



SHORT COMMUNICATION

Generation of Basic Information on Claims pertaining to Local Health Traditions, Oral Health Traditions, and Ethnomedical Practices for Validation: An Elective Pro Forma for Documentation by Individuals

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ABSTRACT

India is one among such countries that enjoys great antiquity of health practices backed by a strong base of its indigenous traditional knowledge (TK). The TK on medical and health sciences is systematically documented in dedicated compendia, such as *Charaka Samhita*, *Sushruta Samhita*, *Ashtang 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 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 EMPs prevalent among individuals and communities through the Tribal Health Care Research Program (THCRP), and medicoethno botanical survey (MEBS). Moreover, certain leads provided by individuals, claimants, and traditional healers are also being documented from time-to-time. Such information is further examined for its scientific relevance and merit on their attributes and principles to ascertain the suitability for further validation and drug development.

Keywords: Documentation, Ethnomedical practices, Local health traditions, Oral health traditions, Traditional knowledge, Validation.

How to cite this article: Srikanth N, Maheswar T, Sunita, Tripathi AK, Rath C, Khanduri S, Sharma MM, Sahi VK, Singh S, Mangal AK, Gaidhani SN. Generation of Basic information on Claims pertaining to Local Health Traditions, Oral Health Traditions, and Ethnomedical Practices for Validation: An Elective Pro Forma for Documentation by Individuals. *J Drug Res Ayurvedic Sci* 2017;2(4):306-312.

Source of Support: Nil

Conflict of interest: None

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INTRODUCTION

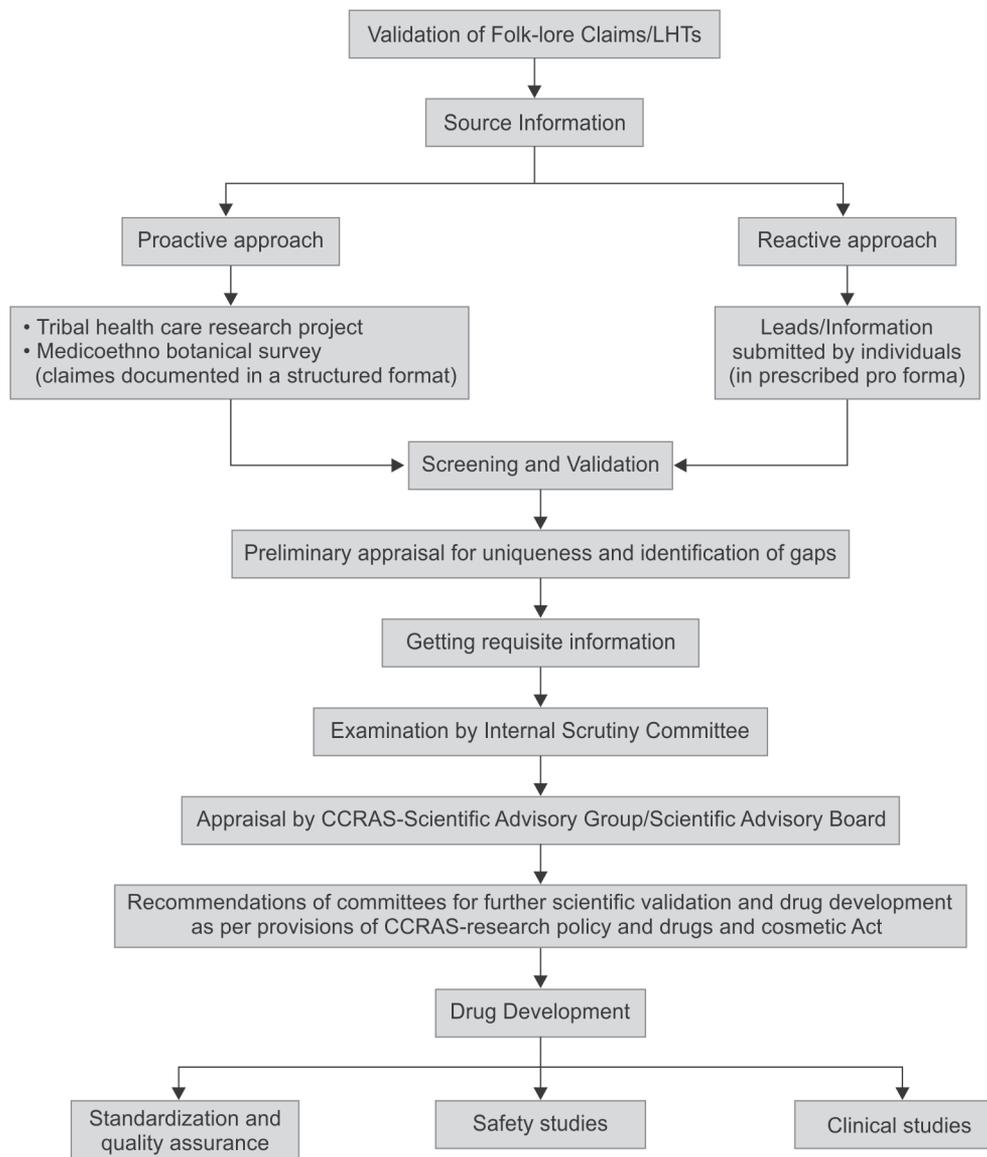
Effective and systematic documentation as well as validation of LHTs, OHTs, EMPs, and TK are crucial for conservation of medical heritage of any nation. India is a vast country having ample diversity of ecoclimatic conditions, flora and fauna besides populations of different religions and beliefs. The ethnic miscellany is represented by different ethnic groups with knowledge of unique traditional health methods and practices which are being transmitted through generations. Since ancient times, India has displayed varied hues of culture, religion, language, and so on. This variety in race, culture, religion, etc. accounts for the existence of different ethnic groups, who although live within the sanctum of one single nation, profess different social habits and characteristics leading to the genesis of diverse health traditions and practices.¹⁻⁸

