



## INDIGENOUS-THERAPEUTIC PLANTS USED TO TREAT INFERTILITY IN FEMALE

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### ABSTRACT

In the present explanation is concerted on the documentation and protection of indigenous plants used by rural people of Chinnadarpally of Mahabubnagar District, Telangana state, India. A total of 09 species belongs to the 08 families were recorded as indigenous medicinal plants to treat infertility in female. Of those species, 07 species of each single family whereas Amaranthaceae recorded with two species. The maximum, herbs were in the in sequence are considered. The leaves juice with ingredients used in the medicine preparation. In the present results the importance of the indigenous plants insight have been observed. Except hard work are ended to educate the further generations about their implication, it may be vanished in future. This diversity of information strength add scrupulously in modern drug scheming or in government policies to improvement modern revolutionary drug design systems in rural, ethnic areas, and in the augmentation of pharmaceutical and pharmacognostic formula with reference to indigenous medicinal wisdom.

**KEYWORDS:** Indigenous-therapeutic plants, infertility in female, Mahabubnagar, Telangana State.

### INTRODUCTION

The significance of indigenous medicinal plants to treat infertility in women have not been documented absolutely from rural, indigenous background from Mahabubnagar District, Telangana state of Indian society. As we know India have been considered rich in biodiversity with special reference to medicinal plants and their indigenous knowledge.

In budding countries, infertility and pregnancy have been major contributors to death and disability in the midst of women. Thus a woman in India may face side effects in the fertility medicare. Even after fertility the women also facing problems in pregnancy death and the mortality rate of children during birth is as high as one in 26, compared with only one death in 7300 births in developed countries (WHO, 2009).

Pregnancy and childbirth deaths can be reduced by health-care intervention such as the provision of family planning and maternity care and access to safe abortion practices. According to WHO (WHO, 2009), the poorer and less educated women and those living in rural areas are far less likely to give birth in the presence of a skilled health worker than better educated women who live in wealthier households or urban areas. Reasons for this include distance and expenses to reach health-care canters, but also inappropriate socio-cultural practices.

Another maternal health problem causing significant proportions of deaths is unsafe abortions.

The WHO (WHO, 2000) defines indigenous medicine (TM) as “the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to the different cultures, used in the maintenance of health and in the prevention, diagnosis, improvement or treatment of physical and mental illness”. Indigenous medicine has been used for thousands of years with great contributions made by primary health-care providers at the community level. Traditional and alternative remedies play an important role in the lives of people in developing countries where more than one-third of the population lacks access to essential medicines. One way to increase the health-care in these communities is to integrate safe and effective indigenous medicine into the formal health system (WHO, 2000).

Many studies have been done on the traditional treatments of various gynaecological and obstetric problems around the world (Michel et al., 2007; Coe, 2008; Panyaphu et al., 2011; Srithi et al., 2012; Torri, 2013).

These are available, which have attempted to study and understand ethnic medicinal plants used in treatment of women infertility. But there is no fundamental report on

of women infertility from Mahabubnagar district of Telangana state, so that the current work is an attempted to document and analyze the indigenous facts concerning the practices and uses of plants in infertility.

### METHODOLOGY

A digit of countryside trips were undertaken in the study area (Fig. 1). At each one time of trip, diverse indigenous and forest or rural people's information was collected in different seasons. The information was accrued after discussions with several users like village head, elder women and other local informants. Repeated interviews through questionnaires were made in diverse villages to substantiate the information. Plant specimens were collected and identified with regional floras (Gamble, 1928, Pullaiah and Chennaiah, 1997; Pullaiah and Moulali, 1997; Pullaiah, 2015).

The study area Telangana is one of the southern states of India. This region is situated in the central stretch of the eastern seaboard of the Indian Peninsula. Telangana has an area of 114,840 square kilometres (44,300 sq mi). The area is divided into two main regions, the Eastern Ghats and the plains. Telangana lies between 15 50' – 19 55' North latitudes and 77 14' – 78 50' East longitudes. Telangana is bordered by the states of Maharashtra to the north and north-west, Karnataka to the west, Chattisgarh to the north-east and Odisha to the east and Andhra Pradesh to the south. The state is drained by two major rivers, with about 79% of the Godavari river catchment area and about 69% of the Krishna catchment area, but most of the land is arid. It is an extensive plateau with an average elevation of about 400 m above sea level. This plateau consists mainly of the ranges of erosion surface: (i) above 600 mt, (ii) from 300 – 450 mt and (iii) from 150 – 300 mt. The State Telangana has the monsoon type of tropical climate. On the whole State enjoys warm climate. In northern Telangana tropical rainy type of climate prevails. Hot Steppe type of climate is noticed in the southern parts of the State. In Tropical Rainy type, the mean daily 0 temperature is above 20C with an annual rainfall of 150 to 200 cms, mostly in summer and South-West monsoon. In the Hot Steppe type, the mean daily temperature is 18C and less. In the state of Telangana Maximum temperature in the summer season varies between 37C and 44C and minimum temperature in the winter season ranging between 14C and 19C. The State has a wide variety of soils and they form into three broad categories - red, black and laterite. The type of forests met within Telangana, as per the classification of Champion and Seth are Tropical moist deciduous forests, Southern dry deciduous forests, Northern mixed dry deciduous forests, Dry savannah forests and Tropical dry evergreen scrub. In the Telangana there is about more than 20 tribes were recorded. Commonly they are located hilly and interior forest areas (Shivakumar Singh, 2016). The research report focussing on a number of the important ethnic medicinal plants,

which need to be documented for diverse usages in future.

### RESULTS

A total of 09 species belongs to the 08 families were recorded as indigenous medicinal plants to treat infertility in female. Of those species, 07 species of each single family whereas Amaranthaceae recorded with two species. The maximum, herbs were in the in sequence are considered. The leaves juice with ingredients used in the medicine preparation. In the present results the importance of the indigenous plants insight have been observed. Except hard work are ended to educate the further generations about their implication, it may be vanished in future. This diversity of information strength add scrupulously in modern drug scheming or in government policies to improvement modern revolutionary drug design systems in rural, ethnic areas, and in the augmentation of pharmaceutical and pharmacognostic formula with reference to indigenous medicinal wisdom.

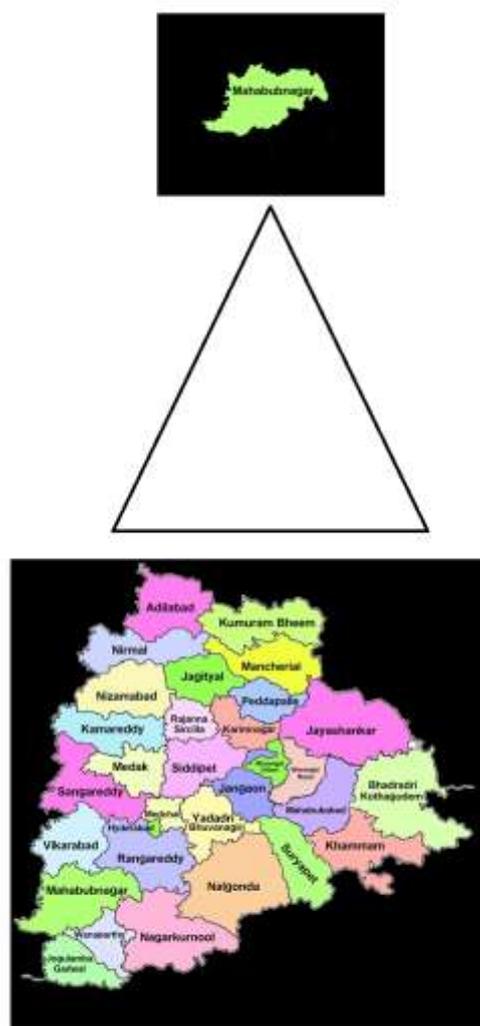


Figure 1: The study area: Telangana state.

**Table 1: The list of indigenous-therapeutic plants used to treat infertility in female.**

| Botanical name              | Family               | Habitat | Local name                                      | Part Used |
|-----------------------------|----------------------|---------|---|-----------|
| <i>Achyranthus aspera</i>   | <i>Amaranthaceae</i> | Herb    | Uttareni (Telugu)<br>Utharen (Hindi)            | Root      |
| <i>Asperagus racemosus</i>  | <i>Liliaceae</i>     | Herb    | Shathamuli (Telugu), Shathamuli (Hindi).        | Leaves    |
| <i>Barleria prionitis</i>   | <i>Acanthaceae</i>   | Shrub   | Bangaru kanakambralu (Telugu), Kuranta (Hindi). | Leaves    |
| <i>Bryonopsis laciniosa</i> | <i>Cucurbitaceae</i> | Herb    | Buddmagummadi (Telugu), Shivalingi (Hindi).     | Seeds     |
| <i>Celosia argentia</i>     | <i>Amaranthaceae</i> | Shrub   | Gunugu (Telugu), Survali (Hindi).               | leaves    |
| <i>Syggium cumini</i>       | <i>Mirtaceae</i>     | Tree    | Allaneredu (Telugu), Kalajamun (Hindi).         | Seeds     |
| <i>Ficus religiosa</i>      | <i>Moraceae</i>      | Tree    | Raavi (Telugu), Peepal (Hindi).                 | Bark      |
| <i>Pergularia daemia</i>    | <i>Asclepidaceae</i> | Climber | Dustapachettu (Telugu), Uthraan (Hindi).        | Leaves    |
| <i>Solanum xanthocarpum</i> | <i>Solanaceae</i>    | Herb    | Advivnkaya (Telugu), Kantakari (Hindi).         | Leaves    |

## CONCLUSION

At this direct the population is escalating profusely, at the same time people are forgetting their fore fathers in sequence. This will be effects on future health care system. Therefore, the steps are needed to undertake widespread schooling about their indigenous wisdom importance in the female fertility. This results towards direct and indirect source of maintenance in health care system for the poor families. A very few of the indigenous plants are available in the treating of female fertility. So, efforts must be affianced to preserve indigenous medicinal plants and also the rural cleverness for future health care systems.

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