	43	0	43
			M-Pen 3	3	29	0	29
			New Singpho	92	31	0	31
			M-Pen	0	11	17	28
			M-Pen 2	6	10	22	32
			M-Pen 3	30	15	9	24
			Namgoai	226	38	0	38
			Dokpey	138	36	5	41

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Sl. no.	Year	No. of villages	Villages covered	Population covered	No. of patients		
					New	Old	Total
			Tengmo	198	52	4	56
			Helong	133	39	2	41
			Unish Mile	136	43	0	43
			Hati Duba	109	45	0	45
			Bish Mile	93	33	0	33
			Sonpura	91	21	0	21
			Balek	125	42	0	42
			Simari	121	39	0	39
			Harupahar	108	33	0	33
			Old Abali	165	55	0	55
			Simari 1 and 2	50	21	0	21
			Abali	59	148	0	148
			Hawa camp	170	25	0	25
			Sher	134	24	0	24
			Lower jummi	218	50	0	50
			Koma seki	86	13	0	13
			Lora	112	29	0	29
			Bello	109	27	0	27
			Tadar hapa	123	31	0	31
			Kakoi	148	38	0	38
			Thungre	382	65	0	65
			Silipam	265	50	0	50
			Jigaon	422	54	0	54
			Mukhuting	377	57	0	57
			Gorbaw	400	82	0	82
			Kovin	440	87	0	87
			Longman	215	27	0	27
			Helong	195	107	2	109
			Chamro	229	64	0	64
			Old khamdu	214	140	0	140
			New khamdu	270	49	0	49
			Lungpang	268	74	0	74
			Rima	122	77	0	77
			Nongkey	117	54	0	54
			Machum	173	79	0	79
			Nongthey	121	59	0	59
			Therimkan	81	53	0	53
			Mopaya	357	67	0	67
			Vivek nagar .	339	66	0	66
			Narottam nagar co.	276	60	0	60
			Namsang	207	44	0	44
11	2015-16	26	Lebrang	97	95	14	109
			Seru	197	192	11	203
			Changprang	41	50	3	53
			Kitpi	162	112	16	128
			Beghar	49	70	4	74
			Lemberdung	163	103	11	114
			Maidung	73	70	2	72
			Gyangkhar	162	103	0	103
			Lhallung	186	133	16	149
			Segong	62	47	11	58
			Thargelling	65	51	13	64
			Monigong	39	52	14	66
			Dorjeeling	184	124	50	174
			Yorko	88	44	25	69

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Sl. no.	Year	No. of villages	Villages covered	Population covered	No. of patients		
					New	Old	Total
			Sekar	61	59	0	59
			Rego	167	69	4	73
			Gette	137	63	10	73
			Halleng	78	36	3	39
			Gossang	241	82	13	95
			Moying	209	68	11	79
			Karko	152	52	9	61
			Komkar(buksang)	151	38	3	41
			Komkar(rasing)	101	25	0	25
			Mori	530	174	16	190
			Mori-Gebo	384	147	6	153
			Jomoh	622	228	25	253
	Total	251		68,651	16,796	24,84	19,280

Table 10: Andaman and Nicobar (RARC, Port Blair)—Statement of population covered from inception up to March 2016

Sl. no.	Years	No. of villages	Name of villages covered	Population covered	No. of patients treated		
					New	Old	Total
1	1984–85	0	Headquarters (HQ)	1,952	1,952	690	2,642
2	1985–86	9	Rankakhurda, Bhalwadi, Mungdaha, Hurdage, Sikata, Jogikhura, Kanchanpur, Barbadiha, Hunhe, etc	7,816	1,291	1,180	2,471
3	1986–87	8	Kimios, Teetop, Perka, Malacca, Arong, Mus, Tamaloo, Lapati etc	13,546	445	143	588
4	1987–88	0	HQ	0	540	550	1,090
5	1988–89	0	HQ	0	811	774	1,585
6	1989–90	0	HQ	475	589	900	1,489
7	1990–91	7	Kakana, Sawai, Perka, Malacca, Kimios, Mus Tamaloo, Lapati etc	19,146	2,143	1,913	4,056
8	1991–92	1	Baharing	2,320	2,320	2,003	4,323
9	1992–93	6	Kimios, Viglapathy Perka, Teetop, Kinyuka, Sawani, etc	2,444	820	620	1,440
10	1993–94	8	Terka, Perka, Teetop, Malacca, Mus, Kinyuka, Sawani, Lapati etc.	1,380	1,389	1,410	2,799
11	1994–95	1	HQ and Andman Islands	2,870	1,540	1,330	2,870
12	1995–96	0	HQ	2,878	895	1,437	2,332
13	1996–97	0	HQ	3,322	1,558	1,764	3,322
14	1997–98	0	HQ	2,501	966	1,023	1,989
15	1998–99	0	HQ	865	865	702	1,567
16	1999–00	2	Kinmul, Kinuka	7,447	1,493	1,397	2,890
17	2000–01	3	Malacca, Galathi, Checkchucha	10,856	6,119	0	6,119
18	2001–02	2	Perka, Jayamthi	4,931	4,162	0	4,162
19	2002–03	0	HQ	763	763	1,092	1,855
20	2003–04	2	Tamaloo, Kakana	4,500	1,096	392	1,488
21	2004–05	0	HQ	0	782	416	1,198
22	2005–06	2	Rangat, Campbell bay	1,635	938	0	938
23	2006–07	3	Katchal, Tamaloo, Marine hill	5,006	1,819	758	2,577
24	2007–08	4	Neil Kendra	2,500	816	527	1,343
			Creche Centre	90	89	38	127
			Bamboo flat	2,762	532	180	712
			Long Island	1,200	139	0	139
25	2008–09	4	Hut Bay	6,699	240	0	240
			Dugong Creek	94	54	0	54
			Ramkrishnapur	3,671	128	0	128
			Haramandar Bay	1,400	101	0	101
26	2009–10	4	Kadamtala	2,794	83	0	83
			Dhaninallah	21	16	0	16

