

**HERBAL PRACTICES IN SALYAN DISTRICT
A FIELD SURVEY.**

Final report

Submitted to:

Nepal Health Research Council

Kathmandu.

Submitted By

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Contents.	Page No.
Acknowledgement.	3
List of Abbreviation.	4
Abstract.	5
Objectives.	5
Introduction.	6
Literature Review.	6
Research Methodology.	7
Findings.	9
Discussions.	18
Conclusion.	20
Recommendation.	20
References.	21
Annex.	22

Acknowledgement.

I would like to express my sincere gratitude towards Dr. Rishi Ram Koirala, executive member of Nepal Health Research Council for his valuable guidance and suggestions.

I also would like to thank Dr. Suman Dahal and Mr. Rupesh Puri for their support in various ways. Finally, I would like to thank all those, without whom this work could not have been possible.

Abbreviations:

ADAN: Ayurveda Doctors' Association of Nepal
ARDS: Ayurveda Research and Development Society
Ay: Ayurveda
BAMS: Bachelor of Ayurveda Medicine and Surgery
DDC: District Development Committee
Dr. : Doctor
NHRC: Nepal Health Research Council
PI: Principal Investigator
VDC: Village District Committee
WHO: World Health Organization
MAPs- medicinal and Aromatic Plants
TH- Traditional Healer
TM- Traditional Medicine

Abstract.

This study was carried out in Salyan district. The indigenous knowledge regarding ethno medicine and folklore remedies acquired by long experience which is in threatened stage and also in scattered form was traced out and recorded. The medicinal plants that are used locally in Salyan district in different disease were collected for herbarium specimen. Their local names, scientific names, family names, method of usage, dosage and duration of treatment provided by the informants were also collected and analyzed scientifically. Altogether 74 species of higher plants belonging to 48 families have been recorded here having different traditional medicinal properties. 12 species of them were in unidentified forms (seed, stem, root, fruit, cut pieces, leaf, gum etc).

The Main source of information was field survey which includes structured questionnaire, interview and personal observation. The data was collected in all the eleven *illakas* of Salyan District to represent the respondents from all over the district. Questions in the questionnaire and the interviewed questions were almost similar. A total of ninety two (92) famous traditional healers were given the questionnaires and eighty four (84) returned the completed questionnaires with their perspectives means nine percent of the TH didn't respond us. The mean work experience was 4 years and the mean number of patients visiting for the treatment to TH was 2 per day in Salyan district. There were mainly 20 questions for respondents. The reason in making such questionnaire was to make clear about the family as well as individual background of the respondents, his/her knowledge, experience, attitude etc, besides particular knowledge in medicinal plants. According to the ethical consideration, the purpose, scope, methods, benefit and approximate time of engagement was politely informed to related institutions and organizations prior to the data collection.

Objectives

General

- To explore the herbal practice in Salyan district.

Specific

- To identify the medicinal plants used in Salyan district.
- To identify the methods of treatment and the use of herbs treating various diseases.
- To explore and preserve the traditional knowledge of local people

Introduction.

Nepal is Himalayan country of hills and mountains which covers 77% of the total area. About 99% of population resides in remote and rural area where roads, healthcare system and other life supporting facilities are lacking. But fortunately, Nepal is a rich country in terms of biodiversity. Due to its tremendous variation in geographical and climatic condition, this Himalayan country has long been known as one of the world's richest treasure house of medicinal wealth and Ayurvedic tradition. Ayurvedic and herbal medicines remain the source of everybody's healthcare for majority of the population in Nepal. The reason behind this is, such medicines are easily available, affordable, effective and culturally acceptable. According to World Health Organization, even now the South Asian country's population- as much as 80%- still depend upon their traditional medicine as part of their primary healthcare.

It has been observed that the indigenous knowledge about the uses of plant resources is at the verge of extinct. It is scattered and is communicated by words of mouth. Moreover, this knowledge is limited to older people who are mostly illiterate. There is lacking of recording such a vast and valuable knowledge. Thus, it is aimed to document such important folklore remedies which the people have acquired by long experiences

Literature Review

Studies on herbal practices in Nepal have been done but to very less extent. In Baglung district, a study on medicinal plants and their usage was conducted by Dr. Bhuwan Poudel under the grant provided by Nepal Health Research Council in 2003. Another study on Ethno botanical note on folklore remedies of Baglung district was also conducted by Manandhar, N.P.1993. Similar studies like "Some Native medicinal plants of western Gurung" by Coburn Broughton (1984) shows various important plants with medicinal value which are widely used in Gurung community. Similar type of study on "Medicinal plant lore of Tamang tribes of Kavrepalanchok district, Nepal" by Manandhar

N.P. (1991) was also done. In this way many studies on medicinal plants have been done in various ethnic groups but no study of this kind has been found in Salyan district. So we would like to conduct this study in Salyan.

