SUMMARY AND CONCLUSION

Since the beginning of 20th century most researchers in the field of biology were focused on ethnomedicines. Worldwide expeditions and explorations were made to generate the data on medicinally important plants which are being used by various tribal communities and local peoples. It becomes the need of time for today, to use the plant based medicines as alternative healthcare system.

Ethnomedicine has become an interdisciplinary science. If we look at a scientific monograph of a medicinal plant, it can be concluded that knowledge of Alternative and Complementary Systems of Medicines like Ayurveda, Botany, Pharmacognosy, Phytochemistry, Biochemistry, Ethnopharmacology and Toxicology are important aspects of herbal medicine (McGinnis, 1991, Ratten, 2004, Singh, 2008).

Recently, there was explosive growth of plant based herbal drug industries. Data and meta-analysis have shown that more and more people are consulting herbal practitioners. It’s cheering that the WHO has also identified importance of herbal medicine. According to a study from U.S., 60-70%
patients living in rural areas all over the world are dependent on herbal medicine for their day to day diseases (WHO, 2000 and Singh, 2008).

Akola and Washim are two important districts located in northern side of the state Maharashtra having an area about 10,606 Sq. Km. Both the District also represents rich plant diversity with excellent ethnomedicinal wealth spreading over 812 Sq. Km. forest area. Some population of this study area is aboriginal. The tribal populations and their cultural heritage offer enormous scope for ethnobotanical and ethnomedicinal researchers. The Climate is typically subtropical type hence the most vegetation here is dry deciduous type. However, this area is having significant forest area specifically around river side vegetations and vegetation at the baseline of Melghat canopies. The major area excelling in plant diversity includes forest ranges like Patur Ghat, Katepurna, Sendona, Palodi and Narnala forest.

The present study was planned with following aims and objectives.

**AIMS AND OBJECTIVES**

- To survey the forest area and collect ethnobotanically important plants.
- Local names of the plants and their parts along with their important practices will be noted with their uses.
- To visit villagers and medicine men/vaidoos of these areas to collect the information about how they use the plants for preparing artifacts and medicines.
To prepare herbarium of collected plants species.

Photography of different articles prepared by villagers with the help of various plants.

To analyze and interpret the information gained from the villagers and medicine men with standard data.

To obtain the indigenous ethnomedicinal knowledge, author had visited several Vaidoos, Medicine men, tribals and village peoples. This investigation was done as per directions given by Alexides and Sheldon (1996) and Cotton (1996). All these informants were interviewed thoroughly to know more about the plants and plant parts used in medicine, different combinations and mode of administration on various ailments. Then, the ethnomedicinal plants were collected from the different forest area and local forests in the Akola District.

The collected plant specimens were photographed, dried and used for herbarium preparation. The plants were identified with the help of flora of Marathwada (Naik, 1998), and Flora of Maharashtra state (Singh et al., 2000). Herbarium specimen of each collected plants were deposited in the Department of Botany, Shri Shivaji College, Akola (MS) India.

Our results are in analogy with the work of Kamble and Pradhan (1980) and Dhore (2000) who analyze these study area by the morphotaxonomic view. The Phytochemical analysis also showed similarity with the work done by various workers. A wide range of antimicrobial activity was shown by the plant extract specially the
methanolic extracts. The similar reports on some of the members under study was produced by many workers.

From the present study it is clear that, the study area is having over 320 ethnomedicinal plant species which are routinely used by the tribal community and villagers on various ailments (only 145 species are reported here). The observations on ethnomedicinal importance of the collected plants indicates their potential to cure various ailments and also suggested why various tribal communities depends on these plants and plant products for their health. Among the presented plant species 18 plants used on cough and cold, asthma and bronchial disorders; 04 plants were used on fever and malaria, 04 on headache, 04 on headache. 26 plants were found to use on stomach related disorders including gastric problems, diarrhoea, dysentery etc. 22 plants used on urinary diseases, including syphilis and gonorrhea menstrual and sex related problems by tribal and local peoples to treat menstrual problems and 07 plants were used on scorpion and snake bite.

From the presented plant list, 05 plants are useful on eye infection, 06 on toothache and 07 on earache. Thirteen plants were found to use on general debility. Eight plants are used to treat rheumatic pain and 06 plants to jaundice.

The traditional medicine is an inseperable part of tribal and rural health care system. During the present investigation it found that basically the tribals do not use to reveal their ethnomedicinal treasure and only pass to their blood relatives from generation to generation. However, the author had contacted the
community heads and mukhiyas to interview the peoples who are practicing as herbal healers or medicine men. About 145 plants having ethnomedicinal values were presented here who are routinely used by tribals like Gond, Rajgonds, Bhil, Korku, Banjara and Andh communities and local peoples. It has been found that each community have their own system of health treatment. It is also an observation that one plant is being used on various ailments in different or the same community and some medicinal preparations are made up by the combination of more than one plants.

The author covered a wide range of areas and has been highly influenced by the informants knowledge, but honestly speaking there are some remote areas where author could not reach even with any helper. It was one of the worst experience that, most of the informants hide the real knowledge of plant medicines; they do not want to share it with others except their few blood relatives till their death. If they open up their real truth, the ethnobotany would emerge more effectively and work in realistic sense. Author tried to his level best to obtain the knowledge from such informants and inculcate in their mind the role played by the tribal peoples in the development of this discipline, but most of them denied.

Most of the peoples observed in this field are illiterate, non-qualified but very confident and honest in their profession. According to authors view, if such information remain hidden secretly till the death of informant to their succiding generation it would cause a great loss in the field. But if it get transfered on regular basis, each plant will have better ethnomedicinal illustrations in future.
Almost all the peoples except few from this area live just by their will. They are very clever, do not have much economic expectation and do not disclose the truth they have since their forefathers and only found interested in transfering the knowledge traditionally following their culture laid down by their ancestors.

Author also observed that the informants are very clever and experts in plant identification. They can identify the plants very quickly without flowers. This is only due to their continuous observation and attentiveness in the forest area.

The authors also gone through the history of forests. According to old informants and Vaidoo’s, the present forest was very thick at a time but due to continuous exploitations by all means each traps of forests is totally open out resulting the present discontinuous patchy forests.

Some plant species are decreasing very fastly for example cocchlospermum religiosus, only two plants observed in the Narnala forest area. Moreover some already become extinct in due course of time. It is duty of each informant that they should take care that every species must survive on earth as they use and there should not be over exploitation. They are only found interested in using the plant species and not their replantation. This only due to their un-awareness and illiteracy, they denied their own responsibilities.

After few decades in future very few Vaidoo’s and informants will be available because their population is found decreasing day by day and some of
them could not transfered their traditional knowledge to their successive generation.

During present study, author tried his level best to put some suggestions regarding the awareness in tribal informants. He inforced them to come forward with positive attitude to give the real information that they have, but most of them do not agree and replied in agony that this is their own property and do not want to disclose.

From this it can be concluded that, due to continuous harvesting and exploitation some of the plants in this area have decreased very fastly. There is a need to raise awareness among the local peoples and insist them for the cultivation of medicinal plants to meet their own needs and conservation of plant species. This will help to conserve the biodiversity and existing germplasm for the future use and researches. Collaborative research and integrated efforts are required to preserve the indiginous knowledge with tribal peoples. If all the informants come forward with positive attitude and broad minds, ethnobotany will be a highly flourished discipline in the near future.

The presented data reveals the ethnomedicinal information of different tribals like Gond, Rajgonds, Bhil, Korku, Banjara and Andh communities who are using the plant derived medicines to treat various ailments. This may proove a very useful information for new drug discoveries.