



SHORT COMMUNICATION

Methodical Documentation of Local Health Traditions and Folklore Claims: Scope, Relevance and suggested Format

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ABSTRACT

Quest for healthy and long life is perhaps as old as human existence and efforts are unremitting to address the challenges and triumph over the bottlenecks across this journey. Natural products of botanical, animal or mineral sources have initiated the scientific expedition of drugs since antiquity. Still, more interesting leads are emerging for drug discovery from documented traditional knowledge and certain oral undocumented Local Health Traditions (LHTs). The LHTs encompass the integral component medical heritage of the any country. Systematic documentation of such knowledge is pivotal to preserve the medical heritage of the country besides scientific validation of its attributes and principles. Central Council for Research in Ayurvedic Sciences (CCRAS) has developed a comprehensive format for documentation of Local Health Traditions (LHTs), Folklore Claims etc. This format could be well utilized as a tool for uniform recording of information by scientists and scholars engaged in ethno medicinal, ethno pharmacology and traditional medicine research

Keywords: Documentation, Folklore Claims, Local Health Traditions.

How to cite this article: 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.

Source of support: Nil

Conflict of interest: None

INTRODUCTION

India is a vast country having wide diversity in climatic conditions besides having people of different 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.¹ 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 Ayurveda, Yoga, Unani, Siddha, and Homoeopathy (AYUSH)-specific health care delivery certainly has great impact on the health-seeking attitude and utilization of AYUSH and other local health traditions (LHTs). Very little information is available on the utilization of AYUSH systems and other LHTs in India. The contributions of Central Council for Research in Ayurvedic Sciences (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.

SCOPE AND RELEVANCE

The AYUSH systems (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. The AYUSH are rationally recognized systems of medicine and have been integrated into the national health delivery system; 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 the knowledge. Planned development of health services in the public system began in India after independence, based primarily on modern medical science.²

Several studies and surveys across India also substantiate these facts. Even though few common and acute conditions like cold, cough, etc., are being tackled by household remedies and LHTs especially at the primary level, utilization and preference have been evenly distributed for chronic illness. A study on the role of AYUSH and LHTs under National Rural Health Mission in 18 states across India concluded that 80 to 90% households were aware about utility of AYUSH/LHTs. Colocated services are well utilized in some states, preference was for chronic illness followed by acute illness and health promotion.²

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

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18 survey units, mobile clinic research units, and tribal health care research programs. 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 herbal medicine for 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.^{1,3-6}

In addition, the Council has documented reported medical practices on prevention and management of vector-borne and infectious diseases through Ayurveda and Siddha through 17 institutes across different states of the country. The information gathered from various sources, viz. Ayurvedic colleges, physicians from Ayurveda, Siddha hospitals, dispensaries, clinics, private physicians, local healers, nongovernmental organizations, etc., has been systematically recorded. A number of successful treatment episodes on malaria, filariasis, chikungunya, etc., have been recorded from the physician experiences currently through tribal health care research programs, LHTs, and folk medicines and these are being documented in 15 states.⁷

Systematic documentation and scientific validation are the crucial tasks for mainstreaming of ethnomedical and folklore claims and other LHTs prevalent across different ethnic groups and communities. Further, a methodological approach is essential to make a comprehensive appraisal of LHTs and other folklore claims.

It has been observed that several agencies have undertaken such tasks with different approaches and methods which lack certain aspects and issues. In view of this, the CCRAS has developed a comprehensive format for systematic documentation of LHTs through consultative process involving stakeholders concerned. The format provides wider scope and provision to record vast information concerning the folklore LHTs right from botanical/chemical/other biological source, method of use, method of preparation including photography,

videography, details of tribal/folk healers, etc. Additionally, for preliminary confirmation of uniqueness of the folklores/LHTs, a suggested validation approach ensuring the appearance of such practices in published literatures is also appended to the format.

