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An Ethnobotanical Study Of Plants Used In Traditional Healthcare Practices In Kamrup District, Assam

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ABSTRACT

Medicinal plants have been an integral part of traditional healthcare systems for generations. The present study was conducted in four villages of Kamrup District, Assam—Sonapur, Borka, Dhonuka, and Raipat—to document the ethnomedicinal knowledge of local communities. Data were collected through interviews and informal discussions with 48 informants. A total of 70 plant species belonging to various families were recorded and found to be used in the treatment of a wide range of ailments, including fever, cough, digestive disorders, diabetes, skin diseases, wounds, and hypertension. Different plant parts such as leaves, fruits, flowers, roots, bark, and seeds were utilized in remedy preparation, with leaves being the most frequently used. Traditional preparations mainly included pastes, juices, decoctions, and direct consumption, administered either orally or externally. The study revealed that medicinal plant knowledge remains an important component of primary healthcare among local people, particularly the elderly, who serve as the main custodians of this traditional wisdom. However, the gradual decline in the transmission of such knowledge to younger generations highlights the need for its documentation and preservation. The findings underscore the importance of ethnobotanical knowledge in supporting community healthcare, conserving cultural heritage, and providing a valuable foundation for future pharmacological and conservation research.

KEYWORDS: Ethnobotany, medicinal plants, traditional knowledge, indigenous healthcare, Kamrup District, Assam.

INTRODUCTION

Ethnobotany deals with the study of the relationship between plants and human communities, particularly the traditional uses of plants for medicine, food, shelter, and cultural practices (Harshberger, 1896). Since ancient times, medicinal plants have remained an important part of traditional healthcare systems across the world. Even today, a large proportion of the rural population depends on herbal medicines for the treatment of common diseases and health-related problems (WHO, 2002). Traditional medicinal knowledge has

therefore gained increasing scientific attention because medicinal plants are considered valuable sources of biologically active compounds useful in modern drug discovery and pharmacological research (Fabricant & Farnsworth, 2001).

India is recognized as one of the richest countries in terms of biological and cultural diversity. The country possesses enormous traditional knowledge regarding medicinal plants, which has been transmitted orally from one generation to another for centuries (Jain, 1991). Different ethnic and rural communities of India utilize a wide variety of medicinal plants for treating fever, cough, wounds, digestive disorders, skin infections, bone fractures, diabetes, hypertension, and several other ailments (Sharma & Mujumdar, 2003). Ethnomedicinal practices continue to play a major role, especially in rural regions where access to modern healthcare facilities is still limited.

Northeast India forms part of the Indo-Burma biodiversity hotspot and is well known for its rich floristic diversity and traditional healthcare practices (Myers et al., 2000). Assam, one of the major states of Northeast India, supports diverse vegetation because of its favorable climatic conditions, forest ecosystems, wetlands, and riverine habitats (Mao et al., 2009). The rural communities of Assam possess rich ethnobotanical knowledge and traditionally depend on medicinal plants collected from forests, home gardens, wetlands, and surrounding vegetation for primary healthcare purposes (Gogoi & Nath, 2021).

Several ethnobotanical investigations conducted in Assam have highlighted the importance of medicinal plants in traditional healthcare systems. Gogoi and Nath (2021) documented 174 ethnomedicinal plant species used by local communities of Dibrugarh District for treating various diseases. Similarly, Boro et al. (2023) reported extensive utilization of medicinal plants for digestive disorders, fever, cough, skin diseases, and wound healing among rural communities of Assam. Basumatary et al. (2024) also documented the use of medicinal plants for stomach disorders and bone fracture healing in different parts of Assam. These studies indicate that traditional medicinal knowledge remains deeply associated with the daily healthcare practices of rural populations.

Medicinal plants such as Aloe vera, Ocimum sanctum, Centella asiatica, Azadirachta indica, and Cissus quadrangularis are commonly used in traditional medicine because of their therapeutic importance (Kala, 2005). Different plant parts including leaves, roots, bark, fruits, rhizomes, and whole plants are utilized in the preparation of herbal remedies. Among these, leaves are generally reported as the most commonly used plant part because they are easily available and rich in phytochemicals (Giday et al., 2003). Traditional preparation methods include decoction, paste preparation, juice extraction, infusion, and topical application depending on the type of ailment treated (Martin, 1995).