Documentation and Validation of LHTs and EMPs

The CCRAS has been documenting these health traditions principally in two ways; (a) the Proactive approach through the THCRP and MEBS, and (b) by appraising and taking forward the leads/information voluntarily provided by individuals through a Reactive approach. These leads and knowledge are examined through a meticulous consultative process for their scientific merit to ascertain suitability for drug development through systematic studies summarized in Flow Chart 1.⁹⁻¹¹

- The plant, animal, marine mineral, or metal resources, formulations, practices associated with LHTs are collected, identified, and preserved during surveys under the THCRP/MEBS or as provided by individuals/claimants.
- Subsequently, the information collected in the folk-claims are examined for novelty and inimitability by confirming that they are not mentioned in codified texts by verifying select Ayurvedic literature.
- The unique claims are put before different committees to ascertain their suitability to be undertaken



Flow Chart 1: Validation of folklore claims/LHTs

for further scientific research and drug development based on scientific merit.

- Drug Development as per provisions of CCRAS – Research Policy and Drugs and Cosmetics Act.

Formats for Documentation of LHTs/OHTs/EMPs

Separate formats have been developed by the council for generating information on LHTs adopting (a) proactive approach through THCRP and MEBS programs and also through (b) reactive approach by taking forward the leads furnished by individuals/traditional healers. A suggested format for methodological documentation of LHTs through the proactive approach has been made available for the utility of stakeholders, such as scientists and scholars working in the field at vide the short research communication entitled “Methodical Documentation of Local Health Traditions and Folklore Claims: Scope, Relevance, and suggested Format” in Journal of

