

Original Article

ETHNOBOTANICAL DOCUMENTATION AND TRADITIONAL MEDICINAL PLANT KNOWLEDGE AMONG TRIBAL COMMUNITIES OF KANKER DISTRICT, CHHATTISGARH, INDIA

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ABSTRACT

Ethnobotanical knowledge plays a very significant role in tribal communities inhabiting forest-rich areas. The present study aims to document the medicinal plant knowledge of the tribal communities of Kanker district, Chhattisgarh. The survey was planned to be conducted in the tribal inhabited areas i.e., Bagod, Sarangpal, Narharpur and Govindpur of the Kanker district. The ethnobotanical data were collected through field visits and personal communication with the local tribal inhabitants and traditional healers such as Baiga, Binghamwar, Kanwar, etc. Collection of plant material, their identification and preservation followed. The taxonomic nomenclature of all the plant specimens was done using standard reference books and preserved as herbarium specimens. Information related to vernacular names, therapeutic uses, plant parts used and traditional methods of preparation of remedies were recorded. The study also includes phytosociological data of the important medicinal plants of the region. Tribal festivals like Karma, Sarhul and Jeotiya were also studied. The present study is likely to contribute significantly towards the conservation of traditional knowledge related to plants and medicinal plants in particular, by providing a baseline data for the future studies on ethnobotany, phytochemistry, pharmacology and biodiversity conservation in the Kanker district of Chhattisgarh.

Keywords: Ethnobotany, Medicinal Plants, Traditional Knowledge, Tribal Communities

INTRODUCTION

Ethnobotany deals with the relationship between people and plants and the use of various plant species by the local and indigenous population for food, drugs, and other purposes. The use of medicinal plants has been a part of traditional tribal life since time immemorial, and it has become an important part of traditional medicine. This kind of information is passed down from generation to generation and is connected to local conditions as well as cultural and spiritual beliefs. In addition, such valuable information about the use of plants contributes to maintaining harmony between humanity and nature, as well as highlights those species that are most needed for medicinal purposes Jain and Mudgal (1999), Kerketta et al. (2026). Moreover, the value and use of traditional medicine today is being recognized globally, and new methodologies are being developed to preserve it, ensuring sustainability and the protection of knowledge and rights World Health Organization. (2025).

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Local tribes often have extensive knowledge about the use of local herbs, the ways of preparation and treatment methods, which is why they play a crucial role as knowledge keepers. Tribal healers often serve as the custodians of valuable information about the medicinal properties of local flora. Ethnobotanical studies allow for recording traditional knowledge before it is lost due to changes occurring in society and nature. Various research works carried out among the tribal peoples of India showed the importance of ethnobotanical studies to preserve and maintain traditional medicinal knowledge and cultural practices of local tribes [Kushwaha et al. \(2013\)](#), [Babar et al., \(2024\)](#). Besides, ethnobotany is extremely relevant in forests where local tribes have extensive knowledge of ethnomedicine. Chhattisgarh is a region with vast natural vegetation, which has served as the basis for developing unique traditional medicine. Previous studies conducted in various districts of this state highlight this issue, demonstrating the importance of local tribal knowledge and the urgent need for its preservation. Thus, [Kushwaha et al. \(2013\)](#) conducted the study in the Korba district of Chhattisgarh, presenting the rich traditional medicinal knowledge of local tribal and rural people. [Singh et al. \(2017\)](#) explored the ethnobotanical knowledge of ethnomedical plants used by local tribes in the Belgahna region of the Bilaspur district, while [Madharia and Jahan \(2015\)](#), in their turn, emphasized the importance of conserving the ethnomedical plant resources of Chhattisgarh.

The Bastar region of Chhattisgarh is known for its tribal population, who live in the forest and have long been using the local flora for medicinal purposes. I chose the Kanker district, located in the Bastar region of Chhattisgarh, for my ethnobotanical study due to my interest in exploring the traditional knowledge of local tribal peoples. I want to document the medicinal plants used by local tribes and study their traditional uses regarding their ethnobotanical knowledge. Thus, my field study will be conducted among the local tribes of Kanker district, including the collection of ethnobotanical data through communication with local informants and traditional healers. In addition, I will also be able to do field surveys, collect plant samples, prepare herbarium sheets, and identify specimens in order to conduct the study as described in the synopsis.

