



Diversity of Traditional Medicinal Plants in Agro Forestry Landuse in Govind Pashuvihar Wildlife Sanctuary Uttarakhand India

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Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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ABSTRACT

The present investigation was carried out to document ethano-medicinal plant diversity in agroforestry land-use in Govind pashuvihar wildlife sanctuary Uttarakhand. For the present study 10 sample plots of 1 hectare each were randomly placed in 5 selected villages across the wildlife sanctuary. A total of 29 plant species including 22 herbs, 5 shrubs and 2 tree species were recorded to have medicinal importance in the local recipe. Asteraceae (4), Rosaceae (4) and Polygonaceae (4) form the dominant families of medicinal importance. These plants were used to treat a total of 17 different diseases. The medicinal plants in high altitudes are facing multiple threats due to multiple causes and it is thus imperative to have alternative land-use for conservation of these medicinal plants and agroforestry being the prominent land-use could be precursor for the conservation of medicinal plants and evade pressure from the natural habitat.

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1. INTRODUCTION

Indigenous medicinal plants play pivotal role in primary health care of 80% of world's population [1]. Medicinal plants have been harvested from the wild since ancient times [2,3]. The trade of herbal medicines is about Rs. 27 billion per year in global market [4]. A medicinal plant contributes 15–30 % to the total income of poorer households [5]. About 25% of drugs in modern pharmacopoeia are derived from plants [6]. The importance of medicinal plants is increasingly being recognized from ecological, social and economic perspectives [7,8]. The reliance on medicinal plants as primary source of healthcare [9,10] and meeting the growing demand of industries is creating heavy pressure on medicinal plant populations due to over-harvesting [11]. Unprecedented harvesting of medicinal plants by anthropogenic intervention have not only led to loss of genetic diversity but have seriously pretentious the livelihood of indigenous communities living in propinquity to forest [12]. It is thus imperative to conserve these scarce resources not just in their natural habitat but create an alternative for sustainable conservation in a manner that the continuous supply can be maintained. Realizing the gravity of ongoing decline in medicinal plants agroforestry may provide congenial condition for growth and development of medicinal plants as they are naturally getting in the wild [13]. Incentivizing the cultivation of medicinal plants within agroforestry systems may reduce pressure on wild populations and create alternate habitat for threatened species [14,15].

Agroforestry systems are dynamic systems and are highly acknowledged for retaining higher diversity [16]. Thus keeping in view the role of agroforestry in conservation of medicinal plants present study were undertaken on the possibility of documentation of ethno-medicinal plant diversity in agroforestry land-use in Govind Pashuvihar wildlife sanctuary.

2. METHODOLOGY

2.1 Study Area

The present study was carried out in the Govind Pashuvihar Wildlife which is one of the important protective areas of Uttarakhand. Govind Pashuvihar Wildlife Sanctuary and National Park, covering about 957.969 km², with altitudes ranging from 1290 m to 6387 m asl. The

sanctuary is one of the most biologically diverse areas of the Central Himalaya (Fig. 1). Vegetation varies according to both altitude and climatic conditions; from tropical deciduous forest in the foothills, to temperate forest at middle altitudes, coniferous, subalpine and alpine forest at higher attitudes, giving way to alpine grasslands and high altitude meadows, and finally scrublands lead up to the permanent snowline [17]. The area supports luxuriant genetic diversity including a huge number of threatened plant Taxa of high medicinal value owing to its unique physiognomy and wide range of altitudinal gradients [18,19]. The sanctuary contains 42 villages, at altitudes of 1290 m to 3500 m amsl. The people living in these villages are by and large poor, lead a traditional life, are known as 'Parvati' and follow their own culture and community life. At present, resource-poor people in the region collect plants from the wild in order to complement their meager incomes and for treatment of various diseases [17].

2.2 Method

The study was carried out in traditional agroforestry land-use maintained by local inhabitants of Govind Pashuvihar wildlife sanctuary. The sampling plots were randomly laid and more than 10 plots of one hectare were selected from five selected villages and each one hectare sampling plot were then stratified into quadrats 20 m × 20 m for trees 5 m × 5 m for shrub layer and 1 m × 1 m for herbs. The plants were then individually counted for abundance and density. The plants recorded in each quadrat were also further evaluated for their medicinal value on the basis of information gathered locally through oral discussions with the local Vaidas and elderly people of the villages selected and subsequently the relevant available literature regarding the concerned wildlife sanctuary were consulted [20,21]. The unidentified specimens were collected and herbarium was made and submitted in the Botanical Survey of India. The data were analyzed using MS Excel (2010) software of office package.

