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Traditional knowledge on ethno-medicinal uses prevailing in tribal pockets of Seoni and Narsinghpur district (M.P.)

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Abstract

The current paper discusses the traditional knowledge of traditional healers in the Seoni and Narsinghpur districts of Madhya Pradesh, India about the use of herbs in the treatment of various diseases that are common in tribal pockets. The herbal healers of these region use plant/plant parts of their suitable preparation for treating various ailment. Information collected from traditional tribal healers, medicine men etc has revealed that plant/plant parts of 76 species from Seoni district and 50 species from Narsinghpur district of forest origin are utilized as paste, powder, juice, decoction and extract for the treatment of various diseases of local people of the area. Out of 126 plant species of study area 33.33% species of herbaceous plant, 15.87% species of shrubs, 29.37% species of trees and 21.43% species of climbers are used in preparation of traditional medicines. Knowledge of plants used by traditional healers can be very helpful in replacing synthetic drugs.

Keywords: Traditional knowledge, herbal healers, medicinal plants, disease

Introductions

Plants and plants based medicaments have been employed since the dawn of civilization for prolonging life of man by combating various ailments. Ancient ethnic communities around the world have learnt to utilize their neighbourhood herbal wealth for curative purpose. Indian subcontinent is being inhabited by over 54 million tribal people dwelling in about 5000 forest dominated villages spreading across the country comprising 15% of the total geographical area, their knowledge of plants developed often at the cost of their life in their natural dwellings through centuries old experience could not be perfectly documented due to the lack of literacy and it had rather descended from one generation to another as a domestic practice. They comprises of one of the unique treasure and rich source of diversified ethnobotanical wealth.

In remote tribal villages of Seoni and Narsinghpur districts, traditional medicines are of great importance in the primary healthcare of indigenous people due to their strong faith on these systems and up to some extent the lack of sufficient and reliable health facilities and modern medicines. 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 Ayurveda, 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, glucosides 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.

Corresponding Author: Krishna Datta Singh Research Scholar, Department of Botany, Govt. Science College, Rewa (M.P.), A.P.S. University, Rewa, Madhya Pradesh, India Living close to the nature, these tribals have acquired unique knowledge about the use of wild flora.

Various contributors have worked on medicinal plants of Central India (Jain, 1963 a, b and c; Jain and Tarafdar, 1970; Bhatnagar et al., 1973; Sahu, 1982, 1983; Mishra and Sahu, 1984; Saxena, 1986; Rai, 1987, 1989; Oommachan et al., 1990; Shah and Singh, 1990; Pandey et al., 1991; Jain, 1992; Maheshwari, 1996; Kumar and Jain, 1998; Dubey et al., 2001) [1-18]. Few ethno-botanical works have been done in Patalkot valley (Rai, 1987a; Rai et al., 1999) [19-20]. Ethno-botanical studies have also been done in Central India and Chhattisgarh (Rai and Nath, 2005; Rai et al., 2002) [21-^{22]} but there are some tribal pockets in Seoni and Narsinghpur district where indigenous knowledge of herbal healer could not be properly documented due to lack of scientific manpower in such remote areas for the search of traditional medicines. Therefore, the study has been taken up in Seoni and Narsinghpur districts of Madhya Pradesh, India.

Material and Methods

The Seoni District came into existence in its present form on 1st November 1956. It lies in the Southern part of Madhya Pradesh state between the parallels of latitude 21°36′ to 22°57′ and 79°19′ to 80°17′ East Longitude falling in Survey of India toposheets Nos. 55N, 0 and 64B.

Narsinghpur district, spanning over an area of about 5126 km², lies in the south central part of the state of Madhya Pradesh. There are five tehsils fall under this district namely Narsinghpur, Gotegaon, Gadarwara, Tendukheda & Kareli and the district further divided into six administrative blocks namely Saikhera, Babai Chichali, Chawarpatha, Kareli, Narsinghpur & Gotegaon. The district lies between North latitude 22°36' and 23°16' and east longitude 78°27' and 79°40', falling in Survey of India topo sheet No. 55/I, 55/J, 55M & 55/N.

