INTRODUCTION
CHAPTER – I

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“Destroying vegetational wealth invites destruction of health”. Plants play a promoting and protecting role in health. Since, the time of creation of the planet “Earth” the plant kingdom has lead the entire world and cured several ills and is still doing so. The chances of survival of humans race could have become bleak if he had not reconciled with nature especially the plant kingdom. Man the most intelligent creature in the evolutionary ladder has utilized his wanderer-gatherer aptitude and had collected many different plant species due to their food, medicinal or other economical uses. Since, he became interested in certain species of the ecosystem and scientific cost-had begun and various aspect of plant were unfolding very critically. There is no single aspect of life of human being where plants do not play a significant role.

Human being have always been largely dependent for their food, shelter, medicine and other needs on plant resources. Formerly, they were dependented on plants directly. But with the advancement of science and technology, this dependence on plants as a direct source has been slightly reduced, on the one hand. They have overexploited some plants, on one hand where as they have helped in the survival, spread and improvement of certain plants on the other hand. A knowledge of this intimate relationship in the beginning of ethnobotanic enquiry. Today, population of urban areas are exploiting the plants for their benefits, whereas aboriginal tribals are living in harmony with nature.
The primitive man used the raw materials and raw extract of the plants to cure various ailments without the knowledge of their composition with the growth of civilization, the multifarious uses of plant products begun to be appreciated and in due course of time, their usage in different fields has been developed accordingly.

Plants were thought to be the best weapon for combating ailments and as a preventive cure against diseases. Plant still form a major part of ingredient in almost all system of therapeutics. All over the world man has attempted utilize the flora of respective region for the chief of ailments. The welfare of mankind is saved by the species, that share the earth along with them. They are also regarded as abode of spiritual solace.

Ethnobotany is a multidisciplinary science, involving in its domain, Anthropology, Sociology, Archeology, Geography, Pharmacognosy, Medical, Economic Botany and several other allied branches of Botany.

The word Ethnobotany is derived from two words, “Ethnic” means races and “Botany” means the knowledge of plants. The term was first coined by John William Harshburger (1896) (Father of American economic botany). According to him, “Ethnobotany is the study of plants used by the primitive and aboriginals people”. Later, the term came to include the relationship between primitive societies and their plants surrounding in a wider sense. But Faulks (1958); Richard (1978) have included the entire realm of economic botany, which even includes the modern uses of plants. Ethnobotany deals with not only the useful relationship
between plants and men "the man of past and present" but also deals with the impact of man on his environment and vegetation. The study of ethnobotany may be pursued through multidimensional approaches such as field study, study of library, herbarium, museum materials and analysis of fossil plant resume.

Today ethnobotany is a well-established branch of science. It has recently received much attention in USA, UK, France, Mexico and in several other parts of the world and is receiving wild recognition by several international bodies and authorities.

Ethnobotany has different branches like Ethnomedicine, Ethnoecology, Ethnotaxonomy, Paleoethnobotany etc. Ethnomedicine has been branched again into several more specific disciplines such as ethnonarcotics (Schultes, 1956), ethnogynaecology (Schultes 1967; Altschul, 1970a), ethnopeditric (Altschul, 1970b) ethnopharmacology (Etffron (ed.), 1967) etc.

Earlier Power (1873-75) had used the term "aboriginal botany" to refer to a study of all forms of the vegetable word which the aborigines used for medicine, food, textile, fabrics and ornament etc. Robbins et al. (1916), promulgated the broad definition of the term ethnobotany which beyond more identification and cataloguing of plants used by primitive peoples and attributed to this discipline, a study and evaluation of the knowledge of all phases of plant life amongst primitive societies and of the effect of the vegetational environment upon the life, customs, beliefs and history of the people of such societies.
The modern definition of ethnobotany is the study of direct interrelationship between “human and plant”, Jones (1941). According to Schultes (1962), Ethnobotany is the study of the relationship which exist between people of primitive societies and their environment. Seeing the vast scope and relationships of ethnobotany. Ford (1978) define it as the “totality of plants in a culture”. It is the study of plant-human interrelationships embedded in dynamic ecosystems of natural and social components.

Recently, the term ethnobotany is rightly be applied by Jain (1987) to natural and direct relationships with plants of any people, at any level of antiquity, princetiveness or acculturation and even to the most sophisticated of gentlemen or women of the latter associate only particular plants with festivals or offer flowers or fruits to their God or deities recall the paradise flower, plants of Bible, Ramayana, worship of Basil or Lakshmi, the Goddess of prosperity of Lotus, have been originated directly or indirectly from superstitions, rituals and folklore etc. Rich traditional skills and oral folklore knowledge are fast disappearing and are likely to be lost for ever. Hence, this problem must be taken as a challenge by researchers and scientist to conserve the valuable knowledge and wisdom of the tribal for the posterity and human welfare. So, in the present day, investigation have been necessitated due to rapid deplation of natural resources on one hand, the dwinding traditional ethnic culture on the other hand.