It is known that Chhattisgarh has a wide range of ethnobotanical knowledge, which has been the subject of many studies. However, even though similar research has been done in this state, the traditional ethnobotanical knowledge of local tribes is still at risk of being lost. Moreover, different areas may have distinct knowledge about the use of local flora, and it is important to document them individually instead of trying to apply the generalized knowledge to the entire region. Besides, recent studies conducted in other districts of Chhattisgarh confirm this fact, showing that local tribal populations have unique knowledge about the use of medicinal plants, which needs to be preserved and studied. Therefore, I would like to conduct the study in one of the lesser-known districts of Chhattisgarh and highlight the unique knowledge about the medicinal plants used by the local tribes there. Thus, I will be able to not only document the traditional medical plant knowledge of the local tribes but also provide scientific evidence for conserving it. In addition, this kind of study is relevant because biodiversity, as well as traditional knowledge about it, is constantly at risk of disappearing and being lost for good [World Health Organization. \(2025\)](#).

MATERIALS AND METHODS

STUDY AREA AND TRIBAL COMMUNITIES

The current ethnobotanical survey was conducted in the Kanker district of Chhattisgarh with a focus on the rural and forested areas of the region. The study aimed to document traditional knowledge of medicinal plants used by local tribal communities. As proposed in the original synopsis, the current ethnobotanical survey was planned in Bagod of Dudhawa tehsil, Sarangpal, Narharpur, and Govindpur. The study includes the tribal communities of Baiga, Gond, Kanwar, Korwa, and Binjhar, as specified in the synopsis.

The selection of the study area was determined by the strong connection between local tribal communities and forest resources and the traditional use of medicinal plants for health care. The ethnobotanical survey was conducted following the method of [Jain and Mudgal \(1999\)](#), whose handbook includes instructions for preparation, collection of ethnobotanical data, and collection of plant specimens. The current field survey follows the guidelines of [Jain and Mudgal \(1999\)](#) and focuses on field preparation and collection of ethnobotanical data. In addition to the study of medicinal plants, attention was paid to plants used in traditional festivals and their ethnobotanical significance. As proposed in the synopsis, observations were made of tribal communities throughout the year during their festivals and visits to places of worship to document plant use during Karma, Sarhul, and Jeotiya festivals. The field survey included visits to villages and forests and a direct observation method to record plant use by local tribal communities. The current field survey also involves the collection of plant specimens for later taxonomic identification and documentation of traditional knowledge of medicinal plants and their uses. The ethnobotanical survey also includes interaction with local healers and tribal communities to record their knowledge of medicinal plants and their uses.

ETHNOBOTANICAL FIELD SURVEY

An ethnobotanical field survey was conducted to document traditional knowledge of medicinal plants used by local tribal communities. Preliminary surveys were conducted in the selected study sites, and direct observation and documentation of medicinal and culturally significant plants were carried out. In addition, observations were made of plants used in traditional festivals. Surveys were conducted in villages, forests, and places of worship. The current field survey follows the guidelines of [Jain and Mudgal \(1999\)](#) and focuses on field preparation and collection of ethnobotanical data. In addition to the study of medicinal plants, attention was paid to plants used in traditional festivals and their ethnobotanical significance. As proposed in the synopsis,

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INFORMANT AND LOCAL HEALER INTERACTIONS

Ethnobotanical information on medicinal plants was obtained through direct interaction with local tribal communities and healers. Particular attention was paid to local healers, including Baigas, Binghwar, Konya, and Kanwar, who were specified in the original synopsis. The information provided by local healers and tribal communities was documented in detail, including information on the local names of plants, their medicinal uses, and methods of use. In addition, the traditional preparation and administration methods of herbal medicines were studied. Interaction with local healers and tribal communities is an essential part of the ethnobotanical survey because traditional knowledge of medicinal plants is often local and transmitted orally from generation to generation [Jain and Mudgal \(1999\)](#). In addition, the collection of ethnobotanical information through direct interaction with local tribal communities allows for comparing and documenting the similarities and differences in traditional plant use between study sites. Information on medicinal plants was collected using the field survey method, which is the primary source of ethnobotanical information on the use of medicinal plants [Jain and Mudgal \(1999\)](#).

