PHARMACOGNOSTIC AND PHYTOCHEMICAL STUDIES ON THE TRUNK BARK OF *MITRAGYNA PARVIFOLIA* (ROXB.) KORTH.

**Introduction**
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The herbal drugs are used in our country as a household remedy for common ailments since time immemorial. In this fast running age of modern world we have adopted several new things and given up the old ones without assessing their long-term ill effects. Now the side effects of most effective life saving allopathic drugs have recently open the eyes to look behind for effective and safe drugs. The modern medical scientists have also shown their keen interest towards our ancient systems of medicine and the vast treasures of the herbal wealth of our country. Since long, the people of our country especially those who are residing in villages, tribal pockets and such places where no proper medical facilities are provided, use the local medicinal herbs to cure the common ailments (Pandey et al., 1995).

Folk medicine is an age-old system of health care practiced by primitive people living in remote villages and forests and plays an important role among the inhabitants of remote, inaccessible areas. Folk remedies consisting of a simple method of treatment developed by trial and error method hold an important place in almost all societies. In India, plants used in folk medicine and traditional system of medicine has been reported by several workers (Nadkarni, 1954; Chopra et al., 1958; Jaggi, 1973 and Kirtikar and Basu, 1975).
The art of treatment and prevention of disease is pre-historic. Man has always relied on natural products (which are secondary metabolites) for the substance of life. The ancient man had discovered these traits through trial and error methods. The knowledge so accumulated over the years was improved upon and is being transmitted orally from one generation to another as a family secret.

In many countries such as India and China, thousands of tribal communities still use folklore medicinal plants today to cure sicknesses. The great interest in the use and importance of Indian medicinal plants by the World Health Organization in many developing countries has led to intensified efforts on the documentation of ethnomedicinal data of medicinal plants (Dhar et al., 1968; Waller, 1993; Perumalsamy and Patricraja, 1996 and Perumalsamy & Ignacimuthu, 2000).

India is known as the “Emporium of medicinal plants” due to the prevalence of several thousands of medicinal plants in different bioclimatic zones (Yoganarasimhan, 2000).

India has a rich tradition of plant-based knowledge distributed amongst a vast number of ethnic groups (Anthropological Survey of India, 1994). Over 80% of the people in developing countries depend on traditional medicine for primary needs (Farnsworth and Soejarto, 1991).

The export of herbal drugs to the international market is an important venue for the growth of a nation. It is amply justified that it is time to introspect the progress and update the endeavour in different spheres of phytopharmacognosy. The relevance of pharmacognosy in standardization of herbal drugs has long been stressed. Many monographs on pharmacognosy have emerged as an aid in the Pharmacognostic investigations (Edward, 1956).
Pharmacognosy is the study of compounds sort out by humans or animals and ingested or otherwise used as supposed medicines. Its methodologies involve macroscopic and microscopic description of plant, histology, taste, odour and other distinguishing features.