# Ethnogynaecological health disorders and their ethnomedicinal treatment by the Gond tribals of Raisen district of Madhya Pradesh-India

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### ABSTRACT

Plants have traditionally served as mans most important weapon against pathogen. India is repository of herbal medicines and there are evidences that herbs are predominant in the treatment of various diseases for revitalizing body system from ancient civilization. An important prerequisite for proper utilization of raw materials of the country is the survey of its natural resources and the preparation of an inventory. It is necessary that we should have full knowledge regarding of occurrence, frequency ,distribution and phenology of various plants for their proper utilization . The present study has been carried out in Raisen District of Madhya Pradesh India , the predominant tribal community has their settlements in different areas in district Raisen. Thirty Eight medicinal plants belonging to twenty nine families are identified which have been employed by the tribal community for the treatment of different diseases in tribal women's sexual disorders. The plants have been tabulated with Botanical name , family , local name , administration and voucher specimen number etc.

Keywords :- Medicinal Plants, Tribals, Women, Raisen and utilization.

### I. INTRODUCTION

Health is a worrying sector among tribals of Raisen district of Madhya Pradesh. Widespread under nutrition, poor infrastructure, high morbidity and mortality rates characterize the population groups of Raisen. The sexually transmitted infections (STIs) are important causes of morbidity and mortality among women of reproductive age. STIs related complications result in spontaneous abortion, infertility, ectopic pregnancy and cervical cancer apart from long-term impairment of reproductive health and increased risk of HIV transmission from one person to another (Cameron *et al.*, 1989). The prevalence of sexually transmitted infections among tribals of Raisen is not clearly known. Available estimates show a wide variation of tribal womens disorder occurrence. Large number of Leucorrheal , menstrual patients is found. Common problems among adult females are leucorrhoea (*safed pani*), followed by swelling (*soojan*), syphilis (*challe*), gonorrhea (pus discharge) . Studies have been reported where patients show no symptoms but have reproductive tract infection, including sexually transmitted infections (Mabey, 1996). Conversely, some people who report symptoms have no biomedical detectible pathology (Abdool, 1994). These discrepancies reflect the fact that women's perceptions of these diseases are rooted in cultural beliefs. In India, it has been suggested that the reporting of abnormal vaginal discharge may be more an expression of

underlying psychosocial distress than evidence of infection (Patel and Oomman, 1999). Access of women to good general health services, including gynaecological services, is the only means of detecting STDs in women. This is a complicated issue, which medical services alone cannot solve as it depends upon communication and education facilities in addition to wider socio cultural processes Collecting information about sexual diseases was rather difficult. Awareness regarding ethnogynaecological health disorder causes and reasons among tribal women of Raisen is not much. During fieldwork author pointed out that large number of tribal women suffers from leucorrhoea and burning sensation while urinating but they do not consider this as sexually related ailment. Sexual promiscuity is basic to the spread of venereal diseases (V.D) as all these are sexually transmitted. However tribals themselves blame other sources as cause of the disease. Their ignorance of cause of disease and misinformation about sexual illnesses act as widespread obstruction in combating Venereal disease in traditional societies. Numerous studies have documented the extent and alarming situation of sexually transmitted diseases among tribals of Raisen (Oommachan and Khan 198; Naik, 1960;Vyas, 1980. Conversely, there is rising need of additional labor for management and eradication of sexual problems in Gond tribal women in particular.

Raisen district lies in the central part of Madhya Pradesh. The district is situated between the latitude 22°47', and 23°33; north and the longitude 77°21; and 78°49; east. It is bounded in the west by Sehore District, in the north by Vidisha District, in the east and South east by Sagar District, in the South east by Narismhapur district, and in the south by Hoshangabad and Sehore Districts. The total area of the District is 8,395 sq. km which contains 1.93% of the states total area. The tribals of the area are *Gond, Bhils, Pardhan Agariya, Ojha, Nagarchi*, and *Solhas*, who have been traditionally using the local plants particularly for the treatment of various diseases.

In case of any health disorder, they instinctively resort to the plant material available at hand for the treatment of ailments they are suffering from. Even in these days of chemo and radiotherapy they practice their own mode of treatment on which they have firm belief. The knowledge of medicinal utility has descended in the form of oral folklores and is based on generations of experience of their forefathers.