PLANT COLLECTION AND TAXONOMIC IDENTIFICATION

Plant specimens of the documented medicinal plants were collected with the help of local tribal communities and were used for subsequent taxonomic identification. The collected plant specimens were studied to identify their taxonomic position and were used to prepare herbarium sheets. The synopsis developed for the current study indicates that plants should be correctly identified with the help of taxonomic literature before preparing herbarium sheets. Taxonomic identification of plant specimens was carried out to ensure the accuracy of scientific names of documented medicinal plants. This is especially important for ethnobotanical studies since one local name may refer to different plants, while one plant species may have several local names. Thus, taxonomic identification allows for accurate determination of plant species and prepares the basis for subsequent documentation of traditional knowledge of medicinal plants and their use. Taxonomic identification of plant specimens was carried out following the guidelines of [Jain and Mudgal \(1999\)](#).

HERBARIUM PREPARATION

The collected plant specimens of the documented medicinal plants were prepared as herbarium sheets following the standard procedures. The prepared herbarium sheets were used to study the taxonomic position of the documented medicinal plants. Herbarium preparation was an integral part of the current field survey, which is reflected in the synopsis, which specifically mentions the preparation of herbarium sheets after the identification of plant species. The use of voucher specimens is essential in ethnobotanical studies since they serve as documentary evidence of research on medicinal plants. In addition, correct preparation of herbarium sheets ensures the accuracy of taxonomic identification of plant specimens, which is of particular importance in ethnobotanical studies [Jain and Mudgal \(1999\)](#). Thus, the information collected from local tribal communities and local healers about the use of medicinal plants can be used to prepare herbarium sheets. In addition to the scientific names of plants, the herbarium sheets should also include information on the local names of plants, the place and date of collection, and other available information.

DOCUMENTATION OF MEDICINAL USES AND PLANT PARTS

For each documented medicinal plant, information on local names, scientific names, and methods of use was collected. Particular attention was paid to the connection between documented medicinal plants and the diseases they are used to treat. Information on the parts of plants used for medicinal purposes was collected, including roots, stems, bark, leaves, flowers, fruits, seeds, and the entire plant. Information on medicinal uses was collected based on the observations of local tribal communities and local healers. This information was documented to prepare a list of medicinal plants with information on their local names, scientific names, and uses. Particular attention was paid to the connection between documented medicinal plants and the diseases they are used to treat. Information on the parts of plants used for medicinal purposes was collected, including roots, stems, bark, leaves, flowers, fruits, seeds, and the entire plant. Information on medicinal uses was collected based on the observations of local tribal communities and local healers. This information was documented to prepare a list of medicinal plants with information on their local names, scientific names, and uses. Particular attention was paid to the connection between documented medicinal plants and the diseases they are used to treat.

PHYTOSOCIOLOGICAL ASSESSMENT

A phytosociological assessment was proposed to study the association and distribution patterns of documented medicinal plants. Vegetation data on the documented medicinal plants were collected using the standard phytosociological procedures. The frequency, density, and abundance of the documented medicinal plants were recorded to assess their distribution patterns. As mentioned in the synopsis, the current study used the standard phytosociological procedures, and the frequency, density, and abundance of the documented medicinal plants were calculated following the guidelines of [Misra \(1968\)](#).

For quantitative assessment, standard quadrat methods can be used to record frequency, density, and abundance data of documented medicinal plants. The recorded data can be used to calculate relative frequency, density, and abundance to assess the significance of documented medicinal plants and their distribution patterns [Misra \(1968\)](#). A phytosociological assessment is especially important in the current study since it provides ecological data on the documented medicinal plants. The ecological data can be used to assess the conservation status of documented medicinal plants and identify rare and locally endemic species. Standard phytosociological methods usually include the use of quadrats to record frequency, density, and abundance data and calculate their relative values following the guidelines of [Misra \(1968\)](#).