The study was carried out in the district of Seoni and Narsinghpur of Madhya Pradesh state of India. The survey was conducted to collect the information regarding tribal pockets of Seoni and Narsinghpur district from Tribal Welfare Office and Divisional Forest Office. Five tribal villages in each site 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 Ethnobiology.

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) [23]. 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.

Random and snowball sampling techniques were employed to identify potential participants and interviewed with herbal healers. The study area covers selection of tribal blocks of the district. The details of tribal blocks and tribal herbal healers were collected from Tribal Welfare Office and Forest Office of the districts. 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. The guidelines mentioned in the CBD have been followed for survey and documentation work. During the field trips, local guide, villagers, traditional herbal healers (Vaidyas, Ojhas and Guniyas), tribal heads and tribal persons are contacted and enquired to gather related information. Identification of plants has been made through the local name of plant with the help of existing literature. The directory of Indian folk medicines and Indian Materia Medica were consulted to confirm the identification and the medicinal use of plants mentioned in the paper.

Results and Discussion

Surveys in tribal villages of five tribal pockets (Dhanora, Ghansour, Kurai, Lakhanadoun and Chhapara blocks) of Seoni and five tribal pockets (Chichli, Gotegaon, Kareli, Saikheda and Chawarpatha blocks) of Narsinghpur districts have been conducted. The details are as follows: the enumeration of 76 medicinal plants being used by the traditional herbal healers (Vaidyas, Ojhas, Guniyas) have been documented from Seoni district. The tribal uses different parts of plants which are locally available, in curing various types of diseases (Table 2). 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.

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

S. No.	Family	Botanical name	Local name	Habit	Diseases	Plant part used/formulation
1.	Acanthaceae	Adhatoda vasica Nees.	Adusa	Shrub	Asthma	Bark (Powder)
2.	Anacardiaceae	Mangifera indica Linn.	Am	Tree	Skin disease	Flower (Paste)
3.	Apocynaceae	Holarrhena antidysentrica (Linn.) Wall.	Kuda	Tree	Fever	Bark (Powder)
4.	Araceae	Sauromatum guttatum var.	Bhasam kand	Herb	Piles	Tuber part (Paste)
5.	Araceae	Acorus calamus L.	Buch	Herb	Throat problem	Root (Paste)
6.	Asclepiadaceae	Gymnema sylvestre R.Br.	Gurmar	Climbing shrub	Diabetes	Leaf (Powder)
7.	Aspargaceae	Aspargus racemosus Willd.	Satawar	Under shrub	Weakness	Root (Powder)