### **II MATERIAL AND METHODS**

The fieldwork for the study was conducted between July 2010\_ January 2013. The Ethnogynaecological health disorders data were collected through a range of methods, including personal narrations, household surveys, conversations, observation and interviews with the help of schedules in the villages selected from Seventeen Villages of district Raisen of Madhya Pradesh. The data comprises women aged 15-59 in the reproductive age group. Their educational levels, exposure to media and occupation of their husbands was also taken in to account. The occupation of husband is an important criterion, as husbands who go for labor activities are exposed to outside hazards. Women were asked about symptoms, the number, systems and chronological order of treatments they had taken. Afterwards, the methods they described were grouped in to four categories:-(1) traditional home remedies; (2) herbal; (3) spiritual.. Folk-healers, herbal as well as cultural specialists were interviewed. Specialists in medicinal plants were asked for detailed information on its uses, preparation, and application. Likewise ritual healers were

observed while treating a patient. This is a cultural construct of sickness and medicine among tribal lay people and folk healers and it will be a fruitful guide to the meanings which Leucorhael problems has for those who are experiencing and treating it. Health among these tribals is related to the habitat, settlements and amenities available. Ethnographic documentation of indigenous therapeutic beliefs and measures among tribals is useful either as a basis for scheming more effective health programmes or to improve communication between health workers and patients for better compliance. The species were scientifically identified with their botanical names and author citation. The identified plants were further verified with various floras such as flora of British India (Hooker, 1897), Flora of Bhopal (Oommachan, 1976), and Flora of Marathwada (Naik, 1998). Some of the noteworthy contributions in the field of ethnobotany of the centrally located state of the country encompass the work of Jain 1963, 1964,1987; Khan and Chaghtai 1979, 1981; Khan et al 1981, 1984, 1992; Khan and Zaheer ul Haque 1981. As is evident from these references, there is very little ethnomedicinal information available for the district Raisen. The information recorded in the field was further compared with the works of Judah and Oommachan 1994 . As said earlier the studies pertaining to floristics and ethnobotany, so for as the state of the Madhya Pradesh is concerned and perusal of literature reviews that the district Raisen is almost unexplored from this point of view. A perusal of literature reveals that only the preliminary study of floristic of Goharganj of this district is carried out by Khan and Haque ( 1981); Ahmad Zahoor et al (2010) and Ahmad Zahoor et al (2013). Plants were collected in flowering and fruiting conditions and confirmed by using different herbaria. Specimens were dried, pressed, poisoned and mounted on herbarium sheets. All collected specimens were identified with the help of available literature . Finally specimen identification was authenticated consulting Saifia Science College, Herbarium, Barkatullah University, Bhopal, India. Set of herbarium sheets were deposited in the herbarium for future reference. The alphabetic arrangement of all the plant species were made along with information on vernacular names, place of collection, parts used, mode of uses and disease classification.

The outcome of the results were rechecked and compared with literature . Analysis of the data was done and indigenous knowledge was documented.

#### Table: 1 Medicinal plants used for Ethnogynaecological health disorders

S.No	Botanical Name	Part	Disease	Ethnomedicinal use
	Family Local Name	Used		
	Voucher specimen No			



1.	Ailanthus excelsa Roxb. Simaroubaceae Mahaneem ZAL/ 102	Bark	Oligomenarhoea	The bark (20g) are taken and are prepared to the fine powder ,mixed with one glass of milk, given to the patient once a day for up to three days.
2.	Aloe barbadensis Mill. Liliaceae Gamharpatha ZAL / 167	Leave	Painful menstruation	The fresh juice of the leaves is given to the patient in a dose of six teaspoonful, twice a day after meals with equal quantity of water to ease the pain.
3.	Annona squamosa L Annonaceae Chheetapal ZAL / 235	Root	Abortion	The twenty five gram of the root in one glassful of water taken once a day on empty stomach for three months induces the abortion
4.	Asparagus racemosus Willd. Liliaceae Sitawar ZAL / 149	Root	Increase lactation in women	The roots six gram are crushed into fine pieces mixed with half kilo of (wheat grits) and is given to the women one plate daily for about 3- 4 days can increase the milk formation/ Lactation.
5.	Bombax ceiba L. Bombacaceae Saimar ZAL / 125	Bark	Urinary tract infection (UTI)	The bark is ground to a fine powder, mixed with water (2 Lit.) is put into the pot being covered by cloth, it is given thrice a day up to three days. The patient suffering from the UTI can be cured.
6.	Bougainvillea spectabilus Willd Nyctaginaceae Beganbeliya ZAL /205	Flower	Leucorrhea	Boil Ten gram of dry flowers with 2-4 glass of water for few minutes . It is taken cold for once a day about 5 days .
7.	Bryonia laciniosa (Linn.) Naud. Cucurbitaceae Shiwilingi ZAL / 243	Seed	Menstrual disorder	The fresh twelve gram of seeds are crushed, mixed with two hundred gram of milk and given to the patient once a month for about three month to recover from the menstrual disorder.
8.	Butea monosperma (Lam.) Kuntze Fabaceae Palash, Khankar ZAL / 220	Seed	Amenorrhea	The seeds are powdered and two spoonfuls of it is given once a day for about three days.