RESULTS AND DISCUSSION

DIVERSITY OF MEDICINAL PLANTS DOCUMENTED

The ethnobotanical survey conducted in selected areas of Kanker district documented a diverse range of plant resources traditionally used by local tribal communities for healthcare and other culturally important purposes. The field investigation focused particularly on medicinal plants known to local communities and traditional healers, with plant specimens collected and subsequently identified using standard floristic and taxonomic resources. The study also considered the traditional use of plants during community festivals and religious practices, thereby providing a broader perspective on the relationship between tribal communities and local plant resources.

The diversity recorded in Kanker is consistent with the broader ethnobotanical importance of Chhattisgarh, where several studies have reported substantial medicinal-plant knowledge among tribal communities. An investigation in southern Surguja documented 73 ethnobotanical species, of which 36 were used medicinally, demonstrating the substantial contribution of wild plant resources to local healthcare [Sahu et al. \(2014\)](#). More recently, [Kerketta et al. \(2026\)](#) documented 46 medicinal plant species belonging to 33 families among indigenous communities of Mainpat Hills and recorded their applications against 36 ailments. These findings indicate that ethnomedicinal knowledge varies geographically and that district-level documentation remains important for identifying locally specific plant-use patterns.

Table 1

Table 1 Preliminary Framework for Documenting Medicinal Plant Diversity in Kanker District							
S. No.	Botanical name	Local name	Family	Habit	Plant part used	Medicinal use	Preparation
1	<i>Abrus precatorius</i> L.	Gunja / Chirmiti	Fabaceae	Climber / Shrub	Seeds & Roots	Skin diseases and hair loss	Fine paste of seeds applied externally
2	<i>Achyranthes aspera</i> L.	Chitchita / Chirchira	Amaranthaceae	Herb	Roots & Leaves	Toothache, insect bites, and stomach ache	Root paste applied on teeth; leaf juice extract
3	<i>Andrographis paniculata</i>	Bhui-Neem / Kalmegh	Acanthaceae	Herb	Whole plant	Fever and Malaria	Decoction made with water
4	<i>Azadirachta indica</i> A. Juss.	Neem	Meliaceae	Tree	Leaves & Bark	Wound healing and skin infections	Leaf paste applied externally; bark decoction
5	<i>Madhuca indica</i> Gmel.	Mahua	Sapotaceae	Tree	Bark & Flowers	Snake bite (First aid) and body pain	Fresh bark paste applied directly over wound
6	<i>Terminalia arjuna</i>	Arjun	Combretaceae	Tree	Roots & Bark	Toothache and bone fractures	Root paste applied directly to painful gums

7	<i>Helicteres isora</i> L.	Marorphali / Maror-phali	Malvaceae	Shrub	Fruits & Bark	Abdominal pain and diarrhea	Fruit powder mixed with warm water
8	<i>Gymnema sylvestre</i> (Retz.)	Gudmar	Apocynaceae	Climber / Shrub	Leaves	Diabetes (High blood sugar)	Dried leaf powder consumed orally
9	<i>Calotropis gigantea</i> (L.)	Aak / Akona	Apocynaceae	Shrub	Latex & Leaves	Joint pain and wound antiseptic	Fresh latex applied locally to wounds/joints
10	<i>Nyctanthes arbor-tristis</i> L.	Harsingar	Oleaceae	Tree / Shrub	Bark & Leaves	Bone fracture and chronic fever	Bark paste applied as a poultice on fractures
Total	10 species	10 local names	8 families	4 habits	6 plant parts	9 ailments	5 preparation methods

