CHAPTER 1

INTRODUCTION
Primitive societies have depended on herbal remedies for the treatment of diseases and disorders since time immemorial. All traditional systems of medicines had their root and origin in folklore medicine and even today large number of rural and tribal populations adopt the herbal remedies, atleast for primary health care.

Herbalism has been practised for centuries in all parts of the world in the art of healing. Information regarding the herbal medicines has been included in vedas itself. A reference to a number of herbal remedies has been made in Rig veda and further in Atharvana veda.

The "ethnomedicine" refers to the beliefs, claims and medicinal practices relating to diseases and disorders among different ethnic groups and has become a part of rural life being developed over centuries of practice.

The ethnomedicine can play a vital role to salvage some of native medico-botanical lore before it is lost with the culture that gave its birth. The importance of ethnomedicine in search of new potential drugs of herbal origin is gaining momentum. The recent discovery of anti-cancer compound e.g. "Taxol" from Taxus brevifolia and "Vinblastin" and "Vincristin" from Catharanthus roseus in the treatment of leukaemia gave impetus to the ethnomedicinal research in the world.

Many valuable drugs of today e.g. atropine, ephedrine, tubocurarine, digoxin, reserpine came into use through the study of folk remedies. The science of ethnobotany has recently received much attention in certain parts of the world, among the botanists, anthropologists, phytochemists, pharmacologists, foresters, archaeologists, paleobotanists, linguists, folklorists, vaidyas etc.
Ethnobotany can be defined as the total natural and traditional relationship and the interaction between primitive man and his surrounding plant wealth. The term ethnobotany has often been considered synonymous with traditional medicine or with economic botany. In simple terms, ethnobotany is the study of the relationship between the Adivasis and their surrounding plants.

The word "Ethnobotany" was first coined by John William Harshberger in 1895 to the study of plants used by primitive and aboriginal people. Robbin et al. (1916), Schultes (1962), Powers (1874), Jones (1941) gave different definitions to ethnobotany with similar meaning. But in simple words 'Ethnobotany' is an anthropocentric approach to botany.

In the last three decades the studies of Herbal folklore medicine in the world is greatly emphasized, particularly in the underdeveloped and developing countries. Studies on ethnobotany in India have opened up fantastic new vistas about folk-medicine. Because tribal communities in India occupy mainly the forested regions; they are the children of forests and they have been totally submitted to the forest setting since ages.

Folk medicine has grown not only out of the faiths, beliefs and cults, but also out of the values of life cherished by the primitive people, stoical endurance, personal courage, fearless acceptance of death and the will to live despite disaster. Folk medicine may be divided into two major categories viz. (1) Herbal folk medicine and (2) Magico-religio folk medicine.

Some of the tribal medicines and folk-medicines got incorporated in the organised systems of medicine, but a large number of folk-medicine remained restricted to certain regions of tribes in the country. Even today, some crucial medicines are known to the tribals and aboriginals
and the much acquired knowledge through experience and age is usually passed on from generation to generation as a guarded secret in certain families.

Ethno medicines are easily available, cheap and have rare or no side effects. Herbal medicines contain easily digestible stable chemical components as our daily food contains. Due to the cost of allopathic medicines and because of their side effects people all over the world are shifting towards herbal, folklore medicine.

In India, several premier institutions such as Council of Scientific and Industrial Research (CSIR), Central Institute of Medicinal and Aromatic plants (CIMAP), Central Drug Research Institute (CDRI), Botanical Survey of India (BSI), Tropical Botanical Garden and Research Institute (TBGRI) have put in considerable effort together information on medicinal plants from different parts of the country. All India Coordinated Research Project on Ethnobiology (AICRE) was launched by the Ministry of Environment and Forests, Government of India. Eighteen AICRE units successfully completed the work assigned to them during the Phase I period (1982-88) of the project.

The classical work of Jain, Janaki Ammal, Maheswari et al., created a flurry of interest among Indian Botanists in ethnobotany and a large volume of data was published with special reference to Indian Ethnobotany.

The present work has been undertaken to make an Ethnobotanical Survey of Guntur district for proper utilisation of plant resources of the district.
OBJECTIVES

The main scope of the present investigation is

1. To explore the Ethnobotanical aspects.

2. For collection, identification and documentation of information on plants used by tribals for food, fodder, medicine, shelter etc.

3. To document the tribal livelihood, traditions and customs.

4. To study the impact of tribal culture on forest and vegetation.

5. Analysis of different tribal folk-lore.

6. Study and conservation of Ethnobotanical aspects in Guntur district of Andhra Pradesh.