3. RESULTS

3.1 Medicinal Plant Diversity

The present study was carried in agroforestry landuse in Govind Pashuvihar Wildlife Sanctuary

that is one of the important habitats of high altitude medicinal plants. The present investigation appraise that floristic composition revealed the presence of 16 Families, 26 Genera and 29 species of ethano-medicinal importance found in the agroforestry landuse (Fig. 2). A total of 29 plant species (Fig. 3; Table 1) of

medicinal value were recorded in the present study including 22 herbs, 5 shrubs and 2 tree species with maximum (75.86%) contribution of herbs followed by shrubs (17.24%) and trees (6.89%). The herbs thus form the prominent growth form for treatment of various ailments followed by shrubs and trees.

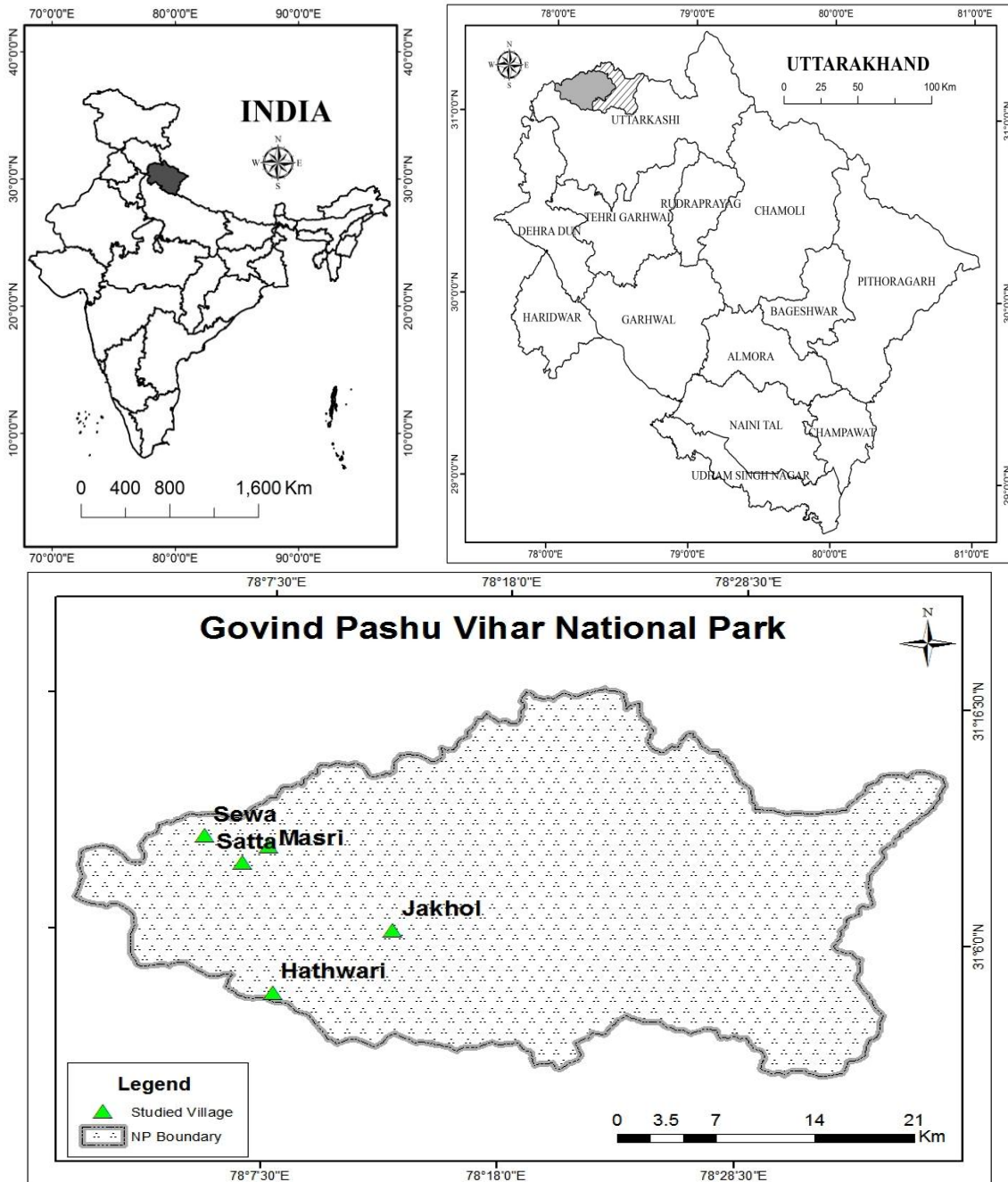


Fig. 1. Location of sampled villages

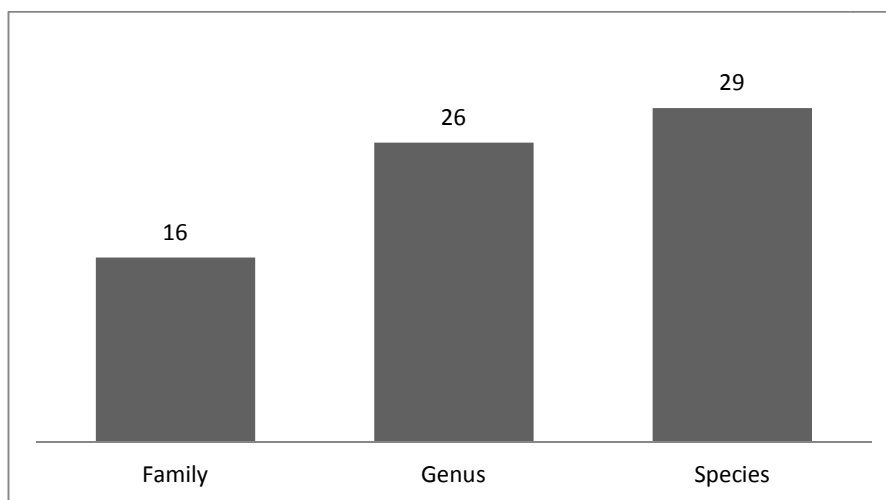


Fig. 2. Distribution of ethno-medicinal plants among taxonomic groups

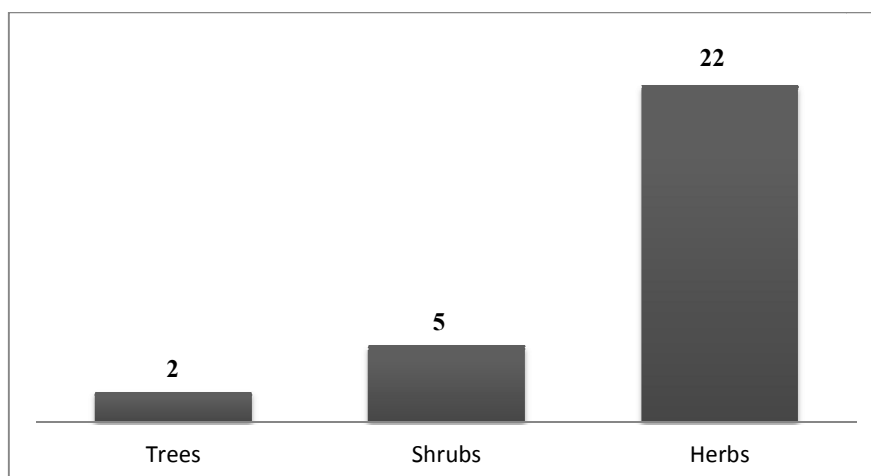


Fig. 3. Number of medicinal plants under different life forms in agroforestry land-use

Asteraceae (4), Rosaceae (4) and Polygonaceae (4) form the dominant families of medicinal importance each family represented by four species of medicinal importance used in traditional health care in the study area. However as the majority of the reported species belongs to herbaceous life among the biological spectrum Asteraceae (4) thus forms actual dominant family possessing the medicinal properties.

3.2 Plant Parts Used

The plant parts used for medical preparations were leaves, roots, whole plant, flowers, latex, stalk, seed oil (Fig. 4). The use of specific plant parts suggests that these parts have strongest medicinal properties but it needs biochemical analysis and pharmaceutical screening to

validate the local information. The most commonly used parts of ethnomedicinal plants, compiled with relevant literature were: leaves (43%), roots (25%), whole plant (12%), flowers and Latex (7%) Stalk, Climber and Seed Oil (2%).

