

REPORT ON  
PARTICIPATORY RAPID ASSESSMENT  
OF LOCAL HEALTH TRADITIONS

Final Draft

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COMMUNITIES KNOWLEDGE FOR COMMUNITIES HEALTH

RN

9/5

Background to RITAM initiative  
MS - Bind / Access and return to RRP

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## ABBREVIATIONS

|              |  |
|--------------|--|
| <b>ANSA</b>  | Anthodaya Sangh  |
| <b>CCD</b>   | Covenant Centre for Development                          |
| <b>CIMH</b>  | Centre for Indian Medical Heritage                       |
| <b>FRLHT</b> | Foundation for Revitalisation of Local Health Traditions |
| <b>GOs</b>   | Governmental Organisations                               |
| <b>ISM</b>   | Indian Systems of Medicine                               |
| <b>LHT</b>   | Local Health Traditions                                  |
| <b>NGOs</b>  | Non-Governmental Organisations                           |
| <b>PDS</b>   | Peermade Development Society                             |
| <b>PRA</b>   | Participatory Rural Appraisal                            |
| <b>RALHT</b> | Rapid Assessment of Local Health Traditions              |
| <b>TBA</b>   | Traditional Birth Attendant                              |



## EXECUTIVE SUMMARY



FRLHT initiated a project on Comprehensive Documentation and Rapid Assessment of Local Health Traditions in 1998 with the objective of promoting the best local health traditions. This program was done in two phases, comprehensive documentation of Local health traditions followed by a participatory rapid assessment of selected health practices.

Documentation phase covered selected areas in the states of Maharashtra, Karnataka, Tamilnadu and Kerala. This was done in collaboration with thirteen local Non governmental organisations working in the area of revitalisation of Local Health Traditions (LHTs).

First phase of this process involved more than 1000 folk healers and 1800 households documenting their knowledge, resource and socio-cultural aspects related to LHTs.

In the second phase, a Participatory rapid assessment of health practices was conducted to find out and promote effective local solutions at household level for prioritised health conditions. The health conditions were prioritised through Participatory Rural Appraisals in five selected areas. Based on these home remedies were chosen from the household practices from the respective area. These remedies were subjected to a rapid assessment involving local households, folk healers, Indian Systems of Medicine & Western Biomedicine physicians, botanists and representatives of NGOs.

The basis for this assessment was the practical experience of local communities and health care experts, supportive literature reference of Indian systems of Medicine and modern pharmacological research. These series of five workshops assessed 50 home remedies for more than 20 health conditions.

The practices that are positively assessed by these multidisciplinary groups will be promoted in the respective areas for the improvement of primary health care. Methodology evolved in this process is being developed into a training module for wider promotion.



## BACKGROUND AND OBJECTIVE

Local health traditions are locality, community specific practices, beliefs and customs related to health. These diverse and informal systems of health care measures are being passed on from generations to generations by word of mouth through millions of common households and specialized folk healers. Local health traditions are dependant on the natural resources. It is surprising to note that there are about 8000 plant species used by 4,639 ethnic communities of India.

These health traditions that are integral part of lifestyles of communities include all the aspects of health care Viz. prevention, cure and promotion. Knowledge of home remedies and health related customs that are prevalent in millions of households are living expressions of these traditions. Skills of thousands of specialised folk healers like bonesetters, poisonous bite healers, traditional birth attendants and folk veterinary healers are health service providers of this informal health care system. Existence of these can be seen through out the country in parallel with codified indigenous systems of medicine and western medicine.

Specialised skills in these areas include diagnostic methods such as *naadi pareeksha* (pulse examination), *mootra praeeksha* (examination of urine), *visha pareeksha* (diagnostic and prognostic methods in poisoning) and *varma kalai* (diagnosis and treatment using vital points in the body) to name a few in the folk healers' practice. Diagnosis and reduction techniques of fractures, emergency care like treating the natural poisons, specialised eye care and treatment of individual organ related conditions are some of the skills of the traditional healing. The *mriga vaidyam* (veterinary care) is another integral part of the community's live stalks' health care. For example areas like Chitradurga of Karnataka, the majority of healer's population are of traditional veterinary healers.

These time tested health traditions still serve a great majority of India's rural population. For example according to a Voluntary Health Association of India report (1992: 65) only 6.3% of rural deliveries are institutionalised in rural India and the remaining is managed either by trained or non-trained birth attendants. An estimate says that traditional bonesetters manage around 60 % of broken bones.

Increase in demand of natural products has boosted the commercial interests in the resources used by local health traditions. These local health traditions have been tapped for their potential by national and international pharmaceuticals for drug development. Recently developed drug for hepatitis- from the plant *Phyllanthus amarus*, *Jeevani*- (developed from *Trichopus zeylanicus*) based on Kerala's *Kaani* tribes' knowledge, used as an immuno-modulator. Piper longum as a bio-availability enhancer are few among patented drugs from the traditional knowledge base. There are many more such potential candidates awaiting patents. Thus on the one hand the local health traditions have been viewed as a treasure house for resource hunting.

On the other hand, the present political and societal attitude towards LHTs is discouraging despite their efficacy and ability to promise much in the Primary health care sector. It is understood that erosion of these traditions is at an alarming pace. Lack of confidence in the users and practitioners and marginalisation by other politically dominant medical stream systems are also contributing to this erosion. Nothing seems to be an eye opener to the political sphere where the majority of the attention is being given to the mainstream western biomedicine.

Lack of accessibility in terms of resources, infrastructure and skilled manpower in the rural India shows inadequacy of the present main streamed medical service through the Primary Health Centers. Even after Alma Ata, incorporation of the traditional health practices, to provide 'health for all' has not been materialized in the current formal primary health care systems. Thus the present health care system is still highly capital intensive and external resource oriented.

① This context demands a movement that incorporates the "local resource and local knowledge dependant" effective practices in the health care system. The process of understanding these traditions and finding out the effective practices in these rich medical cultures has not yet gained considerable momentum.

② Rapid Assessment of Local Health Traditions (RALHT) initiated here is a systematic approach to document and identify the relevant practices that can contribute to better community health care. This RALHT approach is a judicious blend of local experiences and other health care systems.

based on effectiveness

identify and document → promote



## METHODOLOGY

*Household Survey*

The project on comprehensive documentation and rapid assessment of local health traditions was carried out in two phases. The initial phase included the data collection among households and folk healers. Second phase consisted of the participatory approaches in finding out the priority health conditions and assessing the effective remedies.

*as their opinion that*

### Phase -I : Comprehensive Documentation

#### Development of Data Collection Tools

Questionnaires were developed to capture knowledge, resource and socio-cultural aspects of health traditions from the healers and households. Different subsets of questionnaires were designed in order to record different levels of knowledge and practice. They are as follows:

1. Two separate sets of household questionnaires namely:
  - Home remedies
  - Food and regimen
2. Five subsets of questionnaires for folk healers namely:
  - Mriga Vaidyas (Veterinary practitioners)
  - Visha Vaidyas (Who treats poisonous bites)
  - Traditional Birth Attendants
  - Traditional Bonesetters
  - General category (who treat general /specific organ/system related health conditions)

Prior to documentation phase, a pilot study was carried out in four different field locations of Kerala, Tamilnadu and Karnataka in order to design the questionnaires and finalise with the documentation approach for the study.

A pilot study for field-testing the questionnaires was carried out by the Indian Systems of Medicine (ISM) physicians of FRLHT research & informatics unit. During this phase, data on the existing folk healers population was also collected. ✓

#### Selection of Field Collaborators

Prior to the initiation of the documentation phase, a meeting was called to involve field collaborators (local NGOs) for the study. This meeting discussed the need of Comprehensive Documentation and Rapid Assessment of Local Health Traditions, its operational details and responsibilities of both coordinating and field agencies. Decision was made in this meeting on the details of the capacity building process for field collaborators. The group also agreed to constitute a local support committee, involving the local community that would support and monitor all the revitalisation activities. Subsequently, these committees were formed with representation of folk healers, *panchayath* members, teachers, and community leaders of the respective areas.

