

Sanaffar - A wonderful ethnomedicine from north western tarai forest of Uttar Pradesh – A new report

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Abstract

During the ethnomedicinal and taxonomic survey for the flora of the Kishanpur forest range along with M.Sc. Botany Students on Nov 24, 2006, the authors were introduced by their guide to a tree plant at the bank of Jhadi Tal locally named as Sanaffar. Kishanpur forest range is about 25km. from Dudwa National Park head quarter. The author were told by their guide that some times newly born baby upto age of 6 month continuously cry/weep probably due to excessive pain because of certain ailment. Later the body become bluish. Since the baby can not speak about the ailment, some times it results to the death of the baby. In such case if the bark of Sanaffar is boiled in water and bath of the baby is taken place thrice a day or so with the Sanaffar bark boiled warm water, the baby become cure and stop crying. Our guide Sri Baddal Ram Rana is a Tharu tribe, local resident of a tharu village Muen Nuchani, P.O. Parsia, Distt. Kheri Lakhimpur told that they get their ethnomedicinal knowledge from their elders. They carry the flowering twigs from the forest & show to their different elders and note down the medicinal use if any. His statement was later confirmed by Sri Mihi Lal Dangaura, an elderly Jadu Tona (witchery) expert of the Dudwa locality. He is R/o Village Balera, P.O. Dhuskiya, Distt. Kheri-Lakhimpur. Sanaffar known locally can not be identified botanically because the plant was not in flowering stage at the time.

Key words - *Sanaffar*; *Ethnomedicine*

Introduction

India being an oriental country has large wealth of medicinal plants used for various kinds of ailments since time immemorial (Singh, 1989). All indigenous remedies have originated directly or indirectly from oral folk lores, rituals, magic and superstitions. The cure of disease and preservation of health are as old as human civilization. A fairly comprehensive information about medicinal plant has been recorded in *Charaka samhita* and *Shusruta samhita* the two most important works on Ayurvedic system of medicine (Bakhru, 2001). Rich phytogenic diversity and Tharu tribal population characterized Dudwa Tiger Reserve of Kheri district situated in North Western Tarai Forest of Uttar Pradesh. In Kheri district, the Tharu tribe uses many plant species for health care practices and have enormous knowledge about their medicinal uses. Unfortunately the cultures of rural area are now fast changing due to various reason. Keeping this in mind, the present study was undertaken for documentation of ethnomedicinal knowledge among Tharu tribes.

Dudwa Tiger Reserve lies on the India Nepal border in the foot hills of the Himalaya and the plain of 'Tarai' region. The study area lies between 28° 30' 60" N and 80° 41' 0" E and comprises 884 km² of Kheri district, Uttar Pradesh. The Tharus of Kheri district, live in villages situated in the vicinity of the Dudwa National Park 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 8,194 hectare in the vicinity of Dudwa National Park. The district is inhabited mainly by the Rana Tharus, Danguria Tharus and Kathurias Tharu population.

Materials and Method

For collecting the ethnomedicinal knowledge and flora of the Kishanpur Forest Range, the survey was made on Nov 24, 2006 along with M.Sc. Botany students, under the guidance of Sri Baddal Ram Rana and Sri Kewal Singh Rana (both a local Tharu tribe) resident of village Muen Nuchani (a Tharu village) P.O. Parsia, P.S. Chandan Chauki, Distt. Kheri Lakhimpur. During the field survey, the plants were collected and their use by inhabitants were recorded in the field books. The indigenous knowledge of local traditional healers about medicinal plants and their use were collected through questionnaire and personal interviews. All the collected plants were pressed, dried, preserved, mounted and identified through the available taxonomic literature (F.U.G.P. 1994) and latter confirmed by Prof. S.K. Singh Retd. Prof. and Head of Botany. D.D.U. Gorakhpur University, Gorakhpur. All the collected and preserved plant specimens were deposited in the Herbarium maintained in the department.

Results and Discussion

After the ethnomedicinal and toxonomical survey of Dudwa Tiger Reserve about 55 plant species belonging to different family were collected. Out of these species the present study deals with an important medicinal tree plant of Sanaffar (locally called) collected at the bank of Jhadi Tal, in Kishanpur Forest Range of Dudwa National Park. Sanaffar plant known locally can not be identified botanically because the plant is not in flowering stage at that time. Our guide, Mr. Rana told us that, some times newly borne baby up to age of 6 months continuously cry probably by excessive pain, because of certain ailments. Due to continous cryness the body of baby become bluish and some times it results to the death of the baby. In such case if the bark of sanaffar tree is boiled in water and bath is given to the baby with this warm water thrice a day, baby becomes cure and stop crying. His statement was latter confirmed by Mr. Mihi Lal Dangaure a witchery resident of village Balera P.O. Dhuskiya, Distt. Kheri Lakhimpur.

A number of organization with in India are concerned with maintaining India's Traditional Medicine system. Nearly 80% of the world population depends upon traditional system of health care (Behera, 2006). The tribals of Kheri district totally dependent on plant resources mainly for herbal medicines, food, forage, construction of dwelling, making house hold implements, sleeping mats and for fire and shade. Herbal medicine have good value in treating many diseases such as skin disease, snake bites, stomach ache, nervous disorders, infectious disease and hypertension etc. Traditional knowledge of medicinal plants and their use by indigenous cultures are not only useful for conservation of cultural traditions and biodiversity but also for community health care and new drug development.

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