Research Note

# CONSTRAINTS IN THE USE OF ETHNOVETERINARY MEDICINES

M.K. Mandal[1], Niranjan Lal[2] and J.P.S. Chauhan[3]

India is blessed with beautiful indigenous herbal medicines. Since the begining of domestication of animals, the use of indigenous medicinal plants in the treatment of animal ailments has been in vogue in India (Saxena et al., 1998). Rigveda and Ayurveda (4500-1600 BC) reveal that mankind has a long history in the use of herbal medicines. Since thousands of year, through trial and error, intelligent observation and inference, people has accumulated knowledge about various medicinal plants those play a significant role in the prevention and treatment of various livestock diseases in the World. Recently, the All India Coordinated Research Project on Ethnobotany (AICRPE) has identified about 10,000 wild plants used by tribal communities for meeting their various needs. According to their classification, there are about 8000 wild plants used by the tribal communities for medicinal purposes (Kurup, 2000). A large number of people in India still have been depending upon crude ethnoveterinary medicines for the treatment of their livestock deseases. Again, the side effect of modern synthetic drugs have revived the interest of indigenous herbal medicines. Though, ethnoveterinary medicine is fundamentally safe, preventive, protective, curative and have no side effect, but it was also observed that, scientifically proven and well established modern synthetic drugs have largely replaced the ethnic medicines day by day. As a result, ethnoveterinary medicines were pushed back to only non-literate smaller ethnic groups those residing in remote villages or in forest areas of the country. Therefore, in the present study an effort was made to identify the various constraints or reasons of decline in the use of ethnoveterinary medicines by introducing the synthetic drugs especially in developing countries.

## METHODOLOGY

The study was conducted in purposively selected Bankura District of West Bengal state during the year of 1998-99. A multistage random sampling technique was applied for the selection of two blocks, four villages and one hundred and twenty respondents. Regarding the selection of total respondents, thirty respondents were selected from each village who formed the sample size of the study. The selected respondents were categorized on the basis of their herd size as small (1-4 animals), medium (5-6 animals) and large (more than 6 animals).

Constraints as perceived by the respondents in use of ethnoveterinary medicines were recorded in a schedule prepared for the purpose. The rank position of the constraint was decided on the basis of frequency distribution and percentage score against each constraint.

## RESULTS AND DISCUSSION

### Major Constraints in use of Ethnoveterinary Medicines

A list of 8 major constraints were prepared in use of ethnoveterinary medicines from the study area. The most important constraints as perceived by the respondents and their ranking were enlisted (Table-1) and summarised as below:

1. Ph.D. Scholar, 2. Technical Asstt. Division of Veterinary Extension Education,IVRI, Izatnagar-243122(U.P)
3. Senior Scientist, Division of Dairy Extension Education, NDRI, Karnal-132001, (Haryana).

Table 1. Constraints perceived by the respnodents and their ranking (*N=120)

| Constraints | No. of respondents | | Rank |
|---|---|---|---|
| | Frequency | Percentage | |
| 1. Traditional knowledge has no written literature | 55 | 45.83 | VI |
| 2. Obtaining, preparing and administering of some home remedies may be incovenient and time consuming. | 105 | 87.50 | II |
| 3. Seasonal availability of medicinal plants | 120 | 100.00 | I |
| 4. Determining optimal dosages and treatment is difficult. | 72 | 60.00 | V |
| 5. Effective ethnotherapies for infectious epidemic diseases are not possible. | 100 | 85.33 | III |
| 6. Ethnoveterinary practices are also becoming extinct due to non-practice by young generation. | 42 | 35.00 | VII |
| 7. Ethnoveterinary medicines do not offer relief quickly like modern medicines and are not available in easily usable form. | 96 | 80.00 | IV |
| 8. Vagueness of local treatment schedule | 30 | 25.00 | VIII |

*N= Total number of respondents

The rank position of the constraints was done on the basis of frequency distribution and percentage score against each constraint. The findings of Table -1 indicated that the most important constraint as perceived by the respondents in use of ethnoveterinary medicines was "seasonal availability of medicinal plants" which was ranked first. All of the respondent (100%) were facing this problem. The other constraints as perceived by respondents were obtaining, preparing and administering of some home remidies may be inconvenient and time consuming (87.5%), effective ethnotherapies for infectious epidemic diseases are not possible (83.33%), ethnoveterinary medicines do not offer relief quickly as compared to modern synthetic drugs (80%), determining optimal dosages and treatment is difficult (60%), traditional knowledge has no written literature (45.83%), ethnoveterinary practices are becoming extinct due to non-practice by young generation (35%), and vogueness of local treatment schedule (25%) were ranked as second, third, fourth, fifth, sixth, seventh and eighth repectively.

## CONCLUSIONS AND IMPLICATIONS

India is endowed with rich wealth of indigenous medicinal plants. These plants have good contribution to the development of ancient Indian meteria medica. It may be concluded from the present investigation that, to solve the problems among respondents in use of ethnoveterinary medicines more attention should be given on the availability of medicinal plants and also find out the other alternative plants those can be used for the treatment of

same diseases by influencing the farmers for cultivation of medicinal plants. Now it is the time to respect the faith and knowledge of rural people. Again, it is very necessary to publish maganiznes on ethnoveterinary medicinal system in local language so that, the farmers can read and understand it easily. No doubt, from the above discussion it was observed that, ethnoveterinary medicines have number of drawbacks but it was also realised that many of these traditional medicines are sustainable, locally available, socially acceptable and based on renewable resouce and biodiversity. Considering these facts, there has been an urgent need for the systematic collection, identification, storage and dessemination of traditional knowledge and experiences of farmers.

## REFERENCES

Kurup, A.M. (2000). Indigenous knowledge and Intellectual Property Rights of Tribals : A case study, Yojana, Vol. 44. No.4 April.

Saxena, M.J., Srivastava, V., Pandey, S.K. and Madan, P. (1998). Ethnoveterinary Practices : Historical milestones, present status and future research needs. Paper presented at ICAR seminar short course on "Technique for Scientific Validation and Evaluation of Ehnoverterinary Practices". August 3-13, Division of Medicine, IVRI, Izatnagar, p. 84-88.

* * * * *