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Survey of ethnomedicinal plants in Jamwa Ramgarh, Jaipur, Rajasthan

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Abstract
The present study documents the ethnomedicinal knowledge and plant diversity traditionally utilized by local communities of Jamwa-Ramgarh, Jaipur, Rajasthan. A total of twenty-two respondents, including men and women from varied age groups and occupations, were interviewed using purposive and snowball sampling techniques. Detailed information on plant species, parts used, preparation methods, and therapeutic applications was collected using a structured questionnaire. The survey recorded 50 medicinal plant species belonging to 25 families, highlighting the rich traditional healthcare practices of the region. Fabaceae emerged as the dominant family, followed by Poaceae, Asteraceae, and Malvaceae. Leaves, bark, roots, and seeds were frequently used for preparing remedies in the form of decoctions, pastes, powders, and juices. The documented flora was used primarily for gastrointestinal disorders, respiratory ailments, dermatological conditions, metabolic diseases, and inflammatory problems. The findings underscore the strong dependence of rural populations on medicinal plants for primary healthcare and reveal significant traditional knowledge that remains largely undocumented. This study provides a valuable ethnopharmacological baseline for future phytochemical and pharmacological investigations and contributes to the conservation of cultural heritage associated with traditional medicinal practices.

Keywords: Ethnomedicinal, Jamwaramgarh, medicinal plants, family etc.

Introduction
Traditional medicinal knowledge forms an integral part of indigenous healthcare systems across India, particularly in rural and semi-arid regions where communities rely heavily on plant-based remedies for primary health needs. Rajasthan, known for its diverse climatic zones and rich cultural heritage, harbors a remarkable variety of medicinal plants that have been used for generations to treat ailments ranging from common infections to chronic conditions. In many regions, ethnomedicinal practices remain the first line of treatment due to limited accessibility to modern healthcare facilities and the deep-rooted trust in herbal therapies (Abdullahi *et al.*, 2021) [1].

Jamwa-Ramgarh, located northeast of Jaipur, presents a unique ecological and cultural landscape comprising agricultural lands, scrub vegetation, and remnants of the Aravalli hill range. Historically known for the Ramgarh Lake and the Jamwa Mata temple, the region supports rural communities that possess extensive traditional knowledge of local flora. The semi-arid climate, diverse vegetation, and traditional lifestyle have collectively shaped strong ethnobotanical traditions in the area. Despite its rich plant diversity and long practice of herbal medicine, systematic documentation from this region remains scarce.

Ethnomedicinal surveys play a crucial role in preserving traditional knowledge, understanding local healthcare practices, and identifying plants with potential pharmacological value. Recording such knowledge is essential not only for cultural conservation but also for providing leads for scientific research in phytochemistry and drug discovery. The present study aims to document the medicinal plants used by the inhabitants of Jamwa-Ramgarh, along with their modes of preparation, parts used, and associated therapeutic applications. By capturing community-based knowledge from diverse informants, including farmers, healers, homemakers, and elderly individuals, this study contributes to bridging traditional wisdom with modern scientific exploration.

Methodology
Jaipur district, located in the eastern part of Rajasthan, serves as both the administrative headquarters of the district and the capital city of the state. Geographically, it lies between latitudes 26°25′ N and 27°51′ N and longitudes 75°42′ E and 76°57′ E. The district is bordered by Sikar and Alwar in the north, Dausa in the east, Ajmer and Tonk in the south, and Nagaur in the west. Covering an area of over 11,000 square kilometers, Jaipur district comprises a mix of urban and rural landscapes, with the bustling Pink City at its heart surrounded by agricultural lands, villages, and semi-arid terrain. It is well-connected by road, rail, and air, making it an important hub for tourism, trade, and administration in Rajasthan.

Jamwa Ramgarh, a tehsil in Jaipur district of Rajasthan, is located about 28 kilometers northeast of Jaipur city. Historically, it is known for the Jamwa Mata temple, from which the town derives its name, and for the Ramgarh Lake, an artificial water body built in the early 20th century to supply water to Jaipur. The lake, created by constructing a dam on the Banganga River, once stretched over an area of 15.5 square kilometers and served as a major source of drinking water and a scenic attraction. Although the lake has been drying for several years due to reduced rainfall and siltation, it remains an important landmark in the region's history and ecology. The area around Jamwa Ramgarh features a mix of agricultural fields, scrublands, and low hills that form part of the eastern Aravalli range.

