CHAPTER VI

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The information recorded from herbal healers indicated that the tribals of these regions possess good knowledge of herbal drugs. The collective efforts of ethnobotanists, phytochemists, pharmacognostists and pharmacologists are needed to document and evaluate the efficacy and safety of the claims. Majority of plant species used are belonging to family Liliaceae, Fabaceae and Caesalpiniaceae in study area. The preparations are made from underground parts (like root, rhizome etc), leaves, whole plants and bark. The percentage of method of preparation of various formulation includes plants applied as plant parts powder made from fresh or dried plant parts (28%), juice extracted from the fresh plant parts (26%), applied as a paste (24%), decoction (18%), and other methods (burnt /smoked /chewed) (4%). The remedies were administered orally or used externally according to the disease and preparation method. Some of the patients treated by traditional herbal healers of the study sites have been contacted and enquired about the success of the treatment given to them. Most of the patients are found fully satisfied having full faith with the treatment given by herbal healers to cure various diseases prevailing among tribal/village communities. The duration of the treatment in general was from seven to fifteen days as documented from the herbal healers. The formulation of the medicine prepared from a particular plant/plant parts have also been documented from the traditional herbal healers and presented in the tables.

An immense need is felt to validate the knowledge of herbal preparations or drugs in a scientific manner so that these drugs may be used in clinical practices with authersity. This can establish therapeutic properties of these preparations for safe and longer use. The indigenous knowledge and uses of herbal medicinal plants of a
particular area have to be analyzed to develop appropriate management measures (ex situ and in situ conservation) for best utilization of natural resource.

The survey indicated that the study area has plenty of medicinal plants to treat a wide spectrum of human ailments. Earlier studies on traditional medicinal plants also revealed that the economically backward local and tribal people of Chhattisgarh prefer folk medicine due to low cost and sometimes it is a part of their social life and culture. It is evident from the interviews conducted in different villages of Bilaspur, Jashpur and Kanker district of Chhattisgarh; knowledge of medicinal plants is limited to traditional healers, herbalists and elderly persons who are living in rural areas. This study also points out that certain species of medicinal plants are being exploited by the local residents who are unaware of the importance of medicinal plants in the ecosystem. This study concluded that even though the accessibility of western medicine for simple and complicated diseases is available, many people in the studied parts of Bilaspur, Jashpur and Kanker district still continue to depend on medicinal plants, at least for the treatment of some simple diseases such as cold, cough, fever, headache, poison bites, skin diseases and tooth infections. Well knowledge healers have good interactions with patients and this would improve the quality of healthcare delivery. The present day traditional healers are very old. Due to lack of interest among the younger generation as well as their tendency to migrate to cities for lucrative jobs, there is a possibility of losing this wealth of knowledge in the near future. Thus it becomes necessary to acquire and preserve this traditional system of medicine by proper documentation and identification of specimens.

The survey showed that a large number of medicinal plants are used in herbal medicine for treating different ailments. The knowledge of the use of plants to treat diseases has been with the people for generations but has not been recorded. This
knowledge remains mostly with the traditional medical practitioners who are mostly old people. Most of the medicinal plants are sourced from the wild. In addition to their medicinal uses, some of these plants have other uses. The local population should be educated on sustainable methods of harvesting plants to treat diseases today without compromising their availability for future use. The youth should also be encouraged to learn the traditional medicinal knowledge to preserve it from being lost with the older generation.

The current over-exploitation and soil compaction due to trampling seem to limit the ability of some species to regenerate. Efforts should be made to start sustainable cultivation and harvesting programs for the plants of ethnomedicinal values of this region. Research on exploitation mechanisms, marketing and strategies to improve the livelihoods of the local population is needed to contribute to a plan for the long term sustainable management of this important resource.

It can thus be concluded from study that the traditional healers have highly specialized indigenous knowledge of medicinal plants. The medicinal plant resources of the (Appendix- 1 List of rare medicinal plants of Chhattisgarh) region are diminishing due to over exploitation of certain species, illegally trading, laying of roads and other developmental works (that causes destruction of their habitats). As the people of this community inherit a rich traditional knowledge and documentation of this knowledge has provided novel information from the area. This will not only provide recognition of this undocumented knowledge but will also help in conservation of such rare, gradually vanishing important medicinal plants used for snake bite and other diseases. These highly interesting findings require further research, while the efficiency of the various indigenous practices will need to be
subjected to pharmacological validation. Finally, we are advocating merely recording
the use of plant products by a people in a little known region of India.

There is always a hunt for rich ethno botanical knowledge for ethno botanical
studies of medicinal plants. Medicinal traditional knowledge (TK) is still transferred
from grandfathers and parents to younger generation but seems to be aging. Medicine
of household as opposed to medicine of the healers has proven to be an important
source of TK associated with the use of medicinal plants in traditional therapy and
should be therefore, taken into consideration in ethnobotanic studies of medicinal
plants. Further, this research has placed on record the local uses of medicinally
important plants which were interviewed among 125 local people of study area. The
traditional healers are the main source of knowledge on medicinal plants. In study
area, many local people are going for agriculture and sustainable harvesting of plants
with medicinal value which helps not only in conservation of these traditional
medicinally important plants but also in marketing of these plants and their products
for economic growth of the people. Finally, to conclude, this research work will
attract the attention of ethno botanists, phytochemists and pharmacologists for further
critical investigation of indigenous rare medicinal plants present in the districts of
Chhattisgarh, India.

Recommendation

1. There is an immense need to provide scientific evidence in favor of this traditional
   knowledge through proper scientific validation.

2. The need for identification of possible side effects if any in order to limit
   complications that might occure due to misuse of such plants.
3. The need to establish conserved areas in the region aiming to protect endangered species through establishment of societies that encourage plant protection and maintenance of medicinal plants.

4. The need for preserving knowledge through documentation and encouragement of traditional healers by providing them scientific evidence in support of their knowledge.

5. The need for specially designed educational programs that deals with the safe use of herbal medicine and this can be done through the Ministry of Education or any other concerned governmental body and non government organizations.