



Herbal Treatments for Respiratory Diseases in the Rural Communities of District Ambedkar Nagar (U.P.), India

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Abstract

Respiratory complaints are very common health problem and increasing alarmingly with the rise of air pollution. Modern allopathic medicines have not produced any curative drug for respiratory problems. It only gives symptomatic relief for a short duration. Traditional herbal medicines however have some specific herbs which cure many of the pulmonary complaints from their root. The present paper deals with some of the herbal treatments for respiratory diseases in rural communities of district Ambedkar Nagar (U.P.), India.

Keywords: Herbs, Respiratory diseases and rural communities of Ambedkar Nagar.

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Introduction

The Man has dependent on nature, particularly on the plants for its substances and survival since his existence on earth. In ancient times, he knew how to relieve his suffering by using the plants growing around him. The civilizations records show that a number of drugs used today were already in use during ancient times. Its credit goes to Indian Rishies and Physicians who were acquainted with a large number of medicinal plants compared to other countries in the world. In recent years, efforts to record ethnomedicinal uses of plants from amongst

the native of various countries have received close attention of scientists (Jain,1981; Singh et. al. 1984; Singh 1986, Brahman and Saxena, 1989; Singh and Khan 1989; Malkhuri et. al .1998; Yadav and Patel 2001; Kathikeyani 2003; Yadav et.al. 2003; Khare 2007). There are numerous medicinal plants in the vegetation of district Ambedkar Nagar (U.P.) which are used in curing various ailments. The people of this district have deep belief in their native folklore medicine for remedies and they rely on their own herbal cure in contrast to the modern medicine. Since the beginning of civilization, people have used plants as medicine. Perhaps as early as Neanderthal man, plants were believed to have healing powers. A discussion of human on this planet would not be complete without a look at the role of plants. Ethnobotany is the study of how people of a particular culture and region make of use of indigenous plants. Ethnobotanists explore how plants are used for such things as food, shelter, medicine, clothing, hunting and religious ceremonies. Ethnobotany has its roots in

botany, the study of plants. Botany in turn originated in part from an interest in finding plants to help fight illness. In fact, medicines and botany have always had close ties. Ethnobotanists are usually botanists or biologists with additional graduate training in such areas as archeology, chemistry, ecology, anthropology, linguistics, history, pharmacology, sociology, religion and mythology. First of all researchers collect detailed knowledge about the local indigenous people and prepare a regional study on the epidemiology, traditional medicine, culture and ecology of the people and their environment. The interviewing process is conducted very carefully. A translator for the local language is usually necessary to conduct this phase. Ethnobotany as a field is on the rise. Ethnobotany issues are the focus of much public attention. The future looks promising for these dedicated scientists in a fascinating and vital field of research. Traditional knowledge of the medicinal plants that are use by native peoples, Hakims, Vaidhyas in rural area of district Ambedkar Nagar (U.P.), India.

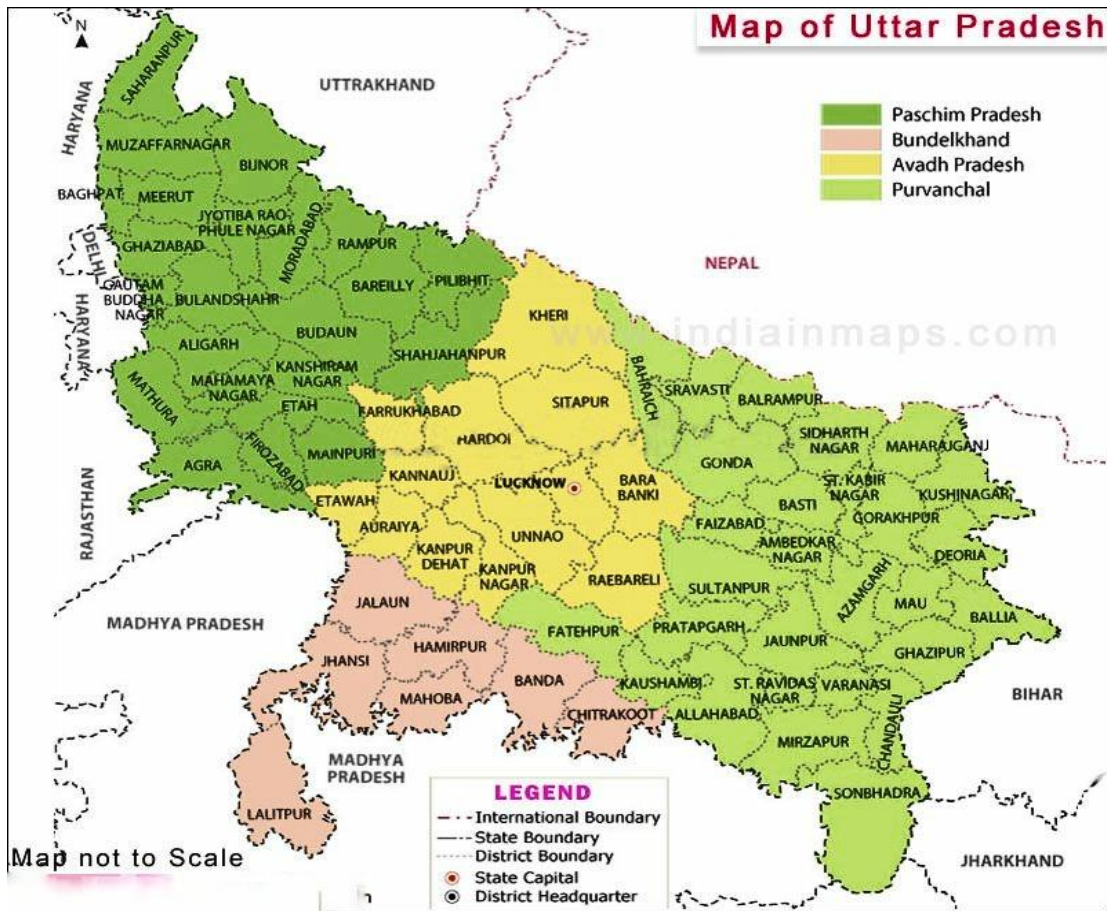
The present work deals with the traditional use of plants as medicines for treatment of respiratory diseases in rural communities of district Ambedkar Nagar (U.P.), India.

