ORIGINAL ARTICLE

ISSN:- 2231-5063

Golden Research Thoughts

Abstract:-

Ethno botanical surveys were conducted from October, 2013 through September, 2014 in the Balaghat district, Madhya Pradesh, India. Information on 29 ethno medicinal plants used by the tribal people in diseases. The medicinal plants used by local tribal traditional healers are arranged alphabetically followed by botanical name, family names, local name, parts used, mode of preparation and medicinal uses.

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

This paper reports for the uses of plant parts by the tribal people in the form of juices, extracts, decoctions, pastes and powders.

Keywords:

Ethno Medicines, Balaghat District, Tribal People And Madhya Pradesh.

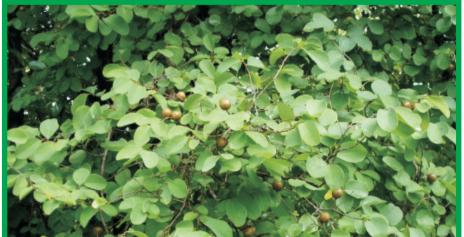
Nidhi Tiwari¹ and Shashi Tiwari²

²Head of Department, Microbiology, Govt. MH College of Home Science & Science for Women, Autonomous, Jabalpur (M.P.)



Nidhi Tiwari

Research Scholar, Department of Botany, Govt. M.H. College of Home Science & Science for Women, Autonomous, Jabalpur (M.P.).





www.aygrt.isrj.org

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

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 local plant resources are the principal source of medicine and are 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: Balaghat District is located in the southern part of Jabalpur Division. It occupies the south eastern portion of the Satpura Range and the upper valley of the Wainganga River. The district extends from 21°19' to 22°24' north latitude and 79°31' to 81°3' east longitude. The total area of the district is 9,245 km². Balaghat District is bounded by Mandla District of Madhya Pradesh to the north, Dindori District to the northwest, Rajnandgaon District of Chhatisgarh state to the east, Gondiya and Bhandara districts of Maharashtra state to the south, and Seoni District of Madhya Pradesh to the west. The language spoken in district is Hindi and Marathi in the southern part of district.

MATERIALSAND METHODS:

The study was carried out in the district of Balaghat of Madhya Pradesh state of 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 the ethical guidelines adopted by the 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

Golden Research Thoughts | Volume 4 | Issue 6 | Dec 2014

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

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.

Dalagnat district.								
S/N s	Local name of Plants	of Botanical nam		of Family		Habit	Plant part used /Formulation	Disease
1.	Amaltas	s Cassia fistula I		nn. Caesalpiniacea		Tree	Flower (Paste)	Rheumatism
2.	Arandi	Arandi <i>Ricinus comr</i> Linn				Small tree	Leaf (Decoction)	Rheumatism
3.	Arjun	Arjun <i>Terminalia a.</i> (Roxb.) Wgt. Arn.				Tree	Fruit(Powder)	Heart ailments
4.	Babul	Babul Acacia nil Linn		otica Mimosaceae		Tree Tree	Bark (Decoction)	Cough and cold
5.	5. Bad		<i>Ficus bengalensis</i> Linn.		Moraceae		Latex (Juice)	Weakness
6.	Bahera	<i>Terminalia</i> <i>bellirica</i> Roxb.		Combretaceae		Tree Herb	Fruit (Powder)	Cough and cold
7.	7. Chhoti dudhi		Euphorbia thymifolia Linn		Euphorbiaceae		Wholeplant (Extract)	Gastric problem
8.	Chirayata	Chirayata Swertia chir Buch. Ham. C.B. Clarke		ayita Gentianaceae Ex		Herb	Whole plant (Decoction)	Diabetes
Gataran Caesalpinia		a crista Linn Caes		salpiniaceae		imbing rub	Seed (Powder)	Intestinal worms
Gurhal	Gurhal Hibiscus re		osa-sinensis L Mal		Sn	nall tree	Leaf (Paste)	Vertigo
Gurvel	<i>Tinospora</i> Willd.			Menispermaceae		imber	Root (Decoction)	Anemia
Haadjoo	Haadjod <i>Cissus quadra</i> Linn		Vitaceae		Cl	imber	Stem (Paste)	Bone fracture
Harra	Harra Terminalia		chebula Retz. Con		bretaceae Tree		Fruit (Powder)	Cough
Jamun	Jamun Syzygium c		<i>umini</i> Linn. Myı		eae Tree		Seed (Powder)	Diabetes
Kali mu	Kali musli <i>Curculigo</i> Gaertn,		Amaryllidaceae		Herb		Root (Powder)	Weakness
Karanj	Pongamia	Pongamia pinnata Pierre.		Fabaceae		ee	Seed (Powder)	Piles
Kardhai Combretac						ee	Bark (Decoction)	Dysentery
Khair	Khair Acacia cate				Tr	ee	Bark (Decoction)	Cough and cold
Maha neem Melia azed				liaceae Tro		ee	Bark (Paste)	Piles
Neem Azadirachte A.Juss.		a indica Meli				ree	Bark (Decoction)	Cold, cough, and fever
	Pila dhatura Datura inn				~~~	nrub	Root (Extract)	Skin disease
Pipal Ficus relign						ee	Latex (Juice)	Weakness
Ratanjot Jatropha ca						nrub	Seed (Decoction)	Rheumatism
dhatura		<i>amonium</i> Linn.		anaceae		nrub	Fruit (Oil)	Body pain
	Sagun Tectona grandis L.		Verbenaceae		Tree		Leaf (Smoke)	Skin disease
Satawar	Satawar Asparagus racemosus Willd.		Asparagaceae		Under shrub		Root (Powder)	Weakness
Shivling	nivlingi <i>Bryonopsis laciniosa</i> Linn		Cucurbitaceae		Climber		Seed (Paste)	Pregnancy
Singhar	Singhara Trapa natans L		Trapaceae		Не	erb	Fruit (Powder)	Intestinal ulcer

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

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

Herb

Leaf (Extract)

Skin disease

Lamiaceae

Golden Research Thoughts | Volume 4 | Issue 6 | Dec 2014

Ocimum sanctum Linn

Tulsi

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

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 ethnomedicinal 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. 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.