This format could be well utilized for documentation and validation of novel therapeutic claims and health traditions. The format is available in the current edition of this journal for its wider utility among all stakeholders (Annexure I).

REFERENCES

1. An Appraisal of Tribal-Folk Medicines, 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, New Delhi, India; 1999.
2. 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.
3. 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, India; 1986. p. 3C 47-3C 58.
4. Srikanth N. 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, New Delhi, India; 2010.
5. 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, New Delhi, India; 1987.
6. 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, New Delhi, India; 2002. p. 63-68.
7. Annual Reports of CCRAS (1982-2106), Central Council for Research in Ayurveda & Siddha, Central Council for Research in Ayurvedic Sciences (CCRAS), New Delhi, India.

Annexure I

Format for Documentation of Local Health Traditions (LHTs)/Folklore Claims

**Central Council for Research in Ayurvedic Sciences
Ministry of AYUSH, Government of India**

(Medicoethno Botanical Survey and Other Health Research Programs, etc.)

1. Title of project: _____
2. Name and complete address of the institute: _____
3. Whether related to:

1. Ayurveda	
2. Unani	
3. Homeopathy	
4. Siddha	
5. Yoga and Naturopathy	
6. Sowa-rigpa	
7. Any other	

4. Research councils under Ministry of AYUSH

1. CCRAS	
2. CCRUM	
3. CCRH	
4. CCRS	
5. CCRYN	
6. Any other organization	

5. Objectives covered:

1. Home remedies	
2. Food and nutrition	
3. Midwifery	
4. Bone setting	
5. Other specialized local health practices	
6. Ethno veterinary practices	
7. Any other	

6. Duration of the project:
7. Yearwise objectives and deliverables:
8. Area/No. of blocks and districts covered:
9. Whether the drug or the formulation/procedure has been mentioned for the same reference in the literature:

Name of the system	Yes	No	Validation category									
			V1	V2	V3	V4	V5	V6				
Ayurveda			V1	V2	V3	V4	V5	V6				
Unani			V1	V2	V3	V4	V5	V6				
Homoeopathy			V1	V2	V3	V4	V5	V6				
Siddha			V1	V2	V3	V4	V5	V6				
Yoga and naturopathy			-	-	-	-	-	-	-	-	-	-

- ❖ If yes then tick the appropriate validation category as per guidelines (Annexure II)

10. Whether the information submitted:

A. Drugwise	
B. Procedures	

Please tick (√) in appropriate box

A. DETAILS OF DRUG

i. Whether single/compound formulation:

Single Compound

ii. Information on single drug

(a)	Origin (√ Appropriate)	Plant origin	Animal origin	Mineral/m origin	Others
(b)	Local/regional name				
(c)	Sanskrit name (if available)				
(d)	Hindi name (if available)				
(e)	Urdu name (if available)				
(f)	Tamil name (if available)				
(g)	English name				
(h)	Botanical/zoological/chemical name				
(i)	Part/parts used				
(j)	Period of collection of plant				
(k)	Storage condition (if any)				
(l)	Photograph of the raw drug				
(m)	Photograph of the final product				
(n)	Specimen of raw drug				
(o)	Specimen of final product				
(p)	Videography of method of preparation if available				

iii. Information on compound formulation

(a)	Name of the formulation										
(b)	Form of formulation										
(c)	Method of preparation in detail including the number and proportion of ingredients										
(d)	Videography of method of preparation if available										
(e)	Photograph of the raw drug										
(f)	Photograph of the final product										
(g)	Specimen of raw drug										
(h)	Specimen of final product										
(i)	Details of ingredients										
	Local Name	Origin	Sanskrit name	Hindi name (if available)	English name (if available)	Urdu name (if available)	Tamil name (if available)	Botanical/zoological/chemical name	Part/parts used	Period of collection of plant	Storage condition (if any)
	i										
	ii										

iv. Disease/indicated condition

• Disease as mentioned by healer	
• Possible correlation with codified system	
• Method of diagnosis	
➤ Symptom	
➤ Observation	
➤ History	
➤ Pulse examination	
➤ Modern parameters	
➤ Others	

v. Mode of administration

• Route of administration (oral/local/others, etc.)	
• Dose	
• Duration	
• Vehicle (if any)	