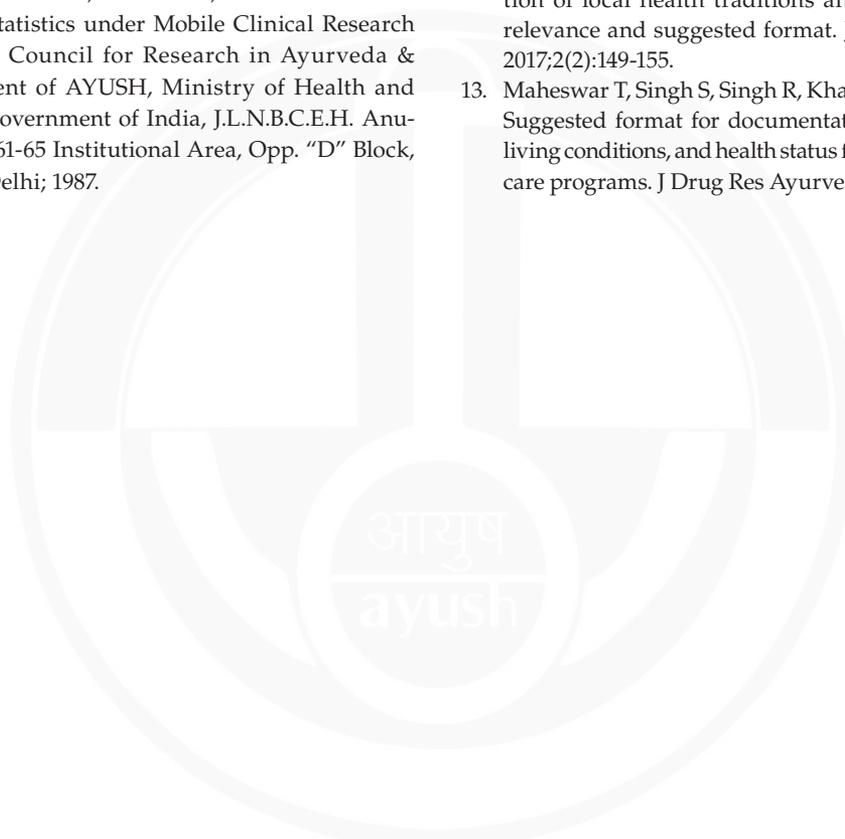
Drug Research in Ayurvedic Sciences, Vol. 2 (2) at page no 149–155, April-June 2017.^{12,13}

Now, a claim pro forma and pro forma is made available in this journal as Annexure (Annexures I and II) to this article for wider utility of stakeholders, which would immensely help in furnishing leads and experiences on LHTs, Ethno-Medical Claims and Practices by individuals, Traditional Healers, etc.

REFERENCES

1. Srikanth N, Bhat S, Singh A, Singh R. HealthCare seeking attitude and utilization of traditional medicine in India-an overview. *World J Pharma Res* 2015 Jul;4(7):722-738.
2. Tribal Health Care Research, Health related demography of the tribes of Andaman & Nicobar islands, Central Council for Research in Ayurveda and Siddha, Department of AYUSH, Ministry of Health and Family welfare, Government of India, JLN BCEH Anusandhan Bhawan, New Delhi; 2010.
3. An Appraisal of Tribal Folk medicine, Central council for research in Ayurveda and Siddha, Department of AYUSH,

- Ministry of Health and Family welfare, Government of India, JLN BCEH Anusandhan Bhawan, New Delhi; 1999.
4. Status and role of AYUSH and Local health Traditions under the National Rural Health Mission-Report of a Study, National Health Systems resource centre, National Rural Health Mission Ministry of Health & Family Welfare, Government of India, New Delhi; 2010.
 5. Ayurveda the Science of Life, A Profile and focus on Research and Development, Central Council for Research in Ayurveda & Siddha, Union Ministry of Health and Family Welfare, S-10 Green Park, Extension Market, New Delhi; 1986. p. 3C 47-3C 58.
 6. Reported Medical Practices on Prevention, Management of Vector Borne and Infectious Diseases through Ayurveda and Siddha—A technical Report, Central Council for Research in Ayurveda & Siddha, Department of AYUSH, Ministry of Health and Family Welfare, Government of India, J.L.N.B.C.E.H. Anusandhan Bhavan, 61-65 Institutional Area, Opp. "D" Block, Janak Puri, New Delhi; 2010.
 7. Study of Health Statistics under Mobile Clinical Research Program, Central Council for Research in Ayurveda & Siddha, Department of AYUSH, Ministry of Health and Family Welfare, Government of India, J.L.N.B.C.E.H. Anusandhan Bhavan, 61-65 Institutional Area, Opp. "D" Block, Janak Puri, New Delhi; 1987.
 8. CCRAS Research an Overview, Central Council for Research in Ayurveda & Siddha, Department of AYUSH, Ministry of Health and Family Welfare, Government of India, J.L.N.B.C.E.H. Anusandhan Bhavan, 61-65 Institutional Area, Opp. "D" Block, Janak Puri, New Delhi; 2002. pp. 63-68.
 9. Srikanth N, Singh S, Sharma BS, Khanduri S, Singh R, Maheswar T. Tribal health care research program: an overview of Central Council for Research in Ayurvedic Sciences contributions. *J Drug Res Ayurvedic Sci* 2017;2(2):118-148.
 10. Rath C, Susmitha B, Tripathi AK, Chincholikar MB, Mangal AK, Srikanth N. Medico-ethno botanical survey: an overview of CCRAS contributions. *J Drug Res Ayurvedic Sci* 2017;2(3): 188-240.
 11. CCRAS-Research Policy, Central Council for Research in Ayurvedic Sciences, Ministry of AYUSH, Government of India, New Delhi, http://www.ccras.nic.in/sites/default/files/CCRAS%20Research%20Policy_2018.pdf (accessed February 3, 2018).
 12. Srikanth N, Maheswar T, Singh S. Methodical documentation of local health traditions and folklore claims: scope, relevance and suggested format. *J Drug Res Ayurvedic Sci* 2017;2(2):149-155.
 13. Maheswar T, Singh S, Singh R, Khanduri S, Ota S, Srikanth N. Suggested format for documentation of demographic data, living conditions, and health status for research-oriented health care programs. *J Drug Res Ayurvedic Sci* 2017;2(3):241-146.



