

CCRAS-AGNI 3.0

Ayurveda Gyan Naipunya Initiative



CENTRAL COUNCIL FOR RESEARCH IN AYURVEDIC SCIENCES

Jawahar Lal Nehru Bhartiya Chikitsa Evum Homeopathy Anusandhan

Bhavan, No.61-65, Institutional Area, Opp. 'D' Block, Janakpuri,

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New Delhi-110058

Central Council for Research in Ayurvedic Sciences (CCRAS) Ayurveda Gyan Naipunya Initiative (AGNI) 3.0 CCRAS-AGNI 3.0

BACKGROUND

Ayurveda is one of the most renowned traditional healthcare systems practiced in the Indian subcontinent for more than 5,000 years and is getting popularised globally. As per a recent report by the WHO, 70% of the global population uses herbal medicines in primary health care. Ayurveda is in practice in more than 90 countries, with an increasing demand.

There are over 500,000 registered Ayurveda practitioners in India, who primarily practice based on the Ayurveda formulations documented in the Ayurvedic formularies and pharmacopeia of India. Ayurveda Formulary of India provides details of 985(444, 191, 350) Ayurveda formulations besides 50 Ayurveda Veterinary formulations, and Ayurveda Pharmacopoeia of India provides over 100 monographs for herbs, extracts, products, and over 650 pharmacopoeial monographs. The Drugs & Cosmetics Act 1940 and Rules thereunder have exclusive provisions for the regulation and quality control of Ayurvedic medicines. The first Schedule to the Drugs and Cosmetics Act of India includes 57 Ayurvedic books as classical/authoritative texts. These texts provide detailed ingredient recipes, usage levels, manufacturing processes, dosages, indications, and other relevant information. Such Ayurveda preparations, manufactured according to the Classical texts, are referred to as Ayurvedic drugs under the Act or, in common parlance, as classical preparations. The Drugs and Cosmetics Act permits combinations of ingredients listed in the Classical Texts and those differing from the Classical Texts under a category referred to as patent or proprietary Ayurvedic medicines. In practice, Ayurveda practitioners use preparations enshrined in classical texts, Ayurvedic formularies, or proprietary Ayurvedic medicines supplied by manufacturers. Many Vaidyas manage various disease conditions with classical Ayurveda formulations or with certain modifications that are not listed in the classical texts of Ayurveda. Ayurveda emphasizes the judicious administration of any drug based on the disease condition by Vaidya, irrespective of its reference in classical texts.

In Ayurveda, more than 30 therapies are categorized under modalities such as *Panchakarma* (Shodhana procedures for the body), *Abhyangam* (whole body oleation), and *Shirodhara* (pouring oil or medicinal liquids in a steady stream over head), *Kriyakalpa* (therapeutic eye procedures), *Anushastra* (para-surgical procedures). Having a safe and effective prescription for appropriate patient care is pertinent. The treatment in Ayurveda is individualistic and holistic. Each individual in Ayurveda is believed to have a unique constitution (*Prakriti*). The diagnosis of diseases is conducted on a patient-specific basis, and treatment is tailored accordingly. Many Ayurvedic practitioners successfully utilize innovative instruments/equipment to practice various Ayurveda procedures and manage certain disease conditions that are not indicated for these procedures.

In the recent past, Ayurveda intervention has successfully managed many new disease conditions, both acute and chronic, not described in the classical texts of Ayurveda. Inevitable streaks of excellence have been happening in many areas, particularly managing the reported adverse effects of synthetic drugs/ procedures, which have put Ayurveda on the Global platform

in a short time. There is a growing interest in using Ayurvedic medicine. A significant challenge remains: How can this knowledge be translated into a larger public benefit? Due to numerous barriers, the ancient wisdom of Ayurveda remains largely unexplored. There are many avenues still to be explored by practitioners and experts in the field, who carry the responsibility of contributing to future growth. Futuristic goals can be accomplished when one gains insight into Ayurveda and works on strengthening it. The focus of Ayurveda practice should be on disseminating this knowledge for the public benefit.

