

REVIEW OF RESEARCH

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SCREENING OF ETHNOMEDICINAL PLANTS OF BAIHAR TEHSIL BALAGHAT DISTRICT USED BY THE BAIGA COMMUNITIES FOR MALARIAL DISEASE

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ABSTRACT:

The present study carried out in tribal areas of Baihar tehsil, Balaghat district of M.P. India. Baiga communities of Balaghat use commonly available plants for the treatment of malaria. The paper gives detail some medicinal plants used for malaria disease. Data on botanical name, family local name and dosage are given. Antimalarial plants for Baihar tehsil Balaghat district are enlisted for the first time.



KEYWORDS: *Ethnomedicine, Malaria, treatment, and Balaghat District.*

INTRODUCTION

Balaghat District is situated in the southern piece of Jabalpur Division. It involves the south eastern bit of the Satpura Range and the upper valley of the Wainganga River. The area stretches out from 21°19' to 22°24' north scope and 79°31' to 81°3' east longitude. The complete zone of the region is 9,245 km². Baihar is a Town in Baihar Tehsil in Balaghat District of Madhya Pradesh State, India. Baihar tehsil has area of 910.50 an sq kilometers. It is bounded by Mandla district in the northwest and north, Chhattisgarh in the northeast. and east southeast, Lanji tehsil in the

south, Kirnapur tehsil in the southwest, Paraswada tehsil in the west.



Figure 1: Location Map of Balaghat and study area of Baihar Tehsil.

The **Baiga** are an ethnic group found in central India primarily in the state of Madhya Pradesh, and in smaller numbers in the surrounding states of Uttar Pradesh, Chhattisgarh and Jharkhand. The largest number of Baiga is found in Baiga-chuk in Mandla district and Balaghat district of Madhya Pradesh. They have sub-castes: Bijhwar, Narotia, Bharotiya, Nahar, Rai Bhain and Kadh Bhaina. Baigas are called "son of Nature", as they have every solution in the nature. They are known for its unique social, cultural and traditional aspects. The whole plant or its part was locally used by baiga people for

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treatment of their disease and disorder. The main sources of subsistence of most of the PTGs are preagricultural methods of cultivation, wage labour and their lives largely depend on forests. They also love to work in the baris (land attached to the house) and grow maize, mustard, vegetables, roots and bulbs. Maize, Kodo, Kutki and Ramtila are the main crops grown by the Baigas. Maize and millets form the major foodstuffs consumed by them. These are consumed in the form of 'Pej', often supplemented by vegetables. It has a wide variety of tribal communities and their ethnicity.



Malaria is a global issue with complex and evolved infectious disease characterized by diverse ecology (WHO, 2005) and Madhya Pradesh (Central India) is a highly malarious state in India with a substantial population at risk that exhibits extreme variation in terms of transmission settings (Shukla et al.,2011). About eight percent population of India residing in tribal and forested areas contributes to 46 percent of total malaria cases, 70 percent of Plasmodium falciparum and 47 percent malaria deaths in the country (Sharma et al., 2015). Epidemiological studies on the dynamics of forest malaria in Balaghat district of MP (Singh et al., 2013) revealed that both P. falciparum and P. vivax are endemic and were present throughout the year (Singh et al., 2016). In 2013, the National Vector Borne Disease Control Programme reported 0.83 million microscopically confirmed cases of which nearly 50% were Plasmodium falciparum and remaining were P. vivax.

METHODOLOGY:

An ethnomedicinal study carried out in baihar tehsil balaghat district during 2015- 2016. The information was gathered through questionnaire method and discussions with tribal, local healers. The herbarium sheets were prepared and identification was done following the standard literature. Plant collection carried out by standard method. Identification of plants done with the help of flora and other Taxonomic literature Information was gathered through questionnaire method and discussions with tribal, local healers.

Enumeration:

Plant species are enumerated alphabetically with their scientific names, family, local names and medicinal uses.

1.Andrographis paniculata

Local Name:- Kalmegh Family:- Acanthaceae Uses Part :- Whole plant Medicinal use :- Malaria, Jaundice , Respiratory track infection



Azadirecta indica Local Name:- neem Family:- Acanthaceae Uses Part :- Whole plant Medicinal use :- malaria, fever



3.Phyllanthus niruri

Local Name:- **gale of the wind**, **stonebreaker** or **seed-under-leaf** Family:- Phyllentheace Uses Part :- Whole plant Medicinal use :- Malaria, stomach, genitourinary system, liver, kidney, and spleen, and to treat chronic fever.



Tinospora cordifolia,

Local Name:- **guduchi**, **gaduchi**, and **giloy** Family:- Menispermaceae Uses Part :- Whole plant Medicinal use :- Malaria, pregnancy, breastfeeding, and blood sugar levels



DISCUSSION:

Nature has gifted India with a lot of herbal medicines, which indigenous people acquire, preserve and pass to their next generation. The use of herbal medicines is wide spread in this region with higher percentage of the tribal as well as non tribal population relying on it. This is because of lack of awareness and lack of modern medical facilities available in their region and also the high cost of modern medical system for treatment are unaffordable by tribals [Bahekar et al., 2013]. The tribal people inhibit in forest area and depend on forest resources for their livelihood. Traditional remedies are part of the cultural and religious life of the tribals.ethno-medicinal plant species was documented to treat malaria from the study area. In this present investigation some plant species used for the treatment of malaria and most of the plants are herbaceous in habit.

CONCLUSION:-

The traditional healers are the main source of knowledge on medicinal plants. This knowledge has been transmitted orally from one generation to next generation; however it seems that it is vanishing from the modern validate the claims of the traditional healers. This study also highlighted the potential sources for the development of new and local antimalarial drugs from indigenous medicinal plants found in Balaghat district.

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