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## A Review of Folk (ethnic) Medicines in Shopian

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### **Short Communication**

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#### **ABSTRACT**

Folk medicines are commonly used by the rural inhabitants of Kashmir since the times immemorial for the treatment of various diseases. This practice of treatment owes to the absence or less availability of modern healthcare system in the remote areas of the study area and the presence of rich variety of medicinal plants therein. Presently the folk medicinal practitioners play a very important role in the healthcare system in developing countries and the case of district Shopian is not different: more than three-fourths of the total population of the world (approx. five billion) are partially or fully dependant on traditional folk medicine mainly obtained from the plants, grown in wild forests or cultivated locally. In this paper an attempt had been made to highlight the role of folk/ethnic medicine in the healthcare system of district Shopian.

### INTRODUCTION

"WHO's traditional program promotes and supports the evaluation and incorporation of all the useful elements in traditional medicine into national health system. Countries are being supported to make a critical evaluation of their traditional medicine so that what is safe and effective may be utilized in their health services".

Disease, illness and the sickness are as old as mankind. And so is the response of the human society to these disruptive events in the life of a person or community. If disease is a pathological manifestation, sickness is its appearing on the body and illness is its reflection on the society. A clinical process is then a way for individuals to adopt to certain worrisome circumstances. It has been central idea of almost all systems of medicine in the past to relate the health, its problems and restoration of normalcy with the society, culture and the environment of a particular area. Therefore, the local traditions in medicine have been practiced to some degree in all cultures because it is apart of them. With the advent of the changes in the thoughts and approaches of the scientific application, western medical scientists got engaged to understand the various physiological aspects of man and the pathological aspects of the disease. The analytical approaches have taken the place of the empirical approaches and an impression was created that these approaches are stagnant and ineffective [1-5].

Under the new order and approach human beings were considered as biomedical models and all efforts were taken

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to relieve the person from their functional and structural abnormalities. With the passage of time, modern education system has made it imperative that the traditional concepts be brought forward to look into the impact of culture and social values in the etiology onset of symptoms, pathophysiology, course of sickness and the treatment of diseases. The traditional system of medicine all over the world got considerable support not only because of the inadequacies of the modern medicine and the therapeutic accomplishments of the local medicinal practices, but also as a manifestation of cultural creativity and national identity [6].

Now-a-days a number of organizations are engaged to review and reconsider the medical practices based on the beliefs and traditions of the people concerned all over the world. W.H.O have long recognized the importance of traditional medical practices as a valuable health resources. In India among other organizations Central Council of Research for Unani Medicine in making vigorous efforts to search areas of usefulness and means of application of traditional medicine in health care delivery system. Regional Research Institute of Srinagar is one of its centers located on the university campus, where among other things our main objective is to point out the usefulness of the customary medicine of Kashmir, so that the same can be utilized in the contemporary health care [7].

Methodology: During the survey of Medicinal plant tours, the field work was conducted in the forest areas and in other rural areas/villages of district Shopian. People living in these areas, and along the alpine with inhabitants were requested to accompany us to forests and other sites to identify the plants they used. Also the plants collected were brought and shown to the people at their places for the identification and medicinal usage and the information regarding the mode of administration was obtained.

