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ASSESSMENT OF TRADITIONAL MEDICINAL PLANTS IN BALAGHAT DISTRICT (M.P.)

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Abstract:- Ethno biology surveys were conducted from Gregorian calendar month, 2013 through Sep, 2014 within the Balaghat district, Madhya Pradesh, India. info on twenty nine ethno healthful plants used by the social group folks in diseases. The healthful plants utilized by native social group ancient healers are organized alphabetically followed by biology name, family names, local name, parts used, mode of preparation and healthful uses. This paper reports for the uses of plant elements by the social group people within the style of juices, extracts, decoctions, pastes and powders.

Keywords: Ethno medicines, Balaghat district, tribal people and Madhya Pradesh.

INTRODUCTION

The Rig-Veda written during 4500 BC to 1600 BC is believed to be the oldest repository of human knowledge about medicinal usages of plants in Indian subcontinent (Puspangadan, 1995). According to WHO (World Health Organisation, 2001), about 80% of the worlds population, especially in the rural areas depends on herbal medicine for their healthcare needs. The ethnic people residing in different geographical belts of India depends on wild plants to meet their basic requirements and all the ethnic communities have their own pool of secret ethnomedicinal and ethno-pharmacological knowledge about the plants available in their surroundings (Muthukumarasamy et al, 2003; Rana et al, 2010; Rajendra et al, 2002 and Jain, 2001, which has been serving rural people with its superiority. Due to changing life style, extreme secrecy of traditional healers and negligence of youngsters, the practice and dependence of ethnic societies in folk medicines is in rapid decline globally, therefore, ethnobotanical exploitation and documentation of indigenous knowledge about the usefulness of such a vast pool of genetic resources is deliberately needed (Viswanadhan, 2004; Saikea et al, 2003; Kumar & Tewari, 2003 and Singh, 2004). We selected rural areas of Adilabad district and adjoining areas for ethnomedicinal investigation because this area is very rich in phytodiversity and tribal population.

The used by the traditional herbal healers. Hundreds of plants growing in forests are used as source of medicines throughout the world. Some of the plants have pharmacological properties while the others are used in indigenous medicine. Most of these plants has occupied an important place in the past and shall continue in the coming days in traditional as well as in modern medicine system. Ayurveda is the basis and foundation of ancient medicinal system of drugs derived from plant species. The system like Arurveda, Unani, Siddha and Homeopathy have been utilizing about more than 200 plant species for medicinal purposes. These medicinal systems have attained a great importance these days owing to side effects caused by synthetic drugs. In Indian Materia Medica, 2000 drugs have been extracted from 1800 plants of forest origin.

The active principles found in medicinal plants are alkaloids, glycosides and other complex compounds. The active ingredients are found in one or more parts of the plants in varying proportions. It may be found in root, bark, stem, leaf, fruit, flower or seeds. In Madhya Pradesh tribes and forest dwellers from a considerable part of the population. The state is strategically located and occupies a place almost in the heart of the country. A large number of tribal communities live in remote and inaccessible parts of the forests. Most of these tribal communities are largely dependent on plant species for curing their ailments. Living close to the nature, these tribal have acquired unique knowledge about the use of wild flora.

Study sites:

MATERIALS AND METHODS:

The study was carried out in the district of Balaghat India. The survey was conducted to collect the information regarding tribal pockets of Balaghat district from Tribal Welfare Office and Divisional Forest Office. Five tribal villages in were visited through periodical tour. Special attention was paid to record information from local traditional herbal healer (Vaidya). The information on home remedies using the preventive and curative values of different plant species documented involving International Society of Ethno-biology.