Despite their medicinal significance, traditional ethnobotanical knowledge systems are gradually declining due to modernization, urbanization, habitat destruction, overexploitation of plant resources, and changing lifestyles (Anyinam, 1995). Younger generations are increasingly shifting toward modern medicine, resulting in the gradual erosion of indigenous knowledge systems (Tabuti et al., 2003). Therefore, documentation and scientific evaluation of medicinal plants are essential not only for preserving traditional healthcare practices but also for biodiversity conservation and future pharmacological research.

Although several ethnobotanical studies have been conducted in different districts of Assam, limited information is available regarding medicinal plants traditionally used by local communities of Kamrup Rural District. Therefore, the present study was undertaken to document medicinal plants used by local communities of Kamrup Rural District, Assam, and to evaluate their ethnomedicinal significance and conservation importance.

MATERIALS AND METHODS

Study Area

The present study was carried out in Kamrup district of Assam, North-East India, with field surveys conducted in the villages of Sonapur, Borka, Dhonuka and Raipat. The district, with its administrative headquarters at Amingaon, covers an area of approximately 2,740.74 sq. km. and is characterized by fertile alluvial plains, agricultural lands, wetlands and patches of natural vegetation that support a rich diversity of plant species.

The region experiences a humid subtropical climate with distinct summer, monsoon and winter seasons. Agriculture is the primary occupation of the local population, and many households depend on farming and related activities for their livelihood. The area is inhabited by people from diverse ethnic and cultural backgrounds who possess valuable traditional knowledge regarding the use of local plant resources. The rich floral diversity of the region, along with the continued practice of plant-based healthcare traditions, makes it an important area for ethnobotanical research.

Field Survey and Data Collection

Field surveys were carried out in four villages of Kamrup district, namely Sonapur, Borka, Dhonuka and Raipat, to collect information on the traditional use of plants. Data were gathered through personal interviews and informal discussions with local residents who were familiar with the use of plants in their daily lives.

A total of 48 informants participated in the study. The interviews were conducted in a simple and friendly manner, and the local language was used whenever necessary to ensure clear communication. Information regarding local plant names, plant parts used, methods of preparation, mode of administration and traditional applications was carefully recorded during the survey.

The reported plants were observed in home gardens, agricultural fields and nearby vegetation areas whenever possible. Information obtained from different informants was compared and cross-checked to improve the accuracy of the recorded data.

Elderly members of the community were particularly important sources of information, as they possessed extensive traditional knowledge that has been passed down from one generation to another. Their contributions played a significant role in documenting the plant-based practices followed in the study area.

Plant Collection and Identification

During the field survey, plants reported by the informants were observed, recorded and photographed whenever possible. Information related to local names, uses, plant parts used and methods of preparation was documented based on discussions with the informants.

The collected plants were identified with the help of standard botanical literature and regional floras. Important references used for identification included A Checklist of Angiosperms and Gymnosperms of Assam by Barooah and Ahmed (2014) and Flora of Assam by Kanjilal et al. (1934–1940). The identification and nomenclature of the recorded species were further verified using authenticated online databases such as Plants of the World Online (POWO), International Plant Names Index (IPNI) and Flora of India.

After proper identification, the scientific names, families and other relevant information of the recorded plant species were compiled and organized systematically for further analysis.

RESULTS

Demographic Data of the Participants

A total of 48 informants participated in the present study, including 18 males and 30 females. The participants represented different age groups and occupational backgrounds. Most of them were engaged in farming, household work and other local occupations.

During the survey, it was observed that older participants possessed a greater understanding of the traditional uses of plants compared to younger individuals. Much of this knowledge has been acquired through personal experience and has been passed down orally from one generation to the next. The information shared by the participants played an important role in documenting the traditional plant-based practices followed in the study area.

