Since time immemorial, plants have been the source of medicine throughout the world and still continue to occupy an important place in traditional as well as modern systems of medicine. Even today, folk, tribal and ethnic communities use wild plants for their daily needs such as food, medicine, fibers, fodder, fuel and for producing agricultural and house-hold tools and weapons, and some species are also used in worships and religious rituals.

From the beginning, combating disease has been an important aspect of interaction between human and the natural environment. The largest proportion of the biodiversity of all ecosystems is used by rural folk community for human and veterinary healthcare. Each and every tribal/ethnic communities have their own system of traditional medicine and they utilize natural resources around their habitats for various medicinal purposes. This traditional knowledge is handed down orally from one generation to the other through trial and error methods (Sinha, 1996). Even before the advent of modern medicine, indigenous groups had their own native methods or traditional remedies which used various plants that are available around them. Many of the various and independently evolving cultural healing modalities are still being employed effectively around the world.

The close relationship between plants and primitive people of the world gave birth to a new interdisciplinary science called ‘Ethnobotany’. Ethnobotany can be defined as the total natural and traditional relationship and interaction between man and his surrounding plant wealth. Ethnobotany not only restrict itself to primitive societies but
also cover total inter-relationship between man and plants. Ethnobotanical studies have attracted a number of field workers in recent years who have documented a lot of information on plants being used by various tribes and ethnic communities throughout the world. Ethnobotany not only gives an idea of the richness of traditional knowledge but also provide clue to new or lesser-known sources of medicine, food, fiber, fuel and other plant products (Jain and Mudgal, 1999). Traditional medicine that is practiced in India consist of two streams viz., folk medicine and the codified systems of medicine such as Ayurveda, Unani and Siddha. In India, medicinal plants are widely used by all sections of the population and it has been estimated that, over 7500 species of plants are used by several ethnic communities.

The earliest mention of medicinal use of plants and animals in human civilization can be traced back to the Vedic period. The ‘Rigveda’ (4500-1600 BC) is the oldest repository of human knowledge on medicinal plants. Ayurveda, the science of life, is one of the oldest and traditional medical systems available on the planet today. It was placed in written form over 5,000 years ago in India; it was said to be a world medicine dealing with both body and the spirit.

India is one of the 12 mega diversity centers rich in biological diversity in the world. India is the host to about 49,219 species of plants - 17,500 angiosperms, 64 gymnosperms, 1,100 pteridophytes, 2,850 bryophytes, 6,500 algae, 14,500 fungi and 2000 lichens. Of these, about 5000 flowering plants are endemic (Jain, 2000). India probably has the oldest, richest and most diverse cultural traditions in the use of medicinal plants. The presence of diversified living ethnic groups and rich biological resources make India one of the richest countries in ethnobotanical knowledge with about one million traditional village based herbal practitioners in the country (Darshan-
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Shankar, 1999). Medicinal plants have traditionally occupied an important position in the socio-cultural, spiritual and health sector of rural and tribal people of India.

Ethnobotanical surveys are important steps in the identification, selection and development of therapeutic agents from medicinal plants which serves as a base for new compounds with active principles for phytochemical, pharmacological and clinical research. Now-a-day, the whole world is looking for plant-based remedies for safe and effective cure of dangerous human ailments. Several life saving bioactive compounds such as reserpine, quinine, lobeline, colchicine, digitoxin, ephedrine, rhomitoxin, teniposide, curcumin, hydrastine, strychnine, vincamine, theobromine and kawain extracted from plants are based on the study of ethnomedicine or indigenous system of medicine (Fabricant and Fransworth, 2001). Ayurveda is a very good example of traditional knowledge of the use of plants in medical science. The discovery of many important drugs of modern era is based on plants used in Ayurvedic system of medicine. For example, reserpine from Rauvolfia serpentina, curcumin from Curcuma longa and glycyrrhizin from Glycyrrhiza glabra. Recent discovery of Trichopus zeylanicus by scientists of Tropical Botanical Garden and Research Institute (TBGRI) at Thiruvananthapuram, Kerala is another example of harvesting and promoting the traditional knowledge of tribal people of India (Mashelkar, 2001).

A detailed ethnobotanical study may not only draw the attention of plant chemists and pharmacologists but also help to transmit and conserve the knowledge of these putative plant remedies that are passed on from generation to generation. Due to the non-availability of modern primary health care facilities as well as their distant location, they have learnt to utilize local plant species to treat different ailments after centuries of trials, quite often at the risk of the loss of life. Research on medicinal and other useful plants
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used in indigenous societies has been driven by two complementary interests. The use of such information for research in the field of the natural sciences, especially with regard to new bioactive natural products derived from plants and the use of plant extracts in primary healthcare and the interest in better understanding of the anthropological basis, if possible on a cross-cultural basis of the use of these resources by humans.

Plants still constitute one of the major raw materials for drugs for treating various ailments of human being although there has been a significant development in the field of synthetic drug chemistry and antibiotics. During the last two decades, following the understanding of the wide-spread toxicity and harmful after-effects associated with the long time use of synthetic drugs and antibiotics, the whole world prefer drugs from natural sources to the synthetics. Hence, there is an increase in demand for plant based drugs and pharmaceuticals in the world market. According to World Health Organization, herbal drugs are very profitable sources of medicine and globally they present a market value of about US$ 63 billion a year. The herbal medicine market in 1991 in countries of the European Union was about $ 6 billion, and now it might be more than $ 20 billion. In 1996, the US herbal medicine market was about $ 4 billion which has doubled by now. In India, the turnover of herbal medicines is about $ one billion and export of herbal crude drugs is around $ 80 million (Kamboj, 2000).