हिन्दी सारांश

स्थानीय स्वास्थ्य परम्पराओं, मौखिक स्वास्थ्य परम्पराओं एवं प्रजाति चिकित्सा अभ्यासों से सम्बंधित दावों के पुष्टिकरण हेतु मूलभूत सूचनाओं का सृजन: व्यक्तियों द्वारा प्रलेखन हेतु एक प्रपत्र

भारत ऐसे देशों में से एक देश है जो अपने स्वदेशी पारम्परिक ज्ञान के मजबूत आधार से समृद्ध स्वास्थ्य पद्धतियों की महान विरासत का उपभोग करते हैं। चिकित्सा एवं स्वास्थ्य विज्ञान का पारंपरिक ज्ञान व्यवस्थित रूप से चिकित्सा ग्रंथों जैसे चरक संहिता, सुश्रुत संहिता, अष्टांग संग्रह इत्यादि में प्रलेखित है तथा पूरक स्वास्थ्य ज्ञान विभिन्न गैर चिकित्सीय साहित्यों में भी प्रलेखित है, जबकि कुछ ऐसी स्वास्थ्य परम्पराएं प्रचलन में हैं जो कि पूर्वजों से मौखिक स्वास्थ्य परम्परा व प्रजाति चिकित्सा अभ्यास के रूप में हस्तांतरित हो रही हैं तथा अप्रलेखित हैं। केंद्रीय आयुर्वेदीय विज्ञान अनुसंधान संस्थान परिषद् (सीसीआरएएस) आदिवासी स्वास्थ्य रक्षा अनुसन्धान कार्यक्रम (टीएचसीआरपी) व चिकित्सा प्रजाति वानस्पतिक सर्वेक्षण (एमईबीएस) के माध्यम से व्यक्तियों एवं समुदायों में प्रचलित स्थानीय स्वास्थ्य परम्पराओं (एलएचटी) और प्रजाति चिकित्सा अभ्यास (ईएमपी) के प्रलेखन एवं पुष्टिकरण करने का प्रयास कर रही है। इसके अतिरिक्त, व्यक्तियों, दावाकर्ताओं व पारम्परिक चिकित्सकों द्वारा प्रदत्त महत्वपूर्ण सूचनाओं का भी समय समय पर प्रलेखन किया जा रहा है। ऐसी सूचनाओं के पुष्टिकरण एवं औषध विकास हेतु उपयुक्तता का पता लगाने के लिए इसकी वैज्ञानिक प्रासंगिकता एवं इसके गुणों व सिद्धांतों की योग्यता की जाँच की जाती है।

मुख्य शब्द: प्रलेखन, प्रजाति चिकित्सा अभ्यास, स्थानीय स्वास्थ्य परम्पराएं, मौखिक स्वास्थ्य परम्पराएं, पारंपरिक ज्ञान, पुष्टिकरण।



ANNEXURE I
CLAIM PRO FORMA
दावे का प्रपत्र

Central Council for Research in Ayurvedic Sciences Ministry of AYUSH, Government of India
Jawahar Lal Nehru Bhartiya Chikitsa Evam Homoeopathy Anusandhan Bhawan No. 61-65,
Institutional Area, Opp. 'D' Block, Janakpuri, New Delhi -110058

केन्द्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद्
आयुष मंत्रालय, भारत सरकार
जवाहर लाल नेहरू भारतीय चिकित्सा एवं होम्योपैथी अनुसंधान भवन
नं 61-65 इन्सिट्यूशनल एरिया, सम्मुख 'डी' ब्लॉक, जनकपुरी, नई दिल्ली – ११००५८
'A'

