

STUDY ON ETHONEMEDICINAL PLANTS OF RANCHI DISTRICT, JHARKHAND, INDIA

Pushpa Salo Linda

Deptt. Of Botany, Jamshedpur Worker's College, Jamshedpur, Jharkhand, India.

ABSTRACT

Ranchi district is rich in forest wealth and Ethnic communities. Each ethnic community maintains a Traditional Wealth Care System on local floras. Despite on modern civilization, the tribal still dependent on the ancient method of treatment and herb of ethnic value which they find easily and think most effective and convenient. There are many ethnobotanical as well as ethnomedicinal plants which are used by traditional societies for the ailment of different types of diseases. Some of them are *Boerhavia diffusa*-Punarnava, *Adhatoda vasica* – Vasak, *Aegle marmelos* – Bael, *Ricinus communis* – Arandi *vitex negund* – Sindwar, *Madhuka langifolia* – Mahua, *Pangamia pinnata* – Karanj, *Dchleichera oleose* – Kusum, *Terminalia arjuna*, *T. Behera*, *T. chebula* – Harra, *Bombox ceiba* – Shimal, *Syzgium cumini*- Jamun, *Bambura anrudinacea* – Bamboo, *Mangifera indica*- Aam etc. some plants are used in Social Forestry Programmes as agro-forestry and road side plantation. For the conservation of traditional knowledge of their health benefit, they try to conserve, protect the ethanomedicinal plants, around them. Their religious practices also help in its conservation of biodiversity.

Key Words: Ethnomedicinal plants, religious practices, agro-forestry, Socio-religious.

INTRODUCTION

Traditional knowledge of the tribal and local communities is passed through generation after generation as orally (Jain, 1991). During the last 50-55 years various research institutes, Universities colleges and institutions collected large amount of ethno-botanical information The outcome of project launched by ministry of Environment and Forest, Government of India, New Delhi has recorded 9500 plant species for various ethno-botanical uses such as medicinal plants (7500 species) edibles (3900 species), and for the miscellaneous purpose (2325 species) (Anonymous, 1994).

Ranchi District is also rich in the forest wealth and Ethnic Communities. They have Traditional Healthcare System based on local floras. Plants part like root, stem, leaves, flowers, barks, seeds, fruits are used for the remedy of many diseases for their Traditional Healthcare System, they have to depend on Jari-Butti. So they protect the plants having the medicinal value and also they provide their medicinal knowledge to their children, grand children for their healthcare. Their traditional beliefs and uses of plants for traditional and religious customs and practices enhances the conservation of plant diversity.

MATERIALS AND METHOD

Ethno-botanical information of the plants used for medicinal purpose was gathered by conducting field trips to the villages in different season. And during our survey, elderly people, Pahan, Vadihya in villages were interviewed. The information about medicinal plants was repeatedly conformed through the discussion with various informants at different times and in different localities. Plant specimens were photographed, collected and identified with the help of standard floras.

The plants are enumerated in the alphabetical Sequence along with botanical name, family, local name followed by their medicinal uses.

RESULTS AND DISCUSSION

This survey revealed that the traditional communities have rich traditional knowledge pertaining to the use of plant resources available around them. The study revealed that the ethno-medico-botanical knowledge is confined to older generations mostly. So, it is feared that with the passing of time some valuable information relating to ethno-botany of the area may be lost. So it is the time for documentation of the indigenous knowledge.

Tribal and Indigenous population of Ranchi district uses different part of various plants in their ancient method of treatment of cure different diseases and ailments. It not only promotes good health but also help in maintain a balanced ecological environment. Plants, that are used in traditional health care are described in table –I.

Table 1 : List of plant species and their medicinal uses.

