BIODATA

1. **Name** : **Suyesh Shrivastava**

2. **Designation** : **Scientist'D'**

3. **Postal Address** : ICMR-National Institute of Research in Tribal Health, NagpurRoad, P.O. Garha, Jabalpur -482003
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4. **Dateof Birth** :**12 Oct 1979**

5. **Educational Qualifications**:

S.No.	Degree	Subjects	University/ Board	Year
1.	**SSC (X^{th})**	English, Hindi, Sanskrit Maths.Science, Social Sciences.	Board of Secondary Education, Madhya Pradesh.	**1995**
2.	**HSC (XII^{th})**	English, Sanskrit Physics, Chemistry, Biology	Board of Secondary Education, Madhya Pradesh.	**1997**
3.	**MBBS** (Bachelor of Medicine and Bachelor of Surgery) and internship	All Compulsory Subjects	S. S. Medical College, **Awadhesh Pratap Singh University (APSU), Rewa.**	**2004**
4.	**M.D.**	Community Medicine	JNMedical College, **Aligarh Muslim University(AMU), Aligarh**	**2014**
5.	**Senior Resident**	Community Medicine	PGIMS, Rohtak. Pandit Bhagwat Dayal Sharma **University of Health Sciences Rohtak**.	**2015**
6.	**Ph. D. (Pursuing)**	AcSIR (CSIR) (Academy of Science & Innovative Research	Faculty of Medical Science	2024

6. **Work Experience**:

S. No.	Designation/ Organisation	Specialization	Date of Joining	End period
1	Scientist B, ICMR-National Institute for Research in Tribal Health (NIRTH), Jabalpur	Community Medicine	03.03.2017	Till now
2	Assistant ProfessorinLSLAM, GMC Raigarh	Community Medicine	13.04.2015-	02.03.2017
3	Senior Resident PGIMS, Pd. B. D. Sharma University Rohtak	Community Medicine	06.02.2015	09.04.2015
4	Assistant Professorin GFIMSR, Faridabad (Haryana)	Community Medicine	03.11.2014	29.01.2015
5.	Demonstrator, Department of Pharmacology S.S. Medical College Rewa	Department of Pharmacology	02.03.2005	25.11.2009

7. Projects Undertaken as (PI):

S no.	TitleofProject	FundingAgency	Status of Project(Role)	Funds / Grant Received (inLacks)
1	HealthAssessmentof villagers of Tamnar Block, Raigarh	ICMR,New Delhi	Completed	56.0
2.	MetabolicSyndromeamongThreePVTGsof CentralIndia	ICMR,New Delhi	Completed	135.40
3.	Understanding availability of Essential Diagnostics in health care systems: identifying barriers and facilitators	ICMR,New Delhi	Completed	41.0
4.	Comprehensive investigation into host and environmental risk factor associated with hyperendemicity of tuberculosis in Saharia Tribes of M. P. (CO-I).	Intramural ICMR-NIRTH Jabalpur	Completed	-
5.	Prevalence of Anaemia in tribal population of Gaurella, Pendra, Marwahi (GPM) district of Chhattisgarh	Intramural ICMR-NIRTH Jabalpur	Completed	-
6.	Improving the knowledge of Diabetes, its treatment and complications among Health Care Providers working in Tribal area: An Interventional study	Intramural ICMR-NIRTH Jabalpur	Completed	-
7.	Comprehensive Health Assessment in District of Lahaul and Spiti Himachal Pradesh	Intramural ICMR-NIRTH Jabalpur	Completed	10.0
8.	Population based Survey in Rural Population of Badoni Datia	Intramural ICMR-NIRTH Jabalpur	Ongoing	16.0
9.	Epidemic outbreak investigation in Balaghat, Katni (M.P.) and Gariaband (C.G.)	Intramural ICMR-NIRTH Jabalpur	Completed	-
10.	A non inferiority trial for Hydroxyurea in treatment of SCD	Extramural	Ongoing	1.5 Crore
11.	Hypertension India treatment Study	Extramural	Completed	1.2 Crore
12.	Effectiveness of a Digital Diabetes Prevention Initiative in Indian Cities:Hybrid Type 2 Pragmatic Cluster-Randomized Control Trial using mHealth (ICMR-DPCI) in Jabalpur	Intramural	Ongoing	2.5 Crore