Since the Salyan district has the tremendous geographical variation and known to be rich in plant biodiversity, it is chosen as our study area. This research would not only explore the traditional knowledge of local people but also help them in knowing their potentials and make their living more easier from the treatment modalities

Research Design and Methodology

Research Method

Qualitative (), Quantitative (), Combined ()

Study Variables

Independent variables: Traditional folklore remedies of Salyan District.

Dependent variables: Educational background

Working experience

Family background/tradition

Type of Study

Descriptive Study ()

(Specify: Non intervention, exploratory type.)

Study Site and its Justification

The study will be carried in Salyan district, which lies in the Mid-Western Region of Nepal. It covers an area of 1951.78 sq. km. As per the 2058 census, the population of Salyan is 222538 with 89% of the population living in rural areas. There are one district Ayurveda health centre, one district hospital and two Ayurvedic dispensaries, but most of the people do not have access to the modern health care modalities. Plants found in alpine, tropical and sub-tropical regions are also available in Salyan district alone. Because of its tremendous variation in geographical condition, it is also known to be rich in plant biodiversity. The forest covers around 66% of total area. That is why, Salyan district is chosen as the potential area for this kind of study.

Target Population

Traditional practitioners or local healers of the community of Salyan district will be targeted population. Randomly selected samples from 11 illakas including traditional healers, local healers, dhamsi, jhankris etc will be considered for our study.

Sampling Methods

Non-probability Sampling ()
(Specify: Purposive)

Sample Size and Sampling Frame (if relevant) and Sampling Process including Criteria for Sample Selection

A survey study will be conducted around Salyan district to identify the famous traditional or local healers. Identified respondents or the healers will be included in our study under the following criteria.

Inclusion criteria:

- I. Accepted traditional medical practices as profession
- II. As family profession
- III. Having no academic background in medicine
- IV. Specialty (method of using herbs or treatment procedure)

Exclusion Criteria

- I. The respondents who don't want to participate in our study.

The data will be considered valid at least if 2 informants have the similar positive reply about the medicinal properties of each plant because we want to make the data more authentic.. The plants will be identified with the help of literature, photographs and comparing the herbarium specimens preserved in the national herbarium, plant research laboratory and Ayurveda Campus Naradevi.

Tools and Techniques for Data Collection

Data will be collected by personnel observation, discussion and interview with the local healer and experienced adults with the help of written questionnaires. Written

questionnaires, personal observations and interviews, photographs were used as tools for data collection.

Records of total number of local traditional healer in each illaka were obtained from the survey study and with the help of concerned village development committee office of the Salyan district. Identified local traditional healer, if falls under our criteria then it was considered in our study from the respective illaka or area of the district. In this way the required sample were selected from each illaka of the district

Limitation of the Study (if relevant)

There are some limitations to conduct the research – time, area, budget and adequate literature. The study will be limited within the Salyan District. Duration of the research study will be of six months. The study has to be carried out within the limited budget.

Findings

A total of ninety two (92) famous traditional healers were given the questionnaires and eighty four (84) returned the completed questionnaires with their perspectives means nine percent of the TH didn't respond us. The mean work experience of TH in our study was 4 years and the mean number of patients visiting for the treatment to TH was 2 pts. per day in Salyan district.

Response of distributed questionnaires

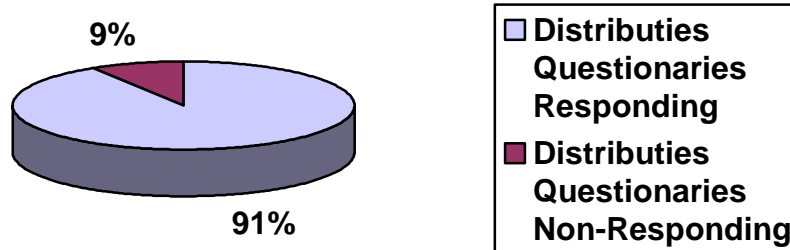


Fig. no. 1

In our study, 38.1% were Vaidya, 11.9% were Dhami, 7.14 % were Jhakri and remaining were local persons interested on traditional medicine. Among them 33.33 % TH had studied (Formal or Informal) regarding Ayurveda or traditional medicine where as rest of other (66.67%) do not have studied anything means were totally illiterate.33.33% were totally professional where as 47.62 % were part-timer and 11.9 didn't respond this matter.38.1 % of TH were interested to treat all kind of diseases where as 30.95 were known to treat a specific disease like snake bite, fracture, kamalpitta (jaundice), etc. and 30.95 didn't show any response.44.42 % thought that the cause of disease is imbalance of dietary and lifestyle where as 37.95% thought because of bacteria or virus ,11.17 % believe disease is caused by witches & evil power where as 6.46% believes disease is produced because of imbalance of Vata , Pitta, Kapha.