The climate of Jamwa Ramgarh is semi-arid, with hot summers, a monsoon season that brings moderate rainfall, and cool winters. Agriculture is the mainstay of the local

economy, with crops like mustard, wheat, bajra, and pulses cultivated using monsoon rains and, where available, groundwater irrigation. The region also has cultural significance due to its temples, local fairs, and traditional Rajasthani village life. In recent years, Jamwa Ramgarh has drawn attention for potential ecological restoration projects aimed at reviving the Ramgarh Lake and improving groundwater recharge. Its combination of historical heritage, agricultural livelihoods, and environmental challenges makes it a notable area within Jaipur district.

Ethnomedicinal Survey

We used purposive and stratified sampling to select 4-5 locations that together represented the different microhabitats and socio-cultural groups of Jamwa Ramgarh. Within each location, select respondents using purposive (knowledge holders, traditional healers, elders) and snowball sampling to reach additional informants. Aim for ~8–20 knowledgeable informants per village (total target sample 100–200 informants) to ensure both depth and breadth of information.

Questionnaire method was adapted to collect information. The format of the questionnaire is given in Table 1-

Table 1: Format of questionnaire

Parameters	Information/ questions
Informant's detail	Name
	Gender
	Age
	Occupation
	Education
Questions	For how long you have been a traditional healer?
	Which plant or plant product you have been used for medicinal purpose?
	What ailments do you use?
	Which part of plant do you use?
	How is it used (fresh or dry)?
	How do you prepare it for use?
	How is the preparation administered?
	For how long you have to take for preparation?

Results

A total of twenty-two respondents from the nearby areas of Jamwa-Ramgarh were interviewed to document ethnomedicinal knowledge and plant diversity used for therapeutic purposes. Among them, 13 were males and 9 were females, representing a wide range of age groups between 31 and 87 years. The respondents were engaged in various occupations, including farmers, teachers, housemakers, shopkeepers, herbal healers, and elderly individuals known for their traditional wisdom. Farmers formed the largest group, indicating their close connection with local vegetation and practical experience with medicinal plants. Teachers and shopkeepers also contributed valuable information, reflecting the spread of ethnomedicinal knowledge beyond agricultural communities. Housemakers and elderly participants, especially women, shared insights into traditional household remedies, while herbal healers represented the continuing practice of indigenous healing traditions. Overall, the diversity in gender, age, and profession among the respondents highlights the widespread and intergenerational nature of ethnomedicinal knowledge in the Jamwa-Ramgarh region.

An extensive ethnomedicinal survey conducted in different locations of Jamwa Ramgarh revealed a rich diversity of medicinal flora traditionally used by the local inhabitants for the treatment of various ailments. A total of 50 plant species belonging to 29 families were recorded during the study, highlighting the deep interconnection between the local community and their indigenous healthcare practices. The recorded plant species represent a wide spectrum of life forms, including herbs, shrubs, trees, and climbers, reflecting the ecological diversity of the region and the broad ethnobotanical knowledge of its people.

The Fabaceae family emerged as the most dominant, represented by several species such as *Acacia leucophloea*, *A. nilotica*, *Albizia lebbeck*, *Butea monosperma*, *Cassia absus*, *Cassia tora*, *Desmodium repandum*, *Indigofera cordifolia*, and *Mucuna pruriens*, indicating its wide medicinal use in traditional healing systems. Members of Malvaceae (e.g., *Abutilon indicum*, *Hibiscus lobatus*, *Sida acuta*, *Sida cordifolia*) and Poaceae (e.g., *Apluda mutica*, *Cenchrus ciliaris*, *Digitaria pennata*, *Eragrostis ciliaris*) were also frequently encountered. Other well-represented families included Asteraceae, Apocynaceae, Lamiaceae, and Moraceae, each contributing multiple species with distinct therapeutic applications.