1.
 - (a) Name and address
नाम व पूरा पता
 - (b) Age
आयु
 - (c) Whether any medical facility available in your local area? हाँ /Yes नहीं /No
क्या आपके स्थानिक क्षेत्र में चिकित्सा सुविधा उपलब्ध है?
 - (d) If yes, the distance from your place of work/village
यदि हाँ, तो आपके कार्य स्थान से कितनी दूरी पर है।
 - (e) The detail information to be submitted regarding medical qualification
चिकित्सीय योग्यता के संबंध में विस्तृत जानकारी प्रदान करें।
2. Medical Qualification
चिकित्सीय योग्यता
3. Experience in the field of treatment of diseases/or in any specific branch of medicine
रोग चिकित्सा के विशेष क्षेत्र में विशेष योग्यता व अनुभव
4. Full details of cases treated (name & complete address of at least 25 patients/subjects)
चिकित्सा किए गये कम से कम 25 ऐसे आतुरों/रोगियों का नाम, पता, विकृति विज्ञानीय, बायोकेमिकल, बायोप्सी व एक्सरे इत्यादि का विवरण दे।
5. The medicine requirements for the entire screening/trial Programme are to be met by the claimant free
समस्त परीक्षण/अवधि में परीक्षण के लिए आवश्यक औषधियों की पूर्ति दावेदार को निःशुल्क करनी होगी।
6. If any adverse effect other than what is claimed is observed on the patients/subjects during the screening of the receipt, the claimant will be responsible.
दावेदार द्वारा पहले ही स्पष्ट किए गए विपरीत परिणामों के अतिरिक्त यदि अन्य कोई भी दुष्प्रभाव परीक्षण – अवधि में रोगियों पर पाए गए तो उसका पूर्ण उत्तरदायित्व मात्र दावेदार पर होगा।
An agreement to the above 3 & 4 may please be furnished hereunder:-
उपरोक्त पैरा 3 व 4 के सम्बन्ध में सहमति – पत्र निम्न प्रकार से दिया जाए:
I hereby declare that I will be responsible for making available the drug/medicines free of cost as and when required in quantity requisition. In the event of failure in making drug supply, the trial can be considered to be dropped without intimating me. I will also be held responsible for any side or adverse effects met with during the trial of the drug medicine claimed.
मैं यह प्रमाणित करता हूँ कि परीक्षणार्थ द्रव्य व औषधि यथावश्यक यथा-समय निःशुल्क भेजने का उत्तरदायी रहूँगा। उपर्युक्त औषधि, साधन, उपलब्ध कराने में असफलता की स्थिति में परीक्षण मुझे बिना कोई सूचना दिए भी रोकने पर विचार किया जा सकता है। यदि औषधि का कोई दुष्प्रभाव परीक्षण काल में होगा तो उसके लिए भी मैं उत्तरदायी रहूँगा।
Dated तिथि:-

Signature of the Claimant

ANNEXURE II PRO FORMA

प्रपत्र

(To be submitted in triplicate)

(तीन प्रतियाँ भेजे)

**Central Council for Research in Ayurvedic Sciences Ministry of AYUSH, Government of India
Jawahar Lal Nehru Bhartiya Chikitsa Evam Homoeopathy Anusandhan Bhawan No. 61-65,
Institutional Area, Opp. 'D' Block, Janakpuri, New Delhi -110058**