44.71% diagnosed the disease according to the complain given by the patients, 42.35% diagnosed by examining the patient (eye, tongue, pulse etc), 10.37 % uses their own traditional method or mantra to diagnose disease where as 2.57% adopt technology (Lab test).

45.2% of TH prepare Ayurveda medicine themselves, 22.11% advised their patient to prepare medicine 15.39 % advised their patient to buy medicine from the market where as 17.31 % applied all the method stated above.

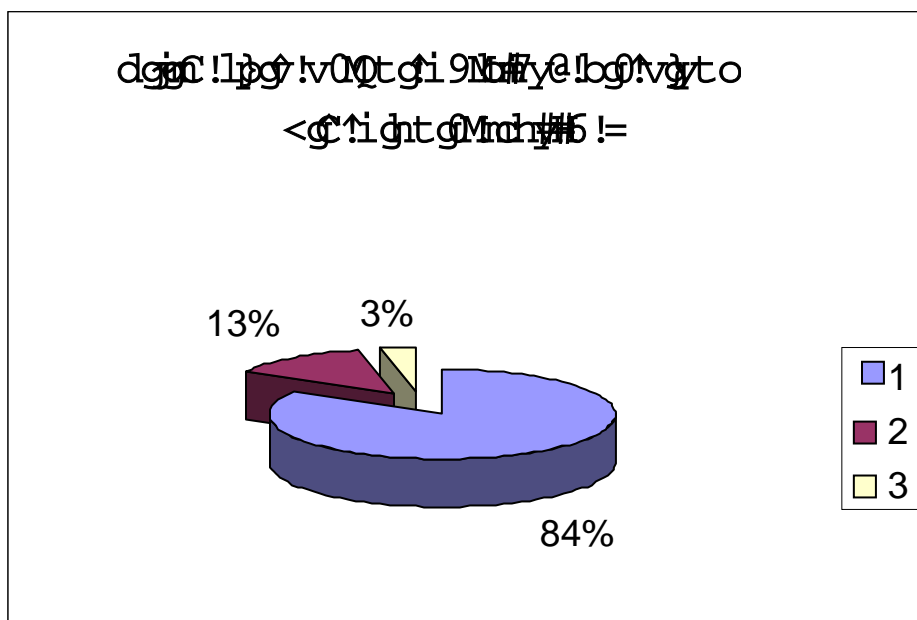


Fig. no. 2

51.73% of TH collect the herbs when required,40.73% collect the locally available herb when available,4.34% purchase herbs from the market and 1 % applied other method to collect herb.44.19% of TH said that the reason behind using herbs is because of their knowledge of medicinal plants,36.33 % said that they use herbs because they are cheap and easily available.13.58% use herbs because it is their traditional profession and 5.85 % use herb to treat the patient because there is no any health institution near to their village. 69.05% of TH said that attitude of general people toward traditional medicine is positive, 16.47 % said that people have both positive & negative attitude towards TM where as 14.29 % didn't response anything.67.86% of TH said that they are trying to develop the field but the system is not good,11.9 % thought that nobody care about TM,5.95 % said that they are not cared because they are uneducated,14.29% didn't response anything. 70.74 % said that they are satisfied with the profession,20.47% seems to be more proud & satisfied,4.81% thought that it is not so prestigious profession where as 3.98 % didn't response anything.

