Ethnobotanical Leaflets 14: 529-36, 2010.

Ethnobotanical Survey of Folklore Plants for the Treatment of Jaundice and Snakebites in Vellore Districts of Tamilnadu, India

T. Thirumalai 1 , EK. Elumalai 1 , S. Viviyan Therasa 1 , B. Senthilkumar 2 and E. David 1*

 ¹P.G. and Research Department of Zoology, Voorhees College, Vellore - 632001(T.N.) India
²P.G. and Research Department of Zoology, C. Abdul Hakeem College, Melvisharam, Vellore - 632 509 (T.N.) India
*Corresponding author: E mail: ernestdavid2002@yahoo.com

Issued April 01, 2010

Abstract

An ethnobotanical survey was undertaken to collect information from local people about the use of medicinal plants in Vellore district. Local people use certain folklore medicinal plants for the treatment of Jaundice and Snakebite. The Knowledge about the medicinal plants has been transmitted orally from generation. The investigations revealed that there are about 22 species of plants to treat Jaundice and Snakebite. Jaundice and Snakebite are the common problems among the local people. The study indicates that the local inhabitants rely on medicinal plants for treatment.

Introduction

Traditional medical 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 healthcare and drug development in the present and future (Pei, 2001). However, of the estimated 350,000 plant species worldwide only a small percentage has been investigated phytochemically and an even smaller percentage has been properly studied in terms of their pharmacological properties (Rates, 2001). Jaundice is not a disease but rather a sign that can occur in many different diseases. Jaundice is the yellowish staining of the skin and sclera (the whites of the eyes) that is caused by high levels in blood of the chemical bilirubin. The colour of the skin and sclera vary depending on the level of bilirubin. When the bilirubin level is mildly elevated, they are yellowish. When the bilirubin level is high, they tend to be brown (Wahab *et al.*, 2004). Venomous snakebites remain an important medical problem in

both developing and developed countries (Chanhome et al., 1998; Mahanta et al., 2001). Snake bites are a major health hazard that leads to high mortality and great suffering in victims. Conservative sources estimate that the number of accidents globally reach one million, resulting in 600,000 envenomations and more than 20,000 deaths annually (Chippaux, 1998). In India alone more than 200,000 cases are reported and an estimated 35,000 to 50,000 people die each year (Bawaskar, 2004). After use, many patients show various side effects of allergic symptoms, including anaphylactic and anaphylactoid reactions (Coppola and Hogan, 1994; Dart et al., 2001). Extracts from plants have been used among traditional healers, especially in tropical areas where there are plentiful sources, as therapy for snakebite for a long time. Several medicinal plants, which appear in old drug recipes or which have been passed on by oral tradition, are believed to be snakebite antidotes (Martz, 1992; Otero et al., 2000). Traditional herbal medicine is readily available in rural areas for the treatment of snakebite. Application of the plant or its sap onto the bite area, chewing leaves and bark or drinking plant extracts or decoctions are some procedures intended to counteract snake venom activity. Plants are used either single or in combination, as antidotes for snake envenomation by rural populations in India and in many parts of the world. Plants are reputed to neutralize the action of snake venom, with a plethora of plants claimed to be antidotes for snakebites in folklore medicine (Kirtikar and Basu, 1975). Our main focus was to collect the oral information about the medicinal plants used by the local village people for treatment of jaundice and snakebite.

Materials and Methods

The entire area of Vellore District lies between 12°15' to13°15' north latitudes and 78° 20' to79° 50' East latitudes in Tamilnadu state. The district is spread over an area of about 6077 km² and is bounded on the North and Northeast by Thiruvalluvar District, on the South and Southeast by Kanchipuram District, on the south by Thiruvannamalai district, on the Southwest by Krishnagiri District and on the northwest and north by Andhra Pradesh state. The district receives an annual rainfall is about 448.8 – 1544.6 mm. The minimum and maximum temperature varies between 26.3° and 38.2°. Ethnobotanical data were collected according to the methodology suggested by Jain (2001). The ethnobotanical data were collected using questionnaire, interviews and discussions in their local tribal people. A totally more than 100 respondents were interviewed, these included males and females that depended on plant as sources of medicines either for self- medication or for treating others. The Flora of Presidency of Madras (Gamble, 1935 and an excursion flora of central Tamilnadu (Matthew, 1991) were used to ascertain the nomenclature of the plant species used for identification and authentication of the plants.

Presented data are the general results of the ethnobotanical survey conducted from March to September.

Results and Discussion

In this study, we focused mainly on plant species reported by the local people in and around the study area for their medicinal uses. In the present investigation 22 medicinal plants are used for the treatment of jaundice and snakebite. Folklore medicinal plant are arranged in Table1 which represents their botanical names followed by the family, vernacular name.

Table 1: Medicinal plants used for the treatment of Jaundice and Snakebite by local people.