Thirteen field agencies associated with FRLHT in Ex-situ conservation activities were considered for this program. These agencies were concentrating on conservation of medicinal plants and community outreach programs related to traditional health care in their areas. They also had good rapport with local community and had already initiated revitalisation program as part of ex-situ conservation program.



## Trainings for the Field Staff

A series of training workshops were carried out in four states to orient the field staff in documenting the local health traditions in their study area. Training programs were for three days, which comprised of classroom and practical sessions on documentation. The trainees were selected by the field collaborators from the respective localities.

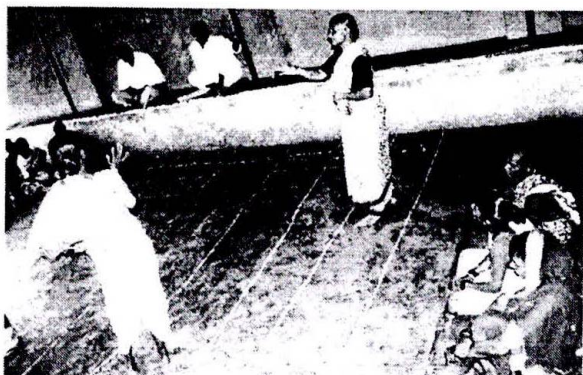


Figure 1 From PRA training

## Sampling of Study Population

Above 80% folk healers were covered from each category of specialised and general healers in the respective areas. About 6-8 knowledgeable households in each hamlet of 100-200 families from respective operational areas were interviewed and documented.

## Data Collection and Processing

Data was recorded by individual interviews of households and folk healers. Field level coordinators verified the recorded data. The recorded data obtained from the field were translated from the respective vernacular languages on specific programmable formats in English at FRLHT.

## Analysis of the Data

A preliminary analysis of the data obtained was done for both the categories. Especially the data on home remedies were analysed and those relevant were fed into RALHT workshops.

## Phase –II: Rapid Assessment of LHTs (RALHT)

In the phase II, the objective was to develop a RALHT protocol to identify the best home remedies for promotion of primary health care. In order to meet the objective, series of five RALHT workshops were conducted in Kerala and Tamilnadu.

## Planning Meeting on RALHT

As a pre-requisite to RALHT protocol development, a workshop was conducted to finalise the methodology of assessment of local health traditions at household level. The participants were representatives of Indian System of Medicine (*Ayurveda*, *Siddha* and *Unani*), community and public health, modern pharmacology. The formats for the assessment workshop and reference data collection format on individual resources (plants, animals and minerals & metals) used were finalised for respective systems of medicine. It was suggested that the referenced data would facilitate the respective systems experts in assessing the practices. A format to record the communities' understanding about the disease, its management, its cost feasibility, and efficacy was also finalised.

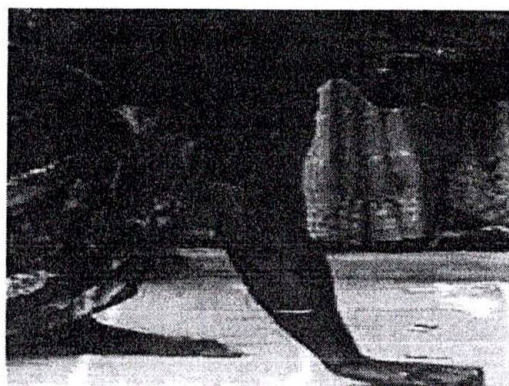
Subsequently five areas were short listed for assessment workshops from the thirteen field collaborators. This was based on the completion of documentation and processing of data, diversity of practices, quality. Auroville, Pondicherry, CCD, Madurai/Virudhunagar, ANSA, Trichy, CIMH, Palakkad, PDS, Peermade.

## Pre-Workshop Exercise

Prior to the RALHT workshop, a pre-workshop exercise was conducted. The main objective of the exercise was to prioritise health conditions in the specific study area selected for assessment workshop. This was done through Participatory Rural Appraisal (PRA). The respondents of the documentation phase



participated in the exercise. There were 20-35 members. The trained field staffs from NGOs facilitated these PRAs.



**Figure 2 - Prioritisation of health problem - Matrix ranking**

This PRA exercise had following 5 steps:

1. Listing out the health conditions seen in their area by the community.
2. Prioritisation of the important health conditions from the list.
3. Listing out the criteria used to prioritise the health conditions by the community.
4. Developing a matrix using the criteria and the health conditions
5. Based on the each criterion ranking the health conditions (Scoring)

The health conditions that received highest scores were selected for the assessment. Communities' understanding about the prioritised health conditions like causes, symptoms and stages were also discussed and documented during the exercise. As a result of these exercises, health conditions ranging from 6-14 in each area were selected. Health conditions obtained from these PRA workshops were screened based on:

- Availability of home remedies from the documented households data during phase I.
- Those remedies which were repeatedly mentioned during interviews
- Accessibility of these natural resources in the study area and affordability of the resources
- Remedies that are easy to prepare

Based on the pre workshop exercise, these home remedies of a specific area were considered for assessment.

### **Literature References for the Resources**

Natural resource (Plant, animal, mineral) references for the selected plants, from classical literature of Ayurveda, Siddha and Unani, modern pharmacology were collected using respective formats finalised during the expert's meeting. The participants for the assessment exercise used these references. This data basically served the participants to comment on a selected local practice.

## **Participatory Rapid Assessment of LHTs (RALHT) Exercise**

### **Principles of RALHT**

The rapid assessment exercise is a community-based assessment exercise in order to select best home remedies for promotion of primary health care. This is a participatory approach, which helps in finding out communities' effective health practices by the local community, folk healers, *Ayurveda*, *Siddha*, *Unani* and allopathic practitioners, botanists, researchers.



## Basis of assessment

The basis of the assessment is the practical experiences of the local communities; experience of the indigenous codified system practitioners with the support of classical literatures of *Ayurveda*, *Siddha*, and *Unani* and researched pharmacological findings.

## Selection of the Remedies

Following criteria were used to select the remedies for the promotion.

1. The remedies that have strong positive empirical evidence and experience of local communities on its effectiveness
2. Consensus on efficacy by the multi disciplinary expert group or confirmation of efficacy by at least one of the Indian systems of Medicine (*Ayurveda*, *Siddha* and *Unani*)
3. The remedies that have strong positive local empirical evidence and strong negative assessment from all the indigenous systems will be subjected for further community based research and clinical studies.

The process of the exercise conducted is as follows:

## Briefing Sessions

A briefing session was made to the rapporteurs and facilitators about the DALHT program, RALHT methodology on the previous day of the exercise. This was organised to enable them for effective documentation and facilitation during the workshop. On the same day this along with community members and local botanists collected voucher specimens of reported plants for confirmation during the workshop.

On the workshop day, all the participants were briefed about the Participatory Rapid Assessment of Local Health Traditions program and their individual role in the workshop. This was done in 2 separate sessions for the expert and community. The formats for recording the practices and comments were also explained to the expert groups.



Figure 3 From RALHT group session

## Formation of Working Groups

Followed by briefing session, different groups were formed with 12-20 members. Each group consisted of community members (households), a representative from *Ayurveda*, *Siddha*, *Unani*, *Allopathy*, two folk healers, botanist, facilitator and two rapporteurs.

## Discussions in the Working Group

Each group facilitators presented the documented data related to the prioritised health conditions and its local remedies followed in the households.