ACKNOWLEDGEMENT:

The authors are thankful to Dr. Satish Chile, Govt. PG. College Seoni (M.P.). The authors are thankful to the medicinal practitioners and the people of Balaghat district for their help and co-operation in during survey work.

REFERENCES:

1.Bhalla S, Patel JR, Bhalla NP (1992). Ethno-botanical herbal legumes of Bundelkhand region, Madhya Pradesh. J. Econ. Taxonomic Bot., Additional Series. 10: 105-109.

2.Bhalla S, Patel JR, Bhalla NP (1996). Ethno-medicinal observations on some Asteraceae of Bundelkhand region, Madhya Pradesh. J. Econ. Taxonomic Bot., Additional Series. 12: 175-178.

3.Bhatnagar LS, Singh VK, Pandey G (1973). Medico-botanical studies on the flora of Ghatigaon Forests, Gwalior, Madhya Pradesh. JRIM. 8(2): 67-100.

4. Chapin FS (1955). Experimental Designs in Sociological Research (Revised Edition), Pub. Harper and Brothers, New York.

5.Dubey G, Shahu P, Sahu R (2001). Role of plants in different religious ceremonies common to Bundelkhand region of Madhya Pradesh. J. Med. Arom. Plants Sci. 23(1A): 542-545.

6.Jain SK and Rao RR, 1977. Field and Herbarium Methods, (To day & Tomorrows publication, New Delhi).

7.Jain, SK. 2001. Ethnobotany in Modern India. Phytomorphology Golden Jubilee Issue: Trends in Plant Sciences, 39–54.

8.Jakka.P. 1988. The Malasar of Tamil Nadu (Document for "people of India") Anthropological Survey of India, Government of India.

9.Kumar A, Tewari DD, Pande YN: 2003. Indigenous and traditional herbal medicines from Gonad district of terai belt of north eastern Utter Pradesh. J Nat Con. 15(1):261–268.

10.Muthukumarasamy S, Mohan VR, Kumaresan S, Chelladurai V. 2003. Herbal remedies of Paliyar tribe of grizzled giant squirrel wildlife sanctuary, Western Ghats, Srivilliputhur, Tamil Nadu for poisonous bites. J Econ Tax Bot. 27 : 761-764.

11.Puspangadan P, Ethnobotany in India: A study report, (Government of India), New Delhi, 1995.

12.Rai R, Nath V (2005). Some lesser known oral herbal contraceptives in folk claims as anti- fertility and fertility induced plants in Baster region of Chhatisgarh. J. Nat. Remedies 5(2): 153-159.

13.Rai R, Nath V (2005). Use of medicinal plants by traditional herbal healer in central India. Indian For. 131(3):463-468.

14.Rai R, Nath V, Shukla PK (2002). Ethno-medicinal studies on Bharya tribes in Satpura Platue of Madhya Pradesh. New Agriculturist 13(1,2): 109-114

15.Rai Rajiv, Nath V, Shukla PK (2001). Characteristics and Ethnobotanical studies on primitive tribe of Madhya Pradesh. "Ethnomedicine and pharmacology" in book "Recent Progress In Medicinal Plant" Publisher: Research book Centre, New Delhi. 8: 543-552.

16.Rajendran SM, Chandrasekar K, Sundaresan V. 2002. Ethnomedicinal lore of Valaya tribe in Seithur hills of Virudhunagar district, Tamil Nadu, India. Indian J Trad Knowled. 1: 59-71.

17.Rana MP, Sohel MSI, Akhter S, Islam MJ: 2010. Ethno-medicinal plants use by the Manipuri tribal community in Bangladesh. J Forestry Res, 21:85–92.
18.Saikia AP, Ryakala VK, Sharma P, Goswami P, Bora U: 2006. Ethnobotany of medicinal plants used by Assamese people for various skin ailments and cosmetics. J Ethnopharmacol. 106:149–157.
19.Saikia.AP. Ryakala.VK., Sharma.P. Goswami.P. Bora.U. 2006. Ethnobotany of medicinal plants used by Assamese people for various skin ailments and cosmetics. J Ethnopharmacol. 106:149–157.

Golden Research Thoughts | Volume 4 | Issue 6 | Dec 2014

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

20.Singh SK. 2004. Ethnomedical plants of Kullu Valley, Himachala Pradesh. Journal of Non-Timber Forest Products 11(1):74-79.

21.Viswanathan MB. 2004. Ethnobotanicaaly important plants. In: R. Annamalai (ed.). Tamil Nadu Biodiversity Strategy and Action Plan-Wild Plants Diversity. Tamil Nadu Forest Department, Govt. of Tamil Nadu, Chennai.

22.World Health Organization: General Guidelines for Methodologies on Research and Evaluation of Traditional Medicine. Geneva: WHO Switzerland; 2001.

23. Yirga G (2010). Assessment of indigenous knowledge of medicinal plants in Central zone of Tigray, Northern Ethiopia. Afr. J. Plant Sci., 4: 6-11.

Golden Research Thoughts | Volume 4 | Issue 6 | Dec 2014 5

