CHAPTER-1. INTRODUCTION

India is a major centre of origin and diversity of medicinal plants. It is one of the twelve mega diversity nations in the world. The term Ethnobotany comes from two Greek words: Ethnos and Botane. Ethnos means 'people', and Botane means 'herb', so literally it would be considered as 'the study of people and herbs' or we can say as 'the study of people and plants (tree, shrubs and herbs)'. The term was coined by American taxonomic botanist John W. Harshberger in 1895. Ethnobotany deals with the immediate relationship between human societies and plants. India is a very fertile area for ethnobotanical studies, because of its rich diversity in flora. Many distinct ethnic groups and very large sections of society still traditionally dependent on bio-resources.

Ethnobotany is recognized as a multidisciplinary science comprising many interesting and useful aspect of plant science. Medicinal plants provide an efficient local aid to healthcare and disease free life. Traditional ethnomedical studies have in recent years received much attention in recent years due to their wide local acceptability and clues for new or lesser known medicinal plants. Traditional knowledge of herbal remedy to treat human diseases is fast declining in many parts of the world, including India. ‘Ethnobotany’ deals with the scientific documentation and exploration of traditional knowledge of plants (Harsberger, 1895). Ethnomedicine is the study of the beliefs and practices concerning illness in different human populations, it observed and describes hygienic, account temporal and spatial references. It is a system of medicine, practiced by people who until recently have lacked literature but are effective in handling the health problems of the respective communities. Ethnic groups of various regions of the world are the real custodians of nature’s wealth and are experts in herbal medicine.

The term “Ethnobotany” has often been considered synonymous with economic botany or with traditional medicine (Shah et al., 1981; Jain, 1987). The traditional indigenous knowledge which transferred orally for centuries is fast disappearing, because of the technological developments and changing culture of ethnic groups (Ganesan, et al. 2004). The first book published titled “aboriginal botany” described that the botanical investigations of native plants use, a term which was readily accepted by the academic communities over the next 25 years (Power, 1873).
In India, native or naturalistic medicine co-existed with superstition and metaphysics. The Indian civilization took the lead in phytomedicine as early as 5000 years ago. The traditional system of India, namely Ayurveda and Siddha system of medicine have contributed enormously to the branch of medicinal botany.

As Science of Life, the Ayurveda is the most popular classical and traditional system of medicine in India. The earliest records of use of biological products and primarily herbs in prevention and cure of diseases in India are found in the Vedic literature, the Rig-Veda, which is believed to have been written between 3500-1800BC. A more comprehensive account of plant based drugs is found in a later scripture Atharvanaveda. Later 8 divisions of Ayurveda, written probably between 2500 and 900 BC were the real foundations of ancient medicine. The period between 1000-700 BC witnessed publications of two monumental works the Charaka Samhita (1000-800 BC), primarily on medicine and Sushrut Samhita (800-700 BC) primarily on surgical practice.

Traditional medicine is widely used in India, particularly in rural areas, where 70% of the population lives. In India several premier institutions such as Council of Scientific and Industrial Research (CSIR), New Dehli. Central Drug Research Institute (CDRI), Lucknow. Botanical Survey of India (BSI), Kolkata and Tropical Botanical Garden and Research Institute (TBGRI) have kept considerable efforts to gather information on medicinal plants from different parts of the country. During the last two and a half decades, work has been initiated at National Botanical Research Institute (NBRI), National Bureau of Plant Genetic Resources (NBPGR), Central Institute of Medicinal and Aromatic Plants (CIMAP), Central Council for Research in Unani-Medicine (CCRUM). The World Health Organization (WHO) Newyork, Asia. Estimated that 80% of the people in developing countries of the world rely on traditional medicine for their primary health care needs and about 85% of traditional medicine involves the use of plant extract. This has been the scenario of ethno botanical inquiry.

The indigenous people have been using plants for healing since from more than thousands of years but their knowledge is poorly documented and is in danger of being lost. Hence there is a need to preserve the traditional knowledge of healing by herbs of communities and herially healing traditional practitioners by proper documentation. The present study fulfils the need of systematic documentation of traditional knowledge of Vijayapur district.
Study Area

Bijapur is well known for the great monuments of historical importance built during the Adil Shahi dynasty. The city was established in between 10th-11th centuries by the Chalukyas of Kalyan and was known as Bijjanahalli. The city was passed to Yadavas after Chalukya’s demise. The city came under the influence of the Khilji Sultanate in Delhi by late 13th century. In 1347, the area was conquered by the Bahumani Sultanate of Gulbarga. By this time, the city was being referred as Vijapur or Bijapur or Vijayapur (The city of victory). Vijayapur, Karnataka. Ironically the name Beejapur literally means replete with seeds in Sanskrit, meaning Pomegranate. Vijayapur is well known for its historical monuments of architectural importance built during the rule of Adil Shahi dynast.

The district Vijayapur (On October 17, 2014 Government Karnataka renamed the Bijapur, as Vijayapur and it has announced on November 1, 2014) of it is located between north latitude is situated at 16.83° North latitude, 75.7° East longitude and 606 meters elevation above the sea level. Vijayapur district has an area of 10541 square kilometres, and is located 530 km northwest of Bangalore and about 550 km from Mumbai and 384 km from Hyderabad. Vijayapur district is located in the northern part of Karnataka state. It falls in the northern maiden region, between 150 50’- 170 28’ north latitudes and 740 59’- 760 28’ east longitudes and lies between two major rivers namely the Krishna and the Bhima. This region is slope towards west to east. The district is bounded on the north by Sholapur district of Maharastra State, on the west by Belgaum district, on the east by Gulbarga district and on the south by Bagalkot district of Karnataka.

The district consists of dry and arid tract of the Deccan plateau. The temperature varies between 42° c during summer and 15°c winter season respectively. In May mean maximum temperatures is 40°. The climate of this region is arid, tropical and steppe type.

The soil of Vijayapur district area is rich in content of Basalt rock, magnetite, magnesium, aluminum and iron oxide. The Vijayapur district receives normal rainfall 578 mm, and the vegetation of this region is mainly dry and deciduous and may be broadly defined as vegetation on plains. Many local traditional practitioners (herbal healers) are collecting the plants which are available in this area to heal, cure and treat the diseases and disorders.
The present work “Ethnobotany and Traditional Practitioners: A Study in Bijapur District” taken up for the first time in Karnataka. In the absence of a study of ethnobotany of Vijayapur District, as revealed by critical survey of the relevant literature, it was contemplated to fill the gap with the following objectives.

**Objectives:**

1) Collection and identifications of traditionally used medicinal plants among villages of Vijayapur district

2) Documentation of traditional knowledge and use of medicinal plants for health benefits along with mode and administration

3) Development of a database of ethnobotanically important plants along with directory of the knowledgeable traditional practitioners who are resourceful

4) To compare uses of medicinal plants of Vijayapur District with other ethnobotanical research areas