Different plant parts were used for medicinal preparations depending on the ailment. The leaves were the most commonly utilized part, followed by bark, fruits, roots, seeds, and whole plants. This pattern suggests that leaves are easily accessible and renewable plant materials, making them the preferred choice for ethnomedicinal use.

A wide range of ailments were treated using these plants, including gastrointestinal disorders (e.g., *Acacia leucophloea*, *Aegle marmelos*, *Cenchrus ciliaris*), respiratory diseases such as cough, asthma, and bronchitis (*Adhatoda zeylanica*, *Albizia lebbeck*, *Leucas aspera*), and dermatological conditions such as wounds, ulcers, and skin infections (*Achyranthes aspera*, *Butea monosperma*, *Tridax procumbens*, *Verbesina encelioides*). Other notable uses included management of diabetes (*Ficus benghalensis*, *F. religiosa*, *Syzygium cumini*), urinary disorders (*Abutilon indicum*, *Pedalium murex*), liver ailments (*Eclipta alba*, *Solanum nigrum*), rheumatism (*Calotropis procera*, *Holoptelea integrifolia*), and neurological conditions (*Mucuna pruriens*, *Sida cordifolia*).

The mode of preparation and administration of herbal remedies varied among species. The most common preparation methods included decoctions, pastes, powders, and juices, while a few species were used in specific ways—such as smoke inhalation of *Datura stramonium* leaves and seeds for pain relief and asthma. Decoctions were frequently prepared from bark and root materials for internal use, while pastes were mainly applied externally for skin diseases and wound healing. The preference for simple preparations like decoction and paste reflects the community's practical approach and long-standing familiarity with traditional remedies.

Overall, the results of this ethnomedicinal survey indicate that the inhabitants of Jamwa Ramgarh possess extensive traditional knowledge about the therapeutic uses of local plants. Many of these plants are still actively used in primary healthcare, especially in remote areas where modern medical facilities are limited. The documentation of these species contributes to the preservation of traditional knowledge and provides a valuable foundation for further phytochemical and pharmacological investigations aimed at validating their medicinal potential.

