

**Government of Manipur  
Office of the Manipur Biodiversity Board  
Imphal: Manipur**

Forest Head Office  
Sanjenthong, Imphal  
Manipur-795001  
(Phone/ Fax: 0385-24496280)  
e-mail:manipurbiodiversity@gmail.com

**Notice**

Imphal, the 11<sup>th</sup> July, 2011

No.3/21/T&W/2010/MBB: Department of AYUSH, Ministry of Health and Family Welfare, Government of India, vide its policy statement of 2002 provides recognition to the existence of Traditional Local Health Practitioners.

2. Traditional Health Practitioners/ Healers (maiba-maibi) of Manipur are playing a vital role in providing various types of health services such as deliveries, bone fractures/ dislocations, sprains, poisonous bites, skin diseases and other common ailments to local people particularly in villages and remote hill areas. Traditional healers are using herbal plants, animal parts, metals and minerals for these purposes.

3. Manipur Biodiversity Board is implementing a project for documentation, assessment and promotion of local health practices from traditional healers to disseminate safe and efficacious herbal remedies to wider public. The project is being implemented through FRLHT (Foundation for Revitalisation of Local Health Traditions)-IAIM (Institute of Ayurveda and Integrative Medicine), Bangalore with financial assistance from Department of AYUSH, Ministry of Health and Family Welfare, Government of India. Institutions such as Centre for Advanced Studies in Life Sciences, Manipur University and Apunba Maiba Maibi Phurup Imphal are also providing valuable assistance for implementation of this project. Local Health Practitioners/ Healers will be provided trainings in various aspects of indigenous medicine systems through oral interviews and practical demonstrations.

4. Village based Traditional Health Practitioners (Knowledge based men and women) with more than five year experience and who are willing to share their knowledge, may please send their particulars in enclosed format with recommendations of Gram Panchayats/ Village Authorities to the undersigned.

Sd/-

Encl: as above

( R. K. Srivastava)  
Member Secretary, Manipur Biodiversity Board  
Government of Manipur

No.3/21/T&W/2010/MBB

11<sup>th</sup> July, 2011

1. Chief Secretary and Chairman Manipur Biodiversity Board, Imphal
2. Deputy Commissioner Imphal (E)/ Imphal (W)/ Senapati/ Ukhrul
3. Shri S. D. Sharma, Under Secretary, Department of AYUSH, Red Cross Bhawan, New Delhi
4. Assistant Director, FRLHT-IAIM, Bangalore
5. Dr. P. K. Singh, Associate Professor, Manipur University, Imphal
6. Shri N. Tombiraj Singh, Apunba Maiba Maibi Phurup, Imphal
7. Gram Pradhan/ Village Chief.....

**Format for Submission of Information regarding Village Based Traditional Health Practitioners for Documentation, Assessment and Promotion of Local Health Traditions in Manipur**

1. Name: .....
2. Sex: .....
3. Age: .....
4. Address: .....  
 ..... Block/ Subdivision: ..... District: .....  
 Pincode: .....
5. Contact Phone/ Mobile No.: .....
6. Contact Email Address, if any: .....
7. Source of Traditional Knowledge & Skills of the Traditional Health Practitioner (Knowledgeable woman and man):
  - Name and address of Family elder or Guru (Teacher): .....  
 ..... Block/ Subdivision: ..... District: .....  
 Pincode: .....
8. No. of Years of Experience as a Traditional Health Practitioner (Knowledgeable woman and man):  
 ..... years
9. List of health conditions treated/ managed by the said Traditional Health Practitioner (Knowledgeable woman and man) e.g.
  - a. Traditional Midwifery,
  - b. Traditional Bone setting,
  - c. Skin conditions
  - d. Joint pain, back pain, etc
  - e. Poisonous bites
  - f. Jaundice
  - g. Infertility and impotency
  - h. Diabetics
  - i. Urinary Stone
  - j. Boils and swellings
  - k. Management of primary healthcare conditions with herbal remedies
  - l. Others (please specify) .....

I, ..... in my capacity as Chairperson/ Secretary of Gram Panchayat or Village Authority of ..... Village, ..... Subdivision/ Block, ..... District hereby attest the above mentioned details regarding (a) residential address, (b) health services provided by traditional health practitioner (knowledgeable woman and man), (c) number of years of his/ her practice in the locality.

Date: .....

Signature: .....

Place: .....

Office Seal: .....

-----