Knowledge is the major thrust of the society as everyone wants to know what is happening around him. When raw data is processed it provides Information and when Information is processed it becomes the Knowledge. Knowledge existed on the earth right from the existence of the man. Knowledge is that which an individual knows and it has no importance without the knower. The information is the input of knowledge. The longest lived most persistent sort of information is called knowledge. Out of various forms of knowledge, information providers provide by and large the explicit form of knowledge.

The thesis entitled, “Sources of Traditional Knowledge on Medicinal Plants in the Western Himalayan Region” is a comprehensive report of various sources of TKHs who are working traditionally for cure and treatment with the use of medicinal plants. The main aim of the study is to locate the various sources in the area studied and an attempt was made to collect the personnel as well as professional information of these sources. The documentation of various medicinal plants used by these sources is also compared with the information available in existing literatures.

Traditional / Indigenous / Cultural Knowledge reflects in the kind of traditional work whether it is an art, craft, healing practice, food item anything. This type of knowledge is rare and needs lot of protection and many government and public agencies have to come forward to increase the survival rate of this knowledge. The nature of the traditional knowledge is very diverse. It covers; literary, artistic works, scientific works, songs, dances, medical treatments and practices and agricultural technologies and techniques. Traditional knowledge of human health and medicines has recently become a major global concern. Traditional knowledge of medicinal plants is now considered to play a vital role in addressing the health care needs of developing countries and indigenous people.

The groups that hold traditional knowledge are very diverse. The custodians of this knowledge may be individual, groups, groups of communities. These people may be indigenous to the land or descendents of later settlers. They are known by different names in their communities. The local people have a deep faith in Vaidyas. The traditional healers specialize in
particular areas of their profession. Thus we find some medical practitioners are expert in bone setting, wound healing, poisonous bites, neurological disorders, etc. and some others in spiritual healing, especially the use of incantations while others combine both in their treatment. Traditional healers normally does not disclose the secrecy over remedy formulation, believing that the medicines will lose their potency to cure if the sanctity of the curative power of medicinal plants is disclosed to other people.

Chapter – I, begins with the brief introduction of knowledge. Apart from discussing the various types of knowledge, a brief introduction of Traditional Knowledge with specific details of publicity and preservation of traditional knowledge, scientific validation of traditional knowledge and threats to traditional knowledge have been given. After that the brief introduction of Traditional Knowledge holders, the categories of Traditional knowledge holders and threats faced by them have been discussed. Traditional Knowledge is used by the specific community and people and to ease their identification they are called with so many names. In this thesis terminology used for this kind of people are Traditional Knowledge Holders (TKHs). They use the medicinal plants to make the herbal medicine. Thus, this chapter also provides the brief introduction of the history of medicinal plants and the traditional herbal medicine. Few of the traditional knowledge resources at world and national level are also discussed to get the better significance of the study. The resources information at global and national level also enhances the justification of the work done. This chapter also specifies the objectives and the hypotheses of the present research work.

Chapter – II, gives the detailed information of the work already done in the field and a review of the related literature was arranged as per the chronological order. The literature surveyed is bifurcated into four divisions; firstly - Traditional Knowledge which covers the work done on the traditional knowledge, secondly - Medicinal Plants diversity in India which provides the literature regarding the plant diversity specifically medicinal plants in the nation, thirdly - Medicinal Plant diversity in Western Himalayas; it provides the plant diversity in the study area and lastly - Traditional Health care systems which emphasizes on the work done in the field of traditional methods of cure and treatment of various diseases.

Chapter –III, gives the brief introduction of research and specifically the qualitative type of research on which this research work is based. Apart from discussing the qualitative research,
a brief introduction of study area with specific details of Jammu and Kashmir and Himachal Pradesh states’ characteristics and population have been given. The sampling techniques and pilot study also discussed to lay emphasis on the way the research was carried out. After that the research tools used for this research work are briefed and the details of data collection have been discussed. This chapter also highlights the data analysis and interpretation techniques.

**Chapter – IV**, deals with the primary data of this research work. It gives the brief introduction of the Traditional Knowledge Holders and the categories of Traditional Knowledge Holders (TKHs) discussed in detail; it is bifurcated in three divisions – first division contains the detailed case studies of TKHs, second division deals with the other case studies which incorporate the referral case studies and the third part deals with the housewives and elder people. It also gives a brief detail of local herb sellers. The chapter also highlights some of the local known places for cure from the study area.

**Chapter – V**, gives the detailed description of medicinal plants used by the TKHs for the cure and treatment. It also gives a brief description of the parts of medicinal plant used and methods of using medicinal plants. This chapter also includes the objective of this research work to compare this research study with the existing literature.

**Chapter – VI**, provides the analytical part of this research work. It is bifurcated into various divisions viz; analysis of data, analysis of case studies, analysis of medicinal plants, testing of hypotheses and testing of objectives. On the basis of various attributes like age groups, gender, educational qualifications, range of diseases cured, source of knowledge acquisition, transfer of their knowledge, number of years served, ways of diseases diagnosis, types of medicines used, the number of generations involved in this working, income earned from this profession, effectiveness of the treatment given and area served, the analysis of data carried out. After the analysis of data, the analysis of various case studies discussed in detail. The impact factor of the patients also discussed and it is followed by the analysis of the medicinal plants on the basis of families and part of plant used as traditional source. Lastly, the hypotheses and the objectives of the study proved with the results of the analytical study.

**Chapter – VII**, deals with the conclusion part of the thesis. This chapter is bifurcated into three parts; one is observation; second one is recommendations and third one is possibility
of further research studies. Observation part deals with the various points which were observed during this research study while doing work in the field and on the basis of observation the second part is based i.e. recommendations; which discussed the suggestions for the betterment of the TKHs. The third part further research studies open the new opportunities for the researchers working in this field and it will also boost the proper preservation and utilization of TK.

Apart from these chapters, the bibliography / references used in this research work have also been appended and arranged alphabetically. It is followed by Annexure I and II. In annexure I the pre planned interview schedule used for data collection is briefed and in annexure II the comparative statement of TKHs is tabulated. At last the publications from this research work are given for reference.