Ex-Post Facto Research, Rapid Rural Appraisal method were adapted for collection of data from primary and secondary sources. Ex-Post Facto Research (Chapin, 1955). The design is a systematic empirical enquiry in which scientist has a direct control on independent variables. Here the variables were tribals, traditional herbal healers, vaidyas, ojhas and guniuas from whom the information were collected. The techniques of RRA included interview and question design techniques for individual, household and key informant interviews, methods of cross-checking information from different sources, sampling techniques that can be adapted to a particular objective, methods of obtaining quantitative data in a short time frame group interview techniques, including focus-group interviewing methods of direct observation at site level and use of secondary data sources. The tribal villages are selected from tribal blocks by random sampling method. Rapid Rural Appraisal Method for collection of data has been applied. A questionnaire / schedule have been developed to document the information prevailing in the community over a period of time in periodical visits.

RESULTS AND DISCUSSION:

Surveys in tribal villages of five tribal pockets of Balaghat districts have been conducted. The details are as follows: the enumeration of 29 medicinal plants being used by the traditional herbal healers (Vaidyas, Ojhas, Guniyas) have been documented from Balaghat district. The tribal uses different parts of plants which are locally available, in curing various types of diseases (Table-1). In case of any illness, village people contact their local medicine practitioner to whom they call vaidhya (traditional herbal healer). Vaidhya is a person who has inherited the knowledge of curing various diseases from his fore fathers and others by using only plants. There is one or two such type of person in the village community. Traditionally, local knowledge is transferred from one generation to other generation within family of the vaidhya and in this way vaidhya system survives. The traditional herbal healing properties contain much medicine for a single ailment out of the various medicines; one is selected by the herbal healer for curing a particular disease according to symptoms and secondary effects. Several plants are used in case of one disease according to their availability in the region.

Table 1: Plants with local name, parts used in medicine by the traditional herbal healers of Balaghat district.

S/Ns	Local name of Plants	Botanical name of Plants	Family	Habit	Plant part used /Formulation	Disease
1.	Amaltas	<i>Cassia fistula</i> Linn.	Caesalpiaceae	Tree	Flower (Paste)	Rheumatism
2.	Arandi	<i>Ricinus communis</i> Linn	Euphorbiaceae	Small tree	Leaf (Decoction)	Rheumatism
3.	Arjun	<i>Terminalia arjuna</i> (Roxb.) Wgt. and Arn.	Combretaceae	Tree	Fruit(Powder)	Heart ailments
4.	Babul	<i>Acacia nilotica</i> Linn	Mimosaceae	Tree	Bark (Decoction)	Cough and cold
5.	Bad	<i>Ficus bengalensis</i> Linn.	Moraceae	Tree	Latex (Juice)	Weakness
6.	Bahera	<i>Terminalia bellirica</i> Roxb.	Combretaceae	Tree	Fruit (Powder)	Cough and cold
7.	Chhoti dudhi	<i>Euphorbia thymifolia</i> Linn	Euphorbiaceae	Herb	Wholeplant (Extract)	Gastric problem
8.	Chirayata	<i>Swertia chirayita</i> Buch. Ham. Ex C.B. Clarke	Gentianaceae	Herb	Whole plant (Decoction)	Diabetes