3.3 Ailments Treated

These plants were used to treat a total of 17 diseases, ranging from simple to highly complicated (Fig. 5). The highest number of plants (7) was used for cuts and wounds, followed by fever (3) and two plants were used to treat diseases like cough and cold, Rheumatism, Gastrointestinal disorders. Most of the species 37.93% were found to be used to have a single therapeutic use in traditional Medicare.

Table 1. List of ethano-medicinal plants found in agroforestry landuse in study area

Family/Species	Local name	Part used	Ailment cured
Apiaceae			
<i>Chaerophyllum acuminatum</i> L.	Shan	Root	Fever, Intestinal infection
Asteraceae			
<i>Anaphalis busa</i> (Buch.-Ham.ex D.Don)DC.	Rangdu grass	Leaves	Cuts and Wounds
<i>Artemisia nilagirica</i> (CL.) Pamp.	Chamra/Panti	Leaves, Whole plant, Root	Gastrointestinal disorders, Intestinal infection, Respiratory, Intestinal worms, worms, Psychological disorder
<i>Aster peduncularis</i> Wall. ex Nees		Flower	Hiccups
<i>Sonchus oleraceus</i> var. <i>asper</i> L. <i>arvensis</i>	Dudi mori	Root	Cough and Cold, Head ache, Immunity
Cannabaceae			
<i>Cannabis sativa</i> L.	Bhang	Leaves	Insect bite
Fabaceae			
<i>Parthenocissus semicordata</i> (Wall.) Planch.	Laioda	Latex, Root, Stalk	Cataracts, Eye infection, Pimples
<i>Trifolium repens</i> L.	Amlodi	Leaves	Ear infection
Fagaceae			
<i>Quercus semicarpifolia</i> Sm.	Kharsu	Leaves	Cuts and Wounds
Gentianaceae			
<i>Swertia chirayita</i> (Roxb. ex Fleming) Karsten	Chirayata	Whole plant	Fever
Geraniaceae			
<i>Geranium wallichianum</i> D.Don.Ex.Sweet		Leaves	Urinary infection
Juglandaceae			
<i>Juglans regia</i> L.	Jungli Akhroot	Leaves, Root	Cuts and Wounds, Fever, Throat irritation, Tooth cleaning
Lamiaceae			
<i>Mentha arvensis</i> L.	Pudeena	Leaves, Whole plant	Rheumatism, Vomiting
<i>Origanum vulgare</i> L.	Van tulsi	Leaves	Rheumatism
Oxalidaceae			
<i>Oxalis corniculata</i> L.		Leaves	Ear infection
Polygonaceae			
<i>Polygonum amplexicaule</i> D. Don	Nenai	Root	Eye infection, Mouth ulcer, Tooth cleaning, Ear infection
<i>Polygonum polystachyum</i> Wallich ex Meisn.	Bout	Leaves	Cuts and Wounds, Fever
<i>Rumax hastatus</i> D.Don	Amloodi	Leaves	Cough and Cold, Cuts and Wounds, Head ache
<i>Rumax nepalensis</i> Spreng.	Chadi patri	Leaves	Colic

Family/Species	Local name	Part used	Ailment cured
Rosaceae			
<i>Prinsepia utilis</i> Royle.	Bekal	Seed Oil	Worms
<i>Rosa macrophylla</i> Lindl.	Tatolu	Root	Blood purifier
<i>Rubus niveus</i> Thumb.	Kala	Leaves, Root	Cuts and Wounds, Fever, Pimples
<i>Spiraea canescens</i> D.Don.	Chaklate	Root	Gastrointestinal disorders
Rubiaceae			
<i>Galium aparine</i> L.	Kushkusha	Leaves, Root, Whole plant	Cuts and Wounds, Eye infection, Gastrointestinal disorders, Pimples, Pus
<i>Zanthoxylum armatum</i> DC.	Timru	Latex	Tooth cleaning
Scrophulariaceae			
<i>Verbascum thapsus</i> L.		Root	Fever
Urticaceae			
<i>Urtica dioica</i> L.		Leaves	Galactagogue
<i>Urtica parviflora</i> Roxb.	Kali	Leaves, Latex	Abscess, Bleeding, Menstruation
Violaceae			
<i>Viola canescens</i> Wall. Ex Roxb	Benaksha	Whole Plant	Cuts and Wounds