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Sl. no.	Years	No. of villages	Name of villages covered	Population covered	No. of patients treated		
					New	Old	Total
27	2010-11	3	Sundergarh Baratanga	1,049	126	0	126
			Choldari	2,146	110	0	110
			Strait Island	57	44	0	44
			Whole Jarawa Reserve region of South and Middle Andaman	380	282	0	282
28	2011-12	12	Jarawa Reserve region of Tirur and ATR	137	19	0	19
			Strait Island	57	32	0	32
			Tushnabad and Kadamtala	380	90	0	90
			Harminder Bay Hut	1,347	113	0	113
			Mayabunder	1,300	72	0	72
			Chingum Basti	50	30	0	30
			Lawfool area	24	19	0	19
			Rajiv Nagar	368	88	0	88
			Gandhinagar	524	50	0	50
			EW Road	30	12	0	12
			Perka Gram	1,548	66	0	66
			Teetop Gram	512	85	0	85
29	2012-13	11	Sawai Gram	1,232	149	0	149
			Rampur Gram	231	101	0	101
			Herminder Bay	264	143	0	143
			Minakshi Ram Nagar village	104	62	0	62
			Japan Tekrey village	76	28	0	28
			E-WALL village	126	60	0	60
			Hqrs. Car Nicobar	78	38	0	38
			Big Lapathy village	126	93	0	93
			Arong village	210	182	0	182
			Chukchukiya village	106	83	0	83
			Bada Knaka, Kamorta Island	76	58	0	58
			Vikas Nagar, Kamorta Island	83	52	0	52
30	2013-14	11	Strait Island	30	30	0	30
			Harminder Bay	189	109	0	109
			Zula (Katchal Island)	40	27	0	27
			Japan Tekrey	94	71	0	71
			Lal-Munat (Katchal Island)	26	18	0	18
			Mallaca (Car Nicobar)	121	66	0	66
			Kinyuka (Car Nicobar)	133	71	0	71
			Teetop (Car Nicobar)	140	73	0	73
			Alurong (Teressa Island)	114	61	0	61
			Kalasi (Teressa Island)	99	60	0	60
			Minyuka	76	36	0	36
			31	2014-15	13	Strait Island	23
Harminder Bay	1,548	573				60	633
Minakshi Ram Nagar	126	74				0	74
Ewall	138	81				0	81
Bengali	104	56				0	56
Enam	111	67				0	67
Chukmachi	134	83				0	83
Perka	101	076				0	076
Tamaloo	189	123				0	123
Malacca	087	053				0	053
Champion	087	059				0	059
Balu Basti	073	044				0	044
Chota Enaka	068	046				0	046

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Sl. no.	Years	No. of villages	Name of villages covered	Population covered	No. of patients treated		
					New	Old	Total
32	2015-16	9	Dugong Creek	114	63	0	63
			Perka	700	170	0	170
			Tamaloo	1,685	191	0	191
			Malacca	1,572	81	0	81
			Kakana	848	102	0	102
			Bangali	124	34	0	34
			Alurong	109	51	0	51
			Tapoiming	270	41	0	41
			Chukchukiya	281	44	0	44
Total	125		140,059	42,538	21,299	63,837	

Table 11: Odisha (CARIHD, Bhubaneswar)—Statement of population covered from inception up to March 2016

Sl. no.	Years	No. of villages	Name of villages covered	Population covered	No. of patients treated		
					New	Old	Total
1	2014-15	9	Chutipalanga	291	90	79	169
			Godipokhari	349	94	76	170
			Kuradhilo	283	58	48	106
			Pangarsingh	288	50	44	94
			Bhogada	356	27	00	27
			Gobindapur	369	32	00	32
			Katabada	419	42	00	42
			Nilakanthapur	496	52	00	52
			Basudevpur	417	30	00	30
2	2015-16	24	Talagada	288	57	34	91
			Bhogoda	0	0	13	13
			Gobindapur	0	0	14	14
			Kantabada	0	0	26	26
			Nilakanthapur	0	0	37	37
			Basudevpur	0	0	19	19
			Jemabantadei	222	23	20	43
			Malipadara	181	28	22	50
			Kathakhuntia	218	23	18	41
			Chandiprasada	177	35	29	64
			Dobha	199	41	31	72
			Goudapatana	180	37	23	60
			Hirapur	414	49	42	91
			Sagadabhanga	293	39	32	71
			Chiam	247	35	23	58
			Bhuinpur	172	27	19	46
			Parichhal	333	53	43	96
			Thanapalli	228	38	31	69
			Gohira	1,362	197	157	354
			Ostapura	377	50	39	89
			Kumunia	686	96	78	174
Toraniapal	300	37	34	71			
Jhankipita	342	36	29	65			
Samukanendi	738	61	47	108			
Total		33	10,225	1,437	1,107	2,544	

Table 12: West Bengal (CARIDD, Kolkata)—Statement of population covered from inception up to March 2016