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Gataran	<i>Caesalpinia crista</i> Linn	Caesalpinaceae	Climbing shrub	Seed (Powder)	Intestinal worms
Gurhal	<i>Hibiscus rosa-sinensis</i> L	Malvaceae	Small tree	Leaf (Paste)	Vertigo
Gurvel	<i>Tinospora cordifolia</i> Willd.	Menispermaceae	Climber	Root (Decoction)	Anemia
Haadjod	<i>Cissus quadrangularis</i> Linn	Vitaceae	Climber	Stem (Paste)	Bone fracture
Harra	<i>Terminalia chebula</i> Retz.	Combretaceae	Tree	Fruit (Powder)	Cough
Jamun	<i>Syzygium cumini</i> Linn.	Myrtaceae	Tree	Seed (Powder)	Diabetes
Kali musli	<i>Curculigo orchoides</i> Gaertn.	Amaryllidaceae	Herb	Root (Powder)	Weakness
Karanj	<i>Pongamia pinnata</i> Pierre.	Fabaceae	Tree	Seed (Powder)	Piles
Kardhai	Combretaceae	Combretaceae	Tree	Bark (Decoction)	Dysentery
Khair	<i>Acacia catechu</i> Willd	Mimosaceae	Tree	Bark (Decoction)	Cough and cold
Maha neem	<i>Melia azedarach</i> Linn.	Meliaceae	Tree	Bark (Paste)	Piles
Neem	<i>Azadirachta indica</i> A.Juss.	Meliaceae	Tree	Bark (Decoction)	Cold, cough, and fever
Pila dhatura	<i>Datura innoxia</i> Mill	Solanaceae	Shrub	Root (Extract)	Skin disease
Pipal	<i>Ficus religiosa</i> Linn.	Moraceae	Tree	Latex (Juice)	Weakness
Ratanjot	<i>Jatropha curcas</i> Linn	Euphorbiaceae	Shrub	Seed (Decoction)	Rheumatism
Safed dhatura	<i>Datura stramonium</i> Linn.	Solanaceae	Shrub	Fruit (Oil)	Body pain
Sagun	<i>Tectona grandis</i> L.	Verbenaceae	Tree	Leaf (Smoke)	Skin disease
Satawar	<i>Asparagus racemosus</i> Willd.	Asparagaceae	Under shrub	Root (Powder)	Weakness
Shivlingi	<i>Bryonopsis laciniosa</i> Linn	Cucurbitaceae	Climber	Seed (Paste)	Pregnancy
Singhara	<i>Trapa natans</i> L	Trapaceae	Herb	Fruit (Powder)	Intestinal ulcer
Tulsi	<i>Ocimum sanctum</i> Linn	Lamiaceae	Herb	Leaf (Extract)	Skin disease

Some of the plants commonly used by tribals in Central India for prominent disease have been recorded during the present study. The remedial measures have been recorded from tribes of Balaghat district of Madhya Pradesh, India. The enumerations of 29 medicinal plants have been recorded from the traditional herbal healers from Balaghat district. The plants and its parts being used by the traditional herbal healers against the diseases prevailing among tribal/local peoples of the area have been documented and given in Table-1. It is interesting to note that the rural communities still dependent on herbal medicines and they used to take herbal medicine from herbal healers of their local area. The plant parts used and formulations of the medicine prepared by traditional herbal healers have been documented for the first time from these regions and presented in this paper. Out of 29 plant species of Balaghat district, 5 species of herbaceous plants, 5 species of shrubs, 16 species of trees and 3 species of climbers are used in preparation of traditional medicines. (Table:1).

India is blessed with rich and diverse heritage of cultural traditions. These traditions are associated with use of wild plants. The use of medicinal herbs is still a tradition continued by ethnic communities who are living in undulating plains and at foot hills of dense forest. Shanker (1998) has reported the traditional folk healers in India. Ethno-botanical studies in context to Bharia tribe of Madhya Pradesh, India include those by Jain (1963, 1971, 1975), Prasad et al. (1990), Rai et al. (2001) and Saxena and Shukla (1971), Rai and Nath (2005). The survey of literature shows these people have conducted studies on use of medicinal plants by Bharia tribes. The present study has been undertaken for documentation of information on ethno-medicinal uses prevalent in the region of study. Jain (1963, 1965) has concluded similar study on the plants used in medicine by tribals of Mandla and Baster region of Madhya Pradesh. Oomachan and Masih (1992) have also studied the ethno-botany of Pachmarhi region of Madhya Pradesh. However, such documentation work in Balaghat districts of Madhya Pradesh, India has so far not been published in detail.

Maximum numbers of plant species being used in preparation of herbal medicines are documented from 5 herbal healers of Balaghat district. The study reveals that the Balaghat district is rich in medicinal plants. It has also been observed during the study that these species are being over exploited and need proper conservation.

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