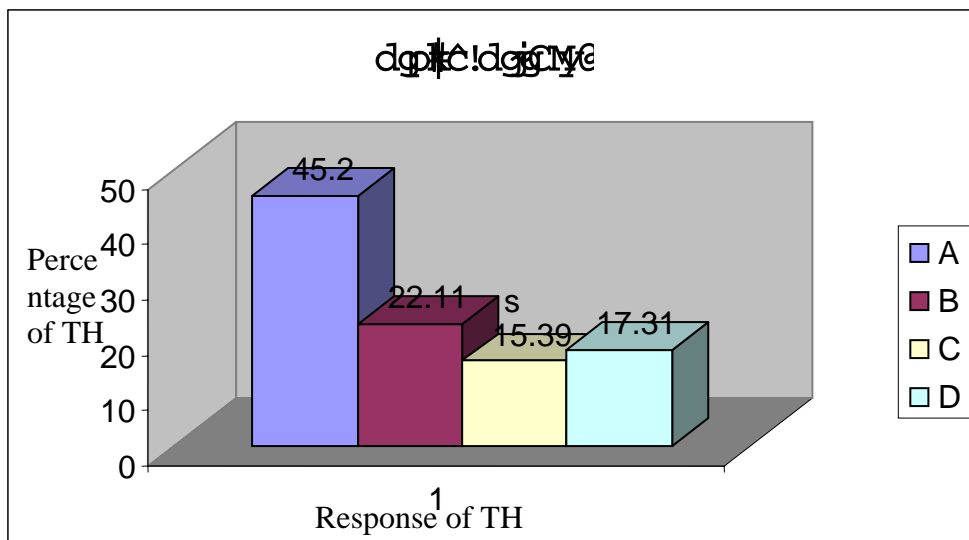


Fig. no. 3

83.48% of TH said that they are ready to explain if anybody asked about the herbs they used while 13.1% didn't want to tell about the herbs they used while 3.42% didn't response regarding the issue.95.24% of TH were ready to help if any authorized organization request them to provide the information and 4.76% didn't response.

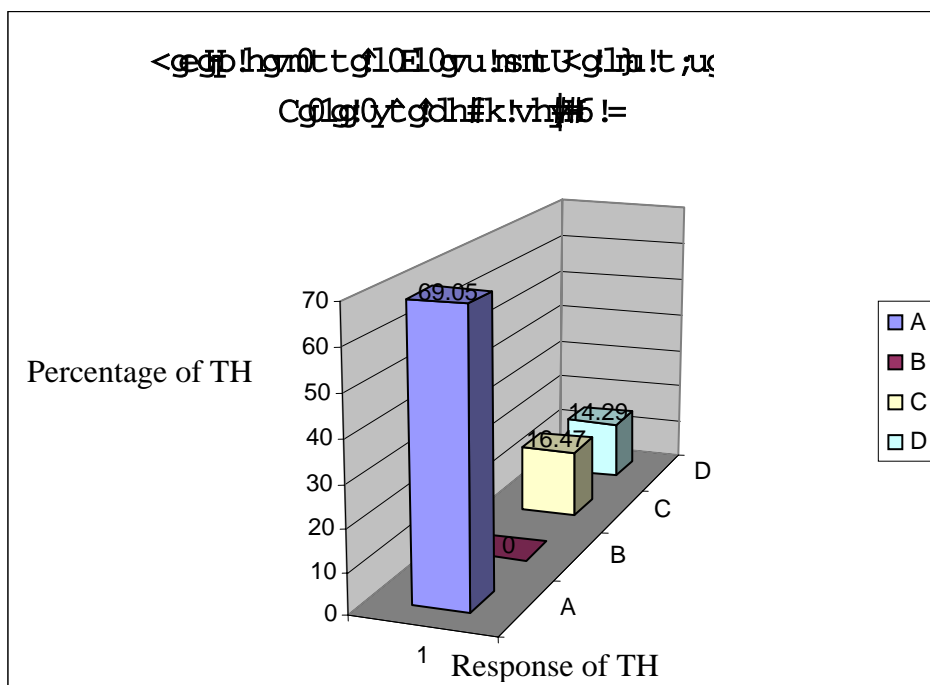


Fig. no. 4

35.71 % of TH thought that knowledge of TM will vanished If no step have been made for protection ,35.71 % thought that TM will neither vanished nor developed, it remains as it is if no step have been taken where as 21.43 % didn't comment anything regarding the issue.

Table no. 1: Result of the respondents.

S.N.	Statement	t!(%)	w!(%)	v!(%)	4!(%)
1.	;zgnp!7@egulq!t<Msmhly#6 !=	11.9	7.14	38.1	42.86
2.	ulqP!gdnfkeg0ytgtglt!yg= !Qt!fHgb:McqR0! yH!<Th^	11.17	37.95	44.42	6.46
3.	0ytg!msch!t<Mvhy#5 !=! Qt!fHgb:McqR0!yH! <Th^	44.71	10.37	2.57	42.35
4.	dqP!C!dg!ye	45.2	22.11	15.39	17.31
5.	i9N#M!g!p!v!h!nd!gt!gt!yg=	44.19	5.89	13.58	36.33
6.	ulqP!g!dk!pt!lh!i9N#M!t<M!t!oh!v!h!#5 !=	4.34	40.73	51.73	2.2
7.	<g!h!h!y!r!t!t!g!l!0!E!0!y!r!s!nt!U!g!l!h!t!t!ug!C!0!g!g! 0ytg!dnf!k!v!h!#5 !=	69.05	0	16.47	14.29
8.	l!0!E!0!y!r!s!nt!U!g!l!h!t!t!ug!C!0!g!g! 0ytg!dnf!k!v!h!#5 !=	11.9	67.86	5.95	14.29
9.	l!0!E!0!y!r!s!nt!U!g!l!h!t!t!ug!C!0!g!g! 0ytg!dnf!k!v!h!#5 !=	20.47	4.81	70.74	3.98

