Observations on folkloric medicinal plants of Jalgaon district, Maharashtra

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The paper communicates 30 angiospermic species from Jalgaon district, Maharashtra, useful for different human ailments. The folk medicines consist of a sole drug or a principal drug, in combination with other drugs. The correct botanical name, local name/medicinal preparation, mode of administration, etc. are reported as gathered from the aborigines such as Bhil, Pawara, Tadvi, Vanjara, etc., apart from non-tribal rural folks. The work aims at preservation of this folklore, valuable for herbal drug industry.

Keywords: Folk medicine, Jalgaon, Ethnomedicine, Maharashtra

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Jalgaon district lies in the northern part of Maharashtra between 20° and 21° north latitude and 74° 55’ and 76° 28’ east longitude (Fig. 1). The off-shoots of Western Ghats extend in the easterly direction, whereas the Satpura mountain forms the northern limit separating from neighbouring state of Madhya Pradesh. Aurangabad and Buldhana districts are in its east, whereas Nasik and Dhule districts constitute its western border. The forests are dry deciduous type and provide home to the occupant tribes, apart from the rural populace of the district. All these people practice mainly agriculture. Each tribal group has its own socio-cultural milieu. Now, it has become necessary to collect such information from every nook and corner of the country as the wave of modernization and urbanization is putting long strides. With this viewpoint, the medicinal plantlore has been tapped.

Information regarding native medicinal uses of plants from Jalgaon district is scanty1. The district is still under explored ethnobotanically. The present study is a further contribution to the knowledge of folk medicine of this region.

Methodology

The observations are based on surveys conducted in tribal-dominated and rural
areas of Jalgaon district. Group interviews were organized bringing plants from surrounding areas, showing them to tribal men and women or taking knowledgeable tribal heads, witch doctors, Bhagats and Buwas into the forests. Repeated inquiries (5 to 10 informants) were made and the information was verified in different seasons and areas of the district. Every attempt was made to locate these plants. Voucher specimens are housed in the Herbarium of Botany Department of Pratap College, Amalner, District Jalgaon, Maharashtra. Data were checked and compared2,3.

In the following enumeration, the taxa are arranged alphabetically, followed by the name of family (in parenthesis), vernacular names, collection no. (in parenthesis) and ethnomedicinal uses of plants.

Enumeration
1. Agave vera-cruz Mill. (Agavaceae), Ketaki, Kektad (5).
   Leaf juice with a pinch of common salt is boiled. After cooling a small
quantity of jaggery is added. This is consumed twice a day to cure constipation.

2. *Bauhinia purpurea* L. (Caesalpiniaceae), Kanchan, Kachnar (39).
Decoction of stem bark along with honey is taken orally to treat lymph adenitis.

3. *Bauhinia racemosa* Lam. (Caesalpiniaceae), Apta, Sone (43).
Leaf extract mixed with milk and some sugar is administered four times a day for normal urination.

4. *Bridelia airy-shawii* P. T. Li (Euphorbiaceae), Asana (46).
Stem bark powder mixed thoroughly in cool water is taken orally against diabetes.

5. *Butea monosperma* Lam. (Papilionaceae), Khakara, Palas (44).
Seeds along with fruits of emblic myrobalan (*Emblca officinalis* Gaertn.) are crushed and then homogenized in ghee and sugar. This is administered against urine complaints and intestinal worms.

Few drops of latex mixed in cow ghee are dropped in nose to cure migraine.

Unripe fruits are consumed against dysentery.

8. *Cassia auriculata* L. (Caesalpiniaceae), Awali (74).
Flower buds and parched gram (*Cicer arietinum* L.) are eaten 3-4 times a day as a remedy for jaundice.

9. *Cayratia trifolia* (L.) Domin (Vitaceae), Bailmal (60).
Root paste is applied externally for muscular pain.

Leaf paste is applied onto boils to reduce pain.

11. *Delonix elata* (L.) Gamble (Caesalpiniaceae), Sansada (434).
Warmed leaves are tied on body parts for muscular pain.