Discussions in the working group basically comprised of 2 aspects:

1. Communities' understanding about the description on the health condition, it causes and symptoms

### Members of each working group

1. Community
2. Folk healers
3. *Ayurveda*, *Siddha*, *Unani*, physician and Western biomedicine
4. Botanist
5. Rapporteurs (2 members)
6. Facilitators/NGO

2. Health condition management by households. This included the details such as resources used and its confirmation using voucher specimens, their proportion, preparation of medicines, dosage form, dosage and diet etc.

These 2 aspects were cross checked among the participants as follows:

The discussions were documented in written form by the rapporteurs and the experts as individual comments in the structured formats in each working group.

### **Plenary Session**

After each working group completed discussing critically about all the parameters required they assembled for a plenary session. During this session all the respective groups discussed the results or outcome of their exercise with others. Any differences of opinion were clarified and a common understanding was derived.

Based on the 5 RALHT exercise, a rapid assessment methodology has been evolved to assess local health practices to promote the best remedies. This participatory method involves local community and multidisciplinary health care experts. About 50 remedies were assessed for 20 health conditions from 3 study areas of Tamilnadu.



## ANALYSIS & FINDINGS

A preliminary analysis was done of the complete process and following are the findings of the same. This analysis and report includes only the RALHT programs in three areas of Tamilnadu (Trichy, Pondicherry, Villupuram, Virudhunagar)

### a. Conditions Reported from Households

Following were the conditions reported during the survey in three places (*Pondicherry, Trichy and Virudhunagar*). These 106 conditions are partially or completely treated at household level.

|    |  |    |  |
|----|--|----|--|
| 1  | Abdominal pain during menstrual period | 54 | Inflammation in the eyes                                   |
| 2  | Anemia/ <i>Rathasokai</i>              | 55 | Insect bite  |
| 3  | Back pain                              | 56 | Intestinal worms   |
| 4  | Bleeding from the nose                 | 57 | Irritation in the eyes                                     |
| 5  | Bleeding gums                          | 58 | <i>Janni</i> - fever type                                  |
| 6  | Blood clots in minor trauma            | 59 | Jaundice   |
| 7  | Body itch                              | 60 | Joint inflammation   |
| 8  | Boils in the skin                      | 61 | Joint pain   |
| 9  | Boils in the ear                       | 62 | <i>Kanvizhi</i> - Eye disorder                             |
| 10 | Boils in the eyelids                   | 63 | Lack of appetite   |
| 11 | Breathing difficulty                   | 64 | Lice   |
| 12 | Brittle teeth                          | 65 | Loose motions  |
| 13 | Burning eyes                           | 66 | Loose motions with blood                                   |
| 14 | Burning micturition                    | 67 | Loose motions with mucus                                   |
| 15 | Burning sensation in the legs          | 68 | Malaria  |
| 16 | Chest pain                             | 69 | Measles  |
| 17 | Chicken pox                            | 70 | Medicines in pregnancy                                     |
| 18 | Cholera                                | 71 | Mouth ulcers   |
| 19 | Constipation                           | 72 | New born care  |
| 20 | Cough and cold in children             | 73 | Noise in the ear   |
| 21 | Cracks in the heel/feet                | 74 | One sided head ache  |
| 22 | Cuts                                   | 75 | Other diseases in the eyes                                 |
| 23 | Dandruff                               | 76 | Pain in micturition  |
| 24 | Delivery care                          | 77 | Pain in the eyes   |
| 25 | Diarrhoea in children                  | 78 | <i>Paksha vata janni</i> - fever associated with paralysis |
| 26 | Different types of pain in the body    | 79 | Piles  |
| 27 | Dhobis itch                            | 80 | Productive cough   |
| 28 | Dry cough                              | 81 | Psoriasis  |
| 29 | Dryness in the skin                    | 82 | Redness in the eyes  |
| 30 | Dust falling in the eyes               | 83 | Running nose   |
| 31 | Ear ache                               | 84 | Scorpion bite  |
| 32 | Ear discharge                          | 85 | Skin conditions in children                                |
| 33 | Edema of feet                          | 86 | Skin rashes  |
| 34 | Edema of other body parts              | 87 | Snake bite   |
| 35 | Epilepsy                               | 88 | Sneezing   |
| 36 | Excess menstruation                    | 89 | Sores  |
| 37 | Excess thirst                          | 90 | Sour belching  |
| 38 | Eye sight- to improve                  | 91 | Spider poison  |
| 39 | Fever                                  | 92 | Split hairs  |
| 40 | Fever, cough and cold                  | 93 | Sprain   |
| 41 | Foul smelling discharge                | 94 | Stomach pain   |
| 42 | Gas trouble                            | 95 | Tastelessness  |
| 43 | General health promotion               | 96 | <i>Thalai pittham</i> – A type of head ache                |



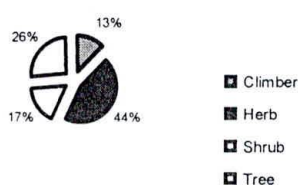
|    |   |     |                                 |
|----|---|-----|---------------------------------|
| 45 | Giddiness                                       | 98  | To improve breast milk          |
| 46 | Graying of hair                                 | 99  | Tooth ache                      |
| 47 | Hair falling                                    | 100 | Vaata disorders                 |
| 48 | Hair growth - to promote                        | 101 | Vaata neer - Vata type of edema |
| 49 | Head ache                                       | 102 | Vomiting                        |
| 50 | Heart burn                                      | 103 | White discharge                 |
| 51 | Hyper tension                                   | 104 | Whooping cough                  |
| 52 | Indigestion                                     | 105 | Wounds                          |
| 53 | Indigestion/lack of appetite in cows/not gazing | 106 | Yellowish urine                 |

## b. Natural Resources Used

PLANT RESOURCES USED IN HOME REMEDIES



PLANT RESOURCE HABIT (USED IN HOME REMEDIES)



The resources used in the household health care are ranging from 84 -127 in three areas of Tamilnadu where the RALHT workshop were done. Maximum number of plant species from the operational area of CCD. The materials used in the home remedies also include thirty-two resources of animal origin and nineteen of mineral origin.

Maximum number of plant species used in home remedies falls in to the category of herbs (44%).

## c. List of Prioritized Conditions

Following are the list of prioritised conditions in each area, where RALHT workshops were conducted.

### CCD - VIRUDHUNAGAR DISTRICT, TAMILNADU

1. Painful/Un bearable conditions
2. Conditions affecting daily activities
3. Conditions that are curable with great difficulty
4. Communicable diseases
5. Conditions coming suddenly
6. Conditions that are treated with folk medicine
7. Conditions that are not having satisfactory treatment in allopathic medication
8. Treatment expenditure
9. Conditions needing strict restriction on food & regimen
10. Commonly seen conditions
11. Frequently seen conditions

### List of Conditions: CCD

| S No | Conditions local term   | English term/translation      |
|------|-------------------------|-------------------------------|
| 1    | Janni                   | Fever type                    |
| 2    | Kaalerichil             | Burning sensation of the feet |
| 3    | Kannvali                | Eye pain                      |
| 4    | Kushta                  | Leprosy / Skin disorder       |
| 5    | Maadavidai vayitru vali | Painful menstruation          |
| 6    | Manjal kaamalai         | Jaundice                      |
| 7    | Nenjuvali               | Chest pain                    |
| 8    | Palluvali               | Tooth ache                    |
| 9    | Perumpadu               | Excessive menstruation        |
| 10   | Rathakothippu           | Hyper tension                 |
| 11   | Sirangu                 | Skin condition                |
| 12   | Vaayu                   | Gas trouble                   |

### AUROVILLE BIO-REGION, PONDICHERY, TAMILNADU

1. Unbearable/ painful
2. Giving rise to mental worries
3. Having no household remedies
4. Contagious

5. Conditions that causes other diseases
6. Sleeplessness
7. Frequently occurring
8. Affecting income

9. Occurring in all seasons
10. Affecting the life of the child
11. Needs diet restrictions
12. Availability of folk medicine