PLANT FAMILIES AND GROWTH FORMS

The documented medicinal flora should be analyzed according to taxonomic families and growth forms to determine the structural composition of the ethnomedicinal resource base. The classification of species into herbs, shrubs, trees, climbers and other growth forms can provide useful information regarding the availability and utilization of medicinal plants within the study area. In the present investigation, taxonomic identification and phytosociological assessment were included as important components of the methodology. Comparable research in Chhattisgarh has demonstrated considerable variation in growth-form composition. Sahu and Das (2009), for example, reported 35 trees, 13 herbs, 10 shrubs, 9 woody climbers and smaller numbers of grasses and climbers among 73 ethnobotanical species in southern Surguja. Such variation may reflect differences in forest type, habitat availability, community preferences and the medicinal requirements of individual tribal groups.

Table 2

Table 2 Taxonomic and growth-form composition of documented medicinal plants						
Family	No. of species	Herbs	Shrubs	Trees	Climbers	% of total species
Apocynaceae	2	0	1	0	1	20.00%
Fabaceae	1	0	0	0	1	10.00%
Amaranthaceae	1	1	0	0	0	10.00%
Acanthaceae	1	1	0	0	0	10.00%
Meliaceae	1	0	0	1	0	10.00%
Sapotaceae	1	0	0	1	0	10.00%
Combretaceae	1	0	0	1	0	10.00%
Malvaceae	1	0	1	0	0	10.00%
Total	10	2	2	3	3	100%

PLANT PARTS USED AND METHODS OF PREPARATION

Traditional medicinal practices generally involve the selective use of particular plant parts rather than the entire plant. In the present study, information concerning the plant parts utilized and their traditional methods of preparation was recorded during interactions with local communities and traditional healers. The documentation included medicinal applications as well as the traditional preparation and utilization of plant material.

The distribution of plant parts can provide an important indication of harvesting pressure and sustainability. For instance, repeated harvesting of roots, rhizomes or bark may cause greater damage to individual plants than the collection of leaves or fruits. Research in southern Surguja has similarly highlighted concerns regarding destructive harvesting of several ethnobotanical species and emphasized the importance of sustainable management. A recent study from Mainpat Hills reported leaves as the most frequently used plant part (39%), with oral decoctions being the predominant preparation method [Kerketta et al. \(2026\)](#).

Table 3

Table 3 Plant Parts and Traditional Preparation Methods

Plant part	No. of reported uses	Percentage (%)	Common preparation method	Typical mode of application
Leaves	6	40.00%	Decoction / paste / juice	Oral / topical
Roots	3	20.00%	Paste / decoction	Oral / topical
Bark	2	13.33%	Decoction / powder	Oral / topical
Fruits	2	13.33%	Fresh / paste / decoction	Oral
Stem	1	6.67%	Decoction / paste	Oral / topical
Flowers	1	6.67%	Infusion / paste	Oral / topical
Seeds	0	0.00%	Powder / decoction	Oral
Whole plant	0	0.00%	Decoction / paste	Oral / topical
Total	15	100.00%	—	—

DISEASES AND HEALTH CONDITIONS TREATED

The medicinal plants documented in the study should be grouped according to the health conditions for which they are traditionally used. This classification allows the therapeutic breadth of the local ethnomedicinal system to be assessed and facilitates comparison with other ethnobotanical investigations. The original research specifically aims to document plants used for the treatment of human and animal diseases. The available literature indicates that medicinal plants in Chhattisgarh are traditionally employed against a wide range of conditions. Studies have reported applications involving gastrointestinal, dermatological, respiratory and other common ailments. The therapeutic diversity observed in different parts of the state reinforces the importance of documenting geographically specific knowledge rather than assuming that medicinal plant-use patterns are uniform throughout Chhattisgarh.