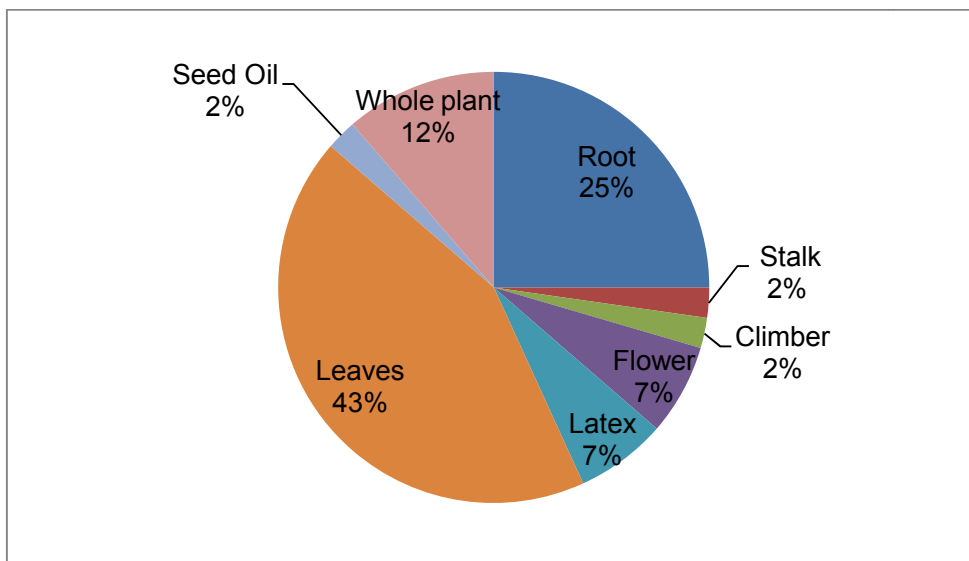


Fig. 4. Percentage of plant parts used in traditional medicines

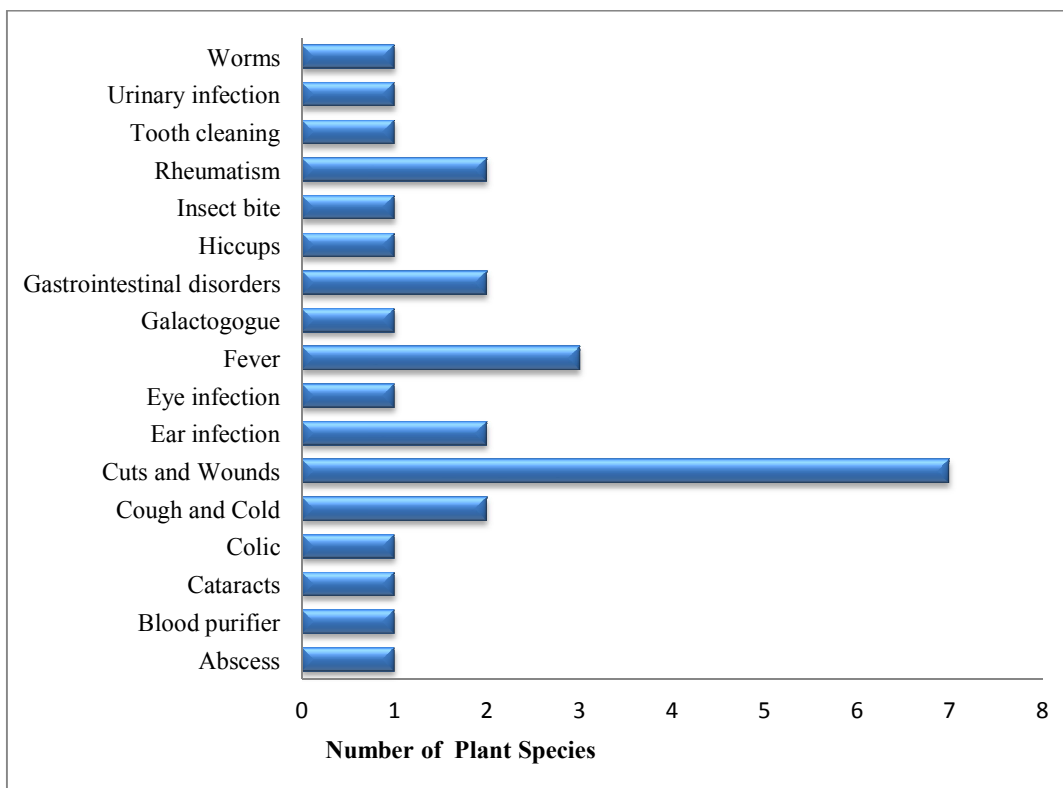


Fig. 5. Number of plants used to cure different diseases

4. DISCUSSION

The Indian Himalayan Region is very well known for the medicinal plants wealth, these medicinal plants are used for curing various diseases/

ailments by the inhabitants of remote areas [22]. The importance of medicinal plants is increasingly being recognized in the Himalayan region [23,24] and particularly from ecological, social, and economic perspectives [7,8]. A great

deal of traditional knowledge about the use of various plant species is still intact with the indigenous people inhabiting Himalaya due to less accessibility of terrain and comparatively slow rate of development [25-27]. The use of medicinal plants in the traditional healthcare is an age old practice in the Himalayan region and the source of these medicinal plants species collected by the local people include kitchen gardens, agriculture fields and nearby forests [17,27]. In traditional farming systems of Uttarakhand hills, the agroforestry and forestry based wild plant resources supplement healthcare needs of local population and have a huge potential in supporting biodiversity conservation. Medicinal plants thus grown in the traditional agroforestry systems bear ecological as well as social values [28]. It has been reported that 15-17% of plant species found in different home gardens possess medicinal value and use in traditional medicare [29,30]. Medicinal plants accounted for about 27% of total plant species in the homegardens in Amazon [28], 56% in northern Catalonia (*Iberian Peninsula*) [31].

A number of workers have explored the utility of Himalayan flora on their ethno-medicinal use [32,33,17,34,35,27]. However the data on diversity of medicinal in traditional agroforestry is scanty particularly for the Himalayan region that stores large number of medicinal resources in wild. The present attempt has been designed to explore the diversity of ethno-medicinal Plants in the agroforestry. In this purview we documented 29 medicinal plants belonging to 16 families and 26 genera which included 2 trees, 5 shrubs, 22 herbs. The present findings are in conformity with the findings of Bhat et al. [33], Samant and Pal [36], Subramani et al. [37]. However, the