8. Duties Performed:

Principal Investigator, Nodal Officer of MRHRUs, Scientific Research Work, Formulation of Research Projects, Execution of Projects, Report Writing, Manuscript Writing, Lecture to MD/MPH Students, Seminars, Authorized Medical Attendant Duties, Sickle Cell Clinic In charge, Co-I in more than 20 Projects

9. **Publications**: (Year Wise)

2026

2025

1. Kaur P, Pattabi K, Gunasekaran A, et al. Population-based surveillance for hypertension awareness, treatment, and control in nine districts - India Hypertension Control Initiative, 2018-19. *J Hum Hypertens*. Published online March 22, 2025. doi:10.1038/s41371-025-01005-9
2. Gupta P, Shrivastava S, Kumar R. Musculoskeletal complications in sickle cell disease: Pathophysiology, diagnosis and management. *Best Pract Res Clin Rheumatol*. Published online January 16, 2025. doi:10.1016/j.berh.2025.102033
3. Verma A, Shrivastava S, Saxena N. (2025) Malaria and malnutrition in tribal areas of India: implications for paediatric health. *Front Gastroenterol*. 2025;4. doi:10.3389/fgstr.2025.1526806
4. Shrivastava, S., Singh, K., Kavishwar, A., Kashyap, T., Golhani, V., Patkar, S., Kaur, H., & Chakma, T. (2025). Unravelling Prevalence of Metabolic Syndrome in Baiga tribe of Dindori District of Central India. Clinical Epidemiology and Global Health, 101868. https://doi.org/10.1016/j.cegh.2024.101868
5. Anjal K, Rawal V, Pandey S, et al. Vector incrimination studies of lymphatic filariasis in rural areas of endemic Datia district of Madhya Pradesh, India. *Trans R Soc Trop Med Hyg*. Published online April 29, 2025. doi:10.1093/trstmh/traf04
6. Ghate J., Gulati A., Mishra A., et al.(2025).Association of socio-demographic and dietary factors for Metabolic Syndrome: A comparative study among tribal and non tribal population. Clinical Epidemiology and Global Health. 102087

2024

7. Shrivastava, S., Singh, K., Kavishwar, A., Kashyap, T., Golhani, V., Patkar, S., Kaur, H., & Chakma, T. (2024). Unravelling Prevalence of Metabolic Syndrome in Baiga tribe of Dindori District of Central India. Clinical Epidemiology and Global Health, 101868. https://doi.org/10.1016/j.cegh.2024.101868
8. Singh K, Chakma T, Nagwanshi A, Shrivastava S*. Can the Clinical Decision Support System untangle the difficulties in the diabetes management of Indian tribes? J Diabetes Sci Technol. 2024;18(2):526-527. doi:10.1177/19322968231222488
9. Chandel N, Maile A, Shrivastava S, Verma AK, Thakur V. Establishment and perturbation of human gut microbiome: common trends and variations between Indian and global populations. Gut Microbiome. 2024;5:e8. doi:10.1017/gmb.2024.6
10. Singh K, Chakma T, Nagwanshi A, Shrivastava S*. Is continuous glucose monitoring feasible in tribal India? J Diabetes Sci Technol. 2024 Nov 22. doi:10.1177/19322968241302056
11. Nagwanshi A, Chakma T, Singh K, Shrivastava S*. Convalescent millets combating non-communicable diseases. Curr Sci. 2024;126(5):534-535.
12. Vaidh N, Ray SK, Chakma T, Shrivastava S*. Gut microbiota in human metabolic health and diseases: Currentperspective and impending aspects. Curr Sci. 2024; 127, (4):
13. Manjunathachar HV, Barde PV, Chouksey V, Tiwari P, Mathapati B, ShrivastavaS, Chakma T. Leptospirosis in central India: A retrospective study to explore burden of tropical illness.