Sl. no.	Years	No. of villages	Name of villages covered	Population covered	No. of patients treated		
					New	Old	Total
1	2014–15	17	Piprakhali	206	61	0	61
			Tuskhali-Atapur	448	248	21	269
			Gabberia	412	192	0	192
			Purba Situlia	370	197	0	197
			Jeliakhali (Darampara)	275	74	0	74
			Kultali	744	149	50	199
			Sukhodoani	386	102	0	102
			Jeliakhali (Purbakhanda)	369	61	0	61
			Karnakhali	276	101	0	101
			Manipur	246	78	0	78
			Enari Kushbona	223	81	0	81
			Katharia	319	119	0	119
			Hansapahari	145	62	0	62
			Hatgachha	319	78	0	78
			Ushardihi-Parashibona	353	107	0	107
			Rangametya	300	113	0	113
			Musibdihi	268	100	0	100
2	2015–16	31	Hatgacha (N)	146	65	0	65
			Gabberia	193	78	19	97
			Hatgacha (S)	30	19	11	30
			Borah Simlan	142	50	0	50
			Borah	185	67	05	72
			Bijur	210	101	0	101
			Jabuidanga	97	66	0	66
			Kuchut	31	11	0	11
			Bohara Sidapara	172	84	0	84
			Sihika Pahari	178	70	0	70
			Kharbona	129	48	0	48
			Ghosergram	251	85	0	85
			Babudi and Murgaboni	184	65	0	65
			Malvedya	203	107	0	107
			Sreekrishnapur	161	89	0	89
			Asanbani	425	166	17	183
			Kachbel	430	199	74	273
			Jagannathdih	325	152	0	152
			Hirakhun	380	144	09	153
			Parbelia	190	71	0	71
			Chhatar Kanali	190	72	21	93
			Mahishnadi	509	159	18	177
			Churamoni	207	68	0	68
Paharabera	260	105	0	105			
Maharajnagar	227	104	0	104			
Dhangajore	113	36	0	36			
Vosko	187	64	0	64			
Bidhakata	299	131	0	131			
Alkusha	193	96	0	96			
Latulbaid	211	91	0	91			
Tarabari	154	83	0	83			
Total		48		12,271	4,669	245	4,914

Table 13: Rajasthan (RARIECD, Jaipur)—Statement of population covered from inception up to March 2016

Sl. no.	Years	No. of villages	No. and name of villages covered	Population covered	No. of patients treated		
					New	Old	Total
1	2014–15	5	Jhol	740	155	02	157
			Bori	1,613	225	17	242
			Dhanaka wara	1,442	243	14	257
			Amarpura	1,252	238	0	238
			Athamana kotra	683	133	0	133
2	2015–16	22	Nevaphala	878	186	2	188
			Kesharpura	683	127	9	136
			Athamana kotra	0	15	2	17
			Amarpura	40	21	13	34
			Amba	517	29	3	32
			Nichali Bor	511	92	2	94
			Padala	1,179	241	48	289
			Kushalpura	317	88	04	92
			Rada	583	112	0	112
			Chotila	671	177	0	177
			Aml ka khera	529	198	03	201
			Forest Chotila	345	94	13	107
			Ajanda	519	211	15	226
			Bamariya	627	88	10	98
			Jeevatala	583	202	26	228
			Ranora	509	100	12	112
			Gamet	413	108	11	119
			Buja	568	115	08	123
			Ghaskhera	302	91	19	110
			Buyela	469	122	17	139
Bageri hareg	456	90	0	90			
Satora	265	105	0	105			
Total		27	27	16,694	3,606	250	3,856

Table 14: Andhra Pradesh (RARISD, Vijayawada)—Statement of population covered since inception up to March 2016

Sl. no.	Years	No. of villages	Name of villages covered	Population covered	No. of patients treated		
					New	Old	Total
1	2014–15	20	Chandrupatla	661	277	10	287
			Paidigudem	329	143	8	151
			K.Lakshampuram	172	143	10	153
			Yerraboru	261	89	18	107
			Kothuru	150	51	2	53
			Arlagudem	175	64	3	67
			D.Kothagudem	240	109	16	125
			Dharmapuram	118	76	7	83
			Subbaraopeta	177	49	3	52
			Rangapur	269	90	4	94
			Fruit farm	75	29	3	32
			Somalagadda	184	84	8	92
			Mutthapur	320	132	2	134
			Project nagar	95	51	3	54
			Beerelli	175	118	17	135
			Balannagudem	254	149	11	160
			Neeladripeta	43	41	5	46
			Domeda	187	92	12	104
			Buttayagudem	78	18	0	18
			P.R.Gudem	287	90	0	90

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Sl. no.	Years	No. of villages	Name of villages covered	Population covered	No. of patients treated		
					New	Old	Total
2	2015-16	37	Buttayagudem	14	3	0	3
			Puliramannagudem	39	7	5	12
			Koya Ankampalem	478	108	13	121
			Chenchugudem	196	74	16	90
			Kotanagavaram	70	14	2	16
			Metttagudem	212	56	8	64
			Muppinavarigudem	27	8	0	8
			Munjuluru	333	94	8	102
			Kannarappadu	136	50	17	67
			Upparilla	272	66	7	73
			Kopalle	387	100	8	108
			Gogumilli	250	63	2	65
			Chintapalli	200	46	11	57
			Ravvarigudem	363	75	8	83
			Itikalakunta	283	94	7	101
			Merakagudem	207	56	12	68
			Gunjavaram	171	57	9	66
			Ammapalem	158	49	2	51
			Chimalavarigudem	238	96	16	112
			Kota Ramachandara puram	604	123	10	133
			Kamayyakunta	431	81	5	86
			Lankapalli	109	30	2	32
			Yerrayagudem	235	80	10	90
			Pandugudem	239	45	7	52
			Kursakannappagudem	162	31	6	37
			Bandarlagudem	294	51	8	59
			Kandrikagudem	329	82	2	84
			Achiahpalem	534	139	13	152
			Ragappagudem	253	45	12	57
			Koida	512	184	7	191
			Perantalapalli	117	42	5	47
			Kakisnoor	181	86	20	106
Tekulapalli	152	51	6	57			
Borreddygudem	138	33	0	33			
Siddaram	61	13	0	13			
Tekuru	111	59	0	59			
Katukuru	132	57	0	57			
Total		57		12,878	4,243	406	4,649

