Chapter 4

Ethno-medicinal Evaluation of *Meyna laxiflora*
4.1. Introduction and importance of Ethno-medicine

Ethno-medicine refers to the study of traditional medical practice which is concerned with the cultural interpretation of health, diseases and illness and also addresses the health care seeking process and healing practices. The components of ethno-medicine have long been ignored by many biomedical practitioners for various reasons. However, it is interesting to note that the ethno-medicinal uses of plants is one of the most successful criteria used by the pharmaceutical industry in finding new therapeutic agents for the various fields of biomedicine.¹

American botanist John Harshberger in 1896 gives the term Ethno-botany for study of plants used by tribal and aboriginal people. Ethno-botany may be defined as the traditional knowledge of indigenous communities of the surrounding plant diversity and the study of how the people of a particular culture and region make use of indigenous plants. Ethno-botany is the most important for the study the natural resource management of indigenous people. Ethno-botany includes all types of relationships between people and plants. The definition of ethno-botany can be summed up in four words: people, plants, interactions, and uses.²

4.2. Basic information of Nandurbar district

Before 1st of July 1998 Nandurbar was part of the larger Dhule district. Nandurbar, Dhule and Jalgaon districts formed what was known as the Khandesh district. Nandurbar is located in north western side of Maharashtra State. Nandurbar district is bounded to the south and south-east by Dhule district, to the west and north is the state of Gujarat, to the north and north-east is the state of Madhya Pradesh. The northern boundary of the district is defined by the great Narmada river. Nandurbar district stretches between the meridians of 21.0 to 22.03 north axis, 73.31 to 74.32 east axis with 5034 Sq. Km area. The district comprises six revenue talukas viz.,
Nandurbar, Shahada, Navapur, Dhadgaon and Akkalkuwa. Akkalkuwa, Dhadgaon and Navapur Talukas in are well known hilly habitats of scheduled tribes and hence this district is known as Aadivasi district. The climate of Nandurbar district is generally hot and dry. Summer is from March to mid of June. Summer season is usually hot and dry. During the month of May the summer is at its peak. Temperatures can be as high as 45 °C during the peak of Summer. The Monsoon sets in during the mid or end of June. During this season the weather is usually humid and hot. The northern and western regions receive more rainfall than the rest of the region. The average rainfall is 859 mm through the district. Winters are mildly cold but dry.³

It is largely inhabited by the tribes such as Pawara, Bhil, Tadvi, Kokani, Vasave etc which have distinct traditions, beliefs, and knowledge of local flora.⁴ They are mainly dependent on forest and agricultural production. Since these people usually reside in the interior and hilly regions, they are more prone to many diseases because of malnutrition, and starvation. Skin diseases like scabies, eczema, fungal infections are very common. Water borne diseases like diarrhea and dysentery are also common. They usually avoid going in primary health centre and commonly depending on traditional practices.⁵

4.3. Methodology

The study is carried out in tribes of Satpuda hills of Akkalkuwa Taluka. (Sakliumar, Aatyabari, Umlipada, Molgi, Dab, Devgoi, Amlibari, Gangapur)

Semi-structured questionnaires were used to gather information on the mode of preparation and administration as well as information on typical compliments used with the ethno-medicines. Questions on ethno-medicines inquired on modes of preparation (powder, boiled etc.), administration (oral or dermal), uses plants, and parts of plants. All the data collected were organized through Microsoft Excel.⁶
4.4. Results and Discussion

The survey reveals that tribes of Satpuda hills from various villages are using plant for treatment of inflammation, gastrointestinal disorder, kidney stone etc. and also used as food material. The details are given in table 4.1 in various dosage forms. Most of the ailments such as stomach ache, menstrual problems, urinary problems, and diarrhea can be cured by oral administration of powder with water and wounds, inflammation can be cured by topical application while fruits are used for food in both forms ripe or unripe. The study revealed that *Meyna laxiflora* have important role in tribal people as medicine and food. The knowledge received from them will be very useful in further research.

**Table 4.1. Ethnomedicinal data of *Meyna laxiflora***

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Parts of Plant</th>
<th>Uses as per Tribes</th>
<th>Method of use (formulation)</th>
<th>No of people uses (in Percent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Leaf</td>
<td>Abdominal Distention</td>
<td>Powder/Paste with water</td>
<td>63</td>
</tr>
<tr>
<td>2</td>
<td>Leaf</td>
<td>Anti-inflammatory</td>
<td>Paste</td>
<td>20</td>
</tr>
<tr>
<td>3</td>
<td>Leaf</td>
<td>Anti-ulcer</td>
<td>Powder/Paste with water</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>Fruit</td>
<td>Anti-dysentery</td>
<td>Ripe fruit</td>
<td>11</td>
</tr>
<tr>
<td>5</td>
<td>Seed</td>
<td>Kidney Stone</td>
<td>Powder with water</td>
<td>60</td>
</tr>
<tr>
<td>6</td>
<td>Seed</td>
<td>Food</td>
<td>Ripe/Unripe</td>
<td>50</td>
</tr>
</tbody>
</table>

*Meyna laxiflora* Robyns. (Rubiaceae) 33
Figure 4.1. Ethno-medicinal data of *Meyna laxiflora*

4.5. References