Indian J Med Microbiol. 2024 Sep-Oct;51:100689. doi:10.1016/j.ijmmb.2024.100689. Epub 2024 Aug 1. PMID: 39067858.

14. Nagwanshi A, Chakma T, Singh K, Shrivastava S*. The challenges of type 1 diabetes management: a focus on tribal and rural teenagers in low-income countries Curr Sci.VOL. 127, 2024 (Accepted)
15. Kumar D, Srivastava S. Neonatal Mortality and Associated Factors in Tribal Community. Indian J Public Health. 2024;68(2):336-337. doi:10.4103/ijph.ijph_1494_23

2023

16. Shrivastava S, Sharma A, Saxena N, Bhamra R, Kumar S. Addressing the preventive and therapeutic perspective of berberine against diabetes. Heliyon. 2023;9(11):e21233. doi:10.1016/j.heliyon.2023.e21233
17. Nag S, Shrivastava S, Chakma T. Metabolic non-communicable diseases in India: time to act. Lancet Diabetes Endocrinol. 2023;11(12):896-897. doi:10.1016/S2213-8587(23)00297-8
18. Singh K, Chakma T, Shrivastava S*. Type 1 diabetes management among tribes: How virtual group appointments may be beneficial. J Diabetes Sci Technol. 2023;17(4):1121-1122. doi:10.1177/19322968231170889
19. Shrivastava S, Singh K, Chakma T, Kavishwar A. Metabolic syndrome in Indian tribes: Challenges to reveal its true status. Front Clin Diabetes Healthc.2023;4:1194471. doi:10.3389/fcdhc.2023.1194471
20. Kumar A, Manjhi SS, Singh JK, et al. Emergence of Japanese encephalitis in eastern Madhya Pradesh, India. J Vector Borne Dis. 2023;60(2):215-219. doi:10.4103/0972-9062.364761
21. Kumar D, Saxena N, Shrivastava S. Inequalities in menstrual hygiene practices and social stigma among women of particular vulnerable tribal groups (PVTGs) in Madhya Pradesh. *J Community Health Manag.* 2023;10(1):3-9. https://doi.org/10.18231/j.jchm.2023.002
22. Nagwanshi A, Chakma T, Nag S, Singh K, Kavishwar A, Verma P, Shrivastava S*. Pervasiveness of metabolic syndrome and cardiovascular disease in tribal/rural populations. Int J Res Med Sci. 2023;11(12):4607-4614. doi:10.18203/2320-6012.ijrms20233743
23. Shrivastava S, Kumar R, Khan S, Kavishwar A, Gupta A, Kaur H, Das M, SharmaR, Chakma T. Health profile of people living in the Gare Palma mining area ofTamnar block, Raigarh, Chhattisgarh, India. Front Public Health. 2023 Mar21;11:1010025. doi: 10.3389/fpubh.2023.1010025. PMID: 37026149; PMCID:PMC10072258.
24. Kaur P, Kunwar A, Sharma M, Durgad K, Gupta S; India Hypertension ControlInitiative collaboration; Bhargava B. The India Hypertension Control Initiative-early outcomes in 26 districts across five states of India, 2018-2020. J HumHypertens. 2023 Jul;37(7):560-567. doi: 10.1038/s41371-022-00742-5. Epub 2022Aug 9. PMID: 35945426; PMCID: PMC10328822.
25. Singh K. Chakma T. S Shrivastava* Benefits and harms of drug treatment for type 2 diabetes: systematic review and network meta-analysis of randomized controlled trial: Manifestations of Drug Treatment for Type 2 Diabetes in Tribal Settings (Letter to the Editor) BMJ 2023; 381:e074068 https://www.bmj.com/content/381/bmj-2022-074068/rr-2
26. Sharma P, Bhamra R, Shrivastava S, Saxena N, Kumar S. Mechanisms of Fish Oil in Chemoprevention/Chemotherapy of Colon Cancer: Evidence from Preclinical and Clinical Studies. In Fish Oil: Nutrition, Consumption and Health, Nova Science Publishers, USA. 2023 Book Chapter Available from: https://novapublishers.com/shop/fish-oil-nutrition-consumption-and-health/