8. Asteraceae Spilanthes acmella murr. Akarkara Herb Throat programment 9. Asteraceae Sphaeranthus indicus L. Gorakhmundi Herb Weakn 10. Bignoniaceae Stereospermum chelonoides DC Paral Tree Migrai	
10. Bignoniaceae Stereospermum chelonoides DC Paral Tree Migrat	
11. Cactaceae Opuntia dilleniid Ker Gawl. Thour Under shrub Pneumo	onia Stem (extract)
14. Caesalpiniaceae Caesalpinia crista Linn Gataran Climbing shrub Intestinal	
12. Caesalpiniaceae Cassia tora Linn. Charonta Herb Rheuma	` /
16. Caesalpiniaceae Cassia occidentalis Linn. Kasondi Shrub Snake	` ′
13. Caesalpiniaceae Cassia fistula Linn. Amaltas Tree Rheuma	
15. Caesalpiniaceae Cassia senna L. Sannay Under shrub Bowel pro	
17. Celastraceae Celastrus paniculatus Willd Malkangni Shrub Rheuma	
18. Chenopodiaceae Salsola kali L. Sajji Herb Coug	1 .
19.CombretaceaeTerminallia arjuna (Roxb.) Wgt. & Arn.ArjunTreeHeart ail20.CombretaceaeTerminallia bellirica Roxb.Kali musliTreeCough and	
· · · · · · · · · · · · · · · · · · ·	
21. Combretaceae Terminalia chebula Retz. Harra Tree Coug 22. Combretaceae Anogeissus pendula Edgew. Kardhai Tree Dysent	
23. Convolvulaceae Argyreia nervosa Burm.f. Budhwara Climber Weakn	
24. Convolvulaceae <i>Ipomoea mauritiana</i> Jacq Badari karnd Climber Fit	Tuber part (Paste)
25. Convolvulaceae Ipomoea pestigridis Jacq. Ghutla Climbing shrub Stone	
26. Costaceae Costus specious (Koening) Sm. Kaukand Herb Rheuma	`
28. Cucurbitaceae Benincasa hispida Thunb. Bhoora Kumhda Climber Urinary tr	1 ,
29. Cucurbitaceae Coccinia grandis L. Sonpataruka Climber Throat pro	
30. Cucurbitaceae Bryonopsis laciniosa Linn Shivlingi Climber Pregna	
27. Cucurbitaceae Citrullus colocynthis Schrad. Indrayan Shrub Diabet	•
31. Dioscorneaceae Dioscorea bulbifera Linn. Barahi kand Climber Weakn	ess Tuber part (Powder)
34. Euphorbiaceae Euphorbia hirta Linn Bari dudhi Herb Rheuma	tism Whole plant (Extract)
35. Euphorbiaceae Euphorbia thymifolia Linn. Chhoti dudhi Herb Gastric pr	
36. Euphorbiaceae Phyllanthus fraternus Webster Bhui-amla Herb Swelli	ng Whole plant (Decoction)
32. Euphorbiaceae Jatropha curcas Linn. Ratanjot Shrub Rheuma	
33. Euphorbiaceae Ricinus communis Linn Arandi Small tree Rheuma	
38. Fabaceae Cirtoria lematea Linn. Aparajita Climber Sciati	` '
37. Fabaceae Pueraria tuberosa DC Patal kumhda Herb Weakn	
39. Fabaceae <i>Pongamia pinnata</i> Pierre. Karanj Tree Piles	
40. Flacourtiaceae Flacourtia indica Merr. Kevti Shrub Dysent	
41. Fumariaceae Fumaria officinalis L. Pitt-papra Herb Cold, Cou	whole hight (Decocition)
42. Gentianaceae Swertia chirayita Buch. Ham. Ex. C.B. Chirayata Herb Diabet	, in the second of the second
43. Lamiaceae Coleus amboinicus Lour; CA Paather chur Herb Stone	
44. Lamiaceae Ocimum sanctum Linn Tulsi Herb Skin dise	, ,
45. Laurnaceae Litsea monopetala Roxb. Meda Tree Dysent	· /
47. Liliaceae Gloriosa superb Linn Kalihari Climber Pregna	` ′
48. Liliaceae Smilex perfoliate Lour. Ram datun Climber Leucorn	` /
49. Liliaceae Allium porum L. Jangli Lahsun Herb Rheuma	
50. Liliaceae Drimia indica Roxb. Jangli piyaz Herb Scorpion 46. Liliaceae Aloe barbadensis Mill. Gvar pada Rosettes herb Diabet	
46.LiliaceaeAloe barbadensis Mill.Gvar padaRosettes herbDiabet51.MalvaceaeHibiscus rosasinensis L.GurhalSmall treeVertig	
51. Marvaceae Hibiscus rosusmensis E. Guinai Sinai dee Ventg	
52. Menaceae Azadirachia inaica A. Juss. Neem feve	r Bark (Decoction)
53. Meliaceae Melia azedarach Linn. Maha neem Tree Piles	, ,
54. Menispermaceae Tinospora cordifolia Willd. Gurvel Climber Anem	`
55. Mimosaceae Acacia nilotica Linn. Babul Tree Cough and	
56. Momosaceae Acacia catechu Willd. Khair Tree Cough and 57. Moraceae Ficus bengalensis Linn. Bad Tree Weakn	
57.MoraceaeFicus bengalensis Linn.BadTreeWeakn58.MoraceaeFicus religiosa Linn.PipalTreeWeakn	
59. Myrtaceae Syzygium cumini Linn. Jamun Tree Diabet	
60. Nyctaginaceae Boerhaavia diffusa L. Punarnava Herb Swelli	* .
61. Oleaceae Nyctanthes arbortristis Linn Harshingar Small tree Rheuma	
62. Piperaceae Piper longum L. Ledi piper Climber Throat pro	
63. Piperaceae Piper betel Linn. Kuramdan Climber Throat pro	
64. Plumbaginaceae Plumbago indica L. Raktbirad Shrub Skin dis	
65. Sapotaceae <i>Manilkara hexandra</i> Roxb. Khirni Tree Weakn	
69. Solanaceae Solanum nigrum L Mak Herb Swelli	
66. Solanaceae Withania somnifera Dunal. Ashwgandha Shrub Weakn	
67. Solanaceae Datura innoxia Mill. Pila dhatura Shrub Skin dise	
68. Solanaceae Datura stramonium Linn. Safed dhatura Shrub Body p	
70. Trapaceae Trapa natans L. Singhara Herb Intestinal	ulcer Fruit (Powder)
	onia Whole plant (paste)
73. Verbenaceae Lippia nodiflora L. Jalpipali Herb Pneumo 71. Verbenaceae Vitex negundo Linn. Nirgundi Shrub Rheuma	