Diversity of Medicinal Plants

A total of 70 plant species were documented during the present study. These species belonged to a wide range of plant families and were traditionally used by the local community for the treatment of various ailments. Herbs were the most commonly recorded growth form, followed by trees, shrubs and climbers. The documented plants were used for managing conditions such as fever, cough, digestive disorders, skin diseases, diabetes and wound healing. The diversity of plant species recorded in this study reflects the rich traditional knowledge of the local people and highlights the importance of plants in their day-to-day healthcare practices.

Plant Parts Used

The study revealed that different plant parts were used in the preparation of traditional remedies. Leaves were the most frequently used plant part, followed by fruits, twigs, flowers and seeds. Other parts such as roots, rhizomes, bark, bulbs, sap and tender shoots were also utilized for specific purposes. The widespread use of leaves may be attributed to their easy availability and the simplicity of harvesting them without harming the plant. The use of a variety of plant parts reflects the depth of traditional knowledge preserved within the community and highlights the important role of plants in local healthcare practices.

Method of Preparation

The recorded plants were prepared using a variety of traditional methods, depending on the plant and its intended use. Among these, paste and juice were the most commonly used forms of preparation. Other methods included decoction, direct consumption of fresh plant parts, and the use of certain plants as vegetables or spices. Most remedies were prepared from fresh plant materials collected from home gardens, agricultural fields or nearby areas. These preparation methods are simple, practical and have been followed by local people for generations as part of their traditional healthcare practices.

Mode of Administration

The remedies documented during the study were administered in different ways depending on the health condition being treated. Oral administration was the most common mode of use, with preparations consumed as juices, decoctions, pastes or fresh plant parts. Some remedies were also applied externally to treat wounds, skin diseases, burns and other related conditions. The methods of administration were based on traditional knowledge and local practices that have been followed and passed down through generations.

Table: Plant species documented during the study and their traditional uses, plant parts used, methods of preparation and modes of administration in Kamrup district, Assam

Sl No.	Scientific Name	Family	Local name	Part used	Application	Mode of preparation	Route of administration
1	*Acmella ciliate* (Kunth) Cass.	Asteraceae	Jibhaguti	Flower, leaf	Fever, Canker sore	Paste, vegetable	Oral, external
2	*Acmella uliginosa* (Sw.) Cass.	Asteraceae	Jibhaguti	Leaf, flower	Canker sore	Paste	External
3	*Aegle marmelos* (L.) Correa	Rutaceae	Bel	Fruit	Dizziness, body pain, stomach ache, diabetes	Decoction, Direct consume	Oral
4	*Ageratum conyzoides* L.	Asteraceae	Gendhali bon	Leaf	Migraine	Paste	External
5	*Allium cepa* L.	Amaryllidaceae	Piyaj	Bulb	Hair-fall	Juice	External
6	*Allium sativum* L.	Amaryllidaceae	Naharu	Bulb	High Blood Pressure, Cold & fever, Scabies	Direct consume, spices, Paste	Oral, external
7	*Aloe vera* (L.) Burm.f.	Asphodelaceae	Chalkuari	Leaf, sap	Skin care, skin problem, diabetes	Paste, Juice	Oral, external
8	*Alternanthera brasiliana*(L.) Kuntze	Amaranthaceae	Tezpat or Bisola	Leaf	Cut and wound to stop bleeding,	Paste	External
9	*Ananas comosus* (L.) Merr.	Bromeliaceae	Anaras	Young leaf	Intestinal worm in baby	Juice	Oral
10	*Andrographis paniculata* (Burm.f.) Wall. ex Nees	Acanthaceae	Chirota	Twig	Stomach ache, intestinal worm, diarrhea	Juice, vegetable	Oral
11	*Areca catechu* L.	Arecaceae	Tamul	Seed	Gastritis	Paste	Oral