Table 2: Details of ethnomedicinal plants surveyed during the study

S No.	Plant name	Common name	Family	Plant part used	Ailment name	How to take (powder/ decoction/paste/or any other)
1	*Abutilon indicum*	Kanghi	Malvaceae	Whole plant	Urinary diseases, rheumatism, ulcers, jaundice, pulmonary tuberculosis, gonorrhea	Powder, decoction
2	*Acacia leucophloea*	Safed babul	Fabaceae	Bark	Gastrointestinal and respiratory ailments	Decoction
3	*Acacia nilotica*	Babool	Fabaceae	Bark	Cold, bronchitis, diarrhea, dysentery, bleeding piles	Decoction
4	*Achyranthes aspera* L.	Chirchira	Amaranthaceae	Leaves	Wounds, ringworm	Paste
5	*Adhatoda zeylanica*	Adusa	Acanthaceae	Leaves, flowers, bark	Cough, asthma, bronchitis	Decoction, juice
6	*Aegle marmelos* (L.) Corr.	Beel	Rutaceae	Leaves, root, bark	Fever, nausea, vomiting, dysentery, abdominal pain	Decoction, paste
7	*Albizia lebbeck*	Sirish	Fabaceae	Bark, leaves, seeds	Cough, bronchitis, skin diseases, eye disorders	Decoction, paste
8	*Apluda mutica L*	Bhongla	Poaceae	Whole plant	Mouth fungal infections	Paste
9	*Asparagus racemosus* Willd.	Shatavar	Asparagaceae	Roots	Ulcers, lactation issues, infertility	Powder, decoction
10	*Borreria articularis*	Guthari	Rubiaceae	Whole plant	Diarrhea, skin diseases, fever	Decoction, paste
11	*Bulbostylis barbata* (Rottb.) Clarke	Masa	Cyperaceae	Whole plant	Dysentery, stomach ache, malarial fever, whooping cough, heart diseases, tumors	Decoction, paste
12	*Butea monosperma* (Lam.) Taub.	Palas	Fabaceae	Flowers, bark, leaves	Wounds, skin diseases, ulcers, piles	Paste, decoction
13	*Calotropis procera*	Aak	Apocynaceae	Leaves, latex	Rheumatic pain, paralysis, migraine	Paste, decoction
14	*Capparis decidua*	Kair	Capparaceae	Fruits, bark	Toothache, arthritis, asthma, cough, inflammation	Decoction, paste
15	*Cassia absus* L.	Chaksu beej	Fabaceae	Seeds	Bronchitis, asthma, conjunctivitis, leucoderma	Powder, paste
16	*Cassia tora* L.	Chankunda	Fabaceae	Seeds, leaves	Constipation, skin diseases	Powder, paste
17	*Catharanthus pusillus*	Sangkhi	Apocynaceae	Whole plant	Diabetes, hypertension	Decoction
18	*Cenchrus ciliaris* L.	Dhaman	Poaceae	Whole plant	Diarrhea, dysentery	Decoction
19	*Chenopodium murale* L.	Jangli bathua	Amaranthaceae	Leaves	Digestive disorders, skin diseases	Paste, decoction
20	*Commelina forskalaei* Vahl.	Kansura	Commelinaceae	Whole plant	Eye infections, wounds	Paste
21	*Cordia dichotoma* Forst. f.	Lassora	Boraginaceae	Fruits, bark	Cough, dysentery, skin diseases	Decoction, paste
22	*Cynodon dectylon*	Doob	Poaceae	Whole plant	Cuts, wounds, fever	Paste, juice
23	*Cyperus bulbosus* Vahl	Bada nagar motha	Cyperaceae	Tubers	Diarrhea, stomach ache	Decoction
24	*Datura stramoniu*m L.	Dhatura	Solanaceae	Leaves, seeds	Asthma, pain relief	Smoke inhalation, paste
25	*Dendrophthoe falcata* (L. f.) Ettingsh.	Banda	Loranthaceae	Leaves, stem	Tumors, wounds	Paste, decoction
26	*Desmodium repandum*	Begar lice	Fabaceae	Whole plant	Fever, cough	Decoction
27	*Digitaria pennata*		Poaceae	Whole plant	Diarrhea, dysentery	Decoction
28	*Echinochloa colona*	Jangali dhan	Poaceae	Whole plant	Digestive disorders	Decoction
29	*Eclipta alba* (L.) Hassk.	Bhrangraj	Asteraceae	Leaves	Liver disorders, hair growth	Juice, oil
30	*Eragrostis ciliaris*	Chuha ghaas	Poaceae	Whole plant	Fever, skin diseases	Decoction, paste
31	*Euphorbia hirta*	Dudhi	Euphorbiaceae	Whole plant	Asthma, cough, diarrhea	Decoction, juice
32	*Ficus benghalensis*	Bargad	Moraceae	Bark, aerial roots	Diabetes, diarrhea	Decoction
33	*Ficus religiose*	Pipal	Moraceae	Bark, leaves	Asthma, diabetes, wounds	Decoction, paste
34	*Grewia tenax*	Gangeran	Tiliaceae	Fruits	Diarrhea, dysentery	Decoction
35	*Hibiscus lobatus*	Khandit patta gudhal	Malvaceae	Leaves	Skin diseases, wounds	Paste
36	*Holoptelea integrifolia*	Chilbil	Ulmaceae	Bark, leaves	Skin diseases, rheumatism	Paste, decoction
37	*Indigofera cordifolia*	Neel	Fabaceae	Leaves	Skin diseases, wounds	Paste
38	*Leucas aspera*	Chhota halkusa	Lamiaceae	Leaves	Cough, cold, headache	Decoction, paste
39	*Mucuna pruriens*	Kaunch beej	Fabaceae	Seeds	Parkinson's disease, infertility	Powder, decoction
40	*Ocimum canum*	Pavitra tulsi	Lamiaceae	Leaves	Cold, cough, fever	Decoction, juice
41	*Pedalium murex* L.	Bada gokhru	Pedaliaceae	Fruits	Urinary disorders, kidney stones	Decoction
42	*Portulaca oleracea* L	Kulfa	Portulacaceae	Leaves	Skin diseases, digestive disorders	Paste, decoction
43	*Sida acuta Burm.* f.	Nagbala	Malvaceae	Whole plant	Fever, wounds, asthma	Decoction, paste
44	*Sida cordifolia* L.	Bariyala	Malvaceae	Whole plant	Asthma, rheumatism, nerve disorders	Decoction, paste
45	*Solanum nigrum* L.	Makoi	Solanaceae	Leaves, fruits	Liver disorders, ulcers	Decoction, paste
46	*Syzygium cumini*	Jamun	Myrtaceae	Seeds, bark, leaves	Diabetes, diarrhea	Powder, decoction
47	*Tridax procumbens*	Ghamra	Asteraceae	Leaves	Wounds, cuts, hair growth	Paste, juice
48	*Verbesina encelioides*	Karanj	Asteraceae	Leaves, flowers	Skin diseases, wounds	Paste
49	*Xanthium strumarium* L.	Andhasisi	Asteraceae	Fruits, leaves	Skin diseases, malaria	Decoction, paste
50	*Ziziphus mauritiana* Lam.	Ber	Rhamnaceae	Fruits, leaves	Digestive disorders, wounds	Decoction, paste