21.	<i>Grewia tiliaefolia</i> Vahl Tiliaceae Lapadpanda ZAL / 226	Root	Leucorrhea	The fresh hundred gram of roots are crushed mixed with fifty ml of water and given to the patient twice a day for about (8-10) to relieve the leucorrhea.
22.	Heylandia latebrosa DC. Papilionaceae Karandhar ZAL / 196	Whole plant	Leucorrhea	The fresh plant (10g) are ground into fine paste mixed with half glass of milk and given to the patient twice a day for one week.
23.	Hibiscus manihot L. Malvaceae Jungli bhindi ZAL / 138	Root	Leucorrhea	The roots (10g) are taken and washed properly then crushed into fine pieces mixed with one glass of milk. One glass of it is taken daily for about 15- 21 days.

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24	Hibiscus rosa-	Leave	Leucorrhoea	The fresh leaves (2-3) are crushed
	sinensis L.			into powdered form mixed with one
	Malvaceae			glass of water . One glass of it is
	Jasoon			given to the patient once a day for
	ZAL / 189			two to three days in the morning time
				relieves the patient
25	Holoptelea integrifolia Planch.	Root	Abortion	The roots bark along with the roots
	Ulmaceae			of Plumbago zeylanica in equal
	Churale			proportion is crushed and the extract
	ZAL/ 119			is given in doses of 3 spoonfuls twice
				a day for 5 doses for abortion of
				pregnancy up to three months.
26	Hygrophilla spinosa T. Anders.	Seed	Weakness	The seeds (5-7) are ground in to fine
	Acanthaceae			powder mixed with half glass of
	ZAL / 144			water . The (2-3) spoons are given to
				the patient for two to three days
				twice in a day to cure the weakness
				in women's
27	Ipomoeae nil (L.)	Roo	Oligomenarhoea	The fresh roots(5g) are crushed into
	Roth.			the fine paste mixed with one glass
	Convolulaceae			of lukewarm milk. Then (2-3) spoons
	Sewalingi			are given to the patient in the night
	ZAL / 141			for twenty one days twice a day.
28	Madhuca indica J.F. Gmel.	Leave	Swelling in Breast	Leaves, stem bark and flowers (10g)
	Sapotaceae	Stem		each are crushed and applied on
	Mahwa	bark		breast to cure the swelling in breast.
	ZAL / 221	and		
		Flower		
29	Mimosa pudica L.	Leave	Urinary problem	The fresh leaves are ground into a
	Mimosaceae		* *	paste form and consumed daily twice
	Chuii moui			a day for about one week to cure the
	ZAL / 186			urinary problem.
30	Murraya koenigii (L.) Spreng.	Leaf	Vomiting	The leaf extract is taken orally twice

	Rutaceae			a day for two days to stop vomiting.
	Madhua Kaman			
	ZAL / 217			
31	Ocimum canum Sims.	Leave	Sterility	The fresh leaves two to three and half
	Labiatae			are crushed into fine pieces mixed
	Kali tulsi			with milk (100-200ml) is given to
	ZAL / 250			the patient once a day for about 2-3
				days if not treated then again
				repeated for one week.
32	Ocimum gratissimum L.	Seed	Menstrual disorders	The seeds (2g) are ground into fine
	Lamiaceae			powder and ladoos are made from it.
	Jungli tulsi			One ladoo of (4g) is given to the
	ZAL / 126,			patient once a day for about 10-
				12days.
33	Ricinus communis Linn.	Root	Easy Delivery	Three years old roots (25g) are
	Euphorbiaceae			crushed into fine pieces mixed with
	Andi			milk (250g). The (5g) of this dose is
	ZAL / 173			given to the patient once a day for
				about 2-3 days can result the normal
				labour .
34	Sesbania sesban (L.) Merr.	Root	Anti fertility agent	The decoction of the fresh root, one
	Fabaceae			cup twice a day for about 4-5 days is
	Dhadhan			given to the women after the
	ZAL / 142			menstrual phase is over it acts as the
				anti fertility agent
35	Sida veronicaefolia Lam.	Leave	Sterility	The leaves (7-10) are crushed into
	Malvaceae			fine pieces and mixed with milk
	Madanmast			(125g) by adding of sugar (misri)
	ZAL / 134			.Only (10g) of this mixture is given
				to the patient in empty stomach for
				about seven days only once a day to
				cure the disease .
36	Sterculia urens Roxb.	Root	Gonorrhea (STD)	The dried roots (20g) is crushed and

