Ethical Letter [Appendix-1]



INSTITUTIONAL ETHICS COMMITTEE FOR HUMAN RESEARCH (IECHR) DEPARTMENT OF FOODS AND NUTRITION FACULTY OF FAMILY & COMMUNITY SCIENCES, THE MAHARAJA SAYAJIRAO UNIVERSITY OF BARODA

CERTIFICATE

Date: 7/4/15

It is certified that the doctoral proposal entitled "A Survey for assessing the consumption pattern and traditional therapeutic practices of Calamus tenuis Roxb. shoots" by Mr. Pawan Kumar Thakur. The proposal was reviewed and approved in the Ethics Committee meeting held on 8th October at 12.00 noon in Department of Food and Nutrition, Faculty of Family and Community Sciences and attended by the following members.

- 1) Dr. Vihang Mazumdar, Chairperson, Institutional Ethics committee, Department of PSM, Medical College and S S G Hospital, Vadodara - 390001.
- 2) Mr. A M Thakkar, Retired Judge, c/o Dr. Paresh Thakkar, Department of Paediatrics, S S G Hospital, Vadodara - 390001.
- 3) Dr. Paresh Kumar A Thakkar, Associate Professor of Pediatrics, Medical College & SSG Hospital, Vadodara.
- 4) Ms. Yamini Pandya, CDPO, ICDS Program, ICDS Office, Behind Aradhana Talkies, Vadodara
- 5) Dr. Sonal D Misra, I/c Medical Officer, MSU Health Centre, Baroda.
- 6) Dr. Divya Sharma, I/c Head, HDFS Dept., Faculty of Family and Community Sciences, The M. S. University of Baroda, Baroda.
- 7) Prof. Uma Iyer, Head, Dept. of Foods & Nutrition, Faculty of Family and Community Sciences, The M. S. University of Baroda, Vadodara - 390002
- 8) Prof. Meenakshi Mehan, Professor, Department of Foods and Nutrition, Faculty of Family and Community Sciences, The M. S. University of Baroda, Vadodara - 390002.
- 9) Dr. Annie Kuruvilla, Associate Professor, Department of Foods and Nutrition, Faculty of Family and Community Sciences, The M. S. University of Baroda, Vadodara - 390002.
- 10) Dr. Mini Sheth, Associate Professor, Department of Foods & Nutrition, Faculty of Family and Community Sciences, The M. S. University of Baroda, Vadodara -390002.
- 11) Dr. Komal Chauhan, Associate Professor, Department of Foods and Nutrition, Faculty of Family and Community Sciences, The M. S. University of Baroda, Vadodara - 390002.
- 12) Dr. Sirimavo Nair, Associate Professor, Department of Foods and Nutrition, Faculty of Family and Community Sciences, The M. S. University of Baroda, Vadodara - 390002

The ethical clearance no. is IECHR/2014/21. The information obtained from the survey will handed carefully and used for research purpose only

With Best regards,

Yours sincerely,

Member Secretary, IECHR, Department of Foods and Nutrition, Faculty of Family and Community Sciences The M. S. University of Baroda.

Plant Identification Certificate [Appendix-2]



भारत सरकार / GOVERNMENT OF INDIA पर्यावरण एवं वन मंत्रालय / MINISTRY OF ENVIRONMENT AND FORESTS संयुक्त निदेशक कार्यालय / OFFICE OF THE JOINT DIRECTOR भारतीय वनस्पति सर्वेक्षण / BOTANICAL SURVEY OF INDIA

पूर्वी क्षेत्रीय केन्द्र / EASTERN REGIONAL CENTRE शिलांग-793003 / SHILLONG-793003

दूरभाष /Telephone: 0364-2223971, 2223618 ई-मेल / e-mail-bsibsishll@yahoo.co.in Telefax: 0364-2224119

संख्या / No.: BSI/ERC/2013/Plant identification/669

दिनाक /Dated: 17.12.2013

To.

Pawan Kumar Thakur

East Milan Nagar P/o- C.R. Building Dibrugarh – 786003 (Assam)

Sub: - Identification of plant species- Reg.