S.N.	Statement	t(%)	!w(%)	NR(%)
1.	i9N#M!p!g!t!r!s!nt!U!g!l!h!t!t!ug!C!0!g!g! 0ytg!dnf!k!v!h!#5 !=	33.33	66.67	0
2.	t!ug!C!0!g!g! 0ytg!dnf!k!v!h!#5 !=	38.1	30.95	30.95
3.	dqP!C!dg!ye!t!t!ug!C!0!g!g! 0ytg!dnf!k!v!h!#5 !=	83.48	13.1	3.42
4.	ulqP!v!d!e!g!2!nt!g!f!19!0!6!Ap!t!g!<U!g!uz!g!<E!k!C!h!t!g!o!y!M <B!n!C!u!f!0!l!g!0!l!n!b!k!o!g!f!h!t!g!< ;z!g!p!g!B!n!R!o!d!h!t!g! !v!0!e!g <y!p!g!v!h!#5 !=	95.24	0	4.76

S.N.	Statement	t(%)	w(%)	v(%)	NR(%)
1.	t!ug!C!0!g!g! 0ytg!dnf!k!v!h!#5 !=	33.33	47.62	11.9	0

2.	पुःदक;zg 0y! 0yeg 10E10ru!rsntUg dg fikp! t ;ug ydg=	35.71	35.71	21.43	0
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Altogether 74 species of higher plants belonging to 48 families have been recorded here having different traditional medicinal properties. 12 species of them were in unidentified forms (seed, stem, root, fruit, cut pieces, leaf, gum etc). The samples were not scientifically identified due to lack of sample condition through the list of all plant items collected during the survey is also tabulated. Beside this, unidentified specimen are listed along only with the provided information as it is.

These species have been used to treat various ailments at the local-level. It includes the treatment of dislocated bones, migraine, cough and cold, diarrhea, indigestion, anthelmintic, dyspepsia, skin disease, ophthalmic troubles, antidotes etc. Brief descriptions of ethnomedical uses of the plants have been presented in following table. All information about herbal samples was presented below.

Herbal Practices (use of medicinal Plants) in Salyan District.

Table no. 2

SN	Local Name	Scientific name and Family	Parts used	Diseases	Method of use
1	Jamun	<i>Sygyium cumini</i> Myrtaceae	stem bark	fever, common cold	mixing powder equally with Kaphal & take twice daily
2	Kaphal	<i>Myrica esculenta</i> Myricaceae	stem bark	fever, common cold	mixing powder equally with jamun & take twice daily
3	Harro	<i>Terminalia chebula</i> Combretaceae	Fruit	cough	by mixing with barro and asuro equally and take twice or thrice daily
4	Barro	<i>Terminalia bellirica</i> Combretaceae	Fruit	cough	by mixing with harro and asuro equally and take twice or thrice daily
5	Asuro	<i>Juatecia adhatoda</i> Acanthaceae	Leaves, Flower	cough	by mixing with harro and barro equally and take twice or thrice daily
6	Ultekuro	<i>Achyranthes aspera</i> Amaranthaceae	whole plant	Dysuria, burning micturation	By mixing pakhan ved and ghotapre equally & take decoction twice daily
7	Pakhan ved, Silpu ko jara	<i>Bergenia ciliate</i> Saxifragaceae	whole plant	Dysuria, burning micturation, kidney stone	By mixing ultekuro and Ghotapre equally & take decoction twice daily
8	Ghotapre	<i>Centella asiatica</i> umbeliferae	whole plant	Dysuria, burning micturation	By mixing Pakhan ved and Ghotapre equally & take decoction twice daily
9	Akashbeli	<i>Cuscuta reflexa Roxb.</i> Cuscutaceae	whole plant	jaundice	By mixing with bark of tatelo & take twice daily