72.	Verbenaceae	Tectrona grandis L.	Sagun	Tree	Skin disease	Leaf (smoke)
74.	Vitaceae	Ampelocissus amottiana Planch.	Jangli Angur	Climber	Weakness	Root (Powder)
75.	Vitaceae	Cissus quadrangularis Linn.	Haadjod	Climber	Bone fracture	Stem (Paste)
76.	Vitaceae	Leea macrophylia Roxb.	Hatkan	Herb	Cur, swelling,	Root (Paste)

Table 2: Plants with local name, parts used in medicine by the traditional herbal healers of Narsinghpur district

S. No.	Family	Botanical name	Local name	Habit	Diseases	Plant part used/formulation
1.	Acanthaceae	Andrographis paniculata Wall. Ex. Nees.	Kalmegh	Herb	Snake bite	Whole plant (Decoction)
2.	Amaranthaceae	Achyranthes aspera L.	Chirchita	Herb	Tuberculosis	Root (Powder)
3.	Anacardiaceae	Mangifera indica L.	Aam	Tree	Diabetes	Leaf (powder)
4.	Anacardiaceae	Semecarpus anacardium L.F.	Bhilwa	Tree	Diabetes	Fruit (Powder)
5.	Apiaceae	Coriandrum sativum L.	Dhania	Herb	Blood pressure	Leaf (powder)
6.	Apocynaceae	Wrightia tinctoria R.Br.	Indraj	Tree	Bone fracture	Bark (Powder)
7.	Apocynaceae	Vallaris solanaceae O. Ktze	Chodhari bela	Climber	Hanthi paon	Stem part (Paste)
8.	Araceae	Pistia stratiotes L.	Jalkumbhi	Water	Snake bite	Climber (Decoction)
9.	Araceae	Acorus calamus (Raf.) Raf.	Buch	Herb	Fit	Rhizome (Paste)
10.	Asclepiadaceae	Tylophora indica Burm. F.	Dam bel	Climber	Asthma	Leaf (Powder)
11.	Asclepiadaceae	Gymnema sylvestre R.Br.	Gudmar	Bel	Diabetes	Leaf (powder)
12.	Asteraceae	Centratherum anthelminticum Willd.	Kadu jira	Herb	Tuberculosis	Seed (Powder)
13.	Bombacaceae	Bombax ceiba L.	Semal	Tree	Leucorrhea	Bark (Powder)
14.	Celastraceae	Cassine glauca Rottb.	Jamrasi	Tree	Rheumatism	Bark (Powder)
15.	Celastraceae	Celastrus paniculatus Willd.	Malkangni	Herb	Rheumatism	Root (Powder)
16.	Celastraceae	Maytenus senegalensis Lam.	Khakholi	Shrub	Swelling	Root (Paste)
17.	Combretaceae	Terminalia arjuna Bedd.	Arjun	Tree	Diabetes	Bark (powder)
18.	Cucurbitaceae	Lagenaria siceraria Molina.	Kadvi lauki	Climber	Asthma	Fruit (Powder)
19.	Cucurbitaceae	Terminallia chebula (Gaertn.) Retz.	Bal harr	Tree	Asthma	Fruit (Powder)
20.	Cucurbitaceae	Cassia occidentalis L.	Kasondi	Tree	Rheumatism	Seed (Powder)
21.	Cucurbitaceae	Momordica charantia L.	Karela	Climber	Diabetes	Leaf (powder)
22.	Cucurbitaceae	Citrullus colocynthis L.	Indrayan	Herb	Sunstroke	Root (Powder)