The World Health Organization (WHO) currently recommend and encourage traditional herbal remedies in natural health care programs since these drugs are easily available at low cost and are comparatively safe. The WHO defines traditional medicine as health practices, approaches, knowledge and beliefs incorporating plant, animal and mineral based medicines, spiritual therapies, manual techniques and exercises, applied singularly or in combination to treat, diagnose and prevent illnesses and maintain the
well-being (Anon., 2002). The advantages of traditional systems of medicine with respect to their safety and efficacy could result in a better utilization of herbal resources with the application of scientific methods. This require clinical validation of herbal drugs by conducting controlled clinical trials.

Approximately 2,50,000 to 7,50,000 species of flowering plants exist on earth; some of these may have not yet been botanically described. The WHO estimates show that of the 35,000–70,000 species of plants that are used for medicinal purposes around the world, about 5000 have been submitted to biomedical scrutiny. However, perhaps only about 1% of these are acknowledged through scientific studies to have real therapeutic value (Farnsworth, 1984). The most effective strategy is to perform multi-disciplinary work on the development of drugs from plants, a task that can only be effectively tackled by collaboration between botanists, ethnobotanists, pharmacognosists, phytochemists, biologists, pharmacologists and medical doctors.

Traditional knowledge include details such as the season during which a particular plant species produce biologically active compound, part of the plant that contain this biological activity, or the particular region in which a species is more active (Chandra, 2004; McRae et al., 2007). As a result of their long-term use, traditional medicines, including folklore remedies, are generally considered to be safe and medically suitable, and as such have been the proven and reliable source of active compounds. Large-scale studies investigating the potential of medicinal plants have reported a high correlation between the traditional use of plants and the presence of active compounds within the plant extract (Palombo and Semple, 2001; McRae et al., 2007). Screening of the crude extract of medicinal plants help in determining the presence of biologically
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active compounds, and therefore validates the use of such plants in traditional medicines (Palombo and Semple, 2001).

Numerous drugs have entered the international *Pharmacopeia* through the study of ethnobotany. Currently, at least 119 active compounds, derived from 90 plant species, could be considered as important drugs that are in use in one or more countries. Of the 119 drugs, 74% were discovered as a result of chemical studies directed at the isolation of the active substances from plants used in traditional medicine (Annexure I) (Fabricant and Farnsworth, 2001; Newman *et al.*, 2000). Secondary metabolites isolated from medicinal plants have also served as models for the preparation of effective agents through semi-syntheses or lead-based total syntheses. For example, the anti-cancer agent, etoposide, a semi-synthetic derivative of epipodophyllotoxin isolated from *Podophyllum* spp., and anticholinergic drugs modeled on belladonna alkaloids (atropine) isolated from *Atropa belladona* (Dev, 1997).

The recovery of the traditional knowledge and practices associated with the plant resources are part of an important strategy linked to the conservation of biodiversity, the discovery of new medicines and increasing of the quality of life of poor rural communities. Ethnobotanical studies of medicinal plants have taken many paths, sometimes testing hypotheses of use and knowledge, or sometimes describing the use of plants in given cultural contexts. The present century has witnessed the emergence of ethnobotany as a distinct academic branch of natural sciences. All over the world, there has been an increase in the scientific study of man and plant interaction in natural environment among various indigenous people. The documentation of traditional and indigenous knowledge on medicinal plants is important for value addition and upliftment and poverty alleviation of local communities and indigenous people.
Population pressure and other developmental activities are causing a great deal of habitat loss and species extinction in every part of the world. As a result, countless plant species are becoming vulnerable and are facing danger. Today, biodiversity dependent rural communities are facing a serious threat because of the rapid loss of natural habitat and the over-exploitation of medicinal plants from the wild and several plant and animal species are facing various kinds of threats. Due to industrialization, expansion of agricultural land and urban areas, forest laws and unemployment, the tribal and ethnic communities are moving toward towns. Many of them are unaware of their rich heritage and traditional knowledge of plants. With the rapid industrialization of the planet and the loss of ethnic cultures and customs, some of this information will disappear very soon.

Consequently, there is an urgent need to record and preserve all information on plants used by different ethnic or tribal communities, living through out the world, for various purposes before it is completely lost. A systematic survey of literature pointed out that considerable ethnic/tribal knowledge in India is documented (Nayak et al., 2004; Jana and Chauhan, 2005; Bandyopadhyya and Mukherjee, 2005; Patil and Patil, 2005; Dabagar, 2006; Udayan et al., 2007). Reports on ethnobotanical knowledge in Karnataka state are restricted to certain areas (Bhandary et al., 1995, 1996; Harsha et al., 2002, 2005; Parinitha et al., 2004, 2005). A perusal of these reports suggest that documentation of this knowledge in Karnataka is incomplete, and particularly, it is so in Shimoga district of Karnataka. Hence, an attempt has been made to collect and document the traditional medicinal plant knowledge of local herbal healers of different communities residing in the Shimoga district of Karnataka, India. Attempt was also made to study the pharmacological activities of one of the most used ethnomedicinal plant.