

Indigenous Medicine Used for Treatment of Gynecological and other related Problems in Washim District, Maharashtra

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Abstract: The present paper documents the wealth of 21 medicinal plant species used by the indigenous community of Washim district for curing various gynecological disorders. In the earlier days peoples do not approaches to the doctor the most probable reason was lack of awareness and hesitation. Some of the medicinal plants used in treatments of gynecological disorders are enumerated with their botanical name, family name, vernacular name, parts used and their application has been provided in the present paper. The present documentation can be used for the betterment of human society.

Keywords: Medicinal plants, Gynecological disorders and plant parts used.

Introduction:

India is a varietal emporium of medicinal plants and is one of the richest countries in the world as regards genetic resources of medicinal plants. According to estimates, large population of the world about 70 and 80% depends on traditional medicines to meet their demands. They rely on medicinal plants because of their effectiveness, lack of modern healthcare alternatives and cultural preferences¹.

The relationship between plants and human cultures is not limited to the use of plants for food, clothing, religious ceremonies, ornamentation and shelter but also includes their use for health care.

It was officially recognized that 2500 plant species have medicinal value while over 6000 plants are estimated to be explored in traditional, folk and herbal medicine. It is necessary that we should have full knowledge regarding the occurrence, frequency,

distribution and phenology of various plants for their proper utilization. Traditionally, the rural women prefer plant medicines rather than modern medicines for abortion, menstrual trouble, conception disorders, sterility, delivery problems, etc.

An ethnobotanical survey of medicinal plants used in the treatment of gynecological disorders was carried out among the rural people in Washim district, Maharashtra, India. Its rural people and tribals living in remote/forest areas still depend to a great extent on the indigenous systems of medicine and cultivation. A wide range of plants with ethnomedicinal value against some very important diseases have been reported but much larger numbers of folk medicines have remained endemic to certain tribal pockets. Various works have been undertaken to document different types of medicinal plants used by various ethnic groups in all

over India²⁻⁵ and also in North east India⁶⁻¹¹ to mention a few.

The popularity of traditional medicines has grown enormously during the recent years. The domestic demand for traditional medicines in India has increased. The market of traditional systems of medicine in India is estimated to be about Indian rupees 4000 crores per year¹²⁻¹⁴.

Washim District in Maharashtra is a relatively newly formed district that was created on 1st July 1998. The district is located in the Vidarbha Region of Maharashtra, India. The entire district occupies an area of about 5150 sq kilometer. The geographical coordinates of Washim District are 76° 7' East Longitude and 19° 61' North Latitude. The Washim District Map shows that this district is surrounded by Akola, Amravati, Buldhana, Yavatmal and Hingoli

districts. The temperature varies from 9 °C to 45 °C and the annual rainfall is about 832 mm, housing pockets of deciduous forests rich in medicinal plants.

Material and Methods:

The ethnobotanical uses of the plants were collected by field survey, based on the interviews from the local communities. An intensive ethnobotanical survey of Washim district was undertaken during June 2009 to May 2010. Information on medicinal plants used for different purposes were recorded. Field interviews were conducted with local inhabitants. Plant specimens were collected and identified. The indigenous knowledge about the use of medicinal plants was arranged in alphabetical order of botanical names followed by family, vernacular name, part used and indigenous uses.

Table No. 1: List of the Medicinal plants used for gynecological and other related problems. Scientific names of the medicinal plants are arranged in alphabetical order

Sr. No.	Botanical Name	Family	Local Name	Part used	Problem
01	<i>Abrus precatorius</i> L.	Fabaceae	Gunj	Stem and Leaves	urinary disorders
02	<i>Achyranthus aspera</i> L.	Amaranthaceae	Aghada	Root	Easy Delivery
03	<i>Adhatoda vasica</i> Nees	Acanthaceae	Adulsa	Leaf	Postpartum Haemorrhage
04	<i>Asparagus racemosus</i> Willd.	Liliaceae	Shatawari	Tuber	Milk Secretion, Vaginal uterine prolapsed
05	<i>Bombax ceiba</i> L.	Bombacaceae	Kate Shevar	Stem bark	Smooth delivery
06	<i>Butea monosperma</i> Lamk.	Fabaceae	Palas	Seed, Root and Bark	Leucorrhoea
07	<i>Cissus quadrangularis</i> L.	Viteceae	Kandawel, Hadsandhi	Roots	Irregular menstruation
08	<i>Costus speciosus</i> Koenig.	Costaceae	Penva, Pushkarmula	Rhizome	Strengthening
09	<i>Daucus carota</i> L.	Apiaceae	Gajar	Root	Sexual delibity, Contraction of uterus
10	<i>Euphorbia hirta</i> L.	Euphorbiaceae	Dudhi	Leaf	Milk Secretion
11	<i>Gloriosa superba</i> L.	Liliaceae	Kalalavi	Roots	Vaginal uterine prolapse
12	<i>Mimosa pudica</i> L.	Mimosaceae	Lajalu	root	vaginal & uterine complaint
13	<i>Moringa oleifera</i> Lamk.	Moringaceae	Shewaga	Root, bark and fruits	used in piles urinary discharge
14	<i>Ocimum sanctum</i> L.	Labiatae	Tulsi	whole plant	used in gastric and genito-urinary disorders
15	<i>Phyllanthus emblica</i> L.	Euphorbiaceae	Awala	Fruits	Urinary discharge
16	<i>Raphanus sativus</i> L.	Cruciferae	Muli	Root	Irregular