In the tribal areas women are usually effected by various diseases. For lack of knowledge of proper health care, death rate is
high among tribal women. Traditionally women are mostly confined to home and seldom go to a doctor or to clinic.

Majority of them depend on herbal treatment and such information are known to very few old ladies of the community. Sometimes due to lack of experienced persons, patients die without getting proper treatments (Saini and Oommachan, 1993).

‘Ethnomedicine’ a branch of science deals with the study of the past and present interrelations of primitive or aboriginal human societies with the ambient vegetation and their medicinal uses. Use of ethnomedicinal practices in alleviating a large number of illness and health disorders has probably been one of the oldest means know to the mankind, as amply evidenced by the writings of yore such as the Rigveda (4500-1600 BC), Atharvaveda (2000-600 BC), Sushruta Samhita and Charaka Samhita (1000 BC) (Bhandari, 1997). In recent times, the broad spectrum of significance of the various ethnomedicinal practices in day to day life has been often over-emphasized (Chattopadhyay, 1997; Deb, 1977). Consequently, the ethnomedicine which principally derive its constituents from local fauna and flora as well as the time-tested practices or methodologies in vogue has been widely employed as a complement to the modern medicine (Pilapitiya, 1996). In India, various disciplines of ethnomedicine have been prospering as effective tools to dissipate the ill-effects of several different kinds of debilitating health problems directly connected with the economy of the affected family (Filliozat, 1964; Sharma, 1983).

People of rural India by and large, are still dependent on tradition medicines for their health-care and treatment of diseases.
Traditional medicines have developed through experience of many generations, and have been primarily dependent on locally available plants, animals and other materials. In the course of time, these have assimilated fragments and local combinations of Ayurvedic and Yunani systems as well as tribal systems of medicine. Thus, the traditional medicines may be called ‘Folk medicines; (Gosh and Sensarma 1997).

Folk medicine has grown not only out of faiths, beliefs, but also out of the values of life cherished by the people. It is the outcome of bold experimentation and useful observation over hundreds of years. Folk medicine is the, mother of traditional systems of medicine such as Ayurveda, Siddha, Unani, Nature care and even modern medicine.Folk medicine is age-old system of health care practised by primitive people living in remote villages and forests and plays an important role among the inhabitants of remote in accessible areas. Folk remedies of a simple method of treatment developed by trial and error method hold an important place in almost all societys.(Vedavathy and Mrudulla, 1996).

In general, traditional medicinal system has two aspects; actual treatment and psychological treatment. Actual treatment requires no incantations, whereas psychological mode of treatment involves in cantations and other allied ceremonies. (Gill,Idu and Ogbor,1997).

Indigenous knowledge is defined as ‘Cumulative body of knowledge and belief handed down through generation by cultural transmission about the relationship of living beings (including
humans) with one another and with their environment' (Berks 1999). However, due to changing perception of the user communities, commercialization and socio-economic transformation all over the world, there has been a general observation that the indigenous knowledge on resource use has degraded severely (Gadgil et al. 1993). Recognizing these facts, of late, efforts have been made by ecologists and sociologist to document such knowledge that has accumulated through a long series of observations transmitted from generation to generation and thus contains important information relevant to sustainable use of resources (Silori and Rana 2000).

The most popular name Adivasi is known as Anusuchit janjati or janjati (Jain 1987). According to Census (1981), Scheduled tribe population in the country was 53.8 million constituting about 7.5% of the total population. It is estimated that predominant tribal areas comprise of about 15% of the total geographical area of the country (Gupta, 1987).

The total number of tribes in the country is 563, of which the dominant tribes are the Gond, Bhil, Santhal, Mina, Munda, Khand. Kochari, Khasi, Naga, Sahariya, Kol etc. Thus, the diversified ethnic culture distributed along a vast area in India and old history of rituals and observations related to the plant world provide a fruitful ground for ethnobotanical investigation.

A number of folk medicine preserved with the tribal and rural people living in deep virgin forests, often considerable scope for such studies. Potentially, every plant occurring on this planet has one or more medicinal properties.
Folk medicine and ethnomedicinal study are based on the local knowledge of people and are specific to region and to community. Almost 90% population of the Sanctuary is depended on medicinal plants used for different ailment. For the gaining indigenous knowledge plants are uses for the present day. It was thought essential to make a detail survey of Ratapani Sanctuary of District Raiganj. The main aims of the study are –

(1) To collect ethnobotanical information from tribals of the Sanctuary.

(2) To provide an updated information of some rare species of medicinal plants being used by the villagers and tribals.

(3) To gain the knowledge of the folk-medicine after survey of the remote areas.

(4) Collection and identification of the plants.

(5) To acquaintance the ethnomedicinal importance of plant for the treatment of human.