### Significance of Medicinal Plants

There have been tremendous changes in the medical facilities provided by the government in the study area. About the medical facilities in the past Lawwrence in the Valley of Kashmir states, that "there were only six dispensaries in whole of the Kashmir valley with one hospital in Srinagar, which is run by Kashmir Medical Mission. The condition was more or less the same for a long time. People would resort to Unani physicians in the cities and the traditional healers in the villages. After independence, there have been the tremendous changes in our rural areas particularly in the field of medical facilities. Now a days a dispensary is located within the reach of every village." There have been changes in the living conditions, economic status, and the educational status of our villagers now. Because of poverty people usually would hesitate to purchase drugs unless very necessary. But for the last couple of years the purchasing capacity of the people have gone up and people have started spending money on health care. Despite all, these facilities of the present day western medical system available to our villagers, there are large number of traditional Medicare men and women practicing the art of healing which is passed down to them from their ancestors and what we call now folk medicine [8-10] In comparison to the peasant class in rest of India, Kashmiri villager is a little well off. They have ample food, sufficient clothing, comfortable house and abundance of fuel. So the diseases related to the insufficiency of these goods / commodities are very less seen in our villages. Infectious diseases like typhoid, malaria, hepatitis, bacillary, dysentery and sexually transmitted diseases were very rare in the valley in past. However their prevalence now a days in our villages can be attributed to the inflow of the large number of visitors coming to the valley and the large number of our villagers ging to the other parts of the country as labourers and other service class. The high prevalence of upper respiratory diseases especially the bronchial asthma in the recent past can be related to the smoking, use of cow dung as fuel, spending most part of the spare time in kitchens, sleeping with cattle and inclement weather conditions. The higher prevalence of gastric diseases may be due to over eating, use of dried vegetables, excessive use of hot tea in empty stomach, and snuffing together with smoking. Most of the diseases in our villages can be prevented through efficient health education

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programme. Despite having tremendous economic development, the sanitary conditions of our villages remain the same as

used to be in the past [8-11].

The prophylactic measures such as dietary restrictions, fasting, baths, massages and rewarming, use of laxatives and some

specific diets as therapeutic measures have minimized the occurrence of diseases to a much extant. It is an admitted fact

that we have a great heritage of folk medicine and the art of the utilization of the natural products in our health and

 ${\it diseases.}\ These\ traditional\ practices\ need\ serious\ consideration\ and\ interest\ at\ intellectual\ level.\ Following\ Table\ 1\ is\ a\ list$ 

of the medicinal plants used by villagers to relieve fair. Although these plants are not in tune with any system to

pharmacology yet having been recognized as having the medicinal values in different ailments [12].

As indicated the area of investigation is almost rural and has a good number of tribal population, an effort has been made

to record various plants used by the rural people as well as tribals as medicine for the treatment of various ailments. For

this purpose, along with the botanical exploration, an attempt has been made to record details such as the part of the plant

used, dosage and mode of administration used singly or in combination as revealed by the village medicine men, quakes

and practioners of herbal medicine. Thus the present investigation revolves round the folk lores pertaining to the medicinal

efficacies and the medicinal properties attributed to various species of plants by the tribals and rurals of the present area

of investigation.

Active principles of most of the medicinally important plants have also been recored from the available literature. Many of

the earlier works simply report that such and such plant is useful in particular ailment and fail to mention the part and the

quantity or the dose as well as the method of administration. In the present investigation an effort has been made to fill in

this gap for avoiding ambiguity for the use of a particular medicinal plant for the alleviation of a specific disorder of health.

Traditional herbal practitioners play an important role in the health care in developing countries. Global estimates indicate

that over 3/4th of the 5 billion population of the world cannot afford the products of western pharmaceutical industry and

they have to depend upon the use of traditional medicines, which are mainly obtained from plants. This fact is well

complied by the WHO in a written list of medicinal plants list of over twenty thousand species. As a part of the planning to

reduce financial crises on developing countries which spend some 40-50% of their total health budget on drugs, WHO

currently supports, recommends and helps the inclusion of herbal drugs in national health-care program because such

drugs are commonly available with a cheap price within the reach of a common man and as considered to be much safer

than the present synthetic drugs.

Ethnobotanists and ethnopharmacologists are documenting traditional medical practices and the influence of local

remedies in many regions of the world. The central goal of many of these initiatives is to revalidate and promote some old

ways of curing and to make people conscious that frequent access to herbal medicines is dependent on the existence of

these plants and the ecosystems in which they survive. Validating the efficacy of remedies and returning the results of

studies to the people who use them directly is essential.