Table 15: Karnataka (RARIMD, Bengaluru)—Statement of population covered since inception up to March 2016

Sl. no.	Years	No. of villages	Name of villages covered	Population covered	No. of patients treated		
					New	Old	Total
1	2014-15	3	Bhootanahalli hakki-pikki colony	259	50	46	96
			Kengari upanagar hakki-pikki colony	91	39	26	65
			Bhadrapura hakki-pikki colony	409	116	56	172
2	2015-16	18	Chikannana Halli	365	54	31	85
			C.K Tandya	120	49	36	85
			Karekal Tandya	85	17	14	31
			Hosapalya	73	0	0	0
			Iruligara doddi	204	42	41	83
			Forest doddi	143	0	0	0
			Matakayyana doddi	161	78	62	140
			Kunamuddana Halli	120	48	33	81
Gowripura							

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Sl. no.	Years	No. of villages	Name of villages covered	Population covered	No. of patients treated		
					New	Old	Total
			392	127	47	174	
			Hosadoddi	647	162	22	184
			Shivara Colony	230	25	9	34
			Soligara Koppalu	109	40	0	40
			Shikaripura	459	67	25	92
			Shikaripura Hakki-pikki colony (Pandavapura)	236	28	13	41
			Yelekere	464	89	62	151
			Ramagiri (Iruligara Colony)	216	57	9	66
			Basavanapura (Iruligara doddi)	72	27	0	27
			Thammanayakana Halli (Iruligara colony)	198	70	29	99
	Total	21		5,053	1,185	561	1,746

Table 16: Sikkim (RARI, Gangtok)—Statement of population covered from inception up to March 2016

Sl. no.	Years	No. of villages	Name of villages covered	Population covered	No. of patients treated		
					New	Old	Total
1	2014–15	18	Kabi	428	166	76	242
			Lashithang	69	19	14	33
			Labi	252	101	83	184
			Barapathing	272	117	43	160
			Linkey	223	55	21	76
			Barbing	234	86	34	120
			Phamtam	271	77	63	140
			Thasa	189	98	38	136
			Hee Gaon	144	32	0	032
			Yuksam	169	61	0	061
			Phenzong	106	54	0	54
			Phensang	314	112	53	165
			Pangthang	84	36	0	36
			Patuk	109	57	28	85
			U-Kambal	87	49	0	49
			Badamtam	156	62	46	108
			Chungthang	107	38	0	38
			Paigaon	93	34	0	34
2	2015–16	18	Swayem	244	76	78	154
			Pabik-Naitam	101	40	24	64
			Martam	266	72	26	98
			Lower Namphing	91	27	0	27
			Namphong	159	83	52	135
			Palak	292	94	42	136
			Pachey	300	74	37	111
			Songtong	153	48	34	82
			Chuchen	164	041	25	066
			Ben- Namprick	536	113	71	184
			Gangchung	503	114	73	187
			Thansing	358	71	59	130
			Bermoik	493	112	89	201
			Berthang	583	141	120	261
			Boom	493	103	33	136
			Sangadorjee	590	145	44	189
			Kaluk	322	74	31	105
			Upper Raktong	158	40	30	70
	Total	36		9,113	2,722	1,367	4,089

Table 17: Tamil Nadu (ALRCA, Chennai)—Statement of population covered from inception up to March 2016

Sl. no.	Years	No. of villages	Name of villages covered	Population covered	No. of patients treated		
					New	Old	Total
1	2014–15	13	Keezhkadambur	244	48	3	51
			Kuppathupalayam	57	20	1	21
			Gandhigramam	336	106	6	112
			Raghunathapuram	72	28	0	28
			Illupur	57	6	0	6
			Nedumpuram	72	32	0	32
			Patranthangal	38	12	0	12
			Karthikeyapuram	387	136	0	136
			Nedungal	170	68	0	68
			Pappireddi palli	193	66	0	66
			Pallipattu	194	71	0	71
			Pandraveedu	109	42	0	42
			Gollalakuppam	136	42	0	42
2	2015–16	42	Arungulam	112	28	3	31
			A.Kandigai	115	13	4	17
			Thazha veedu	211	84	32	116
			Ragunathapuram	4	5	5	10
			Illupur	0	3	3	6
			Nedumburam	10	9	5	14
			Patranthangal	5	4	3	7
			Nedungal	24	5	36	41
			Papi reddy palli	15	10	31	41
			Karthikeyapuram	25	11	52	63
			Kannigapuram	122	38	17	55
			Chinnakadambur	121	45	11	56
			Kanchipadi	231	52	25	77
			Pandra veedu	1	6	27	33
			Gollalakuppam	2	1	29	30
			Nemili	356	91	38	129
			Ponpadi	150	45	11	56
			Mathur	153	72	22	94
			Kotthur	293	54	14	68
			Venkatapuram	371	119	50	169
			Rasapalayam	275	69	31	100
			T. B. Puram	248	64	28	92
			Gudiyum	88	48	26	79
			Kottaikulam	252	62	17	74
			Metta Kandigai	327	82	35	117
			Puzhuhivakkam	151	53	19	72
			Nelvoy	88	52	33	85
			Meyyur	125	40	21	61
			Kallam Kollai	207	55	16	71
			Pennalurpettai	187	34	20	54
			Anbunagar	304	99	34	133
			Oonamalai	138	64	32	96
			Vellama kandigai	133	30	0	30
Samathuvapuram	72	17	11	28			
Sirupinayur	127	25	14	39			
Salavakkam	75	28	20	48			
Kidangarai	131	59	25	84			
Rettamangalam	114	21	7	26			
Ellapakkam	70	11	0	28			
Nelli	51	4	0	11			
Kodi Thandalam	26	15	11	4			
Kilkkadi	23	5	0	5			
Total		55		7,598	2,309	828	3,137