	Sterculiaceae Karheeri ZAL / 127			adding (120ml) milk on it .It is given to the patient in empty stomach once a day for about (3-5) days to control the Gonorrhea problem.
37	Tribulus terristris Linn.	Seed	Menaracheae	Seeds are powdered and make paste
	Zygophyllaceae			of it then it is mixed with 125g of
	Choti Gokhru ZAL / 231			milk and one spoon of sugar .Three spoons are given to the patients in the empty stomach once a day for 3-4 days.
38	Ventilago calyculata Tulasne	Bark	Leucorrhoea	The bark (20g) is extracted, mixed
	Rhamnaceae			with milk or water . One cup of it is
	Kevity ka paed			given to the patient for three days
	ZAL /204			twice in a day

#### **III RESULT AND DISCUSSION**

Although our ancient sages through hit and trial methods developed herbal medicine, the reported uses of plant species do not certify efficacy (Tarafdar 1983a and b). This study indicates that the tribal people of Raisen district of Madhya Pradesh have acquired considerable knowledge about the medicinal plants. Data and information obtained from the present investigation regarding the medicinal plant specie, parts used and mode of administration are compiled and shown in Table\_1. Different plant parts were used to cure the ethnogynaecological health disorder (Table \_1). Phytomedicine has long been recognized as one of the oldest form of remedies used by humans (Lambert , 1992 and Maybey , 1996). Many people in developing countries still rely on traditional healing practices using medicinal plants for their daily health care needs , in spite of the advancement in modern medicine. There is abundant undocumented traditional knowledge of herbal remedies used to treat various diseases in many countries including India. Traditional healers use their five senses to diagnose the disease which are remarkable because they live in interior areas and lack the use of modern scientific equipments for treatment ; however they treat disease using medicinal plants and animals (Malvi , 1980).

In the present study a total of thirty eight medicinal plant species belong to twenty nine families are recorded. The plants are arranged alphabetically by Botanical name, local name, family, voucher specimen number and detailed mode of administration. Although all parts of various plant species are used in traditional medication of ethnogynaecological health disorders, leaves are mainly used. The tribes of Raisen district of (M.P.) have vast knowledge of herbal treatments for a wide range of physical ailments. Different parts of plants like flowers, roots, rhizomes, fruits, seeds, barks and leaves etc are being used for different purposes. The information and findings presented are primarily based on the interviews with the tribal medicinal precautions and the local people from the

investigated area. The data obtained in this study suggests that ethno botanical data can be used as an indicator of pharmaceutics potential of the collected medicinal plant species. Future investigation into the pharmacological importance of such plants their diversity and phytochemistry may add new knowledge of information to the traditional medicinal and cultural systems of the district Raisen of Madhya Pradesh. The study has shown that continuous exploitation of several medicinal plants such as *Bryonia laciniosa*, *Cissampelos pareira*, *Gloriosa superba*, *Grewia polygama*, *Sterculia urens* and *Tribulus terristris* etc ; from the wild and substantial loss of their habitat has resulted in the rapid decline of these species in the District Raisen. The Data offers basic information to the pharmaceutical industries for further reasons in the treatment and control of ailments.

#### **IV CONCLUSION**

Traditional knowledge of plants in many tribal communities is changing because socioeconomic and cultural changes. This is particularly true in Gond tribal communities in district Raisen of Madhya Pradesh . Documentation of this knowledge is valuable for communities and their future generations and for scientific consideration of wider uses of traditional knowledge .

A more comphrensive investigation is required to adequately evaluate the change of plant use for tribal women's gynaecological problems in Raisen district .It should be noted that many medicinal uses of Raisen plants have yet to be subjected to clinical testing. Some studies have been conducted on the chemicals thought to be the active principles of these plants , which will be focus of future paper . Additional investigations on ethno botanical uses , preparation , administration and historical origins . In conducting future studies , economic and cultural reasons will be examined to understand the prevailing use of medicinal plants in both urban centers and rural communities to better tailor health care delivery to these groups. The use of ethnomedicinal information has contributed significantly in drug discovery efforts and thus mass screening of plants will provide immense scope in finding new drugs and lead compounds.

Fig. : Important Photo plates of Ethnogynaecological health disorder plants .







racemosus



Fig.4. Bougainvillea spectibilus



Fig.5. Bryonia laciniosa





Fig 1. Aloe Barbadensis Fig.2. Annona Squamosa Fig.3. Asparagus





Fig.6 Butea

monosperma



Fig.7 Calotropis procera Fig.8 Carica papaya

Fig.9 Cissampelos pareira

Fig.10 Cocculus hirsutus



Fig.11 Emblica officinalis



Fig.12 Ficus carica



Fig.13 Gloriosa superba Fig.14 Grewia polygama

Fig15 Hibiscus manihot



Fig.16 Madhuca indica



### Fig.17 Ricinus **Communis**



Fig18 Sida veronicifolia



Fig.19 Sterculia urens



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