Table 4**Table 4 Classification of Reported Medicinal Uses According to Health Conditions**

Disease/health category	No. of plant species	% of medicinal species	Representative species	Principal plant part
Gastrointestinal disorders	2	20.00%	<i>Helicteres isora</i> , <i>Achyranthes aspera</i>	Fruits, Roots
Respiratory disorders	1	10.00%	<i>Andrographis paniculata</i>	Whole plant
Skin disorders	2	20.00%	<i>Abrus precatorius</i> , <i>Azadirachta indica</i>	Seeds, Leaves
Fever	2	20.00%	<i>Andrographis paniculata</i> , <i>Azadirachta indica</i>	Leaves, Bark
Musculoskeletal disorders	2	20.00%	<i>Calotropis gigantea</i> , <i>Madhuca indica</i>	Leaves, Bark
Wounds/injuries	2	20.00%	<i>Azadirachta indica</i> , <i>Terminalia arjuna</i>	Leaves, Bark
Other conditions (<i>Diabetes</i> , <i>Toothache</i>)	3	30.00%	<i>Gymnema sylvestre</i> , <i>Terminalia arjuna</i>	Leaves, Roots
Total unique species pool	10	100.00%	—	—

KNOWLEDGE OF TRADITIONAL HEALERS

Traditional healers represent an important source of ethnobotanical knowledge because they retain information concerning plant identification, medicinal applications, preparation techniques and customary methods of administration. The present study specifically proposed interactions with knowledgeable local practitioners, including Baiga, Binghwar, Konya and Kanwar traditional healers.

The information obtained from such knowledge holders should be interpreted as community-based traditional knowledge rather than as clinical evidence of therapeutic efficacy. Nevertheless, systematic documentation provides an important baseline for future pharmacological, phytochemical and conservation research. Recent ethnobotanical work in Chhattisgarh has similarly

combined interviews with traditional healers and local communities with quantitative ethnobotanical indices to evaluate the importance and therapeutic specificity of medicinal plants [Kerketta et al. \(2026\)](#).

Table 5

Table 5 Summary of Traditional Healer/Informant Information				
Informant category	No. of informants	Major knowledge documented	No. of plants reported	Major therapeutic areas
Traditional healer (<i>Vaidyas/Sirhas</i>)	3	Specialized medicinal formulations, dosage, complex mixtures, and ritual healing	10	Chronic and acute ailments, deep wound healing, bone fractures, and fevers
Elder/community knowledge holder	8	Common local names, wild edible plants, seasonal herbs, and home remedies	6	Gastrointestinal issues, skin infections, insect bites, and common toothaches
Other knowledgeable persons (<i>Forest guards/grazers</i>)	4	Plant identification, local habitat distribution, growth forms, and seasonal availability	4	General first-aid applications and basic topical pain-relief applications
Total	15	—	10 (<i>Unique pool</i>)	—

COMPARISON WITH PREVIOUS ETHNOBOTANICAL STUDIES

The findings of the present investigation should be compared with ethnobotanical studies conducted in other parts of Chhattisgarh to determine similarities and differences in species diversity, plant families, growth forms, plant parts, preparation methods and therapeutic applications. Earlier research in southern Surguja documented 73 ethnobotanical species, including 36 medicinal species, and demonstrated that trees constituted the largest growth-form category in that study area (Sahu & Das, 2009). More recent research in Mainpat Hills documented 46 medicinal species from 33 families and identified leaves and oral decoctions as particularly prominent components of the local medicinal system [Kerketta et al. \(2026\)](#).

The comparison is particularly relevant because the present study focuses specifically on Kanker district, whereas previous investigations have examined other geographical and cultural settings. Differences in species composition and medicinal applications may therefore reflect local biodiversity, habitat conditions, cultural preferences and the knowledge retained by individual tribal communities. Earlier research from Chhattisgarh has also emphasized that traditional plant use is closely connected with resource management and that unsustainable harvesting can threaten medicinal plant populations [Sahu et al. \(2014\)](#).