Dear Thakur,

This has reference to your letter no. NIL dated 29th November, 2013 requesting for identification of plant species. It is hereby informed that the plant specimen has been identified as *Calamus tenuis* Roxb. of the family Arecaceae.

Thanking You/ सघन्यवाद

Yours faithfully

Scientist-E & H.O.O

CONSENT LETTER (ENGLISH) [Appendix-3]

DEPARTMENT OF FOODS AND NUTRITION FACULTY OF FAMILY AND COMMUNITY SCIENCES THE MAHARAJA SAYAJIRAO UNIVERSITY OF BARODA VADODARA, GUJARAT 390002 - INDIA



INFORMED CONSENT FORM

I (Pawan Kumar Thakur, Research Scholar of Dept. of Foods and Nutrition, Faculty of Family and Community Sciences, The Maharaja Sayajirao University of Baroda, Vadodara, Gujarat) am conducting a survey among the natives of selected forest villages of Dibrugarh, Assam to study the consumption pattern and traditional therapeutic practices of Rattan shoots (Calamus tenuis Roxb.). The survey will involve answering of questions for filling up the proforma which may require half an hour of time. The information obtained from the participants will be kept confidential. The participants of the study are required to give their consent by filling up the following-

I Dr/Mr/Ms/Mrs			
son/daughter/wife of	resident of		
	have		
read and understood about the study. I am	voluntarily willing to take part in this survey without any		
pressure and in my full consciousness. There	fore, I personally give my consent to the researcher to take the		
following information from me. The informa-	ation provided by me is best of my knowledge and belief and		
may be treated as true.			
7.	G:		
Date:	Signature:		
Contact No:			

CONSENT LETTER (ASSAMESE) [Appendix-4]

DEPARTMENT OF FOODS AND NUTRITION FACULTY OF FAMILY AND COMMUNITY SCIENCES THE MAHARAJA SAYAJIRAO UNIVERSITY OF BARODA VADODARA 390 002 - INDIA



বিষয়ৰ অধ্যয়নত অংশগ্ৰহণৰ সন্মতি পত্ৰ

বৰোদাৰ মহাৰাজা শয়াজিৰাও বিশ্ববিদ্যালয়ৰ "ফুড্ এণ্ড নিউট্ৰিশ্বন" বিভাগৰ গৱেষণাত অধ্যয়নৰত মই পৱন কুমাৰ ঠাকুৰে "বেঁতগাজৰ উপভোগকৰণ তথা ইয়াৰ পৰম্পৰাগত ঔষধি গুণ" ৰ ওপৰত ডিব্ৰুগড় জিলাৰ কিছুমান নিৰ্বাচিত গাঁও অঞ্চলত এক সমীক্ষা চলোৱাৰ প্ৰস্তুতি গ্ৰহণ কৰিছোঁ। প্ৰশ্নোত্তৰ শিতানৰ সমীক্ষামূলক এই বিষয়টো সম্পূৰ্ণ গুপুত ৰখা হ'ব। অংশগ্ৰহণকাৰীয়ে তেওঁৰ সন্মতি অনুসৰি তলৰ কথাখিনি পূৰণ কৰিব লাগিব।

মই ডাঃ/শ্ৰীযুত/শ্ৰীযুতা/শ্ৰীমতী

পুত্ৰ/পুত্ৰী/পত্নী	
নিবাসী	
ওপৰোক্ত কথাখিনি পঢ়ি-বুজি নিজ ইচ্ছাৰে অধ্যয়নটোৰ প্ৰৱ	য়োজনীয়তাৰ বাবে যাৱতীয় তথ্য মোৰ স্ব-জ্ঞানে
প্ৰদান কৰিম আৰু মোৰ তথ্য শুদ্ধ তথা বিশ্বাসযোগ্য বুলি নি	বৈবেচিত হ'ব।
Date/তাং	Signature/হস্তাক্ষৰ
Contact/যোগাযোগ	

SURVEY PROFORMA [Appendix-5]

