"Man, ever desirous of knowledge, has already explored many things, but more and greater still remains concealed; perhaps reserved for far distant generations, who shall prosecute the examination of their creator's work in remote countries and make many discoveries for the pleasure and convenience of life ...."

The above quotation of Linneaus explains the relationship between medicinal plants and their ethnic utilization.

Archaeological or paleobotanical evidences about collection, use and cultivation of any plant products by early man for food, house-building, etc., (Van Zeist and Caspaire, 1984) and references to herbal medicines in ancient scriptures suggest a very long history of ethnobotany. Yet the word ETHNOBOTANY was applied to such knowledge by Harshberger (1895) less than a century ago and till a few years ago. The only book on the subject was Introduction to Ethnobotany by Faulks (1958).

The term ethnobotany should rightly be applied to natural and direct relationship with plants of any people, at any level of antiquity, primitiveness or acculturation and even to the most sophisticated of gentlemen and women if the latter associate only particular plants with festivals or offer flowers or fruits to their gods or deities. Recall the paradise flower, plants of Bible, worship of Basil (Tulsi) or Lakshmi, the Goddess of prosperity on Lotus. Yet, ethnobotany is generally taken as the science of relationships of only the primitive or aboriginal people with plants.

The recent re-discovery of the remarkable medicinal properties of certain plants like species of Rauwolfia, Ephedra, Panax, Podophyllum and Commiphora gave new impetus to ethnobotany and during the last three decades several hundred papers have been published on ethnobotany, but mainly on folk-medicine. The term ethnobotany has often been considered synonymous with traditional medicine or with economic botany. The scope, concepts and implications of ethnobotany have been expanding at a very fast rate (Schultes, 1962; Ford, 1978; Jain, 1967, 1986, 1987a, b; 1989).
Studies on special aspects of botany, like systems of classification, medicinal uses, paleobotany, ecology, etymology of plant names etc., are also sub-disciplines and have been termed as ethnotaxonomy, ethnomedicobotany, ethnoecology, paleoethnobotany, etc.

World is endowed with a rich wealth of medicinal plants. Herbs have always been the principal form of medicine in India and presently they are becoming popular throughout the developed world, as people strive to stay healthy in the face of chronic stress and pollution, and to treat illness with medicines that work in concert with the body's own defences. People in Europe, North America and Australia are consulting trained herbal professionals and are using the plant medicines. Medicinal plants also play an important role in the lives of rural people, particularly in remote parts of developing countries with few health facilities. It is estimated that around 70,000 plant species have been used at one time or another for medicinal purposes. In Ayurveda about 2000 plant species are considered to have medicinal value. The Chinese Pharmacopoeia lists over 5700 traditional medicines, most of which are of plant origin.

In the present time, a variety of medicinal plants of commercial importance face extinction due to increase in demand and destruction of their habitats due to urbanization and industrialization. The conservation and cultivation of medicinal plants assume great importance. The strategies for conservation of medicinal plants are:

1. **In-situ conservation**

    The best way of conserving medicinal plants biodiversity is to conserve them in their natural habitat. Biodiversity and genetic variability form the bases for evolution of species to take place. Significance of in-situ conservation lies in the fact that it is the only way by which maximum biodiversity and genetic variability within species can be conserved.

2. **Ex-situ conservation**

    The measures have include Medicinal Plants Development Area (MPDA) and Medicinal Plants Conservation Parks (MPCP), Medicinal forms, gene banks, House / School / College / Community herbal gardens.
Destructive harvesting and over-harvesting, habitat loss and invasive alien species have all resulted in the loss endangerment of very useful medicinal plants from wild sources have greatly dwindled. This has forced the mass cultivation of medicinal plants.

Herbal medicine is still the mainstay of about 75-80 per cent of the world population. The WHO has recently defined traditional medicine as comprising therapeutic practices that have been in existence, often for hundred of years, before the development and spread of modern medicine and are still in use today. Or say, traditional medicine is the synthesis of therapeutic experience of generations of practicing physicians of indigenous system of medicine.

From his first awakening man has sought to fight and control diseases, and turned to nature for inspiration and guidance. During thousands of years of early human existence many natural materials by instinct or intuition or trial and error got in use for combating human ailments. Thus traditional systems of medicine such as Ayurveda, Unani, Siddha, Homeopathy, etc., lean heavily on natural products. Natural products have been derived from higher plants, microbes or animals. Traditional healers have left voluminous treatises from which many formulations have been taken which are currently in use. None the less, as the preparation of drugs has become commercial, an urgent need has arisen to have a quality control check on the various formulations to assure the consumer a supply of efficacious drugs.

In indigenous/ traditional systems of medicine, the drugs are primarily dispensed as water decoction. Fresh plant parts, juice or crude powder are a rarity rather than a rule. The traditional drug possesses chemical substances i.e., secondary metabolites, which are grouped as alkaloids, glycosides, corticosteroids, essential oils etc.

Traditional healing arts are generally based on a single medicinal plant drug or multiple drug. In such circumstances the medicinal plant used for the preparations of a drug should be authentic and genuine. Hence, scientific methods of standardization is needed to confirm the authenticity of medicinal plants used in the preparation of drug. To standardize or to evaluate the crude drug means to
identify it and to determine its quality and purity. The identification of crude drug can be established by actual collection of the drug from a plant that has been positively identified. It can be analysed through modern methods like TLC, HPTLC and HPLC. The evaluation or standardization of a crude drug involves a number of methods that may be grouped as (a) Organoleptic, (b) Pharmacognostic, (c) Phytochemical and (d) Pharmacology.

*Premna* is the largest genus of Verbenaceae comprising of about 250 species. Gamble (1935) recorded 12 species in South India and Henry *et al.* (1987) reported 10 species and 3 varieties in Tamilnadu. *Premna tomentosa* Willd. has many medicinal properties and it also finds a place in Siddha literature. According to Murugesan Mudhaliyar (1988) and other literature on medicinal plants, *Premna tomentosa* is said to possess certain therapeutic properties such as diuretic, antidiarrhoeal, curative for stomach disorders and liver and spleen enlargement. The plant with such promising pharmacological actions, seems to be restricted in distribution. A survey on the occurrence of the plant showed that it is facing a threat of survival. In order to preserve the plant and to prevent its natural death, some measures seems to be imperative. It is also pertinent to establish the scientific authentication of the folklore claims of the medicinal properties of *Premna tomentosa* Willd.

The present study focuses on conservation of the tree through simple propagation techniques, pharmacognostic standardization of the drug and evaluation of certain therapeutic potentials of the plant as claimed by the ethnomedicinal and folklore information.