SI No.	Plants Name	Family	Local Name	Medical Uses
1.	<i>Anona squamosa</i>	Annonaceae	Sharifa	Anemic Patient
2.	<i>Adhatoda vasica</i>	Acanthaceae	Vasak	Given in Asthama
3.	<i>Aegle marmelos</i>	Rutaceae	Beal	Ripe fruit is aromatic, astringent cooling and laxative. The unripe or half ripe fruit is given in dysentery.
4.	<i>Azadiracta indica</i>	Meliaceae	Neem	Dried leaves are used for blood purification. The fresh juices of leaves are used in skin diseases.
5.	<i>Amaraanthus spinosus</i>	Amaranthaceae	Chawlai Sag	Leaves are used for Haemoglobin.
6.	<i>Asparagus racemosus</i>	Liliaceae	Satavani	Piles
7.	<i>Boerhavia diffusa</i>	Nyctaginaceae	Punarnawa	Eaten by Anemic Patient
8.	<i>Banhinia variegata</i>	Caesal piniaceae	Kachnar	Tender leaves are eaten by Anemic Patient.
9.	<i>Celastrus paniculata</i>	Celatraceae	Kujuri	Taken by Anemic Patient
10.	<i>Cajanus cajan</i>	Papilionaceae	Arhar	The juice of leaves are used with sugar candy for jaundice.
11.	<i>Centela asiatica</i>	Umbelliferae	Brahmi	Leaves are used in Jaundice.
12.	<i>Cassia tara</i>	Caesalpinaceae	Chakunda	Tender leaves are used as vegetable, which is beneficial for anemic and diabetic patient.
13.	<i>Carica Papaya</i>	Caricaceae	Papita	After child birth, boiled papaya is given to mother.
14.	<i>Curuma langa</i>	Ziziberaceae	Haldi	Row Zinger used for removing clotted blood.
15.	<i>Diospyros malabarica</i>	Ebenaceae	Tendu	Dried fruits are used in dysentery.
16.	<i>Emblica officinalis</i>	Euphorbiaceae	Amal	It is richest source of Vitamin-‘C’ It is given in dysentery also.
17.	<i>Enhydra fluctuance</i>	Asteraceae	Muchri Sag	Leaves are eaten for Haemoglobin

18.	<i>Ficus infictoria</i>	Moraceae	Phutkal	Tender leaves are boiled and dried and then given in dysentery.
19.	<i>Ficus glomerulata</i>	Moraceae	Gular	Fruits are used in dysentery.
20.	<i>Hibiscus rosa sinensis</i>	Malvaceae	Urhul Phul	Buds are eaten by Anemic Patient.
21.	<i>Mangifera indica</i>	Anacardiaceae	Aam	Juice of roasted unripe fruits is given to patient of Loo (Hot wind stroke).
22.	<i>Moringa oleifera</i>	Moringaceae	Sahjan, Munga	Leaves are eaten in Blood Pressure
23.	<i>Mimosa pudica</i>	Moimosaceae	Chui-Mui (Lajwanti)	Leaves fruits or root is given with Sugar Candy for piles.
24.	<i>Madhuka longifolia</i>	Sapotaceae	Mahuwa	Oil is used in removing pain of stomach.
25.	<i>Ocimum sanctum</i>	Lamiaceae	Tulsi	Leaves are used in Cough & Cold
26.	<i>Pangamia pinnata</i>	Papilionaceae	Karanja	Seeds oil is used in the treatment of skin diseases.
27.	<i>Punica granatum</i>	Punicaceae	Anar	Used in Piles
28.	<i>Ricinus Communis</i>	Euphorbaiceae	Arandi	Tender shoots, branches are used in toothache.
29.	<i>Salmaal Malabaricum</i>	Bombacaceae	Semul	After boiling of bark given to Anemic Patient.
30.	<i>Syzygium Cumini</i>	Myrtaceae	Jamun	Fruits is used by Anemic Patient.
31.	<i>Shorea robusta</i>	Dipterocarpaceae	Sal	The dried seeds are after boiling
				Converted into powder and given to dysentery patient.
32.	<i>Swertia chirayta</i>	Gnetianaceae	Chiraita	Tonic
33.	<i>Tamarindus indica</i>	Caesalpiniaceae	Imli	The fruits are edible and are used as carminative and laxative. Power of tender dried leaves is used in dysentery.
34.	<i>Terminelia bellirica</i>	Combretaceae	Bahera	The ripe dried fruit is astringent, bitter tonic and laxative. It is given in piles, diarrhea, headache etc.
35.	<i>Terminelia chebula</i>	Comberataceae	Harara	The fruits are of medicinal value. The fruit pulp is given in Diarrhea, Dysentery, Vomiting etc.
36.	<i>Vitex negundo</i>	Verbinaceae	Sindwar	Leaves are used.
37.	<i>Vinca rosea</i>	Apocynaceae	Sadabahar	Leaves are used in blood pressure, diabetes.

Although the World Health Organization (WHO) encourages the use of traditional herbal medicines, which have been proven to be safe and effective for health care needs (Anonymous, 1993) it appears imperative to evaluate the medicinal efficiency of such plants. Such attempts will help integrate the traditional medicine with the modern system of medicine, thereby making science of it. It is obvious that herbal medicines have good potential, which had not yet been sufficiently explored for utilization in primary health care.

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