



**THE USE OF TRADITIONAL MEDICINAL HERBS FOR THE TREATMENT OF  
GYNECOLOGICAL DISORDERS IN UTTARAKHAND STATE, INDIA**

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**ABSTRACT**

**Background:** The Prevalence of gynecological problems in India is alarming at the moment. The reliability of medicinal plants to save the patients from fatal diseases was attained at the dawn of twenty-first century. An attempt has been made to collect the information from northern parts of India about the use of medicinal plants for the treatment of gynecological diseases. **Methods:** Old, Experienced and Knowledgeable tribal people from the tribes Bhoja, Bhotiya, Raji & Jaunsari from Uttarakhand State who practice ethnomedicine were thoroughly interviewed and cross-interviewed regarding dosage and route of administration. **Results:** About 30 indigenous medicinal plants have been recorded. The name of the plants, the parts used and the method of application have been investigated in details. **Conclusion:** The current study is important to ethnobotany and focused on a complete description of the examined medicinal plants of the study areas, which in future may be accessible for various active phytochemicals and pharmacological screening to manufacture patent medications.

**KEYWORDS:** Medicinal plants, Gynecological disorders, Traditional medicine, Generation, Tribal people.

**INTRODUCTION**

Since the beginning of time, people have used medicinal herbs all across the world. It is a truth that most villagers either directly or indirectly use plant-based medicines. Again, the tribal people who live in extremely isolated rural locations are totally dependent on the herbs. Local herbalists and healers practice the inexpensive use of medicinal herbs for the general public. More than 75% of the world's population continues to receive their primary healthcare from this plant-based traditional medicinal system. According to the WHO, 80% of the world's population mostly uses traditional medicine. Ayurveda was created as a branch of Atharvaveda before the rise of human civilization. The patients are looking for alternatives to conventional medicine that are less expensive and won't cause any side effects. Herbal medicines provide a number of benefits, including the absence of side effects, improved patient tolerance, and relative affordability. Northern Indian women frequently experience menstrual problems. Women in this area put a lot of faith in the native botanicals used to treat these issues. Due to fear and ignorance, many women are hesitant to consult doctors. The local medicinal herbs are well-known to the traditional healers, who possess this knowledge. In light of this, the current study was started with the intention of identifying the resources of medicinal plants and the traditional knowledge of the

tribal people of Northern India to cure the gynecological issues. In this study, a summary of plant species, families, parts used, ailments application and ethno-medicinal benefits to treat gynecological problems among tribal peoples and for common peoples have been created.

**OBJECTIVE**

The sustainable management of natural resources is nothing new to ethnic communities living in challenging agro-climatic conditions. Due to the uneven topography, they are forced to experiment with nature in a multitude of ways, and as a result, the communities have developed a number of best practices and technologies that are suitable for their particular environments. Owing to the significance of traditional knowledge and their sustainable utilization. The goal of the current study was to record and synthesis disparate knowledge regarding the medicinal benefits of plants for gynecological illnesses used by Uttarakhand's native people. Today, a drug's safety presents a greater difficulty than its effectiveness. Many of the tribal groups that live in Uttarakhand are aware of the therapeutic benefits of the plants that grow nearby in the wooded areas and villages. The younger generation, however, is not interested in preserving this priceless cultural wisdom that has been passed down orally from generation to generation.

Therefore, it is essential to adequately document this ancient wisdom before it vanishes forever.

### METHODOLOGY

In Uttarakhand State, a study was conducted to look at gynecological problems and their conventional treatment utilizing herbal medicines, with a focus on herbal therapies that specifically target gynecological disorders. Gynecological illnesses were recognized from the detailed recorded symptoms according to the documentation. A variety of gynecological diseases, including menstrual complaints, infertility, bleeding without Menstrual cycle, Leucorrhoea, and difficult childbirth, have all been treated with herbal medicines. The numerous medicinal plants for treating these ailments have been discovered.

### RESULTS AND DISCUSSION

30 plant species to treat gynecological disorder of women are covered in the current paper. The 30 medicinal plants belonging to 25 families were used by people of Bhotiya, Bhoja, Jaunsari & Raji tribes. Out of 30 species, two each belonging to Gentianaceae, Liliaceae, Solanaceae & Umbelliferae family, one each belongs to Anacardiaceae, Berberidaceae, Combretaceae, Cruciferae, Euphorbiaceae, Gentianaceae, Gnetaceae, Graminae, Guttiferae, Leguminosae, Liliaceae, Menispermaceae, Moraceae, Myricaceae, Myrtaceae, Pinaceae, Piperaceae, Ranunculaceae, Rosaceae, Rubiaceae, Rutaceae, Saxifragaceae, Solanaceae, Umbelliferae & Verbinaceae family. Most of the plants grow wild in nature. For tree species, the bark, leaves, and seeds are used; for herb species, the entire plant is utilized. Depending on the situation, the plants may be utilized alone or in

conjunction with other plants. It is very simple and suitable to prepare and administer. According to the study, indigenous healers learned how to employ various ethno-medicinal plants, their components, doses, and applications through trial and error. Such information is only passed down orally from one generation to the next. It's interesting that this information is only known by a select group of local families known as "Vaidhayas" and "Ojhas." In general, they treat all illnesses, including gynecological issues in the area. They typically make a diagnosis based on the symptoms reported by the patients as well as their own past experiences in treating illnesses. Various plant parts are applied as paste, juice is collected from various plant parts, plant parts are decocted with water and other liquids, and powder is created from the different plant parts. It was discovered that a few combinations were made using multiple plant parts and more than one preparation technique. Some species can treat a single ailment, while the majority can treat a variety of linked illnesses. Most often, numerous portions of these plants are used, while occasionally just one component of them is used for therapy. Medicines can be ingested either alone or combined with other substances such as water, milk, or honey. Typically, healers rely only on resources from the forest and do not cultivate any medicinal plants. Although it has been discovered that single plant parts are frequently used, several tribes also use polyherbal preparations. Therefore, the current study places a strong emphasis on providing a thorough description of the medicinal plants in the study area that may be accessed in the future for various active phytochemical and pharmacological screening to create powerful pharmaceuticals.

**Table 1: Medicinal plants used for the treatment of Gynecological disorders in Uttarakhand.**

S.No.	Botanical Name	Family	Local Name	Part Used	Ailments
1.	Aconitum heterophyllum	Ranunculaceae	Ativisha	Moola	Klaibya, Stanya Vikara
2.	Aegle marmelos	Rutaceae	Bilwa	Moola, Phala	Sweta Pradara, Sutika Roga
3.	Allium sativum	Liliaceae	Rasona	Kanda	Sukrajanan, Artavajanan
4.	Asparagusracemosus	Liliaceae	Shatavari	Kanda	Stanya Kshaya, Sukra Kshaya,
5.	Berberisaristata	Berberidaceae	Daruharidra	Moola, Kanda, Phala	Sweta Pradara, Rakta Pradara
6.	Berginia ligulata	Saxifragaceae	Paashanbhed	Moola	Yonivyapada, Sweta & Rakta Pradara
7.	Brassica compestris	Cruciferae	Sarshapa	Beeja	Rajorodha
8.	Butea monosperma	Leguminosae	Palash	Niryas, Pushpa	Sukradorbalya, Pradara
9.	Carum bulbocastanum	Umbelliferae	KrishnaJeerak	Beeja	Garbhasaya Shodhana, Stanyajanan
10.	Cedrus deodara	Pinaceae	Devdaru	Kaanda Saara	Stanya Shodhana, Garbhasaya Shodhana
11.	Cynodondactylon	Graminae	Durva	Panchaanga	Pradara Roga, Garbhasrava, Garbhapaata
12.	Datura metel	Solanaceae	Dhatura	Patra, Pushpa, Beeja	Kashtaartava
13.	Delphinium denudatum	Ranunculaceae	Nirvisha	Moola	Kashtaartava

14.	<i>Emblica officinalis</i>	Euphorbiaceae	Amalaki	Phala	Garbhasayadorbalya, Pradara
15.	<i>Ephedra gerardiana</i>	Gnetaceae	Soma	Saakha	GarbhasayaSankochaka
16.	<i>Ficus bengalensis</i>	Moraceae	Vata	Twaka,Praroaha	Rakta Pradar,Sweta Pradara
17.	<i>Gentiana kurroo Royle</i>	Gentianaceae	Trayamaana	Moola	Kashtaartava
18.	<i>Mesua ferrea</i>	Guttiferae	Naagkeshara	Pumkeshara	Vaajikarana
19.	<i>Myrica esculenta</i>	Myricaceae	Katphala	Twaka	Sukra Shodhana
20.	<i>Piper longum</i>	Piperaceae	Pippali	Phala,Moola	Vrishya, Garbhasaya Sankochaka
21.	<i>Prunus cerasoides</i>	Rosaceae	Padmaka	Twaka, Beeja majja	Garbhasayadorbalya
22.	<i>Rubia cordifolia</i>	Rubiaceae	Manjistha	Moola	Artavajanan, Garbhashayottejaka
23.	<i>Semicarpusanacardium</i>	Anacardiaceae	Bhallataka	Phala	Kashtaartava,Sukra dorbalya
24.	<i>Swertiachirayta</i>	Gentianaceae	Chirayta	Panchaang	Stanya vikara
25.	<i>Syzygiumcumini</i>	Myrtaceae	Jambu	Phala Asthi	Rakta Pradara
26.	<i>Terminaliaarjuna</i>	Combretaceae	Arjuna	Twaka	Rakta Pradara,Sweta Pradara
27.	<i>Tinosporacordifolia</i>	Menispermaceae	Guduchi	Kaanda	Sukra dorbalya
28.	<i>Trachyspermum ammi</i>	Umbelliferae	Yavani	Phala	Kashtaartava,Sutika Roga
29.	<i>Vitex negundo</i>	Verbenaceae	Nirgundi	Patra, Moola, Beeja	Kastaartava,Sutika Roga
30.	<i>Withania somnifera</i>	Solanaceae	Ashwagandha	Moola	Sukra dorbalya, Pradara

## CONCLUSION

The current study concentrated on healthcare and therapy in rural areas. In rural places without access to modern medical facilities, herbal medicines are a blessing. In addition, younger generations are uninterested in picking the brains of older generations as a result traditional wisdom is rapidly deteriorating due to modernization of that area. Therefore, it is crucial to record the use of ethno-medical plants to treat gynaecological disorders in the future since this will benefit both researchers and native people. More work needs to be spent into documenting this knowledge before it disappears. The formulations must also undergo clinical pharmacological validation to ensure their efficacy.

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