23.	Euphorbiaceae	Phyllanthus niruri L.	Bhui anola	Herb	Jaundice	Whole plant (Decoction)
24.	Euphorbiaceae	Jatropha curcas L.	Chandarjot	Shrub	Menstrual problem	Latex (Juice)
25.	Fabaceae	Butea monosperma (Lank.) Kutze	Palash	Tree	Eye diseases	Root (Juice)
26.	Fabaceae	Abrus precatorius Linn.	Gumchi	Herb	Eye diseases	Root (Juice)
27.	Fabaceae	Trigonella foenum-graecum L.	Methi	Herb	Diabetes	Seed (powder)
28.	Fabaceae	Mucuna pruriens L.	Kiwach	Climber	Impotency	Seed (Powder)
29.	Fabaceae	Pongamia pinnata L.	Karanj	Tree	Skin diseases	Leaf (Paste)
30.	Fabaceae	Glycyrrhiza glabra L.	Muledi	Herb	Fit	Root (Paste)
31.	Fabaceae	Clitoria ternatea L.	Aparajita	Tree	Sciatica	Root (Decoction)
32.	Liliaceae	Smilax perfoliata Linn.	Ramdatun	Herb	Blood pressure	Root (powder)
33.	Liliaceae	Asparagus racemosus Willd.	Satawar	Climber	Impotency	Root (Powder)
34.	Liliaceae	Chlorophytum arundinaceum Baker.	Safed musli	Climber	Impotency	Root (Powder)
35.	Liliaceae	Gloriosa superb L.	Kalihari	Herb	Leucorrhea	Tuber part (Paste)
36.	Liliaceae	Allium sativum L.	Lahsun	Herb	Fit	Bulb part (Paste)
37.	Martyniaceae	Martynia annua L.	Bagnakha	Shrub	Snake bite	Root (Decoction)
38.	Meliaceae	Azadirachta indica A. Juss.	Neem	Tree	Tuberculosis	Bark (Powder)
39.	Menispermaceae	Tinospora cordifolia (Willd.) Miers.	Giloy	Climber	Tuberculosis	Root (Powder)
40.	Myrtaceae	Syzygium cumini Linn.	Jamun	Tree	Diabetes	Fruit (powder)
41.	Oleaceae	Jasminum officinale L.	Chameli	Shrub	Eye disease	Root (Juice)
42.	Papaveraceae	Argemone Mexicana L.	Satayanasi	Shrub	Sunstroke	Root (Powder)
43.	Rutaceae	Citrus medica L.	Nimbu	Small tree	Rheumatism	Bark (Powder)
44.	Sapotaceae	Madhuca indica J.F. Gmel.	Mahua	Tree		Flower (Juice)
45.	Solanaceae	Solanum anguivi Lam.	Bhatkataiya	Herb	Asthma	Root (Powder)
46.	Solanaceae	Atropa acuminata Royle. ex Lindley.	Kardona	Small tree	Tonsillitis	Root (Paste)
47.	Sterculiaceae	Helicteres isora Linn.	Anthi	Climber	Dysentery	Root (Powder)
48.	Vitaceae	Leea macrophylla Roxb. ex Hornem.	Hathpan	Shrub	Dysentery	Root (Paste)
49.	Zingiberaceae	Costus speciosus (J. Koenig) Sm.	Keukand	Herb	Blood pressure	Tuber part (paste)
50.	Zingiberaceae	Zingiber purpureum (J. Koenig) Link ex A. Dietr.	Jangli adrak	Herb	Jaundice	Root (Paste)