The Ayurveda practice requires a rigorous evidence-based appraisal. Scientific validation and the documentation of Ayurvedic drugs are essential for global acceptance. Another major drawback is the need for more documentation. Recognizing these inherent issues, an attempt has been made to document clinical practice and specific conditions for the promotion and development of Ayurveda.

AIMS & OBJECTIVES:

- i. To promote the culture of reporting of evidence-based practice among the Ayurveda Practitioners.
- ii. To provide a platform to the Ayurveda practitioners for reporting their innovative practices & experiences in various disease conditions in terms of diagnosis and management.
- iii. To systematically document successful therapeutic regimens practiced in Ayurveda, including single drugs, compound formulations, and treatment procedures, for use in education, clinical training, and academic reference.
- iv. To identify and engage interested Ayurveda and Traditional Medicine practitioners in collaborative data generation by building their capacity through training in research methodology and good clinical practices.
- v. To undertake research for mainstreaming the pragmatic practices through scientific validation and evidence-based appraisal.
- vi. To evaluate and operationalize the use of conventional diagnostic tools, methods, and technologies to enhance and standardize Ayurvedic clinical assessment, thereby strengthening evidence-based decision-making in Ayurvedic practice.

OPERATIONAL GUIDELINE

PART -1

i. Expression of Interest

The Expression of Interest for Central Council for Research in Ayurveda Sciences (CCRAS) Ayurveda Gyan Naipunya Initiative (AGNI) - CCRAS -AGNI will be floated on the CCRAS Website . Interested Ayurveda practitioners may apply in the given format (Part 1) to share their success stories, experiences/ innovations related to disease conditions/pharmaceuticals/ instruments/equipment, tools to support Ayurveda clinical diagnostics, along with a consent form. **Interested Ayurveda practitioners have to send a separate expression of interest if applying for more than one claim.** The duly filled-in Part 1 proposal form, along with the consent form and at least 10 case studies as supporting documents, must be submitted to CCRAS. *No.61-65, Institutional*

The duly filled form to be sent to CCRAS on the email account of CCRAS-AGNI (ccrasagni@gmail.com) or it may be submitted to CCRAS on the address CCRAS-AGNI Section (Room No 108, First Floor, Jawahar Lal Nehru Bhartiya Chikitsa Avum Homeopathy Anusandhan Bhavan Area, Opp. 'D' Block, Janakpuri, New Delhi – 110058) or on the address of the nearest CCRAS units situated in various parts of the country (Annexure IV).

ii. Acknowledgement of the receipt of the proposals.

The Ayurveda Practitioners, participating in this programme by sharing their experience, will be acknowledged with a receipt number based on their category of experience sharing with CCRAS.

iii. Scrutiny of the proposals

An internal review committee and expert group formed by CCRAS will scrutinize the proposals for selection on the basis of priority disease conditions and submitted evidence.

PART-2

iv. Submission of Part 2 Form

The short-listed proposals will be asked to fill out the detailed case format (part 2) and to present the proposal when called for presentation by CCRAS.

v. Brainstorming Session

The selected proposals will be called for a brainstorming session and a closed group meeting with experts, conducted in a phase-wise manner, to share their experiences and success stories. The place and exact date will be decided by CCRAS.

Each participant will be awarded a certificate of appreciation. The selected proposals will be processed for Research/Academic purposes.

vi. Mainstreaming and Scientific Validation

CCRAS will document and publish reported medical practices and therapeutic regimens for educational and academic purposes with consultation with NCISM. Further research studies may be undertaken by CCRAS on the reported medical practices for mainstreaming and scientific validation, by developing research proposals in collaboration with Ayurveda Practitioners and other relevant institutes/ organizations.