**List of Conditions: Auroville**

| S No | Conditions local term | English term/translation |
|------|-----------------------|--------------------------|
| 1    | Suram/Jwaram          | Fever                    |
| 2    | Chali                 | Cold                     |
| 3    | Vellai paduthal       | White discharge          |
| 4    | Shetha Bhedhi         | Loose motion type        |
| 5    | Pallu vali            | Tooth ache               |
| 6    | Vaayu                 | Gas trouble              |

**ANSA – LALGUDI TALUK, TRICHY DISTRICT, TAMILNADU**

1. Frequently occurring conditions
2. Conditions which seen in all people and age group
3. Availability of cure in folk medicine or allopathic medicine
4. Causes other diseases
5. Life threatening diseases
6. Incurable diseases
7. No effective treatment
8. Difficulty in doing job
9. More expenditure on treatment

**List of conditions: ANSA**

| S No | Conditions local term | English term/translation |
|------|-----------------------|--------------------------|
| 1    | Putrunoi              | Cancer                   |
| 2    | Manjal kamalia        | Jaundice                 |
| 3    | Ooral arippu          | Itching                  |
| 4    | Rathavaanthi          | Blood vomiting           |
| 5    | Perumvyaadhi          | Leprosy                  |
| 6    | Otraithalaivali       | Single sided head ache   |
| 7    | Vayitruvali           | Stomach pain             |
| 8    | Vellaipaduthal        | White discharge          |
| 9    | Moolam                | Piles                    |
| 10   | Chali                 | Cold                     |
| 11   | Maandam               | Indigestion in children  |



#### d. Conditions and Formulae Assessed

| Area code | Number | Condition                    | No. of remedies | Comments on remedies by different system of practice |                  |             |                   |                  |                   |
|-----------|--------|------------------------------|-----------------|--|------------------|-------------|-------------------|------------------|-------------------|
|           |        |                              |                 | LC   | F                | A           | S                 | U                | Allo              |
| AURO      | 1.     | Common cold(Chali)           | 4               | 4✓   | 2✓<br>1✱<br>1 DD | 4✓✱         | 4 DD              | 3✓<br>1✱         | 1✓<br>1✓✱<br>1 DD |
|           | 2.     | Dysentery                    | 2               | 2✓   | 2✓               | 2✓<br>2✓✱   | 2✓                | 2✓               | 1✓<br>1✓✱         |
|           | 3.     | Fever                        | 3               | 3✓   | 2✓<br>1 DD       | 3✓          | 2✓<br>1 DD        | 2✓<br>1✓✱        | 1✓<br>1✓✱<br>1 DD |
|           | 4.     | Gas trouble                  | 3               | 3✓   | 3✓               | 2✓<br>1 DD  | 3✓                | 2✓<br>1✓✱        | 3 DD              |
|           | 5.     | Toothache                    | 3               | 3✓   | 2✓<br>1 DD       | 2✓<br>1✓✱   | 3✓                | 2✓<br>1✓✱        | 3 DD              |
|           | 6.     | White discharge              | 3               | 3✓   | 3✓               | 3✓          | 2✓<br>1 DD        | 3✓               | 3 DD              |
| CCD       | 1.     | Head ache                    | 3               | 3✓   | 3✓               | 3 DD        | 3✓                | 2✓<br>1 DD       | 3 DD              |
|           | 2.     | Chest pain                   | 1               | 1✓✱  | 1✓✱              | 1 DD        | 1 DD              | 1✓               | 1✓                |
|           | 3.     | Dysmenorrhoea                | 2               | 1✓<br>1✓✱  | 1✓<br>1✓✱        | 2 DD        | 1✓<br>1 DD        | 1✓<br>1 DD       | 2 DD              |
|           | 4.     | Janni                        | 2               | 2✓   | 2✓               | 2 DD        | 2 DD              | 1✓<br>1 DD       | 1✱<br>1 DD        |
|           | 5.     | Jaundice                     | 1               | 1✓   | 1✓               | 1✓          | 1✓                | 1✓               | 1✓                |
|           | 6.     | Eye pain                     | 3               | 3✓   | 3✓               | 3 DD        | 2✱<br>1 DD        | 1✓<br>1 DD<br>1✱ | 2✱<br>1 DD        |
|           | 7.     | Burning sensation of the eye | 3               | 3✓   | 3✓               | 3 DD        | 3✓                | 1✓<br>2✓✱        | 2✓ 1 DD           |
|           | 8.     | Menorrhagia                  | 2               | 1✓✓✱   | 2✓               | 1✓<br>1 DD  | 1✓<br>1✓✱         | 2✓               | 1✓<br>1 DD        |
|           | 9.     | Tooth ache                   | 4               | 4✓   | 3✓<br>1 DD       | 4 DD        | 2✓<br>2 DD        | 2✓<br>2 DD       | 4 DD              |
|           | 10.    | Gas trouble                  | 3               | 3✓   | 3✓               | 3 DD        | 3✓                | 3✓               | 2✓<br>1 DD        |
|           | 11.    | Scabies skin condition       | 3               | 3✓   | 2✓<br>1 DD       | 1✓✱<br>2 DD | 3✓                | 3✓               | 1✓<br>2 DD        |
| ANSA      | 1.     | Common cold                  | 2               | 2✓   | 2✓               | 2✓          | 2✓                | 1✓<br>1 DD       | 2 DD              |
|           | 2.     | Indigestion in children      | 2               | 2✓   | 2✓               | 2 DD        | 2✓                | 2 DD             | 2✓                |
|           | 3.     | General itching              | 3               | 2✓<br>1✓✱  | 2✓<br>1✓✱        | 1✓<br>2 DD  | 1✓<br>1✓✱<br>1 DD | 2✓<br>1 DD       | 3 DD              |
|           | 4.     | Jaundice                     | 2               | 2✓   | 2✓               | 2✓          | 1✓<br>1✓✱         | 1✓✱<br>1 DD      | 1✓<br>1✓✱         |
|           | 5.     | Migraine                     | 2               | 2✓   | 2✓               | 2✓✱         | 1✓<br>1 DD        | 2 DD             | 1✓<br>1 DD        |
|           | 6.     | Piles                        | 2               | 2✓   | 2✓               | 2✓✱         | 1✓<br>1 DD        | 1✓<br>1 DD       | 2 DD              |
|           | 7.     | Stomach ache                 | 3               | 2✓<br>1✓✱  | 1✓<br>2✓✱        | 1✓<br>2✓✱   | 1✓<br>2✓✱         | 1✓<br>2✓✱        | 1 DD<br>2✓✱       |
|           | 8.     | Vomiting                     | 3               | 3✓   | 2✓<br>1✓✱        | 2✓<br>1✓✱   | 3✓                | 1✓<br>2 DD       | 3 DD              |
|           | 9.     | White discharge              | 2               | 2✓   | 2✓               | 2✓          | 2✓                | 1✓<br>1 DD       | 2 DD              |