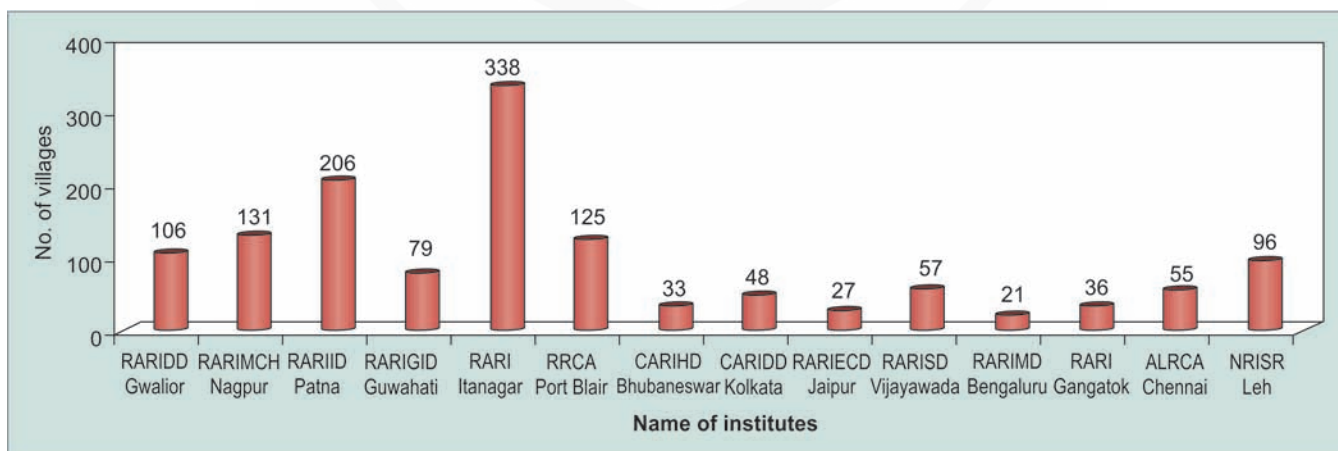
Table 18: Jammu and Kashmir (NRISR, Leh)—Statement of population covered from inception up to March 2016

Sl. no.	Years	No. of villages covered	Name of villages	Population covered	No. of patients treated
1	2014–15	41	Rangdum	55	20
			Karcha	45	21
			Rinam	40	16
			Zangla	58	30
			Stongdey	11	13
			Zongskul	07	04
			Atting	33	14
			Sani	61	45
			Bardan	35	01
			Muney	29	13
			Raru	57	27
			Emmu	05	01
			Cha	19	09
			Phuthal	37	10
			Padum	49	30
			Taru	189	54
			Umla	49	14
			Shachukul	65	49
			Durbuk	92	30
			Tangtse	72	34
			Tharuk	167	56
			Pholonglay	60	15
			Chilam	60	35
			Irath	88	33
			Satho	69	35
			Chibra	12	11
			Matho	370	128
			Egoo	119	54
			Ulay Tokpo	41	30
			Sumdha	30	06
			Chilling	33	17
			Saboo Dho	43	40
			Hemis	107	36
			Alchi	170	42
			Baima	278	58
			Dha	132	37
			Darkhon	377	70
			Hanu Yokma	188	53
			Rumtse	124	37
			Gya	317	75
			Meru	193	38
2	2015–16	55	Chumathang	335	93
			Muth	256	63
			Nyoma	459	127
			Nidra	184	76
			Mahe	15	6
			Skidmang	253	55
			K-sar	139	26
			Hemya	77	21
			Liktsey	129	34
			Tingmosgang	533	93
			Ang	48	15
			Tia	868	141
			Nurla	249	62
			Shang	124	62
			Hinachi	106	31
			Tongsted	146	41
			Nungsted	110	47
			Khemi	180	44