Programme Schedule

Submission of proposals (part 1) in prescribed format with evidence (10 cases)	:10.12.2025 to 09.01.2026
Review of part 1 proposals	: 10.01.2026 to 31.01.2026
Submission of Part 2 forms	: 02.01.2026 to 09.03.2026
Review of Part 2 proposals	: 10.03.2026 to 27.03.2026
Organizing Brainstorming Session/ interactive meetings	: 28.03.2026 to 27.04.2026

CONSENT FORM
(For CCRAS -Ayurveda Gyan Naipunya Initiative (AGNI))

Please Tick as Appropriate

Details	Yes	No
<ul style="list-style-type: none">• I have read and understood the information on CCRAS Ayurveda Gyan Naipunya Initiative (CCRAS-AGNI) and agree to take part as per the conditions laid down by CCRAS		
<ul style="list-style-type: none">• I understand that participation in the initiative is strictly voluntary. If I agree to participate, the information I provide will remain confidential.		
<ul style="list-style-type: none">• I understand that taking part in the initiative involves submitting a case study of at least 10 Patients with the disease condition as applicable. I consent voluntarily to submit the information in the prescribed format, along with the case studies, to CCRAS.		
<ul style="list-style-type: none">• I understand that personal information collected by me that can identify patients, such as name or place of living, will not be disclosed beyond CCRAS, and confidentiality will be maintained.		
<ul style="list-style-type: none">• I understand that any information collected in the prescribed format will be anonymized and reported in aggregate form to document and publish for research and academic purposes.		
<ul style="list-style-type: none">• I give permission for the information that I submit in the prescribed format of the Expression of Interest (EOI) of CCRAS -AGNI so it can be used for future research and learning.		
<ul style="list-style-type: none">• I agree to collaborate with CCRAS as required.		

Place:

Date:

Signature:

Name:

PART -1

Format of CCRAS Ayurveda Gyan Naipunya Initiative (AGNI)

1. Name:
2. Present address of practice with pin code:
3. Registration Number:
4. State (if applicable)
5. Central (if applicable)
6. Permanent Address:
7. Contact Number:
8. Email Id:
9. Qualification:
10. Affiliation:
11. Applying for the category as below (*Please tick the applicable category*):
 - a) Treatment of diseases (Prescription-based)
 - b) Specific Single drug/ Formulation
 - c) Therapeutic Procedure
 - d) Instrument / Equipment
 - e) Pharmaceuticals
 - f) Conventional diagnostic tools/methods and technologies
12. Provide details of the category as below (*As applicable*)
 - A. Experience in the Treatment of disease (Prescription-based)
 - Enclose the case papers of at least 10 Patients of the indicated disease condition (Enclose 10 case papers for each disease condition, as applicable)
 - Write down your experience on the above treatment within 500 words.
 - B. Experience in the use of any specific Single drug/ Formulation for various disease conditions
 - Enclose the case papers of at least 10 Patients of the single drug or formulation (Enclose 10 case papers for each, as applicable)
 - Write down your experience on the above single/compound drug within 500 words
 - C. Experience in the use of any therapeutic Procedure for various disease conditions
 - Enclose the case papers of at least 10 Patients of the therapeutic procedures (Enclose 10 case papers for each therapeutic procedure, as applicable)
 - Write down your experience on the procedure within 500 words
 - D. Experience in use of any Instrument / Equipment
 - Enclose the case papers of at least 10 Patients on the Instrument / Equipment

(Enclose 10 case papers for each Instrument / Equipment, as applicable)

- Write down your experience on the Instrument / Equipment within 500 words

E. Experience related to Pharmaceuticals

- Provide details of the Processing Technique involved
- Write down your experience on the Pharmaceutical within 500 words
- Enclose preliminary data for Quality Control / Analysis/ Standards

F. Experience in Applying Conventional Diagnostic Tools/Methods and Technologies to Support Ayurvedic Clinical Assessment

- Provide details regarding the development of Conventional Diagnostic Tools/Methods and Technologies to Support Ayurvedic Clinical Assessment
- Write your experience on the diagnostic tool/ methods within 500 words.