10	Tatelo	<i>Oroxylum indicum</i> Bignoniaceae	bark	jaundice	By mixing with bark of tatelo & take twice daily
11	Shankha Puspi	<i>Convolvulus pluricaulis</i> Convolvulaceae	whole plant	jaundice	mix with Ghortapre and take with cow's milk twice daily.
12	Nilpate	<i>Scatellaria discolor</i> Labiataeae	leaves	cough & common cold	By pressing juice twice daily
13	Chiraito	<i>Swertia chirayita</i> Gentianaceae	Whole plant	cough & common cold	Decoction twice daily
14	Bojho	<i>Acorus calamus</i> Araceae	Rhizome	Indigestion	Small pieces (Apprx. 500 mg) chewing thrice daily
15	Batulpate	<i>Cissampelos pareira L.</i> (Menispermaceae)	tuber	Colic or APD	Juice of tuber thrice or twice daily.
16	Tulasi	<i>Ocimum sanctum</i> Labiataeae	leaves	cough & common cold	mix with the juice of zinger and flower of Asuro & take twice daily.
17	Sutho, Aduwa	<i>Zingiber officinale</i> Zingiberaceae	rhizome	cough & common cold	mix with the juice of Tulasi and flower of Asuro & take twice daily
18	Kakadsringi	<i>Pistacia integerrima</i> Anacardiaceae		dysentery	2 gm powder twice or thrice daily.
19	Sallo	<i>Pinus roxburghi</i> Pinaceae	immature leaves	helmenthiasis (Juka)	With ash and sugarcandy twice daily in empty stomach.
20	Titepati	<i>Artemisia vulgaris</i> compositeae	whole plant	lice and other pruritic disorder of skin.	used externally for lice or pruritis.
21	Jwano	<i>Trachyspermum amni</i> Umbiliferae	whole plant	fever	boiled in water and take a glass twice daily
22	Kumari	<i>Aloe vera</i> Lilliaceae	leaves	burns	locally applying the paste
23	Siplican	<i>Crataeva nurvala</i> Cappariadaceae	bark & root	Kidney stone	powder twice daily with water for a month
24	Simal	<i>Bombax ceiba L.</i> Bobbacaceae	bark	jaundice	Filter the water from the mixture with kamaro mato and take twice daily and also bath with the same water.
25	Utis	<i>Alnus nepalensis</i>	Bark	Bloody dysentery	powder thrice daily.
26	Sarpagandha	<i>Rawolfia serpentine</i> Apocynaceae	root	High bloodpressure	half teaspoonful as necessary.
27	Rudhilo		whole plant	fever	a teaspoonful powder is sufficient for 12 hours.
28	Kyamuno	<i>Sygyium jambos</i> Myrtaceae	leaves and bark	Pinas (Sinusitis)	fine powder for nasal spray which bring sneezing and the wastes from nose.
29	Sallo ko khoto	<i>Pinus roxburghi</i> Pinaceae	resin	inflammatory condition	apply locally over the affected parts and message gently.
30	Gurjo	<i>Tinospora cordifolia</i> Menispermaceae	Stem and root	Gano Gola (APD)	powder twice or thrice daily.
31	harjor	<i>Viscum sp.</i>	whole plant	Fracture	apply locally and bandage over the area.
32	Gahat		seed	Kidney stone	by making soup daily
33	Dudhe jhar	<i>Cbamaesye birta L</i> Euphorbaceae	whole plant	jaundice	fresh juice twice daily.

34	Siudi	<i>Euphorbia royieana</i> Euphorbiaceae	milk	vomiting & distension of abdomen in children	applying locally over the abdomen
35	Saal	<i>Sborea robusta Gaertn</i> (Dipterocarpaceae)	leaves	burns	applying paste of leaves with the butter over the burn area.
36	Raajbriksha	<i>Cassia fistula</i> Leguminosae	fruit pulp	chronic constipation, Tuberculosis,	with plenty of water once or twice daily.
37	Bhalayo	<i>Semecarpus anacardium L.F.</i> Anacardiaceae	fruit	Asthma	by cutting fruit & boiled in water & take the water twice daily.
38	Chutro	<i>Berberis aristate DC</i> (Berberidaceae)	bark	cough	powder mix with Asuro leaves powder and take twice daily.
39	Malayagiri, Sugandhakokila	<i>Cinnamomum glaucescences Nees</i> Lauraceae	Fruit	Fever, Bodyache	small piece of dry fruit is chewed during fever.
40	Chariamilo	<i>Oxalis corniculata</i> Oxalidaceae	whole plant	conjunctivitis	appling juice over the eye lid.
42	Timur	<i>Zanthozylem armatum</i> Rutaceae	fruit	cough	decoction made with turmeric & salt is given during cough and common cold.
43	Bhojetro	<i>Butea buteiformis</i> Leguminosae	seed	Helminthiasis (juka)	Powder of seed is given once daily for 3-7 days.
44	Dhayero	<i>Woodfordia fruticosa</i> Lythraceae	flower	cut bleeding, Menorrhagia	Decoction of flower with sugar candy twice daily.
45	laliguras	<i>Rhododendron arboreum</i> Ericaceae	Flower	Irritation in throat	Fresh flower is taken during the foreign body in throat. (new leaves are taken as poison to the livestock)
46	Sisno	<i>Urtica dioica</i> Urticaceae	leaves	Breastfeeding mother, dogbite	new leaves were given as galactoguae and the fresh juice is applied to the dog bite and cuts.
47	Bhang	<i>Cannabis sativa</i> Cannabinaceae	seed	loss of appetite, sedatives	Roasted seed were taken in mild dose for increasing the appetite and high dose for sedation.
48	Okhar	<i>Juglans regia</i>	Stem	gingivitis or bleeding gums	twigs are used as toothbrush .
49	Kurilo	<i>Asparagus racimosus</i> Liliaceae	Tuber	breast feeding mother, general weakness	as galactoguae and tonic, the powder of root were taken with milk twice daily.
50	Ketuki	<i>Agave cantula</i> Amaryllidaceae			Juice of leaves is used as fish poison.
51	Pyaz	<i>Allium sepa</i> Amaryllidaceae	root bulb	Vomiting, nausea, indigestion	Fresh pieces were taken during meal or also used with pudina for vomiting.
52	Tite	<i>Swertia nervosa</i> Gentianaceae	whole plant	fever and common cold	decoction is used in fever and cold.
53	Pudina	<i>Mentha spicata</i> Labiataeae	leaves	loss of appetite, tongue ulcer,	Leaves crushed and fresh juice is taken orally.
54	Avijalo	<i>Drymaria cordata</i> Caryophyllaceae	root	Common cold, gastritis.	Minced root is boiled and taken as soup. it is believed