Family wise distribution of ethnomedicinal plants

The ethnomedicinal survey conducted in different locations of Jamwa Ramgarh documented 50 plant species belonging to 25 different families, indicating a remarkable level of floristic and medicinal diversity in the study area. The Fabaceae family was found to be the most dominant, contributing 8 species (16%) of the total documented plants. This high representation highlights the ethnomedicinal importance of legumes in traditional healthcare systems, as members of this family are well known for their bioactive secondary metabolites such as alkaloids, flavonoids, and phenolics.

The Poaceae family ranked second, comprising 6 species (12%), followed by Asteraceae and Malvaceae, each represented by 4 species (8%). The predominance of these families reflects their ecological abundance in the semi-arid region and their wide therapeutic applications for ailments like skin diseases, wounds, fever, and digestive disorders. Families such as Amaranthaceae, Apocynaceae, Commelinaceae, Cyperaceae, Lamiaceae, Moraceae, and Solanaceae were represented by 2 species each (4%), showing moderate distribution and medicinal relevance in local practices.

Several families, including Acanthaceae, Asparagaceae, Boraginaceae, Capparaceae, Euphorbiaceae, Loranthaceae, Myrtaceae, Pedaliaceae, Portulacaceae, Rhamnaceae, Rubiaceae, Rutaceae, Tiliaceae, and Ulmaceae, were represented by a single species each (2%), indicating their specialized but significant ethnomedicinal roles in the community.

Overall, the analysis revealed that Fabaceae, Poaceae, Asteraceae, and Malvaceae together accounted for nearly 44% of the total plant species recorded, emphasizing their prominence in the traditional healing practices of the Jamwa Ramgarh region. The dominance of these families also reflects their adaptability to the local environmental conditions and their diverse range of bioactive compounds utilized by the local people for various therapeutic purposes.