12	*Artocarpus heterophyllus* Lam.	Moraceae	Kothal	Tender shoot	Tonsilitis	Direct consume	Oral
13	*Averrhoa carambola* L.	Oxalidaceae	Cordoi	Fruit	Jaundice, cough	Paste, vegetable	Oral
14	*Azadirachta indica* A. Juss.	Meliaceae	Neem	Leaf	Itchy allergic skin, Gastritis, Diabetes, Bullous impetigo, Scabies, Itchy scalp, intestinal worm	Decoction, juice, paste, vegetable	Oral, external
15	*Bacopa monnieri* (L.) Wettst.	Plantaginaceae	Brahmi saag	Twig	Memory booster	Vegetable, juice	Oral
16	*Basella alba* L.	Basellaceae	Puroi saag	Leaf	Bullous impetigo	Paste	External
17	*Bergera koenigii* L.	Rutaceae	Narasingha	Leaf	Fever	Vegetable	Oral
18	*x Brassica juncea* (L.) Su Liu & Z.H. Feng	Brassicaceae	Lai saag	Leaf	Dry cough	Juice	Oral
19	*Cajanus cajan* (L.) Huth	Fabaceae	Arahor	Leaf	Jaundice	Juice	Oral
20	*Capsicum frutescens* L.	Solanaceae	Jolokia	Fruit	Dizziness, fever	Spices	Oral
21	*Carica papaya* L.	Caricaceae	Amita	Young fruit, flower	Gastritis, Galactogogue	Vegetable, consume raw	Oral
22	*Cassia fistula* L.	Fabaceae	Sonaru	Ripened fruit	Diarrhea	Consume raw	Oral
23	*Catharanthus roseus* (L.) G. Don	Apocynaceae	Nayan tora	Leaf	Diabetes	Juice	Oral
24	*Centella asiatica* (L.) Urb.	Apiaceae	Bor manimuni	Leaf	Diarrhea, Gastritis, Cold and cough, Intestinal worm, Stomachache	Juice, paste, vegetable	Oral

25	*Cinnamomum tamala* (Buch.Ham.) T.Nees & C.H.Eberm.	Lauraceae	Mahpat	Leaf	Tonsilitis	Smoke, decoction	Oral
26	*Cinnnamomum verum* J. Presl	Lauraceae	Dalcheni	Bark	Stomach ache	Decoction	Oral
27	*Citrus x aurantifolia* (Christm.) Swingle	Rutaceae	Gol nemu	Fruit	Intestinal worm, high blood pressure	Pickle, direct consume	Oral
28	*Citrus x limon* (L.) Osbeck	Rutaceae	Kaji nemu	Fruit, leaf	Body pain, anti-dandruff	Juice, paste	Oral, external
29	*Curcuma longa* L.	Zingiberaceae	Halodhi	Rhizome	Acne, urethritis, skin disease	Paste, juice	Oral, external
30	*Cynodon dactylon* (L.) Pers.	Poaceae	Dubori bon	Twig, dewdrop on Leaf	Headache, Eye sore, cut and wound	Paste, juice	Oral, external
31	*Dillenia indica* L.	Dilleniaceae	Outenga	Fruit	Diabetes, dysentery	Decoction, vegetable	Oral
32	*Dracaena trifasciata* (Prain) Mabb.	Asparagaceae	Sapor gos	Leaf	Burning	Paste	External
33	*Dryopteris filix- mas* (L.) Schott	Polypodiaceae	Dhekia saag	Leaf	External wounds	Paste	External
34	*Eclipta prostrata* (L.) L.	Asteraceae	Kehraj	Twig, leaf	Cut and wound healing, Cold sore, Itchy scalp,	Paste, juice	External
35	*Garcinia pedunculata* Roxb. ex Buch.-Ham.	Clusiaceae	Borthekera	Fruit	Stomach ache	Decoction, vegetable	Oral
36	*Hibiscus x rosa-sinensis* L.	Malvaceae	Ronga joba	Leaf, flower	Dandruff, Rough and dry hair, menstrual pain	Juice, direct consume	Oral, external
37	*Houttuynia cordata* Thunb.	Saururaceae	Musondori saag	Leaf, root	Stomach ache, fever, dysentery	Paste, vegetable	Oral