✓ - Effective remedy

✱ - Should be used with modification specified by the group

✱ - Should not be advocated and are not effective

DD - Data deficient / not able to comment



## LEARNINGS

- Enhancing communities understanding about the health conditions: This process has helped the community to get an exposure to different areas of knowledge related to causes and symptoms, which leads to a better understanding of health especially in the areas of prevention apart from finding out the effective remedies.
- Understanding about the causes, symptoms of each condition at the household level were incomplete and some times based on myths. For instance, community from Virudhunagar had an understanding that leprosy was caused by a snakebite called *koozhipampu*. There was a difference of opinion amongst households and folk healers. This exercise gave an opportunity for the local community to seek clarity and correct understanding about the causes, symptoms, and transmission of Leprosy with the help of folk healers, ISM and western medicine.
- Comment on the efficacy of the formulae: In many of the instances, ISM physicians have made comments on a combination based on the property of individual drugs. It may not be possible to judge the efficacy of the formulation based on the individual ingredient, as there could be changes when they are combined. The efficacy of a combination in such situations can be understood only through a clinical study. This process will enhance giving more new combinations to the codified systems, if tried seriously.
- Advantage of a strong Local Expert Group: A strong local group of experts in terms of their experience in health care and familiarity in vernacular language deserves a lot of importance. This will enable fruitful interaction with the other medical expert groups from other systems
- Criteria for selecting the experts: The good expert group is essential to give best results of the entire exercise. So greater emphasis should be given while selecting them. Understanding based on the current experience is that they should be selected based on
  - 1) *Openness towards LHTs or such initiatives*
  - 2) *Proficiency in vernacular language*
  - 3) *Preferably a local person or who has an experience in working in the same area/community*
  - 4) *Ready to spend enough time with the local community for the workshop*
  - 5) *Technical Proficiency (Ability to translate or explain the conditions or practices as per his/her knowledge stream after enough interaction with the community)*
  - 6) *Folk healers should be a locally accepted healers*
  - 7) *Folk healer with more than 10 years of experience in the health care of the same area will be ideal.*
- Advantage of local folk healers presence in the PRA exercise: In the pre workshop exercise, it is preferred to discuss prioritised conditions in the presence of the local folk healers. This will help in doing the literature survey for the RALHT program effectively.
- Briefing to the participants: The briefing to the participants should be given one day prior to the workshop because it will enable them to participate objectively.
- Report preparation: The report should be prepared in the field subsequent to the workshop. The local terminologies and any other technical problems can be rectified immediately in the field. This will also give a quick result. This also ensure the quick action program based on the results.



- The remedies, which are assessed through the rapid method, are proposed to do rapid clinical trial in the rural set up with the active involvement of the folk healers, communities and ISM practitioner. The assessed remedies, which lack sufficient information regarding its properties or its action or support from the ISM stream, will be subjected for clinical trials. The clinical data on all effective remedies as will serve as supportive evidences for wider health care expert circle. This also will be supporting evidences for ISM to give further conclusions in case of newer formulae. These rapid clinical trials will be carried out in parallel to the ongoing promotion of best remedies from RALHT workshops.
- In the process followed, all household remedies practised told by the interviewee were documented. Then prioritisation of the health conditions by communities in a specific area and rapid assessment of available remedies from the documented data was followed. In this process, all the conditions that are having home remedies irrespective of its effectiveness and remedies those are mixture of effective and less effective from communities perceptions were also being considered. As the objective is more focussing on the finding and promoting the best remedies for priority conditions, the same process can be improved by focussing on finding out the most important health conditions of the area before documenting the home remedies. In the documentation step, effective remedies for the prioritised health condition as per the communities experience could be recorded. Finally these remedies can be subjected for rapid assessment.

## CONCLUSIONS

This process of revitalising the local health traditions finds out the best community practices along with adding to the incomplete and discouraging the distorted. Through these series of participatory exercises 50 effective remedies for 20 prioritised conditions were identified.

There has been lots of learning during this process. A refined methodology incorporating these learning would have much to offer in finding out and strengthening these traditions. As household traditions are very vast and diverse, repeating this process in different geographical locations is a Herculean task. So it would be ideal to replicate the process in more localised and decentralised manner. In this context, capacity building to replicate the process should be done through trainings programs on this methodology. This process, apart from home remedies, should also cover other aspects of these traditions like food practices, seasonal regimens, mother and child health care, specialised practices of healers etc.

It is also necessary to formulate strategies for wider promotion. Encouraging kitchen herbal garden programs to promote effective practices is found to be one of the effective strategies. Apart from this publications and effective communication through different medias also should be an integral part of these promotional strategies.

These 'local knowledge and resource dependant' competitive practices definitely will contribute to achieve health for all that demands 50% of coverage rate of health care financed by community and collective systems<sup>1</sup>. Today there is a complete political negligence, and discouraging social attitudes towards LHTs. This fact is reflected in the present day health education/research/promotion programs. The promotional strategies that would incorporate all these aspects are an urgent need of revitalisation of the best traditions.



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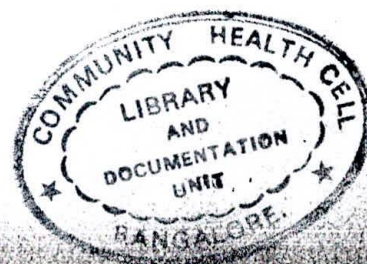
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## **Appendices**

- |  |       |
|--|-------|
| a. Sample data of RALHT results                                  | 1-6   |
| b. Reference data from Ayurveda, Siddha,<br>Unani & pharmacology | 7-14  |
| c. Format used to record the group discussion<br>in RALHT        | 15-18 |
| d. About the Field collaborators                                 | 19-23 |

**Participatory rapid assessment of local health traditions**

S no 1

Area: CCD, Virudhunagar District

State:

Tamilnadu

**Details of the health condition:**

Local name of the condition

- Perumpaadu

|            | Community's description   | Folk practitioner   | Ayurveda       | Siddha  | Unani  | Allopathy   |
|------------|---|---|----------------|---|--|---|
| Causes     | Irregular menstrual cycle, due to malnutrition                                    | Irregular menstrual cycle   | Data deficient | Irregular menstrual cycle, during menopause, periods, psychiatric problems like very late marriage and sterility  | Very common in anaemic patients, general weakness and weakness due to uterus infection or inflammation of the uterus (varm-e-roham). | Hormone deficiency, irregular menstrual cycle                                     |
| Symptoms   | Irregular menstrual cycle with excessive bleeding associated with white discharge | Irregular menstrual cycle with excessive bleeding associated with white discharge | Data deficient | Irregular menstrual cycle with excessive bleeding associated with white discharge, fall in blood pressure, thirst | Irregular menstrual cycle with excessive bleeding associated with white discharge and also pain in lower abdomen region              | Irregular menstrual cycle with excessive bleeding associated with white discharge |
| Conclusion | Perumpaadu  | Perumpaadu  | Data deficient | Perumpaadu  | Kasar-u-tams   | Menorrhagia   |

How do these two know

This terminology



**Remedy No:1**

| S<br>n<br>o | Local name   | Botanical name         | Siddha       | Ayurveda | Unani            | Part used  | Proportion used     |
|-------------|--------------|------------------------|--------------|----------|------------------|------------|---------------------|
| 1           | Thennampalai | <i>Cocos nucifera</i>  | Thennampalai | Narikela | Nariyal ka phool | Flower bud | 1/3 of 1 flower bud |
| 2           | Jeeraham     | <i>Cuminum cyminum</i> | Jeeraham     | Jeeraka  | Zeera            | Seeds      | 1 tea spoon         |
| 3           | Vengkayam    | <i>Allium cepa</i>     | Vengkayam    | Palandu  | Pyaz             | Bulb       | 3                   |

**Preparation and dosage:**

One flower bud is divided into 3 parts. Crush *Jeeraham* and *Vengkayam*. Strain the juice and give three times (Morning, night and next day morning) (Above quantity is for a single dose).

**Remark:****Advise on food and regimen:**

If *thennampalai* is not available *vazhai poo* (*Banana flowers*) can be used in same manner.  
Avoid *mochai*, *thatta payiru*, sweets, salted and dried fish.

**Comments on remedy:****Community:**

It is a very effective remedy.

**Folk:**

According to folk experts, this remedy is found effective within 3 - 5 days. It is affordable and easily available. These remedies are effective with no side effects.

**Siddha:**

It is an effective remedy. Avoid consumption of spicy food. Avoid tedious household work.