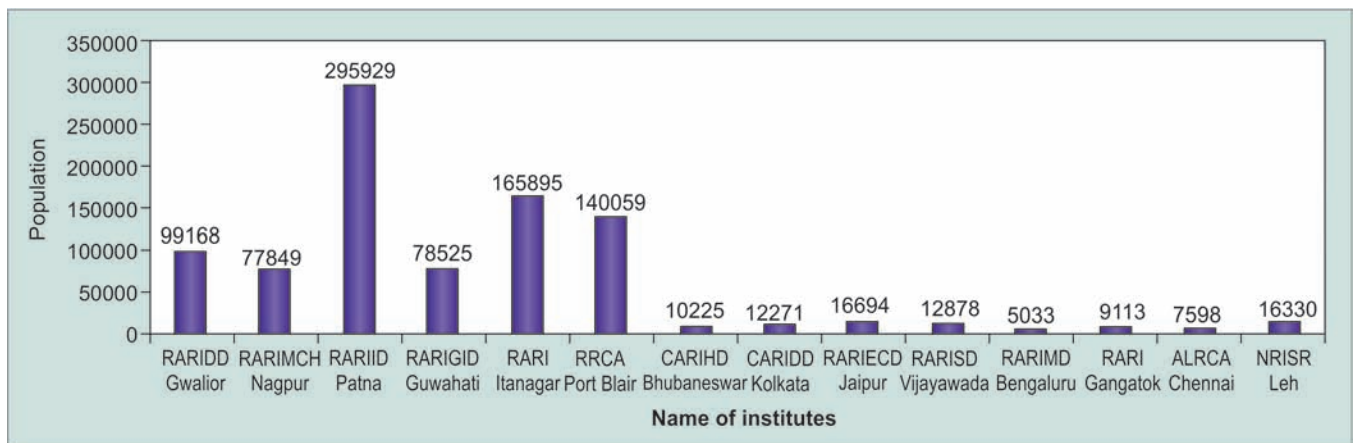
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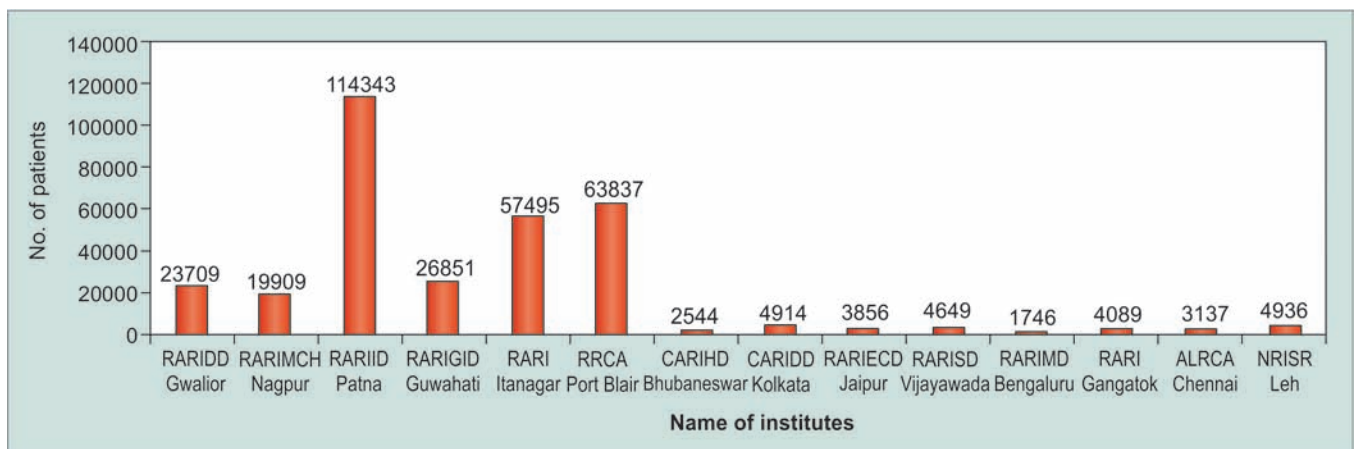
Sl. no.	Years	No. of villages covered	Name of villages	Population covered	No. of patients treated
			Aranoo	208	54
			Arye	110	44
			Kobet	131	48
			Hargam	43	17
			Taksha	46	41
			Panamik	67	51
			Terisha	121	31
			Youlkam	64	30
			Chamshen	334	81
			Sumur	312	172
			Diskit	222	64
			Hundar	274	121
			Skampuk	325	105
			Skuru	114	94
			Bogdang	401	112
			Turtuk	73	63
			Kanji	94	59
			Sapi	20	8
			Taru	189	65
			Umla	49	27
			Matho	370	52
			Chemday	237	68
			Takshi	211	72
			Thang	105	63
			Turtuk	146	95
			Largyaap	103	45
			Udmaru	280	99
			Skuru	233	54
			Terchey	240	48
			Hundar	230	106
			Diskit	60	66
			Tia	868	96
			Tingmogang	533	79
			Ang	48	48
			Nurla	249	37
			Liker	313	128
			Nimoo	710	115
	Total	96		16,330	4,936



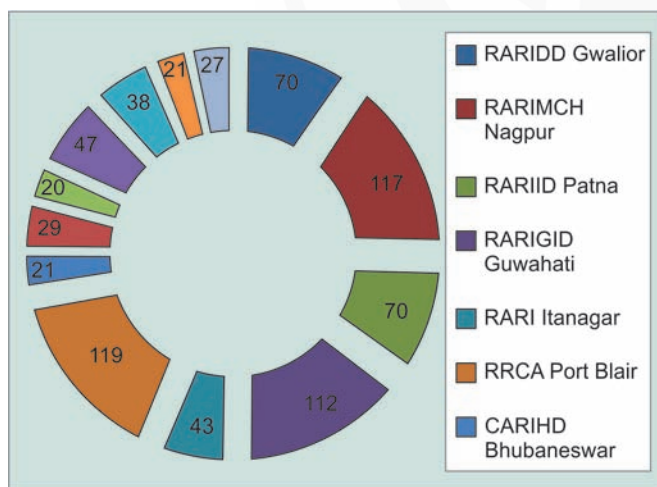
Graph 2: Tribal pockets/villages covered under THCRP (1982–2016)