38	*Hydrocotyle sibthorpioides* Lam.	Araliaceae	Soru manimuni	Twig	Stomach ache, dysentery, Pancreas pain, Diarrhea, Gastritis, Intestinal worm,	Juice, paste, vegetable	Oral
39	*Ipomoea aquatica* Forssk.	Convolvulaceae	Kolmow	Twig	Diabetes	Vegetable	Oral
40	*Kalanchoe pinnata* (Lam.) Pers.	Crassulaceae	Pategoja	Leaf	Stomach ache, kidney stone, fever, urethritis	Juice	Oral
41	*Leucas aspera* (Willd.) Link	Lamiaceae	Doron bon	Leaf, flower	Nasal bleeding, Dysmenorrhea, Cold cough, Sinusitis	Juice, vegetable	Oral,nasal
42	*Lippia alba* (Mill.) N.E.Br. ex Britton & P.Wilson	Verbenaceae	Pohukota bon	Twig	Fever	Vegetable	Oral
43	*Mentha arvensis* L.	Lamiaceae	Podina	Twig	Heart weakness, stomach ache, memory booster	Juice, vegetable	Oral
44	*Mikania micrantha* Kunth	Asteraceae	Japani lota or Amar lota	Twig	Gastritis, Malaria	Juice, vegetable	Oral
45	*Mimosa pudica* L.	Mimosaceae	Lajuki lota	Leaf	Cut and wound	Paste, juice	Oral, external
46	*Mirabilis jalapa* L.	Nyctaginaceae	Gadhuli gopal	Leaf, flower	Jaundice	Paste	External
47	*Momordica charantia* L.	Cucurbitaceae	Tita kerela	Fruit, leaf	Diabetes	Vegetable	Oral
48	*Moringa oleifera* Lam.	Moringaceae	Sojina	Fruit, leaf	Hemoglobin enhancer, high blood pressure	Vegetable	Oral

49	*Musa balbisiana* Colla	Musaceae	Athiyakol or Bhimkol	Fruit, pseudostem sap, flower	Dysentery, Cut and wound healing, Diarrhea, Dry cough, high fever, loose motion	Decoction, juice, vegetable	Oral
50	*Nyctanthes arbor-tristis* L.	Oleaceae	Xewali	Flower, leaf	Indigestion in baby, intestinal worm	Juice, vegetable	Oral
51	*Ocimum tenuiflorum* L.	Lamiaceae	Tulosi	Leaf	Cold and cough, fever, allergy, ringworm	Juice, paste	Oral, external
52	*Oxalis corniculata* L.	Oxalidaceae	Tengesi tenga	Leaf	Dysentery, small pox	Paste	Oral, external
53	*Phyllanthus emblica* L.	Phyllanthaceae	Aamlokhi	Fruit	Diabetes, indigestion	Direct consume	Oral
54	*Physalis angulata* L.	Solanaceae	Kopal phuta	Leaf, fruit	Fever, mineral deficiency	Paste, direct consume	Oral, external
55	*Piper betle* L.	Piperaceae	Paan	Leaf	Gastritis, tonsilitis	Direct consume	Oral
56	*Piper nigrum* L.	Piperaceae	Jalook	Fruit	Jaundice, tonsilitis	Decoction, spices	Oral
57	*Portulaca oleracea* L.	Portulacaceae	Malbhog saag	Leaf	Dizziness, fever	Vegetable, roasted paste	Oral
58	*Psidium guajava* L.	Myrtaceae	Madhuri-aam	Young leaf	Dysentery, Diarrhea, Swollen stomach, intestinal worm	Juice	Oral
59	*Ricinus communis* L.	Euphorbiaceae	Era-gach	Root, young leaf	Fever in baby, Jaundice, Scabies, dizziness	Paste, Other	External
60	*Scoparia dulcis* L.	Plantagnaceae	Bon-dhonia	Twig, leaf	Fever, urethritis	Juice, vegetable	Oral, external
61	*Sesamum indicum* L.	Pedaliaceae	Til	Seed	Galactogogue	Paste	Oral
62	*Solanum viarum* Dunal	Solanaceae	Tit-bhekuri	Fruit	Tooth decay	Paste	Oral