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Table.1: Medicinal Plants Used for Various Diseases in Shopian, Kashmir

Botanical Name	Local name	Part Used	Medicinal Usage
Achillea mille folium L.	Pahel- gas	Whole plant Root	Common cold, Toothache, dysentry gastritis.
Aconitum heterophyllum wall.ex. Royle	Patris	Root	Diarrhoea, Dysentry, Tooth ache, Dry cough.
Aesculus indica Hook	Handoon	Fruit	Cracked Heel, Dandruff, Hairfall.
Allium cepa L.	Gande	Bulb	Bad cold, Boil, Hair fall, Diarrhoea, Male sterility.
Allium sativum L.	Rhoon	Cloves	Influenza, Alopecia areata, Rheumatism, Hyper cholesterolacnia.
Anagalis arvensis L.	Teheri Saben	Arial parts	Pimples, Ringworm.
Arisaema Jacquemontii Blume	Haput Gogej	Bulb	Skin eruption, Boil, Abscess.
Artium lappa L.	Phaghood	Leaves	Boil Blood impurity.
Bergenia lingulata (Wall) Engl.	Palpashand	Root	Wound, Boil.
Brassica campestris (L.) Clapham	Tilgogul	Seed	Frost bite, Dandruff, Hair fall, Abdominal pain.
Borago officinalis L.	Botin	Leaves, flo,er, seed	Skin rashes Rheumatism.
Calendula officinalis	Hamesh Bahar	Leaves, flower, root	Boil, Muscle spasm, Burn.
Colchium luteum Baker.	Whirkin posh	Corn	Dandruff, Joint pain.
Cuscuta reflexa Roxb.	Kuklipot	Whole plant	Skin infection, Double Pneumonia, Dandruff, Warts, Epilepsy.
Cydonia oblongata Mill.	Bomb chont	Fruit, seed	Chopped skin, Asthama, Bowl pain, Itching, Constipation
Cynoglossum glochidiatum Wall.ex.Benth.	Nanzeur	Root	Boil, Abscess.
Datura stramonium L.	Datur	Seed, leaves	Asthama, Boil, Rheumatism, Dental caries, Neuralgia, Blood impurity.

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Ficus carica L.	Anjeer	Leaves, fruit	Hyper critic dermatitis, Constipation.
Fritillaria imperalis L.	Yemberzoul	Bulb	Fever.
Iris nepalensis wall ex lindle	Mazarmond	Rhizome	Boil, Pimples, Rheumatism.
Juglans regia L.	Doonkul	Drupe, root	Grey hair, Rheumatism, Constipation, Frost bite.
Lycopus europaeus L.	Gagermanz	Aerial part	Skin allergy.
Marrubium Vulgare L.	Troped	Seed, leaves	Skin infection, Rheumatism.
Ocimum canum Sims.	Baber	Seed, Aerial part	Micturition, skin problems, Constipation.
Orginanum Vulgare L.	Mazren	Aerial part	Tonsillitis, Tooth aches.
Oxalis corniculata L.	Chok-chin	Whole plant	Skin allergy chronic dysentery Rickets, Thrush.
Plantago major L.	Logout gul	Seed, Root, leaves	Gastric ulcers, Tooth ache.
Podophyllum hexandrum Royle.	Wan wangun	Rhizome, fruit leaves	Boil, Diahorrea, Cancer Constipation, and Stomach trouble.
Polygonum hydropiper L.	Marchagan gass	Leaves	Toothache, Uterine disorders.
Potentilla nepalensis	Panzpater	Leaves, root	Boil, Fever.
Prunella Vulgaris L.	Kal-weeth	Flower, Aerial part	Dizziness, Highfever, Rheumatism.
Punica granatam L.	Dan	Fruit	Dysentery, Pimples, Jaundice, Burn.
Ranuclus scleratus L.	Good sochal	Root	Hypercritic dermatitis.
Raphanus sativus L.	Muj	Whole plant, seed, root	Hairfall, Jaundice, Impotency Bleeding piles.
Rheum emodi wall.ex.Meissn.	Pump- chalan	Rhizome	Boil, Rheumatism, Wound.
Rhododendron campanulatum D. Don.	Wan-nas	Leaves	Cold, Toothache.
Senecio gracilflorus D.C.	Mongoal	Leaves, Aerial part	Skin eruption, Acidity.
Solanum nigrum L.	Kambai	Leaves fruit	Skin eruption, Cough.