**Ayurveda:**

Data deficient

**Unani:**

This remedy is a good treatment for irregular menstrual cycle with excessive bleeding and with white discharge. This is also associated with pain in the back of lower abdomen.  
The flower bud of coconut is a very good uterine tonic. Zeera (Cumin) and pyaz (Onion) are antispasmodic and analgesic in action. Above treatment is effective within 3 - 5 days. Dry fish and sugar should be avoided.

**Allopathy:**

It is known as a good remedy.

**Participatory rapid assessment of local health traditions**

S no 1

Area: 01ANSA, Pullampadi Alathur block, Viduthalaipuram, :

Tiruchirapally District, Tamil nadu

Date: 16.12.99

**Details of the health problem/condition:**

Local name of the condition: Chali (Cold)

|             | Community's description   | Folk practitioner  | Ayurveda   | Siddha                   | Unani  | Western Medicine   |
|-------------|---|--|--|--------------------------|--|--|
| Causes      | Exposure to allergic substances, exposure to cold air and taking bath in cold climate | Allergy, getting drenched in rain and drinking impure water  | Lack of immunity, excessive intake of cold food stuffs and consumption of impure water | Getting drenched in rain | Exposure to rain and cold air and taking cold water bath in cold climate | Water borne, allergy, spreads through germs, lack of immunity, asthma and tuberculosis               |
| Symptoms    | Sneezing, cough, sore throat and heaviness of head                                    | Sneezing, sore throat, cough, blocked nose, feeling of heaviness of the head and watering eyes in the eye. | Sneezing, head ache, tastelessness, lack of appetite and fever                         | Sneezing and fever       | Sneezing, running nose, head ache and fever                              | Sneezing, sore throat, running nose, cough, head ache, difficulty in breathing, chest pain and fever |
| Conclusions | Chali   | Chali  | Pratishyaya  | Chali                    |  | Cold   |



**Remedy No: 1**

| S no | Local name of Ingredient | Botanical name              | Siddha name  | Unani Name     | Ayurveda name | Part used    | Proportion used |
|------|--------------------------|-----------------------------|--------------|----------------|---------------|--------------|-----------------|
| 1    | Sukku                    | <i>Zingiber officinale</i>  | Sukku        | Zanjabeel      | Sunthi        | Rhizome      | 1 g             |
| 2    | Sitharathai              | <i>Alpinia galanga</i>      | Sitharathai  | Qolanjan       | Rasna         | Rhizome      | 3 g             |
| 3    | Malli                    | <i>Coriandrum sativum</i>   | Malli        | Dhaniya        | Dhanyaka      | Seed         | 10 g            |
| 4    | Milagu                   | <i>Piper nigrum</i>         | Milagu       | Fil-fil-e-siah | Marica        | Seeds        | 3 seeds         |
| 5    | Panai vellam             | <i>Borassus flabellifer</i> | Panai vellam | Taadh          | Tala          | Palm jaggery | 50 g            |

**Preparation and dosage:**

Wash and crush all the ingredients except **vellam** (jaggery). Boil the ingredients in 3 glasses of water and reduce to 1 glass. 1 glass is taken in the morning for 3 days. Children's dose is 1 **sangu**.

**Advises on food and regimen:**

Avoid consumption of curd, buttermilk and cooked rice (kept in water overnight); and avoid taking bath in cold water. Nursing mother should avoid cold foodstuffs and cooked rice (kept in water overnight)

**Comments on remedy:****Community:**

This is a effective remedy for the cold

**Folk :**

This is a effective remedy for the cold

**Siddha:**

This is a effective remedy.

**Ayurveda:**

This is an effective remedy for the cold  
Sunthi helps in cold by its katu rasa, tikshna guna, ushna veerya. It is kapha vatahara. In acute stages, Sunthi can be used along with milk or ikshu vikara.  
Dhanyaka (Malli) is used in children for cough & cold. Dhanyaka along with sharkara and tandulodaka is used in cold.  
Marica (Milagu) being kapha vatahara is used extensively in common cold.

**Unani:**

This is a good remedy for cold

**Allopathy:**

Data deficient

**Participatory rapid assessment of local health traditions**

Place: Pitchandikulam Bio Resource Cente  
Auroville, Podicherry, Tamilnadu

Date: 28.03.'00

**Details of the health condition:**

Health problem/condition – Dysentery (*Seetha bedi/Vaitru pokku*)

|                   | Community  | Folk   | Ayurveda   | Siddha  | Unani  | Allopathy   |
|-------------------|--|--|--|---|--|---|
| <b>Causes</b>     | Consuming half boiled rice, excess intake of brinjal dry fish curry, hard to digest food, spicy food (those induce dysentery) and not taking oil bath. | Drinking contaminated water, not taking oil bath, eating stale foods, and excessive spicy, astringent and salty foodstuff. | Disease resembles Pitthathisaram (Loosemotion due to pitta) mainly due to unwholesome food habits. | Consuming brinjal, half boiled rice, dried fish curry, spicy and hot foods            | Consuming heat inducing foods, hard to digest food, dried fish items and drinking contaminated water | The cause for loose motion is upper GIT motility. It can be due to physiological and pathological causes. |
| <b>Symptoms</b>   | Stomach pain, hip pain, and passing of stools with mucus or blood.   | Stool with blood, loose motion with stomach pain, pain in anal region, tiredness   | Loose motion with blood and mucous   | Stomach pain, hip pain, motion with mucous, bloody motion, tiredness, anal irritation | Stomach pain, loose motion with blood and mucous, tiredness, frequent motion, anal irritation        | Stomach pain, irritation, loose motion associated with mucous, later with blood                           |
| <b>Conclusion</b> | Vaiyirtu pokku/Seetha bedi   | Vaiyirtu pokku / Seetha bedi   | Athisara   | Seetha bedi   | Is-hal   | Loose motion  |



**Remedy No: 1**

| No | Local name     | Ayurveda | Siddha   | Unani | Scientific name        | Part used    | Proportion used |
|----|----------------|----------|----------|-------|------------------------|--------------|-----------------|
| 1  | Mathulam pinju | Dadima   | Mathulai | Anar  | <i>Punica granatum</i> | Tender fruit | One fruit       |

**Preparation and dose:**

Ingredient is taken in required quantity, washed, crushed and taken three times a day for three days.

**Advices on food and regimen:**

To avoid spicy foods. Only curd rice and tender coconut juice is advised as food.

**Comments on the remedy****Community:**

It is a good remedy.

**Folk healers:**

It is a good remedy. It should be taken in empty stomach

**Ayurveda:**

This drug has an action against loose motion (Athisara). This preparation is advised in Ayurveda and should be given in the morning.

**Siddha:**

*It is a good remedy.* All thuvarpu (Astringent) taste materials have property to act against loose motion.

**Unani:**

It is being used in Unani system of medicine.