present study may have reported less number of species in terms of species possessing medicinal properties but are well documented as far as agroforestry land use is concerned and also similar trend was observed by Negi et al. [17] in Govind Wildlife Sanctuary and documented 33 plant species belonging to 32 genera and 28 families used traditionally to cure 28 diseases.

The present study revealed that herbs constitute the abundant strata used in the local recipes of disease administration and are in agreement with the findings of Singh [35] and Bhat et al. [33]. This is perhaps because herbs constitute the abundant strata and it is believed that the more abundant a plant is the more medicinal virtues it may possess [38]. The present study also revealed the leaves as dominant part consumed

for medicinal property. These observations correlates well with studies conducted elsewhere [4,35,27].

Medicinal plants being invariable component of agroforestry [39] the use of agroforestry technologies can be expedited to mitigate biodiversity loss [40] and can supplement the healthcare needs of local populace living the remote pockets of Himalaya. In this context a detailed ethano-botanical survey should be conducted in the Himalayan region that would be helpful in conservation of these medicinal plants in long term.

5. CONCLUSION

The findings of present study revealed that Govind Pashuvihar Wildlife sanctuary is very rich in commercially and pharmaceutically important ethno-medicinal plant species. The people inhabiting the remote pockets of this sanctuary have centuries-old knowledge regarding the uses of the plants, and the locals use these species in a traditional way for curing a wide spectrum of diseases. However these medicinal resources are facing threat due to anthropogenic pressure and land-use changes. In order to save these medicinal plants the focus of the conservation should be on bringing these plant species into cultivation, agroforestry seems to be viable option where these medicinal plants can be cultivated as understory crops to increase farm income viz-a-viz conserve these important plant resources by evading pressure from wild habitat. Thus medicinal plants can be integrated as component in the agroforestry that would not only increase the remuneration to the farmers but could be expedited as tool for conservation of medicinal plants.