63	*Syzygium cumini* (L.) Skeels	Myrtaceae	Jamu	Fruit	Enhance hemoglobin	Direct consume	Oral
64	*Tabernaemontana divaricata* (L.) R.Br. ex Roem. & Schult.	Apocynaceae	Kathana phul	Flower	Headache, Fever, Sore eyes	Paste, juice	External
65	*Tamarindus indica* L.	Fabaceae	Teteli	Fruit	High blood pressure	Decoction	Oral
66	*Terminalia chebula* Retz.	Combretaceae	Xilikha	Fruit	Indigestion	Direct consume, paste	Oral
67	*Vigna mungo* (L.) Hepper	Fabaceae	Matimah	Seed	Dog bite	Vegetable	Oral
68	*Vitex negundo* L.	Lamiaceae	Pochotia	Leaf	Muscle pain, Stomachache, Cold and fever, jaundice	Vegetable	Oral
69	*Zingiber officinale* Roscoe	Zingiberaceae	Ada	Rhizome	Jaundice, cold and cough, tonsilitis	Paste, spices, decoction	Oral
70	*Ziziphus mouritiana* Lam.	Rhamnaceae	Bogori	Leaf	Cold sore, allergy	Paste, decoction	Oral, external

RESULTS AND DISCUSSION

The present study documented 70 plant species that are traditionally used by local people for the treatment of various ailments and health-related conditions. Information was collected from 48 informants who shared their knowledge and experiences regarding the use of plants in traditional healthcare. The recorded species were used to manage a wide range of ailments, including fever, cough, cold, digestive disorders, diabetes, skin diseases, wounds and hypertension.

The documented plants comprised different growth forms such as herbs, trees, shrubs and climbers. Among these, herbs were the most commonly represented group. The predominance of herbs may be attributed to their abundance, easy accessibility and frequent use in household remedies. Similar observations have been reported in ethnobotanical studies conducted in Assam and other parts of Northeast India (Sajem and Gosai, 2006; Das et al., 2008).

A variety of plant parts were utilized in the preparation of traditional remedies. Leaves were the most frequently used plant part, followed by fruits, twigs, flowers and seeds. Other parts such as roots, rhizomes, bark, bulbs, sap and tender shoots were also used for specific purposes. The greater use of leaves may be due to their year-round availability and ease of collection. Comparable findings have been reported in previous ethnomedicinal studies, where leaves were found to be the most commonly used plant part (Sajem and Gosai, 2006).

The plants were prepared using several traditional methods. Paste and juice were the most commonly used forms of preparation, while decoctions, direct consumption and the use of plants as vegetables or spices were also recorded. These methods are simple, practical and rely on materials that are readily available within the community. Similar preparation techniques have been documented by Das et al. (2008) in their study of traditional medicinal practices in Assam.

The remedies were administered through different routes depending on the nature of the ailment. Oral administration was the most common mode of use, whereas some remedies were applied externally for the treatment of wounds, burns and skin-related conditions. The predominance of oral administration has also been reported in other ethnobotanical studies from Northeast India (Sajem and Gosai, 2006).

An important observation during the study was that elderly informants possessed considerably more knowledge regarding the traditional use of plants than younger individuals. This highlights the important role of older generations in preserving and transmitting traditional knowledge. However, the gradual decline in the transfer of such knowledge to younger generations poses a challenge to its long-term preservation. Therefore, proper documentation of traditional plant-based knowledge is essential for its conservation and may also provide valuable information for future pharmacological and ethnobotanical research (Das et al., 2008; Sajem and Gosai, 2006).

CONCLUSION

The present study highlights the rich traditional knowledge of plant use among the local community and emphasizes its importance in everyday healthcare practices. The findings demonstrate that local people continue to rely on plant-based remedies for the treatment of various common ailments, reflecting the enduring value of traditional healing practices.

The study also revealed that this knowledge is primarily preserved among older generations and passed down through oral traditions. However, rapid social and cultural changes may lead to the gradual loss of this valuable heritage. Therefore, efforts should be made to document, preserve and promote traditional knowledge for the benefit of future generations. In addition, further scientific research on the recorded plants may help validate their therapeutic potential and support their sustainable conservation and utilization.

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