DISCUSSION

Increasing interest in ethnomedicinal plants as a re-emerging health aid has been fuelled by the rising costs of prescription drugs in the maintenance of personal health and well-being, and the bioprospecting of new plant-derived medicines and formulations. Based on current researches and financial investments, ethnomedicinal plants will, seemingly, continue to play an important role in health care system.

Ethnomedicinal plants are used at the household level by women taking care of their families, at the village level by medicine men or tribal leader or Vaidoo’s, and by the practitioners of classical traditional systems of medicine such as Ayurveda, Chinese medicine, or the Japanese Kampo system. According to the World Health Organization, over 80% of the world’s population relies upon such traditional plant-based systems of medicine to provide them with primary health care. Being the leading developing country, India has now focused on the herbals for obtaining better health results within affordable cost and which enhance the overall economy on other side.
The present investigation is focused on the collection of ethnomedicinal plants from the forest area and tribal patches of Akola District (MS) India. About 320 medicinal plants belonging to 88 families were collected (Data not shown). However, to avoid the repetition and to concise the writing work, only 145 plant species belonging to 57 plant families is presented here with their ethnomedicinal importance. Among the presented plant species, few plants are appearing for the first time with their ethnomedicinal importance. These are Careya arborea (Lecythedaceae), Coix lacryma-jobi (Poaceae), Grangea maderaspatana (Asteraceae), Grewia hirsuta (Tiliaceae), Luffa echinata (Cucurbitaceae), Pterocarpus marsupium (Fabaceae) and Triumfetta rhomboidea (Tiliaceae).

The ethnomedicinal information of collected plants was obtained from Vaidoos, Mukhiya, Pradhan and local medicine men or local herbal practiceners. After the personal interaction and interview, these peoples reveals some glimses of their ethnomedicinal tresure. However, the information, collected by these herbal practicenors, was analysed in the light of recent researches and then interpreted and presented 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.

It is now become a fact that, we are actually living in herbal era and no other peoples know how to use the plants and plant products than the tribal community peoples and communities with ancient rooting of culture and customs. Not only in India, but globally the picture are same and we found a lot of biologists are working on various aspects of ethnobiology leading to new drug discovery. The present study is an attempt to make a fraction of contribution in this field. There are several reports from every corner of the world presenting the ethnomedicinal knowledge of various communities. Some important and analogous to present report works includes that of Evans (1986), Azzaiz et al., (2003), Barakat et al., (2003), Alex et al., (2005),

The similar reports were also presented by various workers. Bhatta et al., (1992) reported the ethnomedicinal uses of plants used by the people of Bundelkhand region of Madhya Pradesh, India. Dwivedi et al., (1999) presented the traditional uses of tribals from Rewa District. Harsha et al., (2003) analysed the ethnomedicinal uses of plants used by tribals from Kannada District of Karnataka. Ayannar and Ignacimuthu (2005) reported the similar ethnomedicinal uses of the plants used by Kanni tribe from Tamil
Nadu. Madu (2010) reported analogous report of using ethnomedicinal plants as a prominent health add for the local community of Adilabad District (AP) India.

Some other similar reports on ethnomedicinal importance of plant from different corner of the globe includes Gidey Yigra (2010), Mahammad et al., (2010), Rahaman et al. (2010), Rawat et al., (2010) and Sankarnarayanan (2010). All these reports presented the useful plants from different corners of the word which are routinely been used by the peoples of different communities in their health care systems.

It seems to be an amazing fact that the traditional health care systems observed in various tribal communities are guiding us in the discovery of numerous new drugs of plant origin that do not have any side effects like other parallel systems of health care (Allopathic system). More or less each one is accepting this fact and now adopting it as mainstream health aid for the routine health care.

However, it is now becoming a case of concerned, that each of these communities are loosing their traditional heritage gradually. The major causes responsible for this ancient knowledge erosion includes diverse reasons. There is no written proof in the form of books or other writings which can be used from generation to generation. And as the herbal healers use to tell their secrete knowledge to their children in next generation (only blood relation), there is every chance to be missed out. Therefore, in such case the next generation peoples did not know how to use the plant on what ailments. This is mere due to illiteracy in these tribal peoples.
The other main causes for this includes, exploitation of existing plant wealth, increasing urbanization and industrialization and for that increasing deforestation. Now a day, these tribal peoples are found to have been under influence of modernization. Most of the youths from these tribals are found engaged in construction and labour work to get money. However, these peoples need more awareness about the useful plants and their medicinal importance

There are various reports worldwide where several workers workout the traditional health care systems of local tribal communities and the outcome supported the modern medicine era.


Most of the Indian biologist are also focusing the area of ethnobotany as prime subject since last few decades. Bajpai et al., (1997) described ethnomedicinal plants from Korwas hills M. P. India; Banerjee (1997) reported medicinal herbs from Arakas hills of Karnataka, India. Ayyananar and Ignacimuthu (2005) discussed the ethnomedicinal plants used by Kani tribes of Tamilnadu, India., Albert and Gosai (2006) reported the medicinal herb used by Jantai tribe of Assam (India). Similar reports were made by Ganeshan
et al., (2006) from Sommalai hills of Tamilnadu (India) and Dwiwedi et al., (1999 and 2006) from Reva and Satna Districts of M. P. India.

In Maharashtra the earliest reports on ethnomedicinal plants appears in the form of report given by Dyansagar (1990), who have discussed about the tribal communities in Vidarbha and the medicinal plants they use to cure various diseases. Later in 2002 Bhogaonkar and Devkule gave the account of ethnomedicinal plants used by Korku tribe from Melghat area (MS). Similar reports were produced by Pawar and Patil (2006) and Badgujar et al., (2008). Jagtap et al., (2009) reported the medicinal plants used by Pawra tribes from Satpura ranges of Maharashtra while Kamble et al., (2010) discussed the ethnomedicines used by Bhill tribal community from Maharashtra.

Thus, the presented observations indicates that they are in analogy. However, there is some diversity in use of plant as medicine. According to the community, the medicinal uses of plants are found to differ. This might be due to cultural diversity among different tribal and local communities.