Graph 3: Population covered under THCRP (1982-2016)



Graph 4: Patients treated under THCRP (1982-2016)



Graph 5: Number of folk claims documented

race, religion, cultural beliefs, and great social, economic disparity. The ethnic diversity in the country is represented by as many as 400 ethnic groups including tribes and others. There has been wide difference in health

infrastructure, facilities influencing the health care delivery across different regions and ethnic groups. In addition to cultural beliefs and knowledge, sustainability in AYUSH-specific health care delivery certainly has great impact on the health-seeking attitude and utilization of AYUSH and other LHTs. Very little information is available on the utilization of AYUSH systems and other LHTs in India. The contributions of CCRAS are significant in extending health care services in remote tribal pockets across the country and also preserving the valuable ethnomedical knowledge prevailing among tribal communities by systematic documentation and validation. The THCRP has extended health care services at 1,358 villages/tribal pockets in 14 states covering a population of 947,587. Apart from propagation of knowledge about hygiene and prevention of diseases, medical aid was provided to 336,015 patients. In this project, 734 folklore claims on various diseases, LHTs, use of common medicinal plants, and their availability were documented.

Table 19: Prevalent diseases at various tribal pockets as documented across different states

Sl. no.	State/Union territory	Prevalent diseases
1	Madhya Pradesh (RARIDD, Gwalior)	Bronchitis, skin diseases, fever, neurological disorder, abdominal pain, coryza, scabies, bronchial asthma, wound, diarrhea, etc.
2	Maharashtra (RARIMCH, Nagpur)	Rheumatoid arthritis, backache, bronchitis, weakness, coryza, anemia, worm infestation, fever, skin diseases, etc.
3	Bihar (RARIID, Patna)	Joint pain, neurological disorder, skin diseases, piles, bronchitis, abdominal pain, fever, diarrhea, worm infestation, menstrual disorder
4	Assam (RARIGID, Guwahati)	Neurological disorder, skin diseases, hyperacidity, lower backache, bronchitis, fever, abdominal pain, stomatitis, headache, menstrual disorder, etc.
5	Arunachal Pradesh (RARI, Itanagar)	Neurological disorder, hyperacidity, heart disease, bronchitis, emesis, anemia, diabetes, headache, diarrhea, osteoarthritis, etc.
6	Andaman and Nicobar Islands (RARC, Port Blair)	Osteoarthritis, bronchitis, skin diseases, hypertension, anemia, lower backache, hyperacidity, bronchial asthma, fever, coryza, etc.
7	Odisha (CARIHD, Bhubaneswar)	Low backache, hyperacidity, osteoarthritis, worm infestation, fever, constipation, bronchitis, anemia, neurological disorder, malabsorption syndrome, etc.
8	West Bengal (CARIDD, Kolkata)	Rheumatoid arthritis, neurological disorders, hyperacidity, low backache, skin diseases, abdominal pain, bronchitis, worm infestation, bronchial asthma, bronchitis, etc.
9	Rajasthan (RARIECD, Jaipur)	Abdominal pain, bronchitis, skin diseases, joint pain, fever, scabies, coryza, neurological disorder, headache, etc.
10	Andhra Pradesh (RARISD, Vijayawada)	Neurological disorders, osteoarthritis, low backache, fever, skin diseases, coryza, joint pains, hyperacidity, bronchitis, abdominal pain, etc.
11	Karnataka (RARIMD, Bengaluru)	Bronchitis, abdominal pain, coryza, neurological disorders, hyperacidity, headache, fever, joint pain, osteoarthritis, skin diseases, etc.
12	Sikkim (RARI, Gangtok)	Hyperacidity, headache, skin diseases, neurological disorder, osteoarthritis, abdominal pain, low backache, bronchitis, joint pain, rheumatism, etc.
13	Tamil Nadu (ALRCA, Chennai)	Weakness, low backache, neurological disorders, hyperacidity, coryza, fever, osteoarthritis, skin disease, headache, joint pain, etc.
14	Jammu and Kashmir (NRISR, Leh)	Arthritis, kidney diseases, neuritis, peripheral neuritis, headache, hypertension, contagious communicable disease, peptic ulcer, common cold and flu, etc.

