

Maida leaf and Ama haldi– A potent ethnomedicine for bone fracture

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Abstract

A survey trip for Dudwa tiger reserve, Kheri Lakhimpur and Kakarha forest range, Bahraich along with M.Sc. Botany students was organized on November 24, 2006 and on January 05, 2007 respectively, to collect the ethnomedicinal plant and document their medicinal uses by native tribal people. This survey area is one of the hot spot of plant diversity representing north western tarai forest of Uttar Pradesh. We collected about 55 plants of ethnomedicinal importance belonging to different families. The most astonishing scene was observed in Dudwa when our vehicles were stopped near Banke tal in Sonaripur forest range and our drivers started to dig something. They were not in a position to waste their time for conversations with us. They want to collect the material in maximum quantity. We asked them not to do so because it is an offensive act. Our driver later told that the rhizome which they have collected is locally known as Ama Haldi and since it has countless ethnomedicinal uses, we try to keep always in house in one way or other. The most important information we got was that Ama Haldi is very useful in bone fracture along with Maida leaf. Later on the same driver introduced us about the Maida plant. We were later confirmed by our guide Mr. Baddal Singh Rana who is a local Tharu tribe, that if the poultice of Maida leaf along with Ama haldi is tide over bone fracture after setting the same by local orthopedic healer and taken orally also, the pain and inflation is vanished and the fracture heals within a very short span of time. We later identified Maida or Maida as *Litsea glutinosa* (Lour.) CB (Lauraceae) and Ama Haldi as *Curcuma amada* Roxb., (Zingiberaceae). In addition to the healing power of Maida leaf and Ama Haldi in bone fracture both have countless other ethnomedicinal uses especially Ama Haldi.

Keywords: *Maida Leaf, Ama Haldi, Bone fracture, Ethnomedicine*

Introduction

India possess a total of 427 tribal communities and over 275 papers have been published on specific ethnic group (Ignacimuthu *et al.*, 2006). There is large demand for medicinal herbs due to increase in the use of herbal formulations. Globally, about 85% of the traditional medicines used for primary health care are derived from plants. These herbal medicines are safe as well as eco friendly and have good values in treating many diseases including infectious diseases, hypertension etc. In India, the sacred Vedas, which date back between 3500 B.C. and 1800 B.C. give many references of medicinal plants. (Behera, 2006).

Rich phytodiversity and Tharu tribal population characterized Dudwa tiger reserve of Kheri district situated in North Western Tarai forest of Uttar Pradesh. The tribal people living in villages of Kheri district are greatly dependent on medicinal plants for variety of uses. Currently medicinal plants are under severe threat of extinction due to rapid deforestation, over and improper collection, over grazing etc. The tribal cultures of rural area are now fast changing due to transformation of traditional culture, so the present study is undertaken with a view to collect and document the ethnomedicinal plant and their uses by the tribals of the area. The study area lies between 28° 30' 60" N and 80° 41' 0" and comprises 884 km² of Kheri district. The Tharus of Kheri district live in villages situated in the vicinity of the Dudwa national park and adjoining the territory of Nepal. The district is bounded on the east by the district Bahraich, on the south by Sitapur and Hardoi, on the west by Shajahanpur and Pilibhit district, and on the north by the territory of Nepal separated by the river Mohan. There are 41 Tharu villages in Kheri district, occupying an area of 8,149 hectare in the vicinity of Dudwa national park

Materials and Method

For collecting the ethnomedicinal plant and documenting their ethnomedicinal knowledge by native tribals, a survey trip for Dudwa tiger reserve, Kheri Lakhimpur and Kakarha forest range, Bahraich along with M.Sc. Botany students was organized on November 24, 2006 and on January 05, 2007 respectively. Questionnaire method was adopted for documentation of traditional indigenous knowledge about medicinal plants and herbs. The collected plants were pressed, dried, preserved and mounted following the method as described by Jain and Rao, 1989. The collected plants were identified by the help of available literature (Joshi, 2000). All the collected and preserved plant specimens were deposited in the herbarium maintained in the department.

Results and Discussion

After the survey of Dudwa tiger reserve about 55 plant species belonging to different families were collected. Out of these species the present work concentrates on the ethnomedicinal value of *Litsea glutinosa* C.B. Robins. (Lauraceae) locally called as Maida and *Curcuma amada* Roxb. (Zingiberaceae) locally called as Ama haldi. Both wonderful plants were collected near Banke tal in Sonaripur forest range of Dudwa national park. Our guide Mr. Baddal Singh Rana is a local Tharu tribe, resident of village Muin Nuchani (a Tharu village) P.O. Parsia, P.S. Chandan Chauki, Distt. Kheri Lakhimpur. He told us about the medicinal use of Ama haldi and Maida plant that if the poultice of Maida leaf along with Ama haldi is tide over bone fracture after setting by local orthopedics and taken orally also, the pain and inflammation is vanished and the fracture heals with in a very short span of time. *Litsea glutinosa* C.B. Robins (Lauraceae) is locally known as Meda or Maida whose leaf is effective in bone fracture. The powdered bark mixed with water is warmed and applied as poultice to cure pain surrounding the umbilicus. (Maheswari *et al.*, 1986). We got only few tree of Maida during the survey of Kakarha forest range of Bahraich.

Curcuma amada Roxb. (Zingiberaceae) is locally known as Ambe halleda, Am haldi, Ama haldi. It is wild in parts of Bengal, Konkan, Tamilnadu as well as in north western tarai forest of Uttar Pradesh. The root with a bitter taste is diuretic, maturant, emollient, expectorant, antipyretic and appetiser. It is also used in inflammations, diarrhoea and gleet. Rhizome is acrid, hot anodyne, antirheumatic, carminative, cooling, aromatic, bitter, stomaichic, diuretic, aphrodisiac and astringent. It provides digestive power, cleans throat, tongue, dispels cardiac disorders and cures vomiting, cough, dyspnoea, anorexia, fever, anaemia, flatulence, colic constipation, dysuria, swelling and elephantiasis. It has specific action in rheumatism and inflammation of liver. Tubers are useful in purigo. They are used externally in the form of paste as on application for bruises and skin diseases (Joshi, 2000).

Forest is the reservoir of medicinal plants and play a vital role in the economy of the Tharus. The tribals of Kheri district are mostly dependent on forest wealth for their food, clothing, oil, fibre, housing and medicine. There are ample of evidence that increasing numbers of people across various parts of the world depends on traditional herbal remedies for their health care. The local uses of plants are in health care products are even much higher in particularly those areas with little or no access to modern health services (Saeed *et al.*, 2004). It is hoped that chemical analysis of the plant and their pharमतotherpuics will provide much lead role for future research and new drug development.

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