Table 3: Plant species used habit wise as medicine

Dlant was d habit miss	Dis	Total	
Plant used habit wise	Seoni	Narsinghpur	Total
Climber	17 (22.37%)	10 (20.00%)	27 (21.43%)
Herbs	24 (31.58%)	18 (36.00%)	42 (33.33%)
Shrubs	14 (18.42%)	6 (12.00%)	20 (15.87%)

Trees	21 (27.63%)	16 (32.00%)	37 (29.37%)
Total	76 (100.00%)	50 (100.00%)	126 (100.00%)

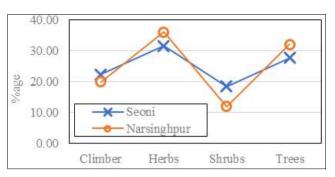


Fig 1: Percentage Plants species used habit wise as medicine at Seoni and Narsinghpur district

Traditional herbal remedies contain many remedies for a single disease in various medicines; one is selected by the pharmacist according to the symptoms and the second results. Several plants are used in the event of a single disease depending on their availability in the region. Some of the most commonly used plants by the nations of Central India for outstanding diseases were recorded during the current study. Corrective measures are recorded in the nations of the learning environment. It is interesting to note that rural communities still relied on herbal remedies and used to take herbal remedies from their local healers. The parts of the plants used and the formulation of the medicine for traditional healers are written down for the first time in these regions and presented in this paper. Out of 126 plant species of study area 33.33% species of herbaceous plant, 15.87% species of shrubs, 29.37% species of trees and 21.43% species of climbers are used in preparation of traditional medicines. 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) [24] 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, 1975) [25-26], Rai and Nath (2005) [21]. 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, 1975) [25-26] has concluded similar study on the plants used in medicine by tribals of Mahakoushal region of Madhya Pradesh. Oomachan and Masih (1992) [27] have also studied the ethno-botany of Pachmarhi region of Madhya Pradesh. Traditional knowledge on ethno-medicinal uses prevailing in tribal pockets of Chhindwara and Betul districts, Madhya Pradesh, India (Nath and Khatri, 2010) [28]. Gowthami, et al. (2021) [29] Status and consolidated list of threatened medicinal plants of India and Radha, et al. (2021) [30] Documenting Traditional Knowledge before they are forgotten: A Study on the Ethnomedicinal uses of Wild Plants by Rural People of Jubbarhatti in District Shimla. However, such documentation work in Seoni and Narsinghpur district of Madhya Pradesh, India has so far not been published in detail.

Conclusion

Recorded information from pharmacists indicates that the tribes of these regions have good knowledge of medicine.

Combined efforts of ethnobotanists, phytochemists, pharmacologists are required to document and evaluate the efficacy and safety of claims. Majority of plant species used are belonging to family Caesalpiniaceae, Euphorbiaceae and Liliaceae in district of Seoni. The preparations are made from leaves, bark and underground parts (like root, rhizome etc.). The percentage of method of preparation of various formulation includes plants applied as paste are 32.00%; those crushed in the form of powder and applied are 31.00%; applied as decoction are 23.00%; applied as extract and juice 10.00% and other applied as oil, smoke and chew are 4.00%. While in Narsinghpur district majority of plant species are used from family Fabaceae, Liliaceae and Celastraceae.

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