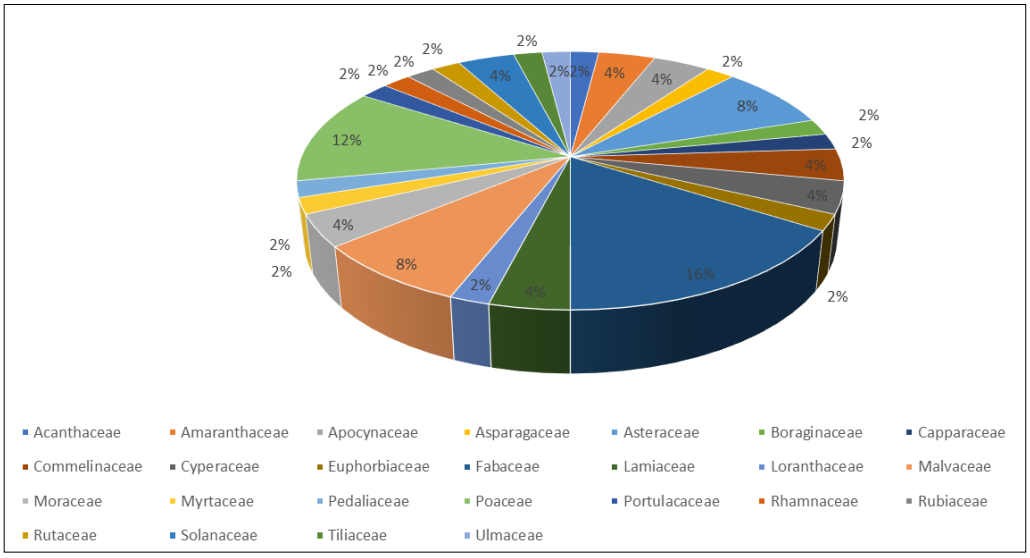

Fig 1: Family-wise distribution of the ethnomedicinal plants surveyed during the study

Discussion

Ethnomedicinal surveys play a pivotal role in documenting traditional plant knowledge and linking it to contemporary pharmacological research. Such surveys are particularly valuable in rural and semi-arid regions of India, where indigenous communities have long relied on herbal remedies for primary health care due to limited access to modern medicine (Kala, 2015) [6]. The present ethnomedicinal survey conducted in different locations of Jamwa Ramgarh, Rajasthan, recorded 50 plant species belonging to 25 families that are traditionally employed for treating a variety of ailments. The collected data revealed rich diversity in both plant usage and traditional therapeutic knowledge, underscoring the cultural and pharmacological significance of local flora in primary healthcare systems.

Diversity and Distribution of Ethnomedicinal Plants

The recorded flora represented diverse taxonomic groups, with the Fabaceae family being the most dominant (16 %), followed by Poaceae (12 %), Asteraceae (8 %), and Malvaceae (8 %). This dominance is consistent with other ethnobotanical studies conducted in the arid and semi-arid regions of Rajasthan and adjoining areas, where these families are known to include species with multiple medicinal and ecological roles (Sharma *et al.*, 2020; Parveen *et al.*, 2022) [10, 13]. Members of Fabaceae are globally recognized for their rich content of flavonoids, alkaloids, and phenolic compounds, which account for their broad-spectrum medicinal properties including anti-inflammatory, antimicrobial, and antioxidant activities (Zhao *et al.*, 2021) [17]. Similarly, the Asteraceae family contributes numerous bioactive taxa used in traditional medicine for their antimicrobial and wound-healing potentials (Kumar *et al.*, 2019) [8].

The distribution pattern of plant families recorded in the Jamwa Ramgarh survey reflects both ecological adaptability and ethnopharmacological importance. The high representation of Fabaceae and Poaceae indicates that species from these families are easily accessible and abundant in this region, while their long-standing use in folk medicine suggests reliable therapeutic effects. The predominance of herbaceous species also highlights that herbs remain the most frequently utilized growth form in rural medicinal practices, due to ease of collection, preparation, and immediate availability (Tiwari *et al.*, 2021) [14].

Traditional Uses and Medicinal Value

The documented plants were reported for the treatment of more than thirty distinct ailments, ranging from common infectious diseases to chronic metabolic disorders. Notably, *Abutilon indicum*, *Adhatoda zeylanica*, *Aegle marmelos*, and *Sida cordifolia* were frequently mentioned by local informants for respiratory ailments, fever, and wound healing. This aligns with previous ethnomedicinal documentation from North-Western India, which emphasized these same taxa for their bioactive potential against respiratory and inflammatory diseases (Joshi *et al.*, 2020; Raj *et al.*, 2021) [5, 12]. Other species such as *Asparagus racemosus* and *Pedalium murex* were reported for reproductive and urinary disorders—uses well-supported by pharmacological studies demonstrating their diuretic and hormonal balancing properties (Patel *et al.*, 2020) [11].

The preparation methods documented—primarily decoctions, pastes, and powders—reflect both practicality and deep-rooted traditional knowledge. Decoctions were the most common form, used for 46 % of the remedies, followed by paste (28 %) and powder (18 %). Similar patterns were noted by Kshirsagar and Singh (2020) [7] in ethnomedicinal studies across the Thar region, where water-based preparations dominate due to simplicity and cultural familiarity. Moreover, the frequent use of bark, leaves, and roots as medicinal parts reflects the perception of these organs as concentrated sources of active compounds. However, this also raises concerns about plant conservation, particularly when roots and bark are overharvested, potentially threatening local biodiversity (Uniyal *et al.*, 2019) [15].