					to produce hot in body.
55	Balijhar	<i>Sida rbombifolia</i> Malvaceae	leaves	Cut injuries, abscess.	leaves juice is applied over cut injuries or to drain pus.
56	Dabdabe	<i>Garuga pinnata</i> Burseraceae	bark	bleeding cuts	paste of the bark is used to stop bleeding .
57	Neem	<i>Melia indica</i> Meliaceae	leaves	blood purifier, Anti helminthiasis	fresh leaves juice is used to wash wound and the powder is used orally.
58	Bhakimlo	<i>Rhus javanica</i> Anacardiaceae	Fruit	dysentery	fruit powder mixed with fresh curd for indigestion and dysentery.
59	Chhuyinke	<i>Centipeda minima</i> Compositae	flower	sinusitis	power of flower is inhaled to from nose for sneezing. It is believed that it will cleans the sinuses.
60	Chiuri	<i>Aesandra butynacea</i> sapotaceae	seed	Edible ghee, Rheumatism	Edible ghee is applied warmly over painful joints and also over the chilblains
61	Aalu	<i>Solanum tuberosum</i> Solanaceae	tuber	burn	fresh cut piece is applied over burns to relive pain & to avoid large wound
62	Khanayo	<i>Ficus semicordata</i> Moraceae	latex	distended abdomen of children	milky latex is applied over the abdomen .
63	Bans	<i>Dendrocalamua bamiltomi</i> Gramineae	new leaves &shoots	miscarriage	green leaves using regularly in empty stomach causes miscarriage and also reduce the lactation.
64	Amriso	<i>Thysanolaena latifolia</i> Gramineae	root	pain abdomen	Fresh root juice is taken for pain stomach.

Unidentified species.

Table no. 3

SN	Local Name	Scientific name and Family	Parts used	Diseases	Method of use	Remark
1	Batulai		Root	Pain Abdomen, colics	Decoction of the root	couldn't identified by the information given by the informant.
2	Jadibuti			Snake bite	Oral route	didn't want to inform.
3	Jadibuti		whole plant	Jaundice	whole plant	couldn't identified by the information given by the informant
4	Chilimili Jhar		whole plant	colic	hanging around the abdomen	external use only.
5	Didn't want to inform Plant name			epilepsy	By oral & hanging around neck	Didn't want to inform for secrecy.
6	Didn't want to inform Plant name			Rabies	By oaral route only	Didn't want to inform for secrecy
7	Ulte rayo		root	Boksi	Use	upto 3 or 9 months

				lageko(Anorexia, general bodyache)	externally by wearing around arm.	
8	Ekle jhar		bark of stem	retention of urine and constipation in child	powder twice daily	has only one stem and usually found in hilly part.
9	Bhuspat		bark	witches and other psychological disorder	wearing the piece around the neck	didn't want to describe in detail.
10	Didn't want to inform Plant name		whole plant	burn wound	ash of the plant applying locally	didn't identified.
11	Tantra Mantra			Snake bite		not applicable
12	Setbarba		root	Rabies	half glas of Juice twice daily	can't identified by the description given by the informants.