Materials and Methods

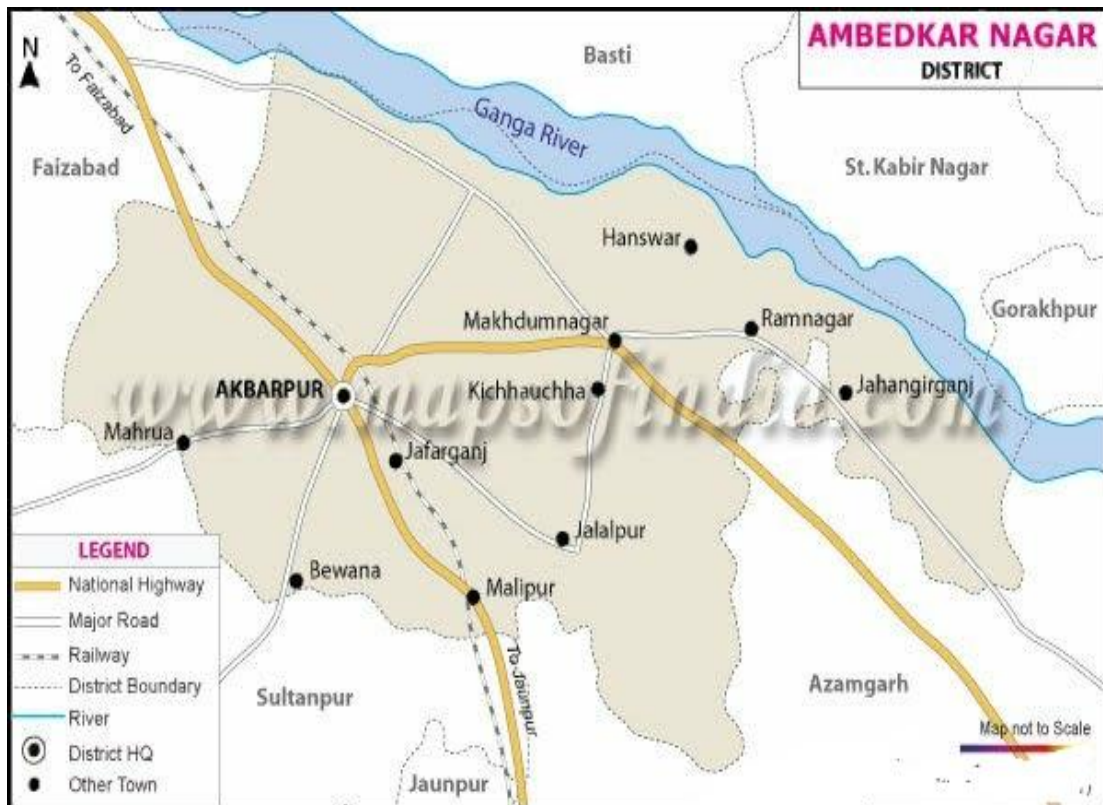
The study was conducted in rural areas of district Ambedkar Nagar. District Ambedkar Nagar lies between 26°09' N to 26°40' N latitudes and 82°12' E to 83°05' E longitudes. District Ambedkar Nagar is bounded on the north by Basti and Sant Kabir Nagar districts, on the north-east by Gorakhpur district, on the south by Sultanpur district, on the west by Faizabad district, on the east by Azamgarh district and the south east by Shahganj tehsil of Jaunpur district. The total area of the district is 2,520 km². The total length of the district from east to west is approximately 75 km and the breadth from north to south is about 42 km. This district belongs to hindi belt of (U.P.), India. Ambedkar Nagar district population is 2,39,788 and divided in to 09 blocks, 5 Tehsils and 1757 Villages (Map-1, 2 & 3).



