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Ethnomedicinal plants used in the health care system

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Abstract
As part of the fieldwork, we polled locals, held focus groups, and conducted one-on-one interviews to learn more about their experiences with and knowledge of wild medicinal plants. The plants and their correct names were classified according to their botanical names, families, common names, habitats, parts utilised, routes taken, and diseases treated. Ten different plant species may be traced back to the Rosaceae family, making it the most common. The next two largest plant families, Asteraceae and Lamiaceae, each have eight different types of plants.

Keywords: ethnobotany; traditional medicine; use value; rural inhabitant

Introduction

All around the world, rural people rely on their indigenous knowledge of medicinal plants to alleviate illness and injury. Ethnobotany is the study of the interaction of pre-Columbian human societies with the natural environments in which plants evolved. Indigenous peoples' generation-spanning expertise in herbal medicine. Ethnobotanical studies are crucial if modern medications are to be developed from natural medicinal plant resources. In places where access to modern medicine is limited, people in rural areas might turn to the use of plants as traditional remedies. Approximately 80% of the population in developing countries rely on traditional remedies to manage common health issues. These medicinal plants are well recognised for their zero-risk, low-cost, and easy-to-obtain nature. It is estimated that over 7500 plant species in India have been studied for their potential medicinal use. Both conventional and cutting-edge forms of medicine may benefit from these uses. Since Vedic times, India has relied on plant-based medicines and foods. The medicinal properties of plants were first documented in ancient scriptures like the Rig Veda and Atharva Veda.

Approximately 75% of India's 1.3 billion people live in rural areas. To supplement their diets amid food shortages, most people in rural areas must turn to foraging for wild edible plants.

The World Health Organization (WHO) estimates that almost 80% of the global population uses traditional medicine as its primary source of healthcare. In some developing countries, traditional medicine is the only affordable option for medical treatment, and it does a decent job of meeting people's requirements. Herbal medicine has its roots in ancient Indian culture, when plants were employed for both medical purposes and spiritual rites. An increasing number of people these days are curious in how ethno-botanical research might help in the search for new food, medicine, and other plant resources as well as in the preservation of centuries-old traditional folk knowledge. There is a wealth of medicinal plants available in India. There are now about 65% of Indians who rely completely on traditional medicine. Eczema, leucoderma, scabies, and ringworm are just some of the skin conditions that may be treated well using herbal remedies. A wide range of skin problems caused by bacteria, fungus, and viruses may be effectively treated with the help of traditional medicine, which makes use of the therapeutic powers of hundreds of plant species from all over the world. In addition, India has a sizable body of information on the topic of using herbal medicines to treat skin disorders.

In rural regions, individuals utilise over 800 different plant species for food. Wild plants have been used by humans for a wide range of purposes, including supplying food, medicine, fibre, and fodder for cattle, and this practise dates back to prehistoric times. Especially in the developing world, where both population growth and agricultural output need to be managed, scientists have recognised the use of wild edible food plants as a solution. Given that population increase is anticipated to continue for the foreseeable future, this is of utmost significance. Approximately 54 million individuals are believed to be part of tribal groups throughout India. In order to meet their basic needs, rural residents must rely on forest resources and forest-made products.

For the great majority of indigenous communities, traditional medicine is still the first line of defence against illness.

Fig 1: Pictures of medicinal plants.

Traditional knowledge on medicinal plants is being lost at an alarming rate, thus there has to be an examination of this information to help the market grow. Prior to being lost permanently, it is crucial that studies be conducted on the traditional uses of native plant knowledge. This study's findings might lead to the development of a new herbal drug for the treatment of a wide range of medical issues. Furthermore, ethnobotanical studies documenting indigenous knowledge are crucial to both the conservation of natural resources and the ethical use of these resources. Supporting indigenous people and allowing them to participate in the sustainable gathering of natural resources is crucial to the implementation of in situ preservation for traditional knowledge in rural locations. The indigenous people's position may be strengthened and knowledge preserved if colleges engage with them and recognise their communities as "knowledge sites" on technical topics.

Biological diversity, cultural values, and traditional knowledge are all interconnected and dependent on one another. These are, without a question, the most crucial factors in preserving age-old customs and wisdom. It is crucial that both government and private sectors recognise biocultural resources' value as a source of national prosperity. In part, this is because the economic value of these resources is rising even as the danger to their basic survival grows. For biocultural resources to be adequately

protected, governments must first develop national policies and legal frameworks.

Discussion

For this study, we gathered information on the wide variety of ways that wild medicinal plants are used in the central hills. All of the recorded plant species were members of one or more specific plant families. Although they have strong confidence in mainstream medicine, rural residents often choose to treat themselves using wild plants instead. Those who live in the rural areas around the research facility have reported that a number of different plant species, including Berberis aristata, Zanthoxylum armatum, Viola canescens, Rhododendron arboreum, Datura innoxia, Ocimum sanctum, Colebrookea oppositifolia, Mentha arvensis, Justicia adhatoda, Cynodon dactylon, Ficus Some of the ethnomedicinal plants identified during this study were also said to have originated in India. Verbascum thapsus, Cannabis sativa, Cynodon dactylon, Ficus palmata, Urtica dioica, and Juglans regia were among the species mentioned. Most of these preparations were indicated for oral administration alone. As a consequence of modernisation, it seems that traditional ethnobotanical knowledge of therapeutic plants is dwindling away from society. Some medicinal plants of ethnobotanical significance are said to be in danger of becoming extinct globally owing to factors including habitat loss, changing climate, and overexploitation.

Lack of accurate data on wild plant populations, lax regulation and legal protection, limited access to appropriate technologies for crop planting, harvesting, and marketing, and the illegal trade in wild plants all have a negative impact on the local population. Local communities also need support and encouragement in order to maintain their knowledge and resources. People in the rural regions around the research site have highlighted a pressing need to record the region's traditional knowledge of medicinal plants before it is lost forever as a consequence of the decline in interest in such practises among younger generations. It's possible that the new study will be helpful to those working to develop novel medicines in academia, government labs, and the pharmaceutical industry, as well as to future generations and the people who will be.

Conclusions

Indigenous peoples in remote tribal areas are the custodians of knowledge about the wide variety of use for various plant resources. The current study suggests using many management strategies and engaging the help of local people via village administrative councils to save endangered medicinal plants. Ecology is shaped by the dialectical interplay of indigenous knowledge and practise, which has an impact on plant populations. The number of plants in a given area has an effect on the surrounding ecosystem. It is possible that new ideas for the long-term security of resources may be developed if indigenous knowledge were combined with that gained via scientific study. As a result of globalisation and socioeconomic upheaval, as well as the altering perceptions of local people, indigenous knowledge regarding the use of plant resources is slowly but steadily being lost. The worrisome loss in the number of precious plant resources may be traced in large part to the absence of regulated scientific and sustainable monitoring cultivation and harvesting, a lack of adequate management practises, and a lack of awareness of societal issues. The pace at which this deterioration is happening is really concerning. Also, indigenous people's knowledge of less common plant use is quickly disappearing. More people may turn to plant-based medicines and traditional knowledge of plants and folk remedies as a result of the numerous negative effects connected with modern allopathic pharmaceuticals. There is hope that future generations will be more open to and accepting of natural products. However, there is little knowledge about the phytochemicals in these plant species, therefore further research into the active components responsible for pharmacological action is necessary to back up the assertion.

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