	PROFORMA	A	
RIAL NO:		COD	E:
NERAL INFORMAT	ION:		
: Name:	, Age:	yrs, Gender	: Male / Fe
: Religion (tick):	Hindu / Muslim / Sikh / Christian / C	thers (Specify	
: Type of Family (ti	ck): Joint / Nuclear / Extended nu	uclear.	
	/ Members: Adults		
		Ciliureii-	
5: Socio Economic S	status:		
A 5-A : Education of t	the Head (Main earning Member)	Score	Tick(√)
(a). Honours		7	` '
(b). Graduate or post	graduate	6	
(c). Intermediate or p	oost high school diploma	5	
(d). High school certi		4	
(e). Middle school ce	rtificate	3	
(f). Primary school ce	ertificate	2	
(g). Illiterate		1	
A 5-B: Occupation o	of the Head (Main earning Member)	Score	Tick(√)
(a). Profession		10	
(b). Semi-Profession		6	
(c). Clerical, Shop-ow	ner, Farmer	5	
(d). Skilled worker		4	
(e). Semi-skilled worl	ker	3	
f). Unskilled worker		2	
(g). Unemployed		1	
	per month in Rupees	Score	Tick(√)
(a). ≥ 28114		12	
(b). 14050 – 23113		10	
(c). 10533 – 14049		6	
(d). 7016 – 10532		4	
(e). 4204 – 7015		3	
(f). 1407 – 4203		2	
(g). ≤ 1406		1	
Total Score	Codos	Coologogyamia dasa	T;-1./- A
Scores	Codes	Socioeconomic class	Tick(√)
26-29	A5-CI	Upper (I)	
16-25	A5-CII	Upper Middle (II) Lower middle (III)	
11-15 5-10	A5-CIII		
5-10 <5	A5-CIV A5-CV	Upper lower (IV) Lower (V)	