ACKNOWLEDGMENT

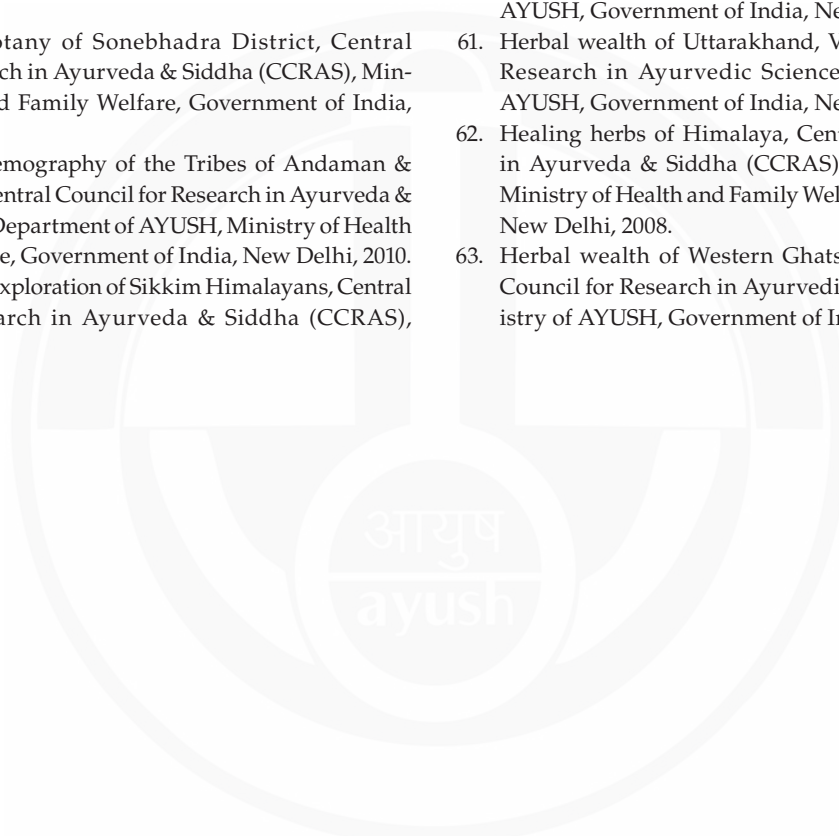
The contributions of field investigators, institute in-charges, supporting paramedical, local leaders in tribal areas, officials of state and central government and supporting staff from different CCRAS institutes and program officers from CCRAS headquarters are highly appreciated and deeply acknowledged.

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हिन्दी सारांश

जनजातीय स्वास्थ्य रक्षा अनुसंधान कार्यक्रम: सीसीआरएएस के योगदान का अवलोकन

¹नारायणम श्रीकांत, ²सोबारन सिंह, ³भगवान सहाय शर्मा, ⁴श्रुति खंडूड़ी
⁵रेनु सिंह, ⁶थुगुतला महेश्वर

पृष्ठभूमि: जनजातीय स्वास्थ्य रक्षा अनुसंधान कार्यक्रम (टीएचसीआरपी) 1982 में केन्द्रीय आयुर्वेदीय अनुसंधान परिषद द्वारा प्रारंभ किया गया। इस कार्यक्रम का मुख्य उद्देश्य आदिवासी लोगों की जीवन शैली का अध्ययन करना है जिसमें स्वास्थ्य संबंधी जनसांख्यिकी, लोक प्रचलित औषध, स्थानीय स्वास्थ्य परंपराओं, सामान्य औषधीय पौधों के उपयोग और उनकी उपलब्धता, स्वच्छता और व्याधि की रोकथाम के बारे में जानकारी देना है तथा इसके अतिरिक्त उनको चिकित्सा सहायता मुहैया कराना। यह कार्यक्रम मध्य प्रदेश, महाराष्ट्र, बिहार, असम, अरुणाचल प्रदेश और अंडमान एवं निकोबार में 1982 से 2016 के बीच अलग-अलग वर्षों में प्रारंभ किया गया। इस अवधि के दौरान 5 स्वतंत्र जनजातीय स्वास्थ्य रक्षा अनुसंधान इकाइयों का गठन किया गया जो कि वर्ष 2000 से कार्यरत है। वर्ष 2014-15 और 2016-17 के दौरान 10 राज्यों – राजस्थान, जम्मू और कश्मीर, हिमाचल प्रदेश, कर्नाटक, तमिलनाडु, पश्चिम बंगाल, ओडिशा, आंध्र प्रदेश, सिक्किम और तेलंगाना में इस कार्यक्रम को लागू किया गया। वर्तमान में, जनजातीय स्वास्थ्य रक्षा अनुसंधान कार्यक्रम, केन्द्रीय आयुर्वेदीय अनुसंधान परिषद के अधीनस्थ 15 संस्थानों के माध्यम से जनजातीय उप-योजना (टीएसपी) के तहत 14 राज्यों में कार्यान्वित किया जा रहा है।

विधि एवं साधन: 1982-2016 की अवधि के दौरान स्वास्थ्य देखभाल सेवाओं के लाभार्थियों, विभिन्न ग्रामीण और आदिवासी क्षेत्रों, प्रचलित व्याधियों के अभिलेखों और स्थानीय स्वास्थ्य परंपराओं के दस्तावेजों के आधार पर प्रकाशित मोनोग्राफ, तकनीकी रिपोर्ट और वार्षिक रिपोर्ट के आधार पर संक्षिप्त एवं प्रस्तुत किया गया।

निष्कर्ष: टीएचसीआरपी के द्वारा 1982 से मार्च 2016 तक केन्द्रीय आयुर्वेदीय अनुसंधान परिषद ने 1358 गांवों/जनजातीय क्षेत्रों में स्वास्थ्य सेवाएं प्रदान की, 14 राज्यों में करीब 50 जनजातियों की आबादी 947587 तक पहुंचे है। स्वच्छता और व्याधि की रोकथाम के बारे में जानकारी देने के अतिरिक्त दावे 336015 लाभार्थियों को चिकित्सा सेवाएं प्रदान की गई इसके अलावा इस कार्यक्रम के माध्यम से 734 लोक प्रचलित औषध दावे, स्थानीय स्वास्थ्य परंपराओं (एलएचटी), सामान्य औषधीय पौधों के उपयोग और उनकी उपलब्धता को प्रलेखित किया गया और आदिवासी क्षेत्रों में विभिन्न रोगों के प्रसार को भी इंगित किया गया।

कुंजी शब्द: जनजातीय स्वास्थ्य रक्षा अनुसंधान कार्यक्रम (टीएचसीआरपी), लोक प्रचलित, सीसीआरएएस

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