- vi. (a) Dietary regimen during the treatment
 (b) Lifestyle regimen during the treatment
- vii. (a) Concurrent medicine (if any) taken during treatment
 (b) Concurrent procedure (if any) during treatment
- viii. Contra indication of the medicine (if any)
- ix. Detail of knowledge provider

No. of knowledge provider/introducer					
Name and photo	Address	Age	Sex	Occupation	Education qualification

x. Detail of local health practitioner

No. of local health practitioners using the medicine					
Name and photo	Address	Age	Sex	Occupation	Education qualification
Average number of patients of the disease treated in a year					
Details of investigations before and after treatment if any					
Results of treatment					

B. Information on procedures (bones setting/midwifery/ethnoveterinary)

i.	Disease/indicated condition	
	• Disease as mentioned by healer	
	• Possible correlation with codified system	
	• Method of diagnosis	
	➤ Symptom	
	➤ Observation	
	➤ History	
	➤ Pulse examination	
	➤ Modern parameters	
	➤ Others	

ii.	Whether the patients referred from other practitioners, etc. for the same procedure	
iii.	Aids/tools used	
iv.	Description of the procedure/technique	
v.	Care during procedure	
vi.	Pre procedure precautions/care if any	
vii.	Postprocedure care	
viii.	List of medicines used in the process	
ix.	Outcome of the procedure	
x.	Video/photograph if any—List here and provide CD in a universally open able format	

xi. Detail of knowledge provider

No. of knowledge provider/introducer					
Name and photo	Address	Age	Sex	Occupation	Education qualification

xii. Detail of local health practitioner

No. of local health practitioners using the medicine					
Name and photo	Address	Age	Sex	Occupation	Education qualification

Average number of patients of the disease treated in a year	
Details of investigations before and after treatment if any	
Results of treatment	
Any other information	

Sl. no.	Name and designation of the team members	Signature(s)
1.		
2.		

Annexure-II

Selected books for validation of LHT/folk claims

Sl. no.	Categories of references	Reference materials		Validation category	
(1)	Classical literature and recent compilations from classical literature	1. API, AFI 2. Ayurveda Principles (Charak Samhita, Sushruta Samhita, Ashtang Sangrah/Hriday) 3. Dravyaguna Vijana by PV Sharma		V1 V2 V3	
(2)	Published literature listing home remedies	4. Handbook of Domestic Medicine & Common Ayurvedic Remedies 5. Appraisal of Tribal Folk Medicines published by CCRAS (documented but not yet verified)		V4 V5	
(3)	Outside the above literature and nonclassical references	6. Glossary of Indian Medicinal Plants by RN Chopra and IC Chopra 7. Bhavaprakash Nighantu 8. Priya Nighantu 9. Dhanvantari Nighantu 10. Raj Nighantu	11. Kaidev Nighantu 12. Shaligram Nighantu 13. Nighantu Adarsh 14. Medicinal Plants Used in Ayurveda by RAV 15. Classical Medicines Used in Ayurveda by PV Sharma	16. Indian Material Medica by KM Nadkarni 17. Database Medicinal Plants Vol 1-8 18. Vridha Madhav 19. Yoga Ratnakar 20. Chakra Datt	V6
<p>API: The Ayurvedic Pharmacopoeia of India Part-I-VI is a collection of plant origin single monographs (standards for identity, purity and strength) used in Ayurvedic formulations. API Part-II Volume-I+II+III is a collection of Pharmacopoeial standards for formulations used in Ayurveda</p> <p>AFI: Ayurvedic Formulary of India Part I, II, and III is a collection of classical Ayurvedic compound and single drug formulae covering plant, mineral, and animal origin drugs.</p>					