PART-2

Format of CCRAS Ayurveda Gyan Naipunya Initiative (AGNI)

1. Title of the proposed work
2. Name
3. Present address of practice with pin code
4. Registration Number
5. State (if applicable)
6. Central (if applicable)
7. Permanent Address
8. Contact Number
9. Email Id
10. Please fill the details below (A- F) as per the applicable category:

**A. CATEGORY 1: EXPERIENCE IN THE TREATMENT OF DISEASES
(please ignore if not applicable)**

1. Name of the disease condition
2. Possible correlation with conventional System
3. Total years of experience in treating the disease/ indicated condition
4. Mention the Stage/ Type of the disease condition
5. Whether the Ayurveda Intervention(s) for the disease is
 - Classical
 - Anubhuta (New)
 - Proprietary
6. Whether the Ayurveda Intervention for the disease is
 - Standalone
 - Add on to Conventional treatment

7. Stage / Type Therapeutic Regimen of the disease

Stage/ Type of disease	Ayurveda Intervention	Dosage Forms (Svarasa/Kalka/ Kvatha/Churna/ Phanta/Hima/ Lepa/Others (If Others, please specify)	Details of Intervention			Route of administr ation	Dose	Frequency	Duration	Anupana (If any)	Dietary Regimen	Lifestyle regimen	Contra indications
			Textual Reference for Classical Medicine	Manufacturer's details for Proprietary medicine and ingredient details	Ingredients in case of Anubhuta Yoga								

8. Details of investigations done before and after treatment of the disease

9. Results of treatment

10. Outcome of treatment based on investigations/ laboratory parameters

11. Adverse Events/ Serious Adverse Events, observed if any

12. Whether records of cases documented and maintained (Yes/ No)

13. Average number of patients with the disease treated in a year

14. Any research publication

15. Any patent filed/obtained

16. Enclose the complete case papers, including follow-up of at least 10 Patients of the indicated disease condition, along with complete laboratory investigations as applicable.

B. CATEGORY 2: EXPERIENCE IN USE OF ANY SPECIFIC SINGLE DRUG/FORMULATION (please ignore if not applicable)

1. Name of the Single Drug/ Formulation proposed
2. Whether the Single drug/ Formulation has been mentioned for the same reference in literature (Yes/No)
3. If No, then tick the appropriate Category as below:
 - i. Classical Formulation with New Indications
 - ii. Classical Formulations with Modified ingredients for enhanced efficacy
 - iii. Classical Formulations with Modified Processing for enhanced efficacy
 - iv. Classical formulations with new dosage form /Modified into new dosage form
 - v. New Single herb/plant
4. Mention the details of the disease condition in which it is indicated

Name of disease	Type of Disease	Stage of Disease	Possible correlation with Conventional System

5. Mention the details of the indications of the Single Drug/ Formulation

Ayurveda Intervention	Ingredients (For Formulation)	Mode of preparation (Svarasa/Kalka/ Kvatha/ Churna/ Phanta/ Hima/ Lepa/ Others (If others, please specify)	Reference (For Classical / Proprietary)			Route of administration	Dose	Frequency	Duration	Anupana (If any)	Dietary Regimen	Lifestyle regimen	Contra indications
			Textual Reference for Classical Medicine	Manufacturer's details for Proprietary medicine and ingredient details	Ingredients in case of Anubhuta Yoga								