Map-1: Location of study area in India.



Map-2: Location of study area in Uttar Pradesh, India



Map-3: Location of study area in district Ambedkar Nagar rural area

The work was undertaken through field study carried out throughout the seasons of January 2020 to December 2020 in various rural areas of district Ambedkar Nagar. First hand information about the folk medicinal uses of plants was collected from the traditional healers, Vaidhyas, Hakims, Tribes and old rural peoples. The age of the respondents ranges between 45 to 80 years and the number of male respondents was higher 75% as compared to the female respondents 25%. Most of the informants were reluctant to reveal any information but a few consented for collection from the forest and for the interviews. The plant sample were collected and processed following the routine method of plants collection and herbarium technique (Jain and Rao, 1977).

Plants have been identified in P.G. Department of Botany, Dr. Ashok Kumar Smarak P.G., College Akbarpur, Ambedkar Nagar (U.P), India and the specimens have been identified using relevant floras and standard literatures (Kanjila et al., 1982; Hooker, 1989, Gaur, 1999 and Singh and Singh, 2009). The respondent were selected randomly and prior informed consent was obtained from each respondent to get

traditional knowledge of the plants. A detail of plants are mentioned in Table -1.

Results and Discussion

The increase demand of medicinal plants has resulted in the dwelling of the natural resources mainly for the deforestation and other anthropogenic influence. The local uses of plants as a cure are common particularly in those areas, which have little or modern access to modern health services. The indigenous traditional knowledge of medicinal plants of various ethnic communities, where it has been transmitted orally for centuries is fast disappearing due to the advent of modern technology and transformation of traditional culture. Therefore, the collection of information about natural flora classification, management and use of plants by the people holds importance among the ethnobotanists. The present study has resulted in the documentation of 11 medicinal plant species belonging to the 7 families, which have been presented in the table-1. Botanical names of medicinal taxa, enumerated alphabetically, followed by Botanical name, local names, family and plant parts uses.

Table: 1- List of Medicinal plants species for treatments of respiratory diseases reported from rural communities of district Ambedkar Nagar (U.P.), India

S.No.	Botanical Name	Local Name	Family	Plants part used
1	<i>Acacia nilotica</i>	Babul	Fabaceae	Barks of babul
2	<i>Adhatoda vasica</i>	Adosa	Acanthaceae	Leaves
3	<i>Bacopa monnieri</i>	Brahmi	Scrophulariaceae	Boiled plant is placed on
4	<i>Boerhavia diffusa</i>	Punarnava	Nyctaginaceae	Whole plant
5	<i>Calotropis gigantea</i>	Madar	Apocynaceae	Flowers of madar powder
6	<i>Leucas aspera</i>	Guma	Lamiaceae	Whole plant
7	<i>Ocimum sanctum</i>	Tulsi	Lamiaceae	Leaf
8	<i>Picrorhiza kurroa</i>	Karu	Scrophulariaceae	Root / Rhizome
9	<i>Solanum surratense</i>	Kanteli	Solanaceae	Whole plant / Root
10	<i>Tylophora indica</i>	Dama buti	Apocynaceae	Leaf
11	<i>Zingiber officinale</i>	Adarak	Zingiberaceae	Rhizome

Asthma, bronchitis, whooping cough and common cough are very common respiratory ailments. A decoction prepared by *Acacia nilotica*, *Adhatoda vasica*, *Bacopa monnieri*, *Boerhavia diffusa*, *Calotropis gigantea* flowers, *Leucas aspera*, *Ocimum sanctum*, *Solanum surratense*, *Tylophora indica* and

Zingiber officinale is prescribed in the treatment of respiratory diseases. Similar works have also been obtained by researchers Chopra et. al. (1956), Jain (1991), Bhat (2002), Mukherjee and Wahil (2006) and Singh and Tripathi (2019).

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