Traditional treatment of leucoderma by *Kol* tribes of Vindhyan region of Uttar Pradesh

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The communication provides a brief account of a time-tested remedy by tribes from latex of *Telosma pallida* (Roxb.) Craib. and plant paste of *Launaea asplenifolia* (Willd.) Hook. f. against leucoderma. The practice is quite popular among the tribes of Vindhyan region of Uttar Pradesh. The text deals with method of treatment and results of tribal practices.

**Keywords**: Ethnomedicine, Leucoderma, *Kol* tribes, Uttar Pradesh

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The Vindhyan region of Uttar-Pradesh lies between 82° and 83° 23′ E longitude and 22° 45′ N and 24° 34′ N latitude which includes the districts namely Mirzapur and Sonbhadra. The forest is of tropical dry deciduous type. The region is surveyed with the purpose of collection of folklore records on medicines and treatments of the tribals (*Kol, Musahar, Baiga, Sahariya*). No doubt, tribal people and socio-economically backward communities are the major sources of traditional knowledge about the uses of various plants. They treat their ailments with local medicinal plants. Several folklore claims and practices on various diseases were recorded. Interestingly, the treatment of leucoderma appeared to be most promising. Interestingly, some *Kols* and *Musahar* often claimed to cure disease like leucoderma by their own method of indigenous treatment. A floristic account and brief information regarding plant/plant parts and the method of their uses to cure this disease are being described. In case of leucoderma, white patches appear on the skin and there is a localized loss of pigmentation of the skin. The white patches on the skin are painless. A leucoderma patient is more embarrassed than the victim of any pain or discomfort. In addition to being a medical problem, the patient also bears a social stigma. Persons suffering from the chronic dysentery and other digestive disorders are more prone to leucoderma than others. Symptoms, origin, causes and successful treatment of leucoderma have also been reported.

**Results and discussion**

The study was undertaken with the co-operation of *kol* tribes and patients. There are experts in the *kol* community who practice such treatments and thus an effective local health tradition exists. The prior consent of the knowledge providers was taken. The patient was observed initially, during follow up and at the end of the study, good response was considered for complete normalcy of clinical features. Two cases were taken up for the study.

**Telosma pallida** (Roxb.) Craib., (Asclepiadaceae), *Kusiyari*

Uses: The latex of fruit and fruit paste is applied externally on the localized white patches during initial stage of disease. After application, patient is asked to sit in sunlight for 20-30 minutes. At night, it is also applied externally and left for whole night, and washed with water in the morning. The patient is asked to continue the practice till some improvement is achieved (Fig.1).

**Launaea asplenifolia** (Willd.) Hook. f., (Asteraceae), *Vangobhi*

Uses: Plant paste is applied externally on the pink patches of the diseased part of the patient and is left for 4-5 hrs daily. It is continued till its recovery.

During observation, it was found that the clinical features (white patches on the skin) of patient was cured (90%) after 6 months. In 1st case, the patient was treated by *Telosma pallida* fruit latex. In 2nd case the patient was cured by whole plant paste of *Launaea asplenifolia*. In this case too, the patient was cured (95%) after 6 months. The patients, who were treated and got relief satisfactorily, mentioned that the
patches developed due to side effect of some medicines. The crude traditional method of treatment was tried by tribes in its original form and found to be most effective against leucoderma. The remedial property of the fruit latex and leaf extract is attributed to the active principles present. However, there is a need for scientific validation of these practices and their efficiency, credibility and applicability need to be established through the phytochemical, pharmacological and clinical screenings.

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