Selection and Scientific Relevance of *Xanthium strumarium* and *Verbesina encelioides*

Among the documented plants, *Xanthium strumarium* (commonly "Andhasisi") and *Verbesina encelioides* ("Karanj") from the family Asteraceae were selected for further phytochemical and pharmacological analyses based on both ethnomedicinal prominence and biological potential. These species were repeatedly mentioned by local informants for treating skin infections, wounds, and inflammatory disorders—ailments typically associated with microbial contamination or oxidative stress. The selection of these plants thus aligns with the survey's ethnopharmacological observations and the hypothesis that traditional medicinal claims often correlate with measurable bioactivity (Chassagne *et al.*, 2021) [3].

Xanthium strumarium has a long history of ethnobotanical use in Asia for the treatment of fever, headache, and dermatological conditions (Yin *et al.*, 2019). Several studies have confirmed the presence of sesquiterpene lactones, phenolic acids, and flavonoids, which are responsible for its antimicrobial, anti-inflammatory, and antioxidant activities (Li *et al.*, 2020). Similarly, *Verbesina encelioides* is a well-known medicinal weed distributed in arid regions, reported to possess antimicrobial, analgesic, and cytotoxic properties (Abdullahi *et al.*, 2021) [1]. Phytochemical studies have revealed the presence of compounds such as verbescoside, quercetin derivatives, and terpenoids, which support its ethnomedicinal uses. Our findings on these two plants thus bridge traditional knowledge with laboratory validation, establishing a rational basis for their inclusion in further bioassays.

Ethnobotanical Knowledge and Contemporary Validation

The current survey confirms that ethnobotanical knowledge in the Jamwa Ramgarh region is still actively practiced and transmitted orally, primarily among elderly healers and rural families. However, modernization and agricultural changes threaten this intangible heritage. Documenting and scientifically validating traditional medicinal plants therefore contributes not only to drug discovery but also to cultural preservation (Harsha *et al.*, 2020) [4]. The subsequent phytochemical and pharmacological evaluation of *X. strumarium* and *V. encelioides* substantiates that traditional uses for wound healing and infection treatment have a biochemical foundation in their high phenolic and flavonoid content, which are known to exhibit both antimicrobial and antioxidant properties. This coherence between ethnomedicinal usage and experimental data supports the reliability of local healing practices and highlights the immense potential of traditional knowledge as a foundation for modern pharmacognosy (Bisso *et al.*, 2022) [2].

Overall, the ethnomedicinal survey from Jamwa Ramgarh demonstrates that local flora continues to be a vital source of primary healthcare. The integration of traditional plant knowledge with phytochemical and pharmacological research offers a sustainable path for developing novel, plant-based therapeutics and ensures that indigenous wisdom remains relevant in modern medicine.

Conclusion

The ethnomedicinal survey conducted in Jamwa-Ramgarh revealed a rich repository of indigenous knowledge and a strong cultural reliance on medicinal plants for primary healthcare needs. The documentation of 50 plant species across 25 families demonstrates the ecological diversity and ethnopharmacological significance of the region. The predominance of families such as Fabaceae, Poaceae, Asteraceae, and Malvaceae highlights their availability and therapeutic relevance in traditional healing practices.

The study also emphasizes that leaves, bark, roots, and seeds remain the most frequently used plant parts, with decoctions and pastes being the preferred modes of preparation. The wide range of ailments treated—including respiratory disorders, gastrointestinal issues, skin infections, metabolic diseases, and inflammatory conditions—illustrates the versatility and practical value of traditional remedies. Importantly, the transmission of ethnomedicinal knowledge continues through elderly healers, farmers, and household practitioners, although modernization may pose a threat to its continuity.

Overall, this research underscores the need for systematic conservation of medicinal plant species and the preservation of traditional knowledge in the Jamwa-Ramgarh region. The documented plants offer significant potential for future phytochemical, antimicrobial, and pharmacological studies. By scientifically validating traditional claims, subsequent research can contribute to the development of novel plant-based therapeutics and support the sustainable use of ethnobotanical resources.

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