CONSENT AND ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

1. Mander M, Le Breton G. Overview of the medicinal plants industry in Southern Africa. In: Diederichs N, ed. Commercialising medicinal plants-A

- Southern African Guide. Stellenbosch, South Africa: SUN Press. 2006;3–8.
2. Dhillon SS, Ampornpan L. Bioprospecting and phytomedicines in Thailand: conservation, benefit sharing and regulation. In: Svarstad H, Dhillon SS. (Eds.), Responding to Bioprospecting: From Plants in the South to Medicines in North. Spartacus Forlag, Oslo. 2000;57-75.
 3. Dhillon SS, Svarstad H, Amundsen C, Bugge HC. Bio- prospecting: Effects on development and environment. *AMBIO*. 2002;3:491–493.
 4. Kala CP, Dhyan PP, Sajwan BS. Developing the medicinal plants sector in northern India: Challenges and opportunities. *Journal of Ethnobiology and Ethnomedicine*. 2006;2:1-15.
 5. Hamilton AC. Medicinal plants, conservation and livelihoods. *Biodiversity Conservation*. 2004;13:1477–1517.
 6. Lancet CR. Pharmaceuticals from plants: Great potential, few funds. *The Lancet*. 1994;343:1513–1515.
 7. Arnold JEM, Perez MR. Can non-timber forest products match tropical forest conservation and development objectives. *Ecological Economics*. 2001;39:437–447.
 8. Negi VS, Maikhuri RK, Rawat LS. Non-timber forest products (NTFPs): A viable option for biodiversity conservation and livelihood enhancement in central Himalaya. *Biodiversity and Conservation*. 2011;20:545–559.
 9. Barany M, Hammett AL, Sene A, Amichev B. Non timber forest benefits and HIV/AIDS in sub-Saharan. *African Journal of Forestry*. 2001;99:36-41.
 10. Kala CP. Local preferences of ethnobotanical species in the Indian Himalaya: Implications for environmental conservation. *Current Science*. 2007;93: 1828-1834.
 11. Nautiyal S, Rao KS, Maikhuri RK, Negi KS, Kala CP. Status of medicinal plants on way to Vashuki Tal in Mandakini Valley, Garhwal, Uttaranchal. *Journal of Non-Timber Forest Products*. 2002;9:124-131.
 12. Rao MR, Palada MC, Becker BN. Medicinal and aromatic plants in agroforestry systems. *Agroforestry Systems*. 2004;61:107–122.
 13. Thakur NS, Attar SK, Chauhan RS. Horti-medicinal agroforestry systems: A potential land use for commercial cultivation of medicinal and aromatic plants. *Agroforestry for Increased Production and Livelihood Security, Horti-Medicinal Agroforestry Systems*. 2017;163–180.
 14. Uprety Y, Poudel RC, Gurung J, Chettri N, Chaudhary RP. Traditional use and management of NTFPs in Kangchenjunga Landscape: Implications for conservation and livelihoods. *Journal of Ethnobiology and Ethnomedicine*. 2016;12:1–59.
 15. Rai LK, Prasad P, Sharma E. Conservation threats to some important medicinal plants of the Sikkim Himalaya. *Biology Conservation*. 2000;93:27-33.
 16. Sahoo UK, Rocky P, Vanlalhriatpuia K, Upadhyaya K. Structural diversity and functional dynamism of traditional homegardens of north-east India. *Bioscan*. 2010;1:159-171.
 17. Negi VS, Maikhuri RK, Phondani PC and Rawat LS. An inventory of indigenous knowledge and cultivation practices of medicinal plants in Govind Pashu Vihar Wildlife Sanctuary, Central Himalaya, India *International Journal of Biodiversity Science, Ecosystem Services & Management*. 2010;6:96–105.
 18. Balodi B, Kumar S. Phytodiversity of Govind Wildlife Sanctuary, Uttaranchal, with special reference to ethnomedicinal information. *Phytotaxa*. 2002;2:100-105.
 19. Mir NA, Masoodi TH, Geelani SM, Wani AA, Parrey GN, Magloo JA. Floristic diversity along altitudinal gradient under *Betula utilis* in North Western Himalayas of Kashmir, India. *Acta Ecologica Sinica*. 2019;39:362–371.
 20. Negi VS, Maikhuria RK, Phondania PC, Rawat LS. An inventory of indigenous knowledge and cultivation practices of medicinal plants in Govind Pashuvihar Wildlife Sanctuary, Central Himalaya, India. *International Journal of Biodiversity Science, Ecosystem Services & Management*. 2010;6:1–10.
 21. Kala CP. Medicinal and Aromatic Plants of Tons Watershed in Uttarakhand Himalaya. *Applied Ecology Environmental Science*. 2015;3:16-21.
 22. Samant SS, Dhar U, Palni LMS. Medicinal plants of Indian Himalaya: Diversity distribution potential values. Gyanodaya Prakashan, Nainital; 1998.
 23. Larsen HO, Olsen CS, Boon TE. The non-timber forest policy process in Nepal: Actors, objectives and power. *Forest Pol. Econ*. 2000;1:267–281.