S.No	Scientific name	Family	Local name	Parts used
<u> Freat</u>	<u>ment</u>			
1.	Crataeva magina	Capparaceae	Mavalingam	Leaves
Jaun	dice		_	
2.	Mimosa pudica	Fabaceae	Thottalvadi	Root
Snak	cebite			
3.	Hemidesmus indicus	Asclepidaceae	Nannari	Root
Snak	cebite			
4.	Boerhavia diffusa	Nyctaginaceae	Mukaratai	Roots
Jaun	dice			
5.	Alstonia venenata	Apocynaceae	Elaipai	Bark
Snak	cebite			
6.	Phyllanthus amarus	Euphorbiaceae	Kilanelli	Leaves
Jaun	dice			
7.	Phyllanthus emblica	Euphorbiaceae	Nelli	Fruits
Jaun	dice			
8.	Aristolochia bracteata	Aristolochiaceae	Aaduthinnapalai	Leaves
Snak	tebite			
9.	Andrographis paniculata	Acanthaceae	Nilavembu	Leaves
	tebite			Q
10.	Gnetum ula	Gnetaceae	Anapendu	Stem
	dice			_
11.	Evolvulus alsinoides	Convolvulaceae	Vishnukiranthi	Leaves
10	Snakebite	т '	D'	0 1
12.	Strychnos nuxvomica	Loganiaceae	Etti	Seeds
	cebite	C1 1	A (1 - 1 - 1 ·	C4
13. Ioum	Cuscuta reflexa	Convolvulaceae	Autharakodi	Stem
iaun	dice			

14. Vitex negundo	Verbenaceae	Notchi	Seeds
Snake bite			
15. Tephrosia purpurea	Leguminosae	kolukaivalai	Plant
Jaundice			
16. Acalypa indica L.	Euphorbiaceae	Kuppimeni	Leaf Paste
Snakebite			
17. Azadirachta indica	Meliaceae	Veempu	Flower
Snakebite			
18. Musa paradisiaca L.	Musaceae	Vazhai	Skin bark
Snakebite			
19. Achyranthes aspera L.	Amaranthaceae	Nayuruvi	Leaf, Stem
Snakebite			
20. Punica granatum L	Punicaceae	Madhula	Whole plant
Snakebite			
21. Nerium oleander L.	Apocynaceae	Alari	Seeds
Snakebite			
22. Calotropis procera	Asclepiadiaceae	Earku	Bark, leaves
Jaundice			

The tribal people of western Madhya Pradesh of India used 13 plants for the treatment of Jaundice (Samvatsar and Diwanji, 2000). We have recorded that the aqueous paste and decoction obtained from the leaves of Andrographis paniculata are widely used for snakebite by indigenous people of Southern India. The bitter taste of some leaves and roots are also sometimes used for prognostic purposes (Whitaker, 1978; Yunus, 1983; Selvanayagam et al., 1995; Al-Qura'n, 2005). If the plant material tastes bitter, the patient is judged free from danger, but if the materials are sweet to the taste, the patient needs urgent medical attention. Dosages are repeated until the taste returns to normal. Sometimes, especially when a patient cannot open his/her mouth, the juice of the plant is administered through nostrils or eyes, or applied liberally to the head (Anandan and Veluchamy, 1986; Anuradha et al., 1986). A strict and complete dietary schedule for swelling, nausea, pain, and other effects during and after recovery is followed to promote a thorough cure (Whitaker, 1978). People in some areas believe that brushing the teeth daily with the stick of Tephrosia purpurea (Jain and Tarafder, 1963) and Azadirachta indica (Maheshwari et al., 1986) will make the body resistant against the snake venom. Recent efforts have been made to elucidate the efficacy of herbal remedies that are used to treat snakebites (Houghton and Osibogun, 1993). A species that is highly regarded as a snakebite antidote throughout its distribution from the southern United States to South America is *Eclipta prostrata* (Asteraceae). In a study by (Mors et al., 1989). In view of the importance of traditional medicine

which provides health services to 75-80% of the world population, increased demand of herbal drugs by the pharmaceuticals and depleting natural plant resources, it is high time to document the medicinal utility of less known plants available in remote areas of country (Zaidi and Crow 2005).

Conclusion

The study highlighted the central role of traditional herbal medicine for the treatment of jaundice and snakebite in Vellore districts. Due to the growing importance of ethnobotanical studies, it is necessary to collect the informations about the knowledge of folklore medicinal plants, preserved in local communities of various parts of Tamilnadu before it is permanently lost. Having the above facts in mind, an attempt was made to explore the medical remedies of some medicinal plants used by the local people of Vellore district in Tamilnadu for the treatment of jaundice and snakebite. These ethnomedicinal data may provide a base to start the search the new compounds related to phytochemistry, pharmacology and pharmacognosy. This may provide new sources of herbal drugs and help to understand the molecular basis of their activities. Moreover, it may further be mentioned that over exploitation of these species in the name of medicine may lead some species ultimately to the disappearance in future. Therefore, attention should also be made on proper exploitation and utilization of these medicinal plants.