6. Information on Single drug (if applicable)

a)	Origin (√ Appropriate)	<input type="checkbox"/> Plant	<input type="checkbox"/> Animal	<input type="checkbox"/> Mineral/ Metals	<input type="checkbox"/> Others
b)	Local/ Regional Name				
c)	Sanskrit Name (if available)				
d)	Hindi Name (if available)				
e)	English Name				
f)	Botanical/Zoological/ Chemical Name				
g)	Part/Parts used			<input type="checkbox"/> Fresh <input type="checkbox"/> Dry	
h)	Period of collection of the Plant	<input type="checkbox"/> Specific, Details:	<input type="checkbox"/> Not specific		
i)	Storage condition	<input type="checkbox"/> Specific, Details	<input type="checkbox"/> Not specific		
j)	Photograph (Field Photograph)of the Raw drug, if available	<input type="checkbox"/> Whole plant	<input type="checkbox"/> Part used		
k)	Photograph of the Final product, if available	<input type="checkbox"/> Collected	<input type="checkbox"/> Not collected		
l)	Specimen of Raw drug	<input type="checkbox"/> Available	<input type="checkbox"/> Not available		
m)	Specimen of the final product	<input type="checkbox"/> Available	<input type="checkbox"/> Not available		
n)	Videography of the method of preparation	<input type="checkbox"/> Available	<input type="checkbox"/> Not available		

7. Information on formulation (if applicable):

a)	Name of the formulation				
b)	Dosage form of formulation	<input type="checkbox"/> Svarasa	<input type="checkbox"/> Kalka	<input type="checkbox"/> Kvātha	<input type="checkbox"/> Kvāthacūrṇa
		<input type="checkbox"/> Phāṅṭa	<input type="checkbox"/> Kṣīrapāka	<input type="checkbox"/> Hima	<input type="checkbox"/> Arka
		<input type="checkbox"/> Cūrṇa	<input type="checkbox"/> Vaṭi	<input type="checkbox"/> Kṣāra	<input type="checkbox"/> Lepa
		<input type="checkbox"/> Taila	<input type="checkbox"/> Ārta	<input type="checkbox"/> Bhasma	<input type="checkbox"/> Leha
		<input type="checkbox"/> Varti	<input type="checkbox"/> Sattva	<input type="checkbox"/> Piṣṭi	<input type="checkbox"/> Rasa Yoga
		<input type="checkbox"/> Others(specify) (eg. Gels, Granules etc.)			

c)	Method of preparation in detail, including the number of ingredients and their proportion (weights and measures preferably in Metric equivalents)		
d)	Videography of the method of preparation	<input type="checkbox"/> Available	<input type="checkbox"/> Not available
f)	Photograph of the raw drugs	<input type="checkbox"/> Available	<input type="checkbox"/> Not available
g)	Photograph of the final product	<input type="checkbox"/> Available	<input type="checkbox"/> Not available
h)	Specimen of raw drugs	<input type="checkbox"/> Available	<input type="checkbox"/> Not available
i)	Specimen of the final product	<input type="checkbox"/> Available <input type="checkbox"/>	<input type="checkbox"/> Not available <input type="checkbox"/>
j)	Whether the formulation is prepared by the Self or Pharmacy	Self	Pharmacy Kindly provide: Name of Pharmacy Address of Pharmacy

8. Details of ingredients of the Compound formulation (optional)

S.no	Local name	Origin	Sanskrit Name	Hindi Name	English Name	Botanical/ Zoological name	Part used	Quantity	Period of Collection	Storage condition

9. Average number of patients with the disease treated in a year using the proposed Single drug/ Formulation in the indicated disease condition

10. Whether the Single drug/ Formulation is used as a sole medicine for the indicated disease condition (Yes/ No)

11. Total years of experience in treating the disease/ indicated condition

12. Whether records of cases documented and maintained (Yes/ No)

13. Details of investigations before and after treatment (if any)
14. Results of treatment
15. Outcome of the treatment based on investigations/ laboratory parameters
16. Adverse Events/ Serious Adverse Events, observed if any
17. Any research publication
18. Any patent filed/obtained

C. CATEGORY 3: EXPERIENCE IN USE OF ANY THERAPEUTIC PROCEDURE FOR VARIOUS DISEASE CONDITIONS (please ignore if not applicable)

1. Name of the Therapeutic Procedure Proposed
2. Whether the Therapeutic Procedure has been mentioned for the same reference in literature (Yes/No)
3. If No, then tick the appropriate Category as below:
 - a. Classical Therapeutic Procedure with New Indications
 - b. Classical Therapeutic Procedure with Modified ingredients/ Processing for enhanced efficacy
 - c. Completely Modified Therapeutic Procedure
4. Mention the details of the disease condition in which it is indicated

Name of disease	Type of Disease	Stage of Disease	Possible correlation with Conventional System

5. Information on Procedures (as applicable)

S.No.	Information on Procedure	Details
i.	Name of Procedure	
ii.	Aids/ tools used	
iii.	Description of the Procedure/Technique	
iv.	Care during procedure	
v.	Pre-procedure precautions/ care, if any	
vi.	Post-procedure care	
vii.	List of medicines used in the process	
viii.	Outcome of the procedure	
ix.	Contraindications (if any)	

6. Average number of patients of the disease treated in a year using the proposed Procedure in the indicated disease condition
7. Total years of experience in using the proposed procedure for treating the disease/

indicated condition

8. Whether records of cases documented and maintained (Yes/ No)
9. Details of investigations before and after treatment (if any)
10. Results of treatment
11. Outcome of treatment based on investigations/ laboratory parameters
12. Adverse Events/ Serious Adverse Events, observed if any
13. Any research publication
14. Any patent filed/obtained

D. CATEGORY 4: EXPERIENCE IN USE OF ANY INSTRUMENT / EQUIPMENT (please ignore if not applicable)

1. Name of the Instrument/Equipment Proposed
2. Whether the Instrument/Equipment has been mentioned for the same reference in literature (Yes/No)
3. If Yes, mention the value addition to the Instrument/Equipment
4. If No, then tick the appropriate Category as below:
 - a. Classical Instrument/Equipment with New Indications
 - b. Classical Instrument/Equipment with Modified methodology for enhanced efficacy
 - c. Completely new Instrument/Equipment
5. Mention the details of the disease condition in which it is indicated
6. Information on Instrument/Equipment

S.No.	Information on Instrument/Equipment	Details
i.	Description of the Instrument/Equipment	
ii.	Care during Use of Instrument/Equipment	
iii.	Contraindications (if any)	

7. Average number of patients with the disease treated in a year using the proposed Instrument/Equipment in the indicated disease condition
8. Total years of experience in using the proposed Instrument/Equipment for treating the disease/ indicated condition
9. Whether records of cases documented and maintained (Yes/ No)
10. Details of investigations before and after treatment (if any)
11. Results of treatment
12. Outcome of treatment based on investigations/ laboratory parameters
13. Adverse Events/ Serious Adverse Events, observed if any
14. Any research publication
15. Any patent filed/obtained

E. CATEGORY 5: EXPERIENCE RELATED TO PHARMACEUTICALS (please ignore if not applicable)

1. Name of the Single drug/Formulation
2. Method of preparation in detail, including the number of ingredients and their proportion (weights and measures preferably in Metric equivalents)
3. Write up on Processing Technique evolved (Maximum 1000 words)
4. Enclose preliminary data for Quality Control / Analysis/ standards
5. Please tick as applicable and enclose the supporting details with the proposal

a)	Videography of the method of preparation	<input type="checkbox"/> Available	<input type="checkbox"/> Not available
b)	Photograph of the raw drugs	<input type="checkbox"/> Available	<input type="checkbox"/> Not available
c)	Photograph of the final product	<input type="checkbox"/> Available	<input type="checkbox"/> Not available
d)	Specimen of raw drugs	<input type="checkbox"/> Available	<input type="checkbox"/> Not available
e)	Specimen of the final product	<input type="checkbox"/> Available <input type="checkbox"/>	<input type="checkbox"/> Not available <input type="checkbox"/>
f)	Whether the formulation is prepared by the Self or the Pharmacy	Self	Pharmacy, kindly provide: Name of Pharmacy Address of Pharmacy

6. Average number of patients with the disease treated in a year using the proposed pharmaceutical in the indicated disease condition
7. Total years of experience in using the proposed pharmaceutical
8. Whether records of cases documented and maintained (Yes/ No)
9. Details of investigations before and after treatment (if any)
10. Results of treatment (if applicable)
11. Outcome of treatment based on investigations/ laboratory parameters (if applicable)
12. Adverse Events/ Serious Adverse Events, observed if any (if applicable)
13. Any research publication
14. Any patent filed/obtained

F. CATEGORY 6: Experience in Applying Conventional Diagnostic Tools/Methods and Technologies to Support Ayurvedic Clinical Assessment (please ignore if not applicable)

1. Name of the Practitioner / Institution
2. Ayurvedic Disease/Condition Assessed
(Please specify the condition(s) where conventional tools supported Ayurvedic diagnosis.)
3. Conventional Diagnostic Tools/Methods/Technologies Used
(Examples: laboratory tests, imaging, pulmonary function tests, ECG, digital tools, mobile-based health technologies, etc.)
4. Validated Diagnostic Questionnaires / Scales / Instruments developed (if applicable):
 - Name of the instrument:
 - Purpose of use:
 - Whether validated: Yes / No
 - Brief description of the tool
5. Purpose and Relevance in Ayurvedic Diagnosis

(Describe how the tool/method/questionnaire contributed to understanding Nidana, Doṣha involvement, Dūṣya, Avasthā, severity, or differentiation of conditions.)

6. Details of Investigations Used:

(Summarize parameters/findings that supported Ayurvedic assessment. Attach reports separately if required.)

7. Description of Clinical Assessment Method (Maximum 1000 words)

(Explain how Ayurvedic examination—*Roga* and *Rogī Parīkṣā*—was conducted along with conventional tools.)

8. Experience Details

- Average number of patients assessed per year using these tools/methods:
 - Total years of experience in applying these tools for Ayurvedic diagnosis:
9. Clinical Insights / Observations
(Describe diagnostic clarity gained, correlations observed, improved differentiation of Ayurvedic types, etc.)
 10. Outcomes Based on Integrated Diagnostic Assessment
(If applicable—impact on diagnosis, treatment planning, monitoring of progress.)
 11. Challenges/Limitations Encountered
(Technical limitations, interpretational challenges, feasibility issues, etc.)
 12. Additional Remarks (Optional)
(Any innovations, case observations, or insights.)
 13. Any research publication
 14. Any patent filed/obtained

Checklist

Standardized documentation proformas, case sheets, structured formats for recording	Yes/No
Consistency across multiple cases — Data from at least 50 cases	Yes/No
Objective investigations included — before/after values, imaging, lab reports.	Yes /No
Clear, reproducible diagnostic reasoning — showing how Ayurvedic diagnosis was formed.	Yes/No