12. *Dendrophthoe falcata* (L.f.) Etting. (Loranthaceae), Bandgul (129).
Green fruits are dried and powdered. They are mixed in cow milk and administered to a lady during third month of conception for settlement of foetus.

13. *Ficus arnottiana* (Miq.) Miq. (Moraceae), Amsa (143).
Decoction of stem bark is applied in case of ringworm.

14. *Ficus racemosa* L. (Moraceae), Umbar (140).
Paste of stem bark is applied externally on nose for bleeding nose.

15. *Ficus religiosa* L. (Moraceae), Pimpal, Pimpay (117).
Stem bark is employed for mending bone fracture.

16. *Glossocardia boswallea* (L.f.) DC. (Compositae), Khadk-shepu, Mirgi (273).
Decoction of leaves is administered to treat leucorrhoea.

17. *Gossypium herbaceum* L. (Malvaceae), Kapus (145).
Root powder mixed in rice water is taken orally in the morning to cure leucorrhoea.

18. *Holopelea integrifolia* (Roxb.) Planch. (Ulmaceae), Papada (156).
Powder of stem bark is applied on chronic wounds.

19. **Hygrophila schulii** (Buch.-Ham.) M.R. & S.M. Almeida (Acanthaceae), Talimkhana (293).

Leaf decoction is taken internally for stomachache.

20. **Indigofera linnaei** Ali (Papilionaceae), Nil (435).

Roots are chewed to treat mouth ulcer.

21. **Ipomoea pes-tigridis** L. (Convolvulaceae), Borvel (161).

Leaf powder is smoked to get relief from bronchial spasm.

22. **Lavandula bipinnata** (L.) O. Ktze. (Labiatae) Gunmahar (170).

Leaf paste is applied on gums to reduce toothache.

23. **Lawsonia inermis** L. (Lythraceae), Mendi (176).

Leaf extract is applied to treat allergic dermatitis.

24. **Madhuca longifolia** (Koen.) MacBride var. **latifolia** (Roxb.) Chevalier (Sapotaceae), Mahu (277).

Pinch of seed powder is snuffed to treat hysteria.

25. **Mangifera indica** Linn. (Anacardiaceae), Amba (313).

Ten leaves are soaked in water overnight and then extracted. The extract is drunk for about a month to reduce body weight.

26. **Merremia emarginata** (Burm. f.) Hall. f (Convolvulaceae), Undir-kani (290).

Smelling of root powder helps in preventing nasal bleeding.

27. **Moringa concanensis** Nimmo ex Dalz. & Gibs. (Moringaceae), Kadheshwerga (188).

Extract of stem bark mixed with garlic paste is consumed for vertigo.

28. **Terminalia chebula** Retz. (Combretaceae), Hirda (237).

Fruit powder mixed in warm water is taken orally to cure adenitis.

29. **Vitex negundo** L. (Verbenaceae), Nirgudi (247).

Root paste applied on the abdomen helps in easy delivery.

30. **Wrightia arborea** (Dennst.) Mabberley (Apocynaceae), Dahikudi (276).

Powder of stem bark mixed thoroughly in curd is drunk to treat urinary stone.

**Discussion**

This study revealed considerable medicinal plant diversity in Jalgaon district, Maharashtra, a segment of which has been communicated. The formulation and standardization of these effective phytomedicine should be encouraged for their sustainable uses. The data accrued will serve as a useful tool to prepare action plan for the development of herbal drug industries to fillip tribal and rural economy of this region. The aforesaid prescriptions are practiced in day-to-day life and their uses along with modern system show preference for folk medicines. The plants are used either singly or in combination with others. Same information pertaining to a particular remedy from different localities or groups of informants reflects the accuracy and authenticity of the medicines. Further, scientific assessment of these medicines on phytochemistry, biological activity and clinical studies are, however, necessary. This may provide a lead in the development of drugs to be used in modern system of medicine.
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References