**Alternative:** Powdered dry rind or flowers of pomegranate can also be given.

**Allopathy:**

Data deficient

## Ayurvedic plant reference

|                        |                           |
|------------------------|---------------------------|
| <b>PLANT</b>           | <b><i>Palaandu</i></b>    |
| <b>Botanical name:</b> | <b><i>Allium cepa</i></b> |

|                 |   |
|-----------------|---|
| <b>Doshahar</b> | <i>na-athi-pitthalaa</i><br><i>kapha-krutha</i><br><i>kevalama-vaathalama</i> |
| <b>Guna</b>     | <i>guru</i>   |
| <b>Karma</b>    | <i>valabeeryakaro</i>   |
| <b>Paryaya</b>  | <i>sukha-dooshaka</i><br><i>yavanesta</i><br><i>durgandho</i>                 |
| <b>Rasa</b>     | <i>svaadu</i>   |
| <b>Veerya</b>   | <i>ushna</i>  |
| <b>Vipaaka</b>  | <i>svaadu</i>   |
| <b>Vyadhi</b>   | <i>rasona-sadrusa</i>   |

|                        |                                   |
|------------------------|-----------------------------------|
| <b>PLANT</b>           | <b><i>Daanyakam</i></b>           |
| <b>Botanical name:</b> | <b><i>Corriandrum sativum</i></b> |

|                 |   |
|-----------------|---|
| <b>Doshahar</b> | <i>tridoshanut</i><br><i>pittha-naasanam</i>  |
| <b>Guna</b>     | <i>snigdham</i><br><i>laghu</i>   |
| <b>Karma</b>    | <i>jvaragham</i><br><i>mootralam</i><br><i>paachanam</i><br><i>rochakam</i><br><i>graahi</i><br><i>avrushyam</i><br><i>deepanam</i>                                   |
| <b>Paryaya</b>  | <i>kusthumbaru</i><br><i>chatraa</i><br><i>dhenukaa</i><br><i>kunatee</i><br><i>dhaaneyakam</i><br><i>dhaanaa</i><br><i>dhaanakam, dhaanyam</i><br><i>vithunnakam</i> |
| <b>Rasa</b>     | <i>thiktham</i><br><i>katu</i><br><i>svaadu</i><br><i>thuvaram</i>  |
| <b>Veerya</b>   | <i>ushnam</i>   |
| <b>Vipaaka</b>  | <i>svaadu</i>   |
| <b>Vyadhi</b>   | <i>kaasa</i><br><i>kaasya</i><br><i>svaasa</i><br><i>thrushna daaha vami</i><br><i>krimi</i>  |



# Sikha Plant References.

| Plant Name       | Verse No | Verse  |
|------------------|----------|--|
| முருங்கைப் பூ    | 628      | வில்லார்<br>பெருங்கைக்கா மன்றுதிக்கும் பெண்ணே நறிய<br>முருங்கைக்காய் தன்னை மொழி.<br>விழிகுளிருப் பித்தம்போம் வீறருசி யேகும்<br>அழிவிந்துவும் புஷ்டி யாகும்- எழிலார்<br>ஒருங்கையக லாக்கற் புடைவா ணகையே<br>முருங்கையின் பூவை மொழி. |
| முருங்கைப்பிசின் | 519      | முந்தநீ ரைத்தடுக்கும் மோரைப்போ லேயொழுகும்<br>விந்துவைத்த டிப்பித்து மேனிருந்-தொந்தக்<br>கரியநிற வாயுதனைக் காதிலிடு நாளும்<br>பெரிய முருங்கைப் பிசின்.  |
| முருங்கைப்பிஞ்சு | 665      | சிக்குருக்கு யப்பிஞ்சுத் திச்சுரத்திற்<br>குஞ்சநிக்கும்<br>அக்குருக்கு ருப்பம்<br>அரோசிகுஞ்சு-சுக்கிலத்தின்<br>கொச்சை யுறவருந்திக் கூறுவதற்கு மாமதனைப்<br>பச்சையுற வருந்திப் பார்.   |
| முருங்கையிலை     | 523      | செறிமந்தம் வெப்பந் தெறிக்குந் தலைநோய்<br>வெறிமூர்ச்சை கண்ணோய் விலகும் - மறமே<br>நெருங்கையிலை யொத்தவிழி நேரிழையேநல்ல<br>முருங்கை யிலையை மொழி.   |
| முள்முருக்க மரம் | 242      | முள்ளு முருக்கதுதான் மோதுகின்ற சர்த்திகுன்மம்<br>களள் மறத்தீர்க்குங் கனற்சுரமும் - விள்ளரிய<br>அக்கரமும் போக்கு மனல்வாய்வேக் காடகற்றும்<br>மிக்கவலி கொடுக்கும்விள்.  |
| முள்முருக்கம் பூ | 632      | கருப்பா சயத்திற் கறுத்துக் தடித்தே<br>பருத்தவுதி ரத்திரளைப் பஞ்சாய்த் -<br>துரத்திலிடும்<br>முண்முருக்கம் பூவை மொழி.   |
| லவங்கப்பூ        | 1009     | பித்தமயக்கம் அறும் பேதியொடு வாந்தியும்போஞ்<br>சுத்தலிரத் தக்கடுப்புந் தோன்றுமோ-மெத்த<br>இலவங்கங் கொண்டவருக் கேற்றசுகம் ஆகும்<br>மலம்அங்கே கட்டுமென வாழ்த்து.   |
| லவங்கப்பூ        | 1010     | சுக்கிலநட் டங்கர்ன்னச் சூர்லியங்க<br>லாஞ்சனந்தாட்<br>சிக்கல்விடாச் சர்வா சியப்பிணியும் -<br>அக்கிக்குள்<br>தங்கப்பூ வோடு தரிபடருந் தோன்றிள்ளில<br>வங்கப்பூ வோடுரைத்து வா.  |
| வாழை மரம்        | 395      | நற்கதலிக் கந்தம்அனல் நல்குந்தண் டோகுடலிற்<br>சிக்குமயிர் தோல்நஞ்சிந் தீர்த்திடுங்காண்-<br>தொக்குறுபூ<br>மேகமொழிக் கும்பிஞ்சால் வெங்கடுப்பேகுங் காயால்<br>தேகமுழுக் சுக்கலாந் தேர்.   |
| வாழைப் பூ        | 638      | வாழைப்பூ மூலரத்தம் மரபிரமி வெட்டைபித்தங்<br>கோழைவயிற் றுக்கடுப்பு கொல்காசம் - ஆழியனல்<br>மன்னரி கைகால் எரிவுந் தொலைத்துடலில்<br>என்னவளாக் குந்தாது வை.   |

4. INCOMPLETE ELEMENTS IN THE PRACTICE & ADDING TO THE PRACTICE

C No:----F.....

|  | FOLK EXPERT | AYURVEDA | SIDHA | UNANI | MOD. MED |
|--|-------------|----------|-------|-------|----------|
| Ingredients  |             |          |       |       |          |
| Dose   |             |          |       |       |          |
| Proportion   |             |          |       |       |          |
| Purification   |             |          |       |       |          |
| Preparation<br>(Method, time<br>to cook etc)           |             |          |       |       |          |
| Pathya   |             |          |       |       |          |
| Any other<br>remarks on the<br>condition it is<br>used |             |          |       |       |          |



## **About the Field Collaborators**

All the 13 field collaborators are non-governmental agencies. These 13 agencies are from Karnataka, Kerala, Maharastra and Tamilnadu.

### **Academy of Development Science(ADS)**

This was established as an autonomous institution in 1980. This is a people oriented science and technology organization, with primary concern with the problems faced by village communities, particularly the tribal, and the landless, small, and marginal farmers. Major thrust areas are traditional medicine and primary health care, conservation of genetic resources, village technologies for employment and self-reliance, watershed development and sustainable agriculture, and innovations in school education, local leadership and community based organizations.

The ongoing programs like training programs are conducted for midwives, Vaduz and tribal youth interested in learning herbal medicine; village level aushadhikaran camps are organized to train women in simple processing techniques of medicinal plants for the treatment of common seasonal ailments. It also organizes exposure camps in traditional medicine and primary health care for people all over the country.

### **Anthyodhaya Sangh (ansa)**

ANSA was established in 1980. Its primary concern is on "the role of women in rural development". It is creating awareness and promotion of alternative health care based on herbal medicine, campaigning against deforestation caused by mining of gypsum, lime stone, bauxite in Tiruchirapally and Salem district, bio diversity conservation programs, training, preparation of herbal medicine etc. It has also launched Self Help Green Health Care campaign through NGO network in Trichy district. It is also promoting LHTs through Kitchen Herbal Garden.