List of CCRAS Institutes

S. No.	Name of CCRAS Institutes	Address
1.	Central Ayurveda Research Institute, New Delhi	Road No.66, Punjabi Bagh(West) New Delhi – 110 026
2.	National Ayurveda Research Institute for Panchakarma, Cheruthuruthy	National Ayurveda Research Institute for Panchakarma, Cheruthuruthy, Thrissur District, Kerala-679531, (India)
3.	Central Ayurveda Research Institute, Bhubaneswar	Bharatpur, Near Kalinga Studio, Bhubaneswar-751029, Dist- Khorda, Odisha
4.	Central Ayurveda Research Institute, Kolkata	4-CN Block, Sector – V, Bidhannagar, Kolkata – 700 091
5.	Central Ayurveda Research Institute, Patiala	Moti Bagh Road, Patiala-147001
6.	Raja Ramdeo Anandilal Podar (RRAP) Central Ayurveda Research Institute, Mumbai	Podar Medical Campus, Dr. Annie Besant Road, Worli, Mumbai-400018, Maharashtra, India
7.	National Institute of Indian Medical Heritage, Hyderabad	Survey No.314, Revenue Board Colony, Gaddiannaram, Hyderabad-500036, Telangana.
8.	Regional Ayurveda Research Institute, Lucknow	INS-106, Sector-25, Indira Nagar, Lucknow-226016
9.	M.S. Regional Ayurveda Research Institute, Jaipur	Indira Colony, Bani Park, Jhotwara Road, Jaipur-302016
10.	Regional Ayurveda Research Institute, Gwalior	Aamkho, Gwalior-474009 (M.P.)
11.	Regional Ayurveda Research Institute, Vijayawada	New Rajiv Nagar, Payakapuram, Vijayawada- 520015, Andhra Pradesh
12.	Regional Ayurveda Research Institute, Nagpur	Near Gharkul Parisar, Near Venkatesh Nagar, NIT Complex Nandanwan, Nagpur – 440009 Maharashtra
13.	Central Ayurveda Research Institute, Bengaluru	12, Uttarahalli Manavarthe Kaval, Uttarahalli (Hobli), Bangalore South (Tq.) Kanakapura Main Road, Talaghattapura Post, Bengaluru - 560109
14.	Regional Ayurveda Research Institute, Thiruvananthapuram	Poojappura, Thiruvananthapuram Kerala-695012
15.	Regional Ayurveda Research Institute, Patna	RMRI Building “D” Block, Agam Kuan, Patna-800007,
16.	Central Ayurveda Research Institute, Guwahati	Borsojai, Beltola, Guwahati-781028

17.	Regional Ayurveda Research Institute, Gangtok	Tadung, Gangtok, Sikkim-737102
18.	Regional Ayurveda Research Institute, Itanagar	Near Mithun Gate, Itanagar-791111, Arunachal Pradesh,
19.	Regional Ayurveda Research Institute, Jammu	Rajinder Nagar, Ban Talab, Jammu-181123
20.	Regional Ayurveda Research Institute, Mandi	Gandhi Bhawan, Mandi-175001 (H.P.)
21.	Regional Ayurveda Research Institute, Ahmedabad	Block A & D, 2nd Floor, Bahumali Bhavan, Manjushree Mill Compound, Near Girdharnagar Over Bridge, Asarwa, Ahmedabad-380004
22.	Regional Ayurveda Research Institute, Ranikhet	CCRAS, Thapla, Ganiyadeoli, Ranikhet, Almora (Uttarkhand), Pin – 263645
23.	Central Ayurveda Research Institute, Jhansi	Gwalior Road, Jhansi-284003 (U.P.)
24.	Regional Ayurveda Research Institute, Pune	Nehru Garden, Kothrud, Pune – 411038 Landmark : Near Gandhi Bhawan, Behind Cummins Factory,
25.	Captain Srinivasa Murthy Central Ayurveda Research Institute, Chennai	Arignar Anna Government Hospital Campus, Arumbakkam, Chennai – 600 106
26.	Regional Ayurveda Research Centre, Agartala, Tripura	135, Ramnagar Road, No.4, Opp. Raj Bhandar, Agartala, Tripura. Pin. 799002
27.	Dr. Achanta Lakshmi pati, Regional Ayurveda Research Institute, Chennai	2nd Floor, VHS Campus, Taramani, Chennai, Tamilnadu. PIN: 600113
28.	Regional Ayurveda Research Institute, Port Blair	Quarter No. NGII - 1/3, Chakkargaon (PO), Opp. Municipal Complex, Near Ganesh Temple, Chakkargaon, Port Blair, South Andaman-744112
29.	Regional Ayurveda Research Centre for Mineral and Marine Medicinal Resources, Goa	Old GMC Building, Raibander, Goa, Pin- 403006
30.	Regional Ayurveda Research Centre, Dimapur, Nagaland	CMO Building, 1st Floor, District Hospital Colony Dimapur, Nagaland, Pin. 797112