2022

27. Chakma T, Shrivastava S, Kavishwar A. Wrangle with hypertension: Lowered salt intake may not compromise iodine status among tribes of Central India. Public Health Nutr. 2022;25(4):1118-1122. doi:10.1017/S1368980022000131
28. Mishra N, Barde PV, Awasthi S, et al. Profile of diseases prevalent in Datia District of Madhya Pradesh, India. Front Public Health.2022;10:926000. doi:10.3389/fpubh.2022.926000
29. Kaur P, Kunwar A, Sharma M, et al. The India Hypertension Control Initiative: Early outcomes in 26 districts across five states of India. J Hum Hypertens. 2022;37(7):560-567. doi:10.1038/s41371-022-00742-5
30. Singh K. Kashyap T. Shrivastava S. Traditional healers in South Africa: a parallel health care system: Can traditional healers be an asset to the medical community? (Letter to editor). BMJ.June 2022, https://www.bmj.com/content/310/6988/1182/rr-1
31. Shrivastava S. Verma A. Saha KB. South Africa'sHealth: Traditional healers in South Africa: a parallelhealth care system connecting tribal healers toPrimary Health Care: A purpose stride, but difficult toaccomplish (Letter to editor). BMJ. Jan2022, https://www.bmj.com/content/310/6988/1182/rapid-responses
32. Singh K. Chakma T. Shrivastava S*. Diabetic foot ulcers: Problems faced by patients from tribal and rural communities. Maggot therapy may be the key to solving this issue (Letter to editor). BMJ. Sep 2022, https://www.bmj.com/content/332/7538/407/rr
33. Singh K. Chakma T. Shrivastava S*. The pathophysiology of hypertension: Micronutrients and Hypertension. (Letter to editor). BMJ. Oct 2022, https://www.bmj.com/content/322/7291/912.1/rr
34. Shrivastava S, Kumar R, Shandil N, Saha KB, Das A. A Pilot Health and Nutritional Assessment of Tribes Living in a High Altitude District of Himachal Pradesh, India. High Alt Med Biol. 2023 Mar;24(1):79-80. doi:10.1089/ham.2022.0110. Epub 2022 Dec 13. PMID: 36516111.

2021

35. Shrivastava S*. Can telemedicine be a game changer for diabetes management among tribal populations? J Diabetes Sci Technol. 2021;15(5):1192-1194. doi:10.1177/19322968211018744
36. Kumar R, Mishra S, Shrivastava S. A meta-analysis of endothelial nitric oxide synthase gene T786C polymorphism as a risk factor for acute chest syndrome in sickle cell disease. Meta Gene.2021;27:100827.
37. Krishna S, Mishra S, Tiwari P, et al. Therapeutic efficacy of artemether-lumefantrine for uncomplicated Plasmodium falciparum malaria in India. Malar J.2021;20:229. doi:10.1186/s12936-021-03762-7
38. Shrivastva S, Chakma T, Das A, Verma AK. Digitisation and realtime sharing ofunified surveillance tool and clinicopathological data for efficient management ofdisease outbreaks. Int J Health Plann Manage. 2021. doi: 10.1002/hpm.3163. PMID:33797151.
39. Saha K B, Sharma R K, Parihar B, Devi B,Verma A, Shrivastava S. Reproductive tract infection among the women of high-altitude areas of Lahaul and Spiti District of Himachal Pradesh, India. IntJCommunityMed PublicHealth2021.

2020

40. Krishna A, Pathni AK, Sharma B, et al. A perspective of private healthcare providers in Madhya Pradesh on adopting hypertension control strategies. J ClinHypertens. 2020;22(8):1321-1327. doi:10.1111/jch.13944

2014

41. Shrivastava S , Khalique N, Ahmad A, Ahmed J. Micro and Macro Vascular Complications among Type 2 Diabetic patients in Aligarh Muslim University employees. Multidisciplinary Health Care 2014, Publisher, India.PP: ISBN: 978-93-81274-69-9. Book Chapter Available from: https://www.ndpublisher.in/ndpbookpage.php?book=90

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https://scholar.google.com/citations?hl=en&user=Pf889pwAAAAJ