					menstruation
17	<i>Ricinus communis</i> L	Euphorbiaceae	Erand	Leaves	Gynecological problem
18	<i>Tinospora cardifolia</i> Willd.	Menispermaceae	Gulvel	Stem and Leaves	Urinary disorders
19	<i>Thevetia peruviana</i> (Pers.) Schum.	Apocynaceae	Piwala Kanheri	Roots	Urination problem
20	<i>Withania somnifera</i> Dunal	Solanaceae	Ashwagandha	Stem	Vaginal uterine prolapsed, regulate menstrual cycle
21	<i>Xanthium strumarium</i> Linn.	Asteraceae	Dutundi, Zingurd	Roots/leaves	urinary trouble,

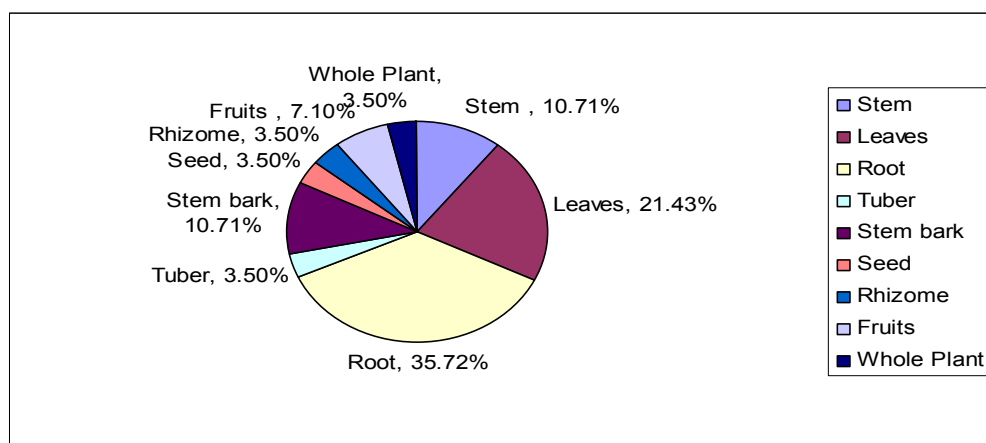


Figure 1: Different parts of the plants used by the people according to their preference for Gynecological related problems.

Results:

From the study area documentation of only 21 plant species belonging to 16 families for their medicinal value was possible. The different plants which have been documented during the present investigation along with their mode of use in different health treatment by the community is being depicted in the table number 1. The women are found to be more familiar with the use of various medicinal plants. It is apparent that the community is rich in ethnomedicinal knowledge and the knowledge is being transmitted from generation to generation. It has been found that some individuals have become specialized to prepare the medicines from this plants owing to prolong practical experience. Several parts of a plant such as stems, roots, leaves, stem barks, rhizomes, fruits, tubers and whole plant are used as medicine.

Among the different plant parts documented and utilized, highest proportion (35.72%) was of roots, followed by leaves (21.43%), stem (10.71%), stem bark (10.71%), fruits (7.1%), tuber (3.5%), rhizome (3.5%), seed (3.5%) and whole plant (3.5%) as showed on figure 1.

Traditionally, the rural women prefer plant medicines rather than modern medicines for abortion, menstrual trouble, conception disorders, sterility, delivery problems, etc. Some ethnomedicinal observations made from the rural areas of district, revealed valuable phytotherapeutic information on the various gynecological disorders.

It is also observed that some tuberous plant species are used by tribals to cure various sexual disease, menorrhage to regularize menstruation, to increase fertility etc. the knowledge of tribals about contra receptive, which is one of the informal innovation by them, is quite relevant in present day situation. In this context *Gloriosa superba* used to develop sterility. *Curculigo orchoides* incareas sexual vigor.

There is a great need to create awareness among the communities about endangering medicinal plants, if over exploited to meet market demand. Improved awareness of conservation issues is needed. Proper documentation of indigenous knowledge about the plants could be supportive in achievement of objectives.

Conclusions:

In this present study we have focused on utilization of plant/ plants part by peoples and their traditional knowledge against gynecological disorders.

Hence the need is felt to have systematic documentation and detailed study for the potential and

availability of the plants. This is one of the steps taken towards the documenting treasures of indigenous knowledge. Else, we are on the way to lose important information related to the natural resources which are of great values around us.

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