Anthyodhaya Sangh (ANSA), P B No 216, 7-A, Woraiyur, Mission Hospital Road, Tiruchirapalli 620 003, TAMIL NADU, **Phone:** 0431-760443, **Fax:** 0431-760063, **EMAIL:**

### **Auroville-Pichandikulam Forest:**

Pitchandikulam forest regeneration began in 1973 by Joss Brooks. The relationship with FRLHT started from the year 1993. The entire area is considered to be ETHNOMEDICINAL FOREST, with 515 indigenous medicinal plants out of which 40 are being used in the bioregion. The forest is about 50 acres. The main focus is to involve local community in the Eco restoration programs, community health, medicinal plant conservation and Local health traditions. The main activities are to identify remnant forest patches of tropical dry evergreen forest, sacred groves and individual heritage trees and propagation. The other activities are seed germination, propagation of the plants in the bio region, planting of medicinal plant seedlings in village medicinal plant gardens, in schools and where possible in the sacred groves and remnant forest the other activities are training program in protection, propagation and use of medicinal plants, encourage the folk healers to give training, documentation of local healers in 30 villages, teaching and awareness programs about the ecology and medicinal plants in an area is conducted for the primary and high school, to establish herbal gardens in five of these schools, community health.

#### **Further Contact:**

\*Pitchandikulam Forest , P O Auroville 605 101, TAMIL NADU , **Phone:** 0413-622365, **Fax:** 0413-622274



### **BIRD-K, Tiptur**

Bharatiya Agro Industries Foundation Institute for Rural Development was born in 1967, to take the message of rural re-construction across the country. This organization is involved in implementation of various rural development projects of several states including Karnataka, Andrapradesh, Uttar pradesh, Rajasthan, Madhya pradesh, Gujarat. This is operating in 15000 villages in India.

BAIF Institute for Rural Development -Karnataka (BIRD-K) was established to manage programmes in Karnataka and Andrapradesh. Head quarter is situated at Tiptur in Tumkur district of Karnataka. BIRD-k program spreads over 19 district of Karnataka and 4 district of A.P. It is currently active in the field of live stock development, watershed development, tree based farming, tribal rehabilitation, sustainable agriculture, human health and herbal medicine, local health traditions, promotion of people's organizations for sustainable transformations of rural areas, applied research and training for rural development, community health and sanitation, promotion of micro-enterprises in rural areas to bring in self-reliance and sufficiency in local economy. It has also gained experience in use and conservation of medicinal plants due to collaboration with FRLHT. It also provides training in promotion of kitchen herbal gardens, use of medicinal herbs, conservation of medicinal plants. It is also conserving medicinal through Ex-situ conservation.

#### **Further Contact:**

BIRD, BAIF INSTITUTE FOR RURAL DEVELOPMENT -KARNATAKA, "KAMADHENU" P.B. NO.3, SHARADANAGAR, TIPTUR, 572202, TUMKUR DISTRICT, KARNATAKA STATE, TELEPHONE: 08134 50659, FAX: 08134 51337, EMAIL: [baif@bgl.vsnl.net.in](mailto:baif@bgl.vsnl.net.in)

### **BIRDS-Belgaum Integrated Rural Development Society**

This voluntary organization was established on August 15<sup>th</sup> 1980 with a mission "Rural development is India's Development". It is presently operating in 2 states namely Karnataka and Maharastra. The present programs are at 2 kinds to achieve the goal. Namely Institutional programs like crèche, rural residential school, integrated education program for disabled, Bachelor of Social Work College, special school for deaf, agriculture extension program, medicinal plant conservation program. Secondly non institutional programs are dairy development program, literacy program, AIDS awareness and prevention program, vocational training for women, gender issues, women and nutrition, mother and child care and others like self help group promotion activities on micro-credit, water management, local youth clubs, sex workers association

#### **Further Contact:**

Belgaum Integrated Rural Development Society (BIRDS), Naganur (R), Gokak Tq 591319 Belgaum dist, KARNATAKA, Phone: 08332-84678/79, 84660, Fax:08332-26436

### **Center for Indian Medical Heritage (CIMH)**

CIMH was established in 1996 with a purpose for furthering research and educational activities in the field of Traditional Health Systems of India. The primary focuses are to undertake survey, documentation and evaluation of the state of art Indian Medical Heritages; prepare education material for village communities, school children, medicinal professionals and others; establishment of regional training centre on Traditional Medicine and primary Health Care; to create computerised data base on various aspects of indigenous health medical knowledge system; promotion of the activities relating to conservation of Natural Resource Base; Training on Medicinal Plants, Medicine preparation etc. to the interested at intervals, awareness

The ongoing programs are training and awareness program on medicinal plants, identification of common medicinal plants & their uses, growing kitchen herbal gardens, home remedies for house wives and other interested, medicinal plants cultivation & nursery techniques, medicine



**Shantimalai Research and Development trust:**

The main focus of the organisation are to have self help in health, education, industry and economic development; development of 40 participatory villages, self help groups, farmers club, youth club etc; conservation of water sources and utilisation; indigenous method of holistic health. Programs undertaken so far are out patient service and mobile clinic through various systems of medicines, school education from 1<sup>st</sup> to 12<sup>th</sup> standard, in formal education and adult literacy program in villages, women development programs including income generation programs through SHG, training 's for the villagers, literacy programs, training for the village women in various enterprises, village sub centres etc, training youth in various enterprises, dairy and agricultural farming, establishing medicinal plant conservation park program, children vocational scheme.

**Further Contact:**

Shanthimalai Trust (SMT), P B No 7, Shiva Nagar, Sri Ramanashramam P O, Tiruvannamalai 606 603, TAMIL NADU

**Taralabalu Rural Development Foundation.**

This organisation came to genesis on 16<sup>th</sup> December 1982. The primary focus of the organisation are rural Development, agriculture, horticulture, social forestry, dairy, health care-anganawadi training centre, rural science centre, Nirmala Karnataka project on lighting, family welfare programme. Training of voluntary agencies and women organisations, medicinal plant conservation.

**Further Contact:**

Sri Taralabalu Rural Development Foundation (TRDF), Sirigere 577 541, Chitradurga Tq & Dist, KARNATAKA, Phone: 08194-58829, 58853 Fax: 08194-58847

**Rural Education and Development Service (READS)**

This organisation was established on 21<sup>st</sup> September 1986. The primary focuses are to develop leadership with in the community to create awareness and organise the poor to fight for their rights in society, form sanghas to plan and execute developmental activities in a sustainable way, minimise unemployment and under-employment through income generating activities in agriculture and allied areas, to identify local health problems, particularly of women and strengthen the traditional ways of healing through promotion of herbal gardens, to promote and strengthen savings and credit for self sufficiency in meeting their financial needs and enable beneficiaries to avail programmes opportunities provided by government and credit institutions. The programs undertaken so far are in the field of community organisation, empowerment of women, health, agriculture program, community irrigation and water sheds, afforestation and formation of women's savings and credit groups, nursery outreach, ex-situ conservation of medicinal plants and income generation.

**Further Contact:**

Rural Education and Development Service (READS), No 32-A Denkanikottai road, P. O. Balathotanapalli 635107, TAMIL NADU, Phone: 04344-76160, fax:04344-76347

**People's Agricultural Farm**

People's agricultural farm was established on 24<sup>th</sup> February 1981. The primary focus was to promote co-operative farming. But from 1989, PAF focused on watershed program and herb based community health program. Under watershed program, it gave importance for biodiversity program. In herb based community health program, focus is on local health traditions; the main intention is to make the community self reliant in the health need. Health related, organic agriculture and water shed management trainings are conducted. PAF started its collaboration with FRLHT in 1996 to conserve medicinal plants through ex-situ conservation.

**Further Contact:**

People's Agricultural Farm (PAF), No 34, S S Nagar, Near NGGO Colony, Pudukkottai 622 001,  
TAMILNADU, Phone:04322-20613, Fax: