



International Journal of Life Sciences Biotechnology and Pharma Research





Research Paper

SOME RARE PLANTS USED BY HILL – KORWA IN THEIR HEALTHCARE FROM CHHATTISGARH

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As per 2001 census, the total population of the state is 20,833,803 and the total population of the scheduled tribe is 6,616,569, which comes to 31.76% of the total population. According to the list of scheduled tribes, released by the Government of India in 1950 (revised in 1976), the total number of scheduled tribes in the undivided Madhya Pradesh was 42 and among them, maximum tribes 31 live in Chhattisgarh. The number of primitive tribes in the undivided Madhya Pradesh was six (Hill Korwa, Birhor, Kamar, Baiga, Abhujmaria and Bheria) and five of these primitive tribes live in Chhattisgarh at present, which means, more than 80% of the primitive tribes live in Chhattisgarh. The paper deals the Hill Korwa: The main source of livelihood of Hill-Korwa tribe is hunting and collection of minor forest products like Sal, mahua, gum, tendu leaves, amla, harra, bahera etc. In rainy season they gather some forest roots, leaves and vegetables. Now a days they do cultivation but their primitive techniques. Fishing and hunting are practiced as occupation. Though they have no land work for cultivation as labour. During some season they get food grains to eat while during the odd season they satisfy their hunger on leaves, fruits, tubers etc. tribes are still unaware of the scientific and cultural progress of the society and still are being exploited by the people of the modern society. They are used wild plants in the treatment of all types of disease on the basis of their ancestors knowledge and their own practices. The present paper deals with 30 plant species used by the Hill Korwa of CG for their healthcare. These species are wild and rare in this area.

Keywords: Traditional knowledge, Hill Korwa, Healthcare, Chhattisgarh

INTRODUCTION

In view of extremely rich bio-cultural diversity in the state and dependence of forest dwellers for their health requirements on medicinal plants the Government has declared Chhattisgarh as an 'Herbal State' in July 2001. Accordingly the Chhattisgarh Forest Policy has specially provided

for evolving a feasible mechanism for *in situ/ex situ* conservation, domestication, propagation and non-destructive harvest of medicinal plants with the active help and support from local people including traditional healers and vaidyas. Almost all the countries of the world have started documenting their traditional knowledge on herbal

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medicines. This requires documenting each and every knowledge from every look and corner. These efforts have although succeeded in documenting such knowledge from many areas but there are still several areas from where the traditional knowledge has to be extracted and documented. Chhattisgarh state is one of the such areas enriched with the plants of medicinal value. There are several areas in state, difficult to approach as well as several tribes which are difficult to communicate and these are the areas and tribal people their knowledge required to be documented. Bastar district of Chhattisgarh state is one of the districts very rich in variety of plants. So far, very little documentation is available for the medicinal plants. Similarly, the primitive tribes, their socio-economic condition, knowledge of medicinal plants and livelihood security are still to be documented.

The main concentration of Hill-Korwa (*Pahari Korwa*) tribe is in Jashpur, Sarguja, and Korba districts of Chhattisgarh. (Vaishnav, 2008) Population of Hill Korwa is 34,122. They are branch of Kolarian tribe and belonging mundari language. According to Anthropological description of family they belongs to Austro-Asiatic family and known as primitive tribe in Chhattisgarh. The tribe has two-sub-tribe known Pahari Korwa and Dihari Korwa (Observation

Table 1). They live in deep forest and treatment their all ailments from wild forest product on the basis of trial and error method and knowledge gathered by their ancestors.

In between Hill- Korwas drinks most popular is Hadia which is prepared from the flour of rice, Gondly or marua. To the boil paste of these two crops is added 'ranu' which produces fermentation. Ranu is medicinal product prepared from some roots and is available in market. From Mahua flowers liquor is also prepared but the Hill-Korwas prefer hadia to liquor. Within three to four days it is ready and is used after mixing required quantity of water (Ekka, 2012).

A detailed perusal of the ethnobotanical records reveals that a number of outstanding botanists led several ethnobotanical studies in different parts of CG (Jain *et al.*, 1981;1991; 2006; Pal *et al.*, 1997; Prusti, 1998; Vaishnav, 2008; Shrivastava *et al.*, 2009; and Ekka, 2012) are available. From the literature it reveals that State with rich flora has remained botanically almost unexplored. Therefore study has been undertaken to record less-known ethnobotanicals from different tribal communities of this state.

MATERIALS AND METHODS

During the ethnobotanical field survey of the state

Observation Table 1

Distribution of Primitive Tribes in Chhattisgarh (According To 2006)

S.No	Name of Primitive Tribes	Population	Residing Districts
1.	Abujhmaria	19401	Baster, Kanker, and Dantewara
2.	Baiga	67241	Bilaspur, Kawardha, Korba & Durg
3.	Birhor	2626	Raigarh, Jashpur, Sarguja and Durg
4.	Hill Korwa	34122	Jashpur, Sarguja and Korba
5.	Kamar	23033	Raipur, Dhamtari, and Mahasamund
	Total	146423	

Source- The Scheduled Tribes of Chhattisgarh, The Institute of Tribal Research and Training Centre, Government of Chhattisgarh, Raipur (2008)

among the hill—korwa carried out extensive field studies (2009-2011) in the tribal areas like

Jashpur, Surguja and Korba districts and recorded tribal use of plants for various ailments on the

Observation Table 2

S. No.	Botanical Name	Family	Common Name	Medicinal Use
1.	<i>Abelmoschus moschatus</i> Medic. (Fig.1)	Malvaceae	“Jangli bhindi”	Male sterility, Haematuria
2.	<i>Abrus precatorius</i> L.	Fabaceae	“Goonj”	Skin disease, Poor eye sight
3.	<i>Anthocephalus indicus</i> A. Rich.	Naucleaceae	“Kadam”	Weakness, Joint pain, Swelling in testicle
4.	<i>Argyria speciosa</i> Sweet. (Fig.2)	Convolvulaceae	“Hathi ladang”	Anaemia
5.	<i>Arisaema tortuosum</i> (Wall.) Schott.	Araceae	“Saap ka Anda”	Snake bite, Scabies
6.	<i>Asparagus racemosus</i> Willd. (Fig.3)	Liliaceae	Satawar (S)	Dysentery, Blood in urine, Headache
7.	<i>Baliospermum montanum</i> Muell. Aug.	Euphorbiaceae	Dantimool	Asthma, Dropsy, Jaundice
8.	<i>Bauhinia vahlii</i> Wt. & Arn. (Fig.7)	Caesalpiniaceae	“Orra”	Facial paralysis
9.	<i>Bulbophyllum leopardinum</i> Lindle. (Fig.4)	Orchidaceae	“Pathar kela”	Sunstroke, Diabetes
10.	<i>Caesalpinia bonduc</i> (L) Roxb.	Caesalpiniaceae	Gila, Karanj	Malaria, Skin disease, Wounds
11.	<i>Celastrus paniculata</i> Willd. (Fig.8)	Celastraceae	“Kujur”	T.B., Stomachache, After delivery, Skin disease
12.	<i>Cissampelos pareira</i> L.	Menispermaceae	“Parhi”	Sinus, paralysis
13.	<i>Cordia dichotama</i> Forst.	Boraginaceae	Lasodi”	Flatulence
14.	<i>Clitoria tematea</i> L.	Fabaceae	“Aparajita”	A diuretic, A purgative
15.	<i>Curculigo orchoides</i> Gaertn.	Hypoxidaceae	“Kalimusli”	Dysentery, Arthritis
16.	<i>Desmodium gangeticum</i> DC	Fabaceae	“Galfula”	Goiter
17.	<i>Erycibe paniculata</i> Roxb.	Convolvulaceae	“Kari”	To easy delivery, Night blindness
18.	<i>Guizotia abyssynica</i> Cass.	Asteraceae	“Magha”	Bodyache, Wounds
19.	<i>Lasia heterophylla</i> Schott	Araceae	“Katasaru”	Bodyache, Diabetes
20.	<i>Litsea glutinosa</i> Lour.	Lauraceae	“Meda”	Bodyache, Easy delivery
21.	<i>Mucuna imbricata</i> DC. (Fig.5)	Fabaceae	“Kachmi”	Madness, Hysteria
22.	<i>Operculina turpethum</i> (L) A.Silva Manso. (Fig.6)	Convolvulaceae	Turpeth	Skin disease, Vomiting
23.	<i>Porana paniculata</i> Roxb.	Convolvulaceae	“Masbandhi”	Wounds, Abortion, Fractured bone
24.	<i>Plumbago zeylanica</i> L.,	Plumbaginaceae	Chitrak (S)	Eczema, Dysentery, Headache
25.	<i>Rauwolfia serpentina</i> (L.) Benth. ex Kutz.	Apocynaceae	Sarpagandha (S)	Blood presser, Insomnia, Malaria
26.	<i>Saccolabium papillosum</i> Lindle.	Orchidaceae	“Chingra mecha”	Fractured bone, Bodyache
27.	<i>Scindapsus officinalis</i> Schott.	Araceae	“Gachpipal”	Fractured bone, Kidney stone
28.	<i>Thespesia populnea</i> Soland. Correa.	Malvaceae	“Bankapas”	Neuritis, Mad dog bite
29.	<i>Withania somnifera</i> (L) Dunal.	Solanaceae	Asgand	Asthma, Boils, Cough, Dropsy
30.	<i>Wrightia tinctoria</i> R.Br.	Apocynaceae	“Muiya”	Low blood pressure, Piles