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Sonchus asper (L.) Hill.	Dudh- Kandij	Aerial part	Fever, Burn.		
Thymus serphyllum L.	Ard Javind	Flower whole plant	Asthama, Skin rashes		
Urtica dioica	Soi	Arial part, leaves Root	Skin infection, Asthama, Dandruff.		
Vicia faba L.	Bagle	Whole plant	Skin abrasions.		
Vitis Vinifera L.	Dush	Leaves, Fruit	Boil, Diarrhoea, Ear ache.		
Xanthium Strumarium L.	Phaghood	Leaves, Root	Herpis iris, Abscess, Boil		
GYMNOSPERMS					
Botanical Name	Local Name	Part Used	Medicinal Usage		
Cedrus deodara G. Don.	Deodar	Resin, Heart wood	Piles, Skin allergy.		
Picea smithiana (wall.) Boiss.	Kachul	Resin	Cracked Heel.		
Pinus Wallichiana A.B. Jackson	Kayur	Resin	Muscular pain, Cracked Heel.		
PTERIDOPHYTES					
Botanical Name	Local Name	Part Used	Medicinal Usage		
Adiantum venustum G.Don.	Geutheer	Leaves	skin eruptions, Pimples		

### CONCLUSION

During the ethnomedicinal survey of different accessible and inaccessible areas in Shopian. it was revealed that the local knowledge on medicinal plants abounds and their use is an important link between the dwelling communities and the biodiversity of the district. The use of effective medicinal plant species is, thus strength within this link. However, these plants cannot meet all the health needs but have been confidently used as home remedies.

### **REFERENCES**

- 1. Ara S, et al. Genus Saxifraga Linn. (Saxifragaceae) in Kashmir Himalaya. Orient Sci. 1996;1:27-33.
- 2. Ayoob GM. et al. Medicinal flora of Kashmir valley. J. Econ. 2008;380-384.
- 3. Bhat TA, et al. Study of some medicinal plants of the shopian district, Kashmir (India) with emphasis on their traditional use by Gujjar and Bakerwal tribes. Asian journal of Pharmacentical and clinical research. 2012;5:94-98.
- 4. Blatter E. Beautiful flowers of Kashmir. John Bale and Staples. 1993;1.
- 5. Dar G. Flower colour variation in some plants of Kashmir Himalaya. Orient sci. 1997;2:17-31.
- 6. Dar GH. Plants of karnah, Kashmir. J.Econ. Tax. Bot. 1982;3:695-715.

e-ISSN: E 2347-226X p-ISSN: 2319-9857

- 7. Dar G, et al. Medicinal flora of Kashmir valley a Taxononic over-view. J Himalayan. Econ. Sustain. Dev. 2007;2:213-20
- 8. Dar GH, et al (1984). Ethnobotany of Kashmir-I, Sindh valley, J. Econ. Tax. Bot. 1984;5:668-675.
- 9. Dhar U. Alpine flora of Kashmir Himalaya, Scientific publishers, Jhodpur, Rajasthan India. 1983.
- 10. Duthie JF. Report on Botanical tour in Kashmir. Rec. Bot. Surv. India-I. 2006;28:25-47.
- 11. Guna G. Medicinal plants of family lamiaceae of Kashmir -1. J. Econ. Taxon. Bot. 2009;375-379.
- 12. Gupta SK, et al. Ethnobotanical notes on some umbellifers of Kashmir Himalaya. Journal of Economic and Taxonomic Botany and Phytochemistry. 1994;1:38-42.