Discussion

A large number of Himalayan herbs are in use since time immemorial under different traditional healing systems.(Dhami , Jhakri, Vaidya, Amchi etc). Thus, besides national economy, Medicinal & Aromatic Plant (MAPs) in Nepal have played an important role in rural health care system. In Salyan it is noticed that some contractor hire local people to collect the MAPs and they directly either sell it to the Nepalgunj or to India. Some of highly collected MAPs in Salyan district are Timur, Sugandhekokila, Chiuri, and Aduwa. Regarding the conservation, few of the collector are in favour of it but most of them are unaware of exploitation and conservation of MAPs .They really need training and awareness program regarding use and conservation of MAPs.

Locally TH are providing health care services and monitoring the use of MAPs in remote area of Salyan district The most prevalent diseases recorded visiting TH are abdominal pain, gastritis, cold, cough, headache, fever, sinusitis.

TH were not found hygienic in making and storing the MAPs.

Most of the TH were found proud & satisfied with their profession. They think people's perception to them is good.

Most of TH didn't think that MAPs should be conserved & promoted previously,.But nowadays, a concept has arisen to many of them in favor of conservation and utilization. But they are worried about the lack of proper equipment for the collection & processing of the herbs.

Similarly they don't have license to collect many essential herbs and to treat the patients. There is no any herbal or botanical garden, processing unit in the district yet. The interest to establish the herbal nursery and conserve the medicinal plants, and the awareness about the health, sanitation and legal status are some of the positive aspects during the study.

Use of plant and plant products by such rural people is not because it is the best way to tackle the infections and infestation but because there is no alternative method to adopt. Certainly the crude plants and plant products are less potent than modern medicine which has been introduced by passing a series of examinations. Yet, the use of the plant as medicine seems to be applicable in almost all types of ailments.

However, local healers, and patient are not well informed about chemical nature of the plants and plant products which may even be fatal. There is common belief that medicines from plant source have no side effects. But it is remarkable that there are some toxic plants which are more hazardous and may become fatal if administered by unknowledgeable person or learner, healer or taken crude. It may be true that most of the plant based medicines have fewer side effects. Presently, there are concerns increasing about medicinal and aromatic plants. Due to this trend, some of plant researchers have documented well pages of plant species used ethnobotanically. Only documentation is not the complete task but obviously, it is the first step. Plant researches in ethnomedicine should not be stopped at this initial phase. Plant scientists and other stakeholders should focus on further explorations on ethnobotany. Today, ethnobotany plays a crucial role in the study of traditional medicine, as it has an interfacial function linking nature with culture and traditional knowledge with modern technology thus contributing to all understanding of traditional medicine knowledge. It implies that this work be further expanded to laboratory examinations. It will help checking the reliability and validity of current finding and also open new frontiers of research should return to the original people. They have right to get return from their traditional property.

During survey period, many domestic herbal healers were met. We found that they were not comfortable to share their knowledge to other people. All information about herbal samples was presented. Most of them were in unidentified forms (seed, stem, root, fruit, cut pieces, leaf, gum etc). Some samples were not scientifically identified due to lack of sample condition through the list of all plant items collected during the survey is tabulated. Beside this, many unidentified specimen are listed along only with their vernacular names. Unavailable of pharmacognosy identification manual/species monographs and expert were major limiting factors for proper identification of collected samples. Thus samples had been

identified up to optimum level as much as possible question marks have been provided to scientifically unidentified herbal samples. Such specimens would attract interested scientists to work in this field in future.

Conclusion

Besides national economy, Medicinal & Aromatic Plant (MAPs) in Nepal has played an important role in rural health care system. It links nature with culture and traditional knowledge with modern technology & health care system. So that, only documentation is not the complete task but obviously, it is the first step & should not be stopped at this initial phase

There is still a common belief that medicines from plant source have no side effects. But it is remarkable that there are some toxic plants which are more hazardous and may become fatal if administered by unknowledgeable person or learner, healer or taken crude. It may be true that most of the plant based medicines have fewer side effects but sometimes, MAPs and toxic plants which are more hazardous and may become fatal.

Finally, awareness to the proper use of MAPs is urgent in the context of Nepal.

Recommendation

On the basis of our study, there are few recommendations which we have tried to present here in brief as follows:

There is an urgent need of proper equipment and training program for the collection & processing of the herbs

There should be the licensing system to collect essential herbs and to treat the patients otherwise it may create negative effects in the name of herbal medicine.

There is also an urgent need to establish a herbal or botanical garden, processing unit in each district of Nepal which helps people to identify and knowing the value of the local MAPs found around them and training regarding conservation of the medicinal plants, and the awareness about the health & sanitation is also mandatory .

Finally, there is a role of concerned authorized bodies to have check the reliability and validity of current finding and also open new frontiers of research in the field of ethnobotany & herbal medicine.

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