INTRODUCTION

Traditional knowledge often includes practice based on observation over time, but not substantiated by any technical experiments or statistic. Ethnomedicine or folk medical claims are an important component of this knowledge. The multi occasional or multiethnic use, i.e. application of same traditional herbal cures in several distant regions, and among distinct tribal ethnic groups is suggested as a good creation for credibility of folk claims and practices. The indigenous societies of different regions of the world have discovered various uses of natural resources around them. This traditional knowledge is based on their necessities, instinct, observation, trial and error and long experience. The medicinal uses of plants and animal products are an important component of such indigenous knowledge. Some of this knowledge got widely tested and accepted over period of time, and became part of the recognised or codified indigenous systems of medicine (ISM) namely, the Ayurveda, Yunani and Siddha in India. For wider, more reliable and scientific application of this knowledge, researchers are continuously subjecting it to a variety of tests through field, laboratory or clinical research. Several qualitative and quantitative methods have also been suggested for evaluating credibility of such traditional knowledge as has not yet gone into ISM (Jain, 2003).

Traditional knowledge systems related to the use of plant species and has an concept of using plants for medicinal purpose was been from very ancient period started before 2500 and 500 BC. Indian subcontinent is a vast repository of medicinal plants that are used in traditional medical treatments, around 20,000 medicinal plants have been recorded (Dev, 1997), but only 7,000 - 7,500 plants are being used by traditional communities for curing different diseases Perumal Swamy and Ignacimuthu,1998, 2000; Kamboj 2000).

Due to less communication means, poverty, ignorance, and unavailability of modern health facilities, most people especially those in rural areas are still forced to practice traditional medicine for their common day to day ailments. Most of this people from the poorest link in the medicinal plant (khan et al., 2005).

Herbal drugs have got tremendous momentum in global health care system. the use of the herbal medicines has become a part of the main stream all over the world. About 80 % of world’s population use herbal products as medication. many plants have been found to have therapeutic potential and they are being used since time immemorial. most of the people use herbs even without knowledge of their properties, believing that herbs are safe.
Ethnotanical studies were carried out to collect information on the use of medicinal plants by local communities of Jhalod taluka of Dahod district. The utilization of plants for medicine is an ancient, global tradition that represents the cornerstone of health care for many rural communities and citizens in developing countries (Robbiens, 2000). Gujarat with its rich floral diversity in various forest and non-forest areas holds rich natural wealth of medicinal plants. The presence of a sizeable strength of Ayurvedic pharmaceutical and popularity of a wide range of traditional ethobotanical practice several the evidence of the rich medicinal flora of Gujarat especially in the tribal of the state (Pandey et al., 2005).


Study Area

Dahod District consists of seven talukas, having 696 villages/towns. The total population is 16,35,374 as per 2001 census having total occupational area of 3,63,277.16 hectares. The surrounding of the district can be mentioned. North side – Banaskantha District & Vanswada District of Rajasthan.

West side – Godhara District

East Side – Part of Vadodara District & Zabua of M.P.

South Side – Part of Vadodara District & Zabua of M.P.

The names of taluka are Dahod, Jhalod, Dhanpur, Garbada, Limkheda & Devgadh Bariya.

Jhalod Taluka

The study area popularly known as Jhalod forest and its surrounding areas. Jhalod taluka is located between 23.6°N and 23.9 to 74.46 E in the district Dahod, Gujarat state. Forest area of its west and eastern ranges containing various tribal communities. The vegetation and forest are tropical mixed dry deciduous type of the area. The forest area is hilly, hill hock and the flat land in between are under cultivation by tribal. In these areas fresh water resources...
acailability is very poor. The drainage from hills has been dammed at several places in
forest, Jhalod taluka in the dahod district in the state of Gujarat. Jhalod Town is situated
between the banks of the Machhan River. The district head quarters are located at Dahod.
The district occupies an area of 2749 km² and has a population of 3,68,484 (2001 census) It
is the third-most backward district in Gujarat. It was only 6.96% urban as of 2001
Ethnonotanists aim to document and explain complex relationships between
cultures and uses of plants: focusing, primarily, on how plants are used, managed and
perceived across human societies (e.g. as foods; as medicines; in divination; in cosmetics; in
dyeing; as textiles; in construction; as tools; as currency; as clothing; in literature; in rites;
and in social life)

Forest area:

Total forest area of Jhalod taluka is 788.39 sq. km. area. Mainly Dry deciduous
forest area, forest falls under 6B Northern tropical thorn forest, main species of area are
Tactona grandis. Holorrhena antidysenterica, Anogeissus spp., Butea monosperma,
Madhuca indica, Acacia spp. Zizphus sp. In drier condition (After post monsoon season)
forest merges with savannah type vegetation. Due to irregular rainfall and geography of the
area there is a lot of variation in the vegetation as well as in the phenology of the plants.
These area lies under Bio-geographic zone-4 the semi arid-Biotic province- 4B Gujarat-
Rajwada, sun category 4B5- Plains in Central Gujarat.