Figure 1: *Abelmoschus moschatus* Medic



Figure 2: *Argyreia speciosa* Sweet



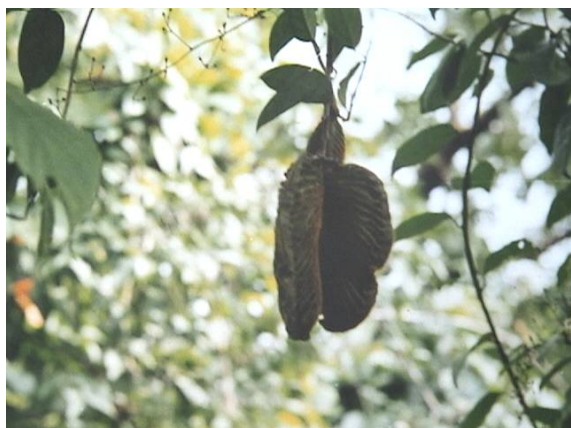
Figure 3: *Asparagus racemosus* Willd



Figure 4: *Bulbophyllum leopardinum* L.



Figure 5: *Mucuna imbricata* L



**Figure 6: *Operculina turpethum*(L.)
A.Silva Manso**



Figure 7: *Bauhinia vahlii* Wt. & Arn

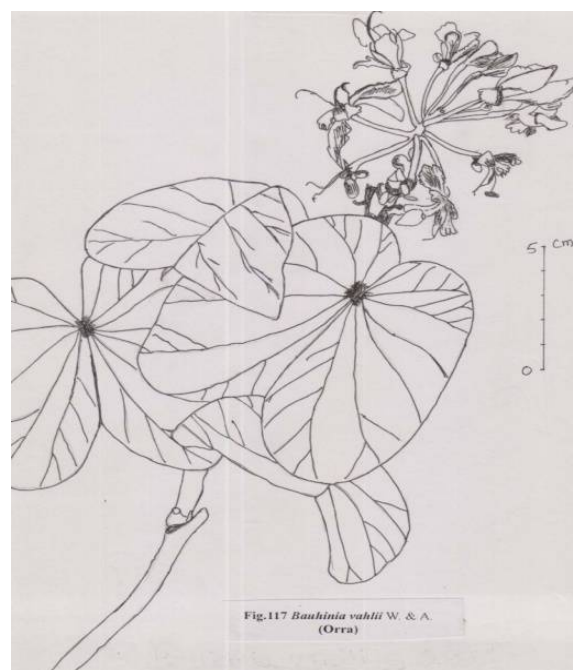
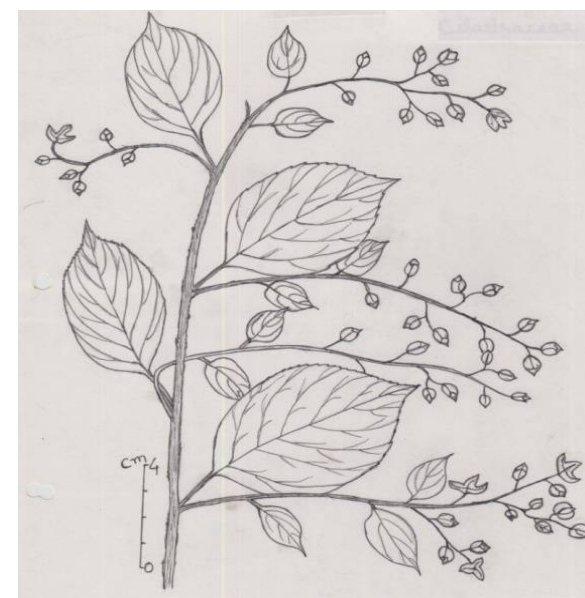


Figure 8: *Celastrus paniculata* Willd



basis of trial and error method. The questionnaire was prepared for information. The local doctors 'Baidis' or medicine men of tribal communities and tribals having knowledge on plant use were taken to the forest areas, the local name of the plants, their uses and method of preparations and dose was noted from them. The information gathered was crosschecked from other persons who actually use the plants. The plants were correctly identified with the help of Flora book (Haines, 1921-25; Saxena and Brahmam (1996, 4 Vols.). Matching of voucher specimens was done with the authentic herbarium specimens available at

NBRI, Lucknow. In the enumeration followed the botanical name of plant, family name, local name and medicinal use. The local name of the plant was given in inverted commas (Observation Table 2).

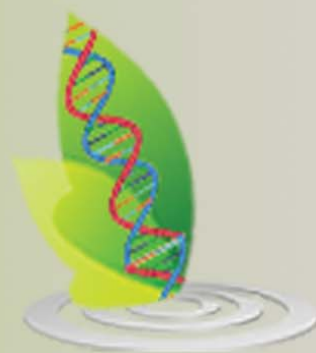
RESULTS AND DISCUSSION

The tribals of Chhattisgarh have developed vast knowledge of plants as observed by the author during their field survey from 2009 to 2011 of ethnobotanical work which they have acquired through their traditional practices since time immemorial. The study of ethnomedical systems and herbal medicines as therapeutic agents of a paramount importance in addressing health problems of traditional communities and third world countries as well as industrialized societies. A traditional method of using plants as a medicine was found to be prevalent in the study area. Treatment was found to be done by the baidyas, gunias and medicine man by collecting various plants and plant parts from surrounding of the forest and use them as a medicine. The photographic documentation is more useful in identification of plant species in the field and it may also useful for conservation strategies. Generally, it was noted some rare traditionally useful plants knowledge and values which accounts for 30 plant species with 30 genera in 18 families. Most of the claims are found to be new and interesting to the indigenous system of Indian medicine. The present enumerations about medicinal plants of the area studied is not last the only account of medicinal plants but a treasure of folk lore uses of plants can be explored from these tribal areas. Considering previous studies and the present exploration indicate that such kind of ethno-medico-botanical studies may be highly useful to human race in fighting disease with cheap and best non-side effect remedies.

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International Journal of Life Sciences Biotechnology and Pharma Research

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