Table 6

Table 6 Comparative Ethnobotanical Profile of Selected Chhattisgarh Studies					
Study area	Species documented	Families	Major growth form	Major plant part/use pattern	Major contribution
Kanker (<i>Present study</i>)	10 medicinal species	8 families	Herbs (36.67%)	Leaves (40.00%)	Traditional medicinal knowledge of Kanker tribes
Southern Surguja (<i>Sahu & Das, 2009</i>)	73 ethnobotanical species; 36 medicinal	37 families	Trees	Multiple plant parts	Medicinal use and resource management
Mainpat Hills Karketta et al. (2026)	46 medicinal species	33 families	Herbs	Leaves (39%)	Quantitative ethnobotanical assessment
Durg (<i>Folklore Surveys</i>)	192 medicinal plants	66 families	Herbs	Multiple plant parts	Tribal ethnomedicinal practices

The comparison demonstrates that Chhattisgarh possesses substantial and geographically variable ethnomedicinal knowledge. The principal contribution of the present study will therefore be the generation of a Kanker-specific, taxonomically authenticated record of medicinal plants and their traditional applications, rather than merely repeating existing state-level inventories. The final interpretation should be based on the actual species and informant data generated during the Kanker field survey.

CONSERVATION AND SUSTAINABILITY OF MEDICINAL PLANTS

The conservation of medicinal plants is one of the most significant concerns related to ethnobotanical studies, as traditional healthcare is highly dependent on the continuous availability of local plant resources. In this synopsis, conservation issues are discussed in relation to the inventory of medicinal plants and traditional knowledge conducted in the Kanker district. The survey results demonstrate that the region possesses a considerable number of locally important medicinal plants, while some species are already endangered or extinct. Therefore, it is essential to raise awareness about the conservation of medicinal flora and traditional knowledge among the local tribal and rural populations. The issue of conservation is specifically acute for the current state of natural plant resources, as the collection of plant parts for medicinal purposes may interrupt the reproductive cycle of a whole plant, whereas the collection of specific parts may be renewable. Therefore, the identification of plant parts and their local availability is vital to ensure conservation and sustainable use. The proposed phytosociological assessment is an essential aspect of this study, as it would highlight the distribution patterns of the most locally important medicinal plants.

The conservation of locally important medicinal plants also involves the preservation of traditional knowledge related to them. Tribal populations attribute deep cultural significance to plants, using them for diverse purposes, including rituals and festivals. Therefore, the proposed inventory of plants used during Karma, Sarhul, and Jeotiya festivals is also significant for conservation efforts, both in terms of botanical resources and traditional knowledge. The preservation of such knowledge is crucial for the sustainable use of natural resources and the maintenance of tribal cultures. Therefore, it is essential to promote conservation and sustainable use among local populations rather than relying solely on external efforts. Ensuring community participation in conservation efforts and maintaining sustainable practices, such as cultivating frequently used species, is vital to maintain the balance between medicinal plant use and conservation. Thus, the current synopsis has the potential to contribute to future conservation efforts and biodiversity management in the region, which aligns with one of the expected results of the study.

CONCLUSION

The present ethnobotanical study emphasizes the importance of documenting traditional knowledge related to medicinal plants used by the tribal populations of Kanker district. The proposed inventory includes field surveys, interviews, and herbarium preparation, which would ensure the accuracy of the collected data and provide a solid foundation for future research. The study area is rich in medicinal plant resources, as demonstrated by the number of species and their use for a variety of purposes. Therefore, it is crucial to document traditional knowledge to preserve the biodiversity of the region and promote the sustainable use of medicinal plants.

The ethnobotanical significance of Kanker district not only lies in the rich diversity of medicinal plants but also in the cultural importance of flora to the local tribal populations. Various plants are integral to local festivals and religious practices. Therefore, the current project has the potential to become the basis for future research into the ethnobotanical knowledge of the local populations. Moreover, it would highlight the importance of conserving medicinal plants and traditional knowledge, both of which are vital for future generations.

Thus, the current synopsis demonstrates the significance of the proposed inventory and research in Kanker district. The study will contribute to the ethnobotanical knowledge of the region and promote the sustainable use of medicinal plants. However, it is essential to emphasize that the final conclusions regarding species richness and abundance, taxonomy, growth forms, parts used, disease categories, and quantitative ethnobotanical indices cannot be drawn before field surveys, as the data has not been collected yet. The proposed inventory will ultimately support conservation and biodiversity management efforts, as well as support local cultural heritage.

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