(March 2012) 79 (3): 395-396

Daily Weekly Monthly Occasionally Seasonally onsuming Rattan shoots since: Maximum consumption period/season during the year: attern of preparation for consumption: Pattern Tick(V) Boiled Roasted Fried Pickled Uncooked Others (Specify)- easons for consumption: Reasons Tick(V) Specify To meet nutritional requirement Due to therapeutic advantages Traditional practices Easily available Others Nown health issues due to consumption: Yes / No If yes, Allergy Severe Complication Other(s) Specify Specify Specify Specify			Tick(√)		Amount
Monthly Occasionally Seasonally onsuming Rattan shoots since: Alaximum consumption period/season during the year: attern of preparation for consumption: Pattern Tick(v) Boiled Roasted Fried Pickled Uncooked Others (Specify)- easons for consumption: Reasons Tick(v) Specify To meet nutritional requirement Due to therapeutic advantages Traditional practices Easily available Others Nown health issues due to consumption: Yes / No If yes, Issues Tick(v) Specify Specify Allergy Severe Complication	Daily				
Occasionally Seasonally onsuming Rattan shoots since:	Weekly				
Occasionally Seasonally onsuming Rattan shoots since:	Monthly				
onsuming Rattan shoots since:		V			
onsuming Rattan shoots since:		У			
Asximum consumption period/season during the year: attern of preparation for consumption: Pattern Tick(V) Boiled Roasted Fried Pickled Uncooked Others (Specify)- easons for consumption: Reasons Tick(V) Specify To meet nutritional requirement Due to therapeutic advantages Traditional practices Easily available Others Down health issues due to consumption: Yes / No If yes, Issues Tick(V) Specify Allergy Allergy Severe Complication	Seasonally				
Asximum consumption period/season during the year: attern of preparation for consumption: Pattern Tick(V) Boiled Roasted Fried Pickled Uncooked Others (Specify)- easons for consumption: Reasons Tick(V) Specify To meet nutritional requirement Due to therapeutic advantages Traditional practices Easily available Others Down health issues due to consumption: Yes / No If yes, Issues Tick(V) Specify Allergy Allergy Severe Complication	Consuming F	Rattan shoots since:			
Pattern Tick(V) Boiled Roasted Fried Pickled Uncooked Others (Specify)- easons for consumption: Reasons Tick(V) Specify					
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Fried Pickled Uncooked Others (Specify)- easons for consumption: Reasons Tick(v) Specify To meet nutritional requirement Due to therapeutic advantages Traditional practices Easily available Others nown health issues due to consumption: Yes / No If yes, Issues Tick(v) Specify Specify Allergy Severe Complication		Boiled			
Pickled Uncooked Others (Specify)- easons for consumption: Reasons Tick(v) Specify To meet nutritional requirement Due to therapeutic advantages Traditional practices Easily available Others nown health issues due to consumption: Yes / No If yes, Issues Tick(v) Specify Allergy Severe Complication					
Uncooked Others (Specify)- easons for consumption: Reasons Tick(v) Specify To meet nutritional requirement Due to therapeutic advantages Traditional practices Easily available Others nown health issues due to consumption: Yes / No If yes, Issues Tick(v) Specify Allergy Severe Complication					
Others (Specify)- easons for consumption: Reasons Tick(v) Specify To meet nutritional requirement Due to therapeutic advantages Traditional practices Easily available Others nown health issues due to consumption: Yes / No If yes, Issues Tick(v) Specify Allergy Severe Complication					
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Reasons Tick(v) Specify To meet nutritional requirement Due to therapeutic advantages Traditional practices Easily available Others nown health issues due to consumption: Yes / No If yes, Issues Tick(v) Specify Allergy Severe Complication	Reasons for	consumption:			
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Traditional practices Easily available Others nown health issues due to consumption: Yes / No If yes, Issues Allergy Severe Complication					
Easily available Others nown health issues due to consumption: Yes / No If yes, Issues Tick(v) Specify Allergy Severe Complication					
Others nown health issues due to consumption: Yes / No If yes, Issues Tick(v) Specify Allergy Severe Complication					
If yes, Issues Tick(v) Specify		ble			
If yes, Issues Tick(v) Specify	Others				
Allergy Severe Complication	nown health	issues due to consumpt	ion: Yes / No		
Severe Complication	If yes,		Tick(v)	Specify
		Allergy			
Other(s)		Severe Complication			
		Other(s)			
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Other(s)		Severe Complication			
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		Other(s)			
		65.11		5 1)	
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ource and storage of Rattan shoots (Calamus tenuis Royh)	nurce and st	arage of Rattan shoots H		, NOAD. J	
ource and storage of Rattan shoots (<i>Calamus tenuis</i> Roxb.):	ource and st	orage of Rattan shoots (culullius telluis		
ource and storage of Rattan shoots (<i>Calamus tenuis</i> Roxb.):	ource and st	orage of Rattan shoots (culullius telluis		

C. FAMILY HISTORY:

Members Of Family	Disease Condition
Both Parents	
Single Parent (F / M)	
Brother	
Sister	
Grand parents	
Other Relation	
Total Score	

SCORE FOR EACH CATEGORY:

Strong Family History: 4-6Moderate Family History: 3-4Mild Family History: 0-2

D. SUBJECTS' MEDICAL HISTORY:

Disorder	YES (1) NO (0)	Diagnosed in year	Duration (Yrs)	Frequency of disorder
Obesity				
Hypertension				
Diabetes (DM)				
CHD				
Renal Disorder				
ARF				
GI Disorders				
Heart Burn/ Acidity				
GI Ulcers				
GI Surgery				
Dental Problems				
Bad Breath				
Cavities				
Bleeding/Swollen Gums				

Locomotor Disorders		
Knee Joint Pain		
Swollen Feet		
Back Pain		
Osteoporosis		
Osteoarthritis		
Hyper Thyroid		
Hypo Thyroid		
Skin Disorder		
Auto Immune Disorder		
Others (Specify)		

E: PREVALENCE OF CANCER: Yes / No

If yes,

Cancer Type	Tick(√)	Period of Prevalence
Bladder		
Breast		
Colon and Rectal		
Endometrial		
Kidney (Renal Cell) Cancer		
Leukemia (All Types)		
Lung (Including Bronchus)		
Melanoma		
Oral		
Pancreatic		
Prostate		
Thyroid		
Other (Specify)-		