Acknowledgement

The authors are cordially grateful to the people inhabiting in different localities of Vellore District because of their kind support and co-operation during the field surveys.

References

Al-Qura'n, S., 2005. Ethnobotanical survey of folk toxic plants in southern part of Jordan. *Toxicon*. 46:119–129.

Anandan, T., Veluchamy, G., 1986. Folk medical claims from Tamil nadu North Arcot district. *Bulletin for Medical Ethnopharmacology and Botanical Research*. 73: 99–109.

Anuradha, U., Kumbhojkar, MS., Vartak, VD., 1986. Observations on wild plants used in folk medicine in the rural areas of the Kolhapur district. *Ancient Science of Life*. 6: 119–121.

Bawaskar, HS., 2004. Snake venoms and antivenoms: critical supply issues. *Journal Association Physicians India* . 52:11-13.

Chanhome, L., Cox MJ., Wilde, H., Jintakoon, P., Chaiyabutr, N., Sitprija, V., 1998. Venomous snakebite in Thailand: I. Medically important snakes, Mil. Med. 163:310–317.

Chippaux, JP., 1998. Snake-bites: Appraisal of the global situation. Bulletin WHO. 76:515-524.

Coppola, M., Hogan, DE., 1994. When a snake bites. J. Am. Osteopath. Assoc. 94: 494-501.

Dart, R., McNally, CJ., Cacy, EY., 2001. Safety, and use of snake antivenoms in the United States. *Ann. Emerg. Med.* 37:181–188.

Gamble, JS., 1935. The Flora of the Presidency of Madras. Adlard and Son's Ltd, London.

Houghton, PJ., Osibogun, IM., 1993. Flowering plants used against snakebite. *Journal of Ethnopharmacology*. 39: 1–29.

Jain, SK., 2001. Ethnobotany in Modern India. Phytomorphology Golden Jubilee Issue: Trends in Plant Sciences 39-54.

Jain, SK., Tarafder, CR., 1963. Native plant remedies for snake bite among the adivasis of Central India. *Indian Medical Journal*. 57, 307–309.

Kirtikar, KR., Basu, BD., 1975. Indian Medicinal Plants, vols. 1–4. International book Distributors, Dehradun, India. p.2793.

Mahanta, M., Mukherjee, AK., 2001. Neutralisation of lethality, myotoxicity, and toxic enzymes of *Naja kaouthia* venom by *Mimosa pudica* root extracts, *J. Ethnopharmacol.* 75: 55–60.

Maheshwari, JK., Kalakoti, BS., Lal, B., 1986. Ethnomedicine of Bhil tribe of Jhabua district, M. P. *Ancient Science of Life*. 5: 255–261.

Martz, W., 1992 Plants with a reputation against snakebite. Toxicon. 30: 1131-1142.

Matthew, KM.,1991. An Excursion Flora of Central Tamilnadu. Oxford and IBH Publishing Co., New Delhi.

Mors, WB., Do Nasciamento, MC., Parente, JP., da Silva, MH., Melo, PA., Suarez-Kurtz, G., 1989. Neutralization lethal and myotic activities of South American rattlesnake venoms by

extracts and constituents of the plant *Eclipta prostrata* (Asteraceae). *Toxicon*. 27:1003–1009.

Otero, R., Fonnegra, R., Jimenez, SL., Nunez, V., Evans, N., Alzate, SP., Garcia, ME.,

Saldarriaga, M., Del Valle, G., Osorio, RG., Diaz, A., Valderrama, R., Duque, A., Velez, HN., 2000. Snakebites and ethnobotany in the northwest region of

Pei SJ., 2001. Ethnobotanical approaches of traditional medicine studies: Some experiences from Asia. *Pharmaceutical Biology*. 39:74-79.

Rates, SM., 2001. Plants as source of drugs. *Toxicon*. 39: 603-13.

Samvastsar, S., Diwanji, VB., 2000. Plants sources for the treatment of jaundice in the tribals of western Madhya Pradesh of India. *Journal of Ethnopharmacology*. 73:313-316.

Selvanayagam, ZE., Gnavavendhan, SG., Balakrishna, K., Bhima Rao, R., Usman Ali, S., 1995. Survey of medicinal plants with antisnake venom activity in Chengalpattu district, Tamilnadu, India. *Fitoterapia* 66, 488–494.

Wahab, MA., Yousaf, M., Hossain, ME., 2004. Some indigenous medicinal knowledge for treating jaundice in Chittagong hill tracts Bangladesh. *Hamdard medicus* XLVII.4: 55-58 Whitaker, R., 1978. Common Indian Snakes: A Field Guide. Macmillan India Ltd, p. 154. Yunus, M., 1983. A study of beliefs and customs in relation to animal bites, personal hygiene and installation of sanitary latrines in some villages of Aligarh (U.P.). Nagarjun. 26, 116–122. Zaidi, MA., Crow, SA., 2005. Biologically active traditional medicinal herbs from Balochistan, Pakistan. *J. Ethnopharmacol.* 96: 331-334.