24. Olsen CS. Valuation of commercial central Himalayan medicinal plants. *Ambio*. 2005; 34:607-610.
25. Kala CP. Medicinal Plants of Indian Trans-Himalaya. Dehradun; 2003.
26. Farooquee NA, Majila BS, Kala CP. Indigenous knowledge systems and sustainable management of natural resources in a high altitude society in Kumaun Himalaya, India. *Journal of Human Ecology*. 2004;16:33-42.
27. Mir NA, Masoodi TH, Geelani SM, Wani AA, Peerzada IA. Ethno-medicinal utilization of medicinal plants under *Betula utilis* forests in north and Central Kashmir Himalayas. *International Journal of Usufruct Management*. 2017;18(1):14-24.
28. Padoch C, de Jong WD. The house garden of Santa Rosa: Diversity and variability in an Amazonian agricultural system. *Economic Botany*. 1991;45:166–172.
29. Saikia P, Choudhury BI, Khan ML. Floristic composition and plant utilization pattern in home gardens of Upper Assam, India. *Tropical Ecology*. 2012;53(1):105-118.
30. Bajpai S, Sharma AK, Kanungo VK, Sangeeta Bajpai. Traditional home gardens: A preserve of medicinal plants. 2013;1(2):152-162.
31. Agelet A, Bonet MA, Valles J. Home-gardens and their role as a main source of medicinal plants in mountain regions of Catalonia (Iberian Peninsula). *Economic Botany*. 2000;54:295–309.
32. Uniyal B, Shiva V. Traditional knowledge on medicinal plants among rural women of the Garhwal Himalaya, Uttaranchal. *Indian Journal of Traditional Knowledge*. 2005; 4(3):259–266.
33. Bhat JA, Kumar M, Rainer W, Bussmann D. Ecological status and traditional knowledge of medicinal plants in Kedarnath Wildlife Sanctuary of Garhwal Himalaya, India. *Journal of Ethnobiology and Ethnomedicine*. 2013;20(9):1.
34. Singh G, Rawat GS. Ethnomedicinal survey of Kedarnath wildlife sanctuary in Western Himalaya, India. *Indian Journal Fundamental and Applied Life Science*. 2011;1:35–46.
35. Singh VR. Indigenous uses of medicinal and edible plants of Nanda Devi biosphere reserve – A review based on previous studies. *Global Journal of Res. Med. Plants Indigenous Med*. 2014;3(2): 57–66.
36. Samant SS, Pal S. Diversity and conservation status of medicinal plants in Uttaranchal State. *Indian Forester*. 2003; 129(9):1090-1108.
37. Subramani SP, Jishtu V, Verma RK, Kapoor KS. Floristic composition, life forms and biological spectrum of Renuka Wildlife Sanctuary, Himachal Pradesh. *Indian Forester*. 2007;133(1):79–92.
38. Coe FG, Anderson GJ. Ethnobotany of the Garifuna of Eastern Nicaragua. *Economic Botany*. 1996;50:71–107.
39. Lamont SR, Eshbaug WH, Greenberg AM. Species composition, diversity and use of homegardens among three Amazonian villages. *Economic Botany*. 1999;53:312–326.
40. Akinnifesi FK, Kwesiga FR, Mhango J, Chilanga T, Mkonda A, Kadu CAC, Kadzere I, Mithofer D, Saka JDK, Sileshi G, Ramadhani T, Dhlwayo P. Towards the development of Miombo fruit trees as commercial tree crops in southern Africa. *Forests, Trees and Livelihoods*. 2006;16: 103-121.

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