केन्द्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद्

आयुष मंत्रालय, भारत सरकार

जवाहर लाल नेहरू भारतीय चिकित्सा एवं होम्योपैथी अनुसंधान भवन

नं 61-65 इन्सिट्यूशनल एरिया, सम्मुख 'डी' ब्लॉक, जनकपुरी, नई दिल्ली -110058

Particulars asked for: - प्राप्तव्य जानकारी

- In case of a single drug please furnish its
यदि यह एकाकी औषध है, तो लिखिए इसका
(a) Sanskrit Name संस्कृत नाम
(b) Botanical Name वनस्पति शास्त्रीय नाम
(c) Hindi Name हिन्दी नाम
(d) Regional Name स्थानीय नाम
- In case of the drug is of vegetable origin, six specimens of flowering/and/or fruiting wings of about one foot along pressed either in blotting paper or in newspaper sheets and well dried be sent.
यदि यह कोई जड़ी बूटी है तो उसकी एक फुट लम्बी (फूल या फल सहित) आदर्श शाखाएँ पृथक पृथक स्याही चूसों/अखबारों में दबाकर एवं शुष्क करके भेजें।
- In case of compound preparation (yoga) the following details are to be furnished
यदि यह कोई योग/एकाधिक औषधि का मिश्रण है तो लिखें इसका
(a) Name of the yoga योग नाम
(b) Whether it is Shastriya? If so, its Shastriya name may be given.
क्या यह शास्त्रीय योग है, यदि है तो इसका शास्त्रीय नाम लिखें?
(c) Original text मूल पाठ
(d) Full reference of the text i.e name of the book, volume of place, chapter and shloka number:-
पुस्तक का नाम, खंड/स्थान, अध्याय एवं श्लोक संख्या के उद्धरण
(e) In case it is not a Shastriya Yoga Please give the names of ingredients, quantities, and parts used thereof :
यदि यह शास्त्रीय योग नहीं है तो घटकों के नाम, मात्रा एवं प्रयुज्यमान और अंगों को लिखें।
(f) Is it a traditional yoga?
क्या यह परंपरागत योग है?
(g) How many years it is in use?
कितने वर्षों से प्रयोग/उपयोग में है?
(h) Whether this claim was submitted or is under consideration somewhere else?
क्या इस दावे को कहीं और प्रस्तुत किया गया था या वर्तमान में कहीं और विचाराधीन है?
(i) Details of standardization
मानकीकरण का विस्तृत विवरण
(j) Details of safety/toxicity studies
सुरक्षा/विषाक्तता अध्ययन का विस्तृत विवरण
- Method of preparation (the information hitherto is to be given for both single drugs and compound formulations (full details are to be provided)
निर्माण विधि (इससे आगे की प्राप्तव्य जानकारियाँ एकाकी औषध व योग दोनों के बारे में देनी हैं)
- Diseases and symptoms in which it is indicated
उन रोगों व लक्षणों को बताएं जिसमें इसका प्रयोग किया जाता है।
 - Various other actions of the drug:

- औषध के अन्य कर्म व प्रभाव:
- (c) Dose (various stages)
मात्रा (विभिन्न परिस्थितियों में)
- (d) Anupana (various stages)
अनुपान (विभिन्न परिस्थितियों में)
- (e) Duration of treatment
चिकित्सा की अवधि:
- (f) Administration
प्रयोग विधि
6. Any side effects/complications
अन्य कोई दुष्प्रभाव
7. Pathyapathya (Diet, restrictions, special measures etc.)
पथ्यापथ्यः
8. Number of cases treated and since when?
कितने रोगियों की चिकित्सा की गई व कब से?
9. Details of the patients/subjects Administered the drugs. (Please enclose statement giving the name age, sex and full addresses of at least 20 treated cases along with the diagnosis of their diseases)
कम से कम बीस ठीक किए गए रोगियों के नाम, आयु, लिंग, रोगनिदान, पते आदि का विवरण अलग प्रपत्र में प्रस्तुत करें।
10. Whether modern, scientific investigations were carried out, if so, please give full details (for all the cases indicated at column 8)
यदि आधुनिक वैज्ञानिक उपकरणों विधियों का आश्रय लिया गया है तो उसका विस्तारपूर्ण विवरण दें।
11. Instructions for the use of medicine
औषध प्रयोग के लिए विशेष सूचना
Date तिथि:-

Signature of the claimant

दावेदार के हस्ताक्षर

NOTES (टिप्पणी)

1. Sending the pro forma by the Council does not mean acceptance of the claim or approval of the claim.
परिषद् द्वारा प्रपत्र भेजे जाने का अर्थ यह न समझा जाये कि दावा स्वीकृत हो गया है।
2. The Council does not award a Certificate/Prize for the claims submitted.
परिषद् किसी प्रकार का प्रमाण पत्र/परितोषक/पुरस्कार भेजे गये दावों के लिए नहीं देती है।
3. The Council may however consider furnishing report of the study made on the claim which is approved and taken up for the trial under its discretionary powers.
परिषद् यह अधिकार सुरक्षित रखती है कि भेजे गये दावों पर किए गए परीक्षण का प्रतिवेदन (रिपोर्ट) दावेदार को भेजा जाए या नहीं।