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Md. Hanif Tahsin
Medical Officer, Hamdard Laboratories (WAQF), Bangladesh

Corresponding Author:
Md. Hanif Tahsin
Medical Officer, Hamdard Laboratories (WAQF), Bangladesh

Survey on medicinal plants used by traditional healer for skin diseases at Pirganj, Rangpur, Bangladesh

Md. Hanif Tahsin

Abstract
Background: Skin diseases are common and often have an impact on an individual's health-related quality of life. Skin diseases have been of major concern recently due to their association ruler area. It is known that the lay people in this area depend on medicinal plants for their primary health care. Find out scientific validation of those plants used by traditional healer. The investigated which medicinal plants use in skin diseases.
The objective for this study was to perform on easement of skin disease prevalence in our country and assess to the associated impact of any skin disease. The study area was visited several times the study period.
Methods: The information collected from traditional healer they use treating skin diseases. After obtaining their consent, information regarding their knowledge of medicinal plants is recorded with the help of questionnaire-based interview and the data collection by traditional healer. The Survey purposely selected and participant traditional healers.
This study has identified medicinal plants used for skin disease treatment by traditional healer in Pirganj, Rangpur, Bangladesh. Generally fresh part of the plant used to preparation of medicine. When fresh plant part are not available dried parts also used in primary health care of people. During the survey it was that there must need to protect this knowledge forever. This might not reflect the actual scenario of the whole country.
Result: This medicinal plants use: *Azadirachta indica, Curcuma longa, Aloe Vera/Aloe inlica, Allium sativum, Allium cepa, Pterocarpus santalinus, Solanum lycopersicum, Curcuma aromatica Salisb, Vitex negundo, Cassia angustifolia, Terminalia Chebula, Celosta argentea, Mentha spicata/Arvensis, Solanum ingrum, Rosa damascena, Androgrphis paniculata, Lawsonia inermis, Nigella sativa, Nymphaea nouchali, Mimosa pudica, Pericaria hydro piper, Terminalia bellarica, Ficus carica, Citrus, Centella asiatica.*
Common treatment of skin diseases in traditional healers include rashes, eczema, leprosy and skin disease, fever, purification of blood, leaves is anti-septic, boils, ringworm, scabies, ulcers, eczema, antiviral, anti-fungal, ringworm, itching, wound, scabies, swelling, viral infections, bacterial infections, fungal infections, parasitic infections, pigmentation disorder.

Keywords: Traditional medicine, ethno-medicine, dermatology

Introduction
Skin is the largest organ in our body. It protects skin from bacteria and viruses, and regulates our body temperature. Conditions that irritate, clog, or inflame the skin can cause symptoms such as redness, swelling, burning, and itching, allergies, irritants, your genetic makeup, and certain diseases and immune system problems can cause dermatitis, hives, and other skin conditions.
WHO (World Health organization) estimate over 80% of the people in developing countries depend on traditional medicines for their primary health needs [3]. Bangladesh is one of the largest producers of medicinal herbs and is rightly called the botanical garden of the world as it is sitting on a gold mine of well-recorded and traditionally well practiced knowledge of herbal medicine. About 17,000 species of Bangladeshi flora about 7500 species of higher plants are reported to possess medicinal value and in other countries it is projected about 7% and 13%. [2] There are estimated to be around 25,000 effective plant-based formulations, used in folk medicine and known to rural communities in Bangladesh. Since medicinal plants are nontoxic and easily affordable they play a vital role not only for pharmacological research and drug development, but also when plant constituents are used directly as therapeutic agents and as starting materials for the synthesis of drug [4].

Methods and Materials

100 traditional healers were study area was visited several times the study period. The study area was selected by conveniently. A list of traditional healer of this area was collected from local association. Those who met the inclusion criteria were selected as the study sample.

The information collected from traditional healer they use treating skin diseases. After obtaining their consent, information regarding their knowledge of medicinal plants is recorded with the help of questionnaire-based interview and the data collection by traditional healers.

Data management

The entire questioner was reviewed for a country. Consistency and competency then data recorded systematically. Data was entered into SPSS version 20. Data were analyzed and Validated by Research Online Article, Library, Herbarium.

Results and Discussion

In an attempt to provide clinically relevant data regarding both dermatologic disease and skin care needs in the elderly, Traditional healer aged Represents that Maximum 9 (42.8%) studied population were attending in the study at Age 41-51 years and Minimum 04 (19.2%) studied population were at age 20-30 years. Traditional healer Represents those Maximum 14 (66.7%) Male patients were suffered Skin diseases and Minimum 7 (33.3%) Female patients were suffered Skin diseases. Traditional healer Religion-Represents that Maximum 16 (76.2%) Muslim patients and Minimum 1 (4.8%) in Christian patients were suffering from Skin diseases. Traditional healer Educational status Represents that maximum 7 (33.3%) skin diseases patients attending in the study were passed JSC and minimum was 4 (19.00%) in HSC and PEC 4 (19.00%) patients were suffered Skin diseases.

Traditional healer are used for medicinal is This medicinal plants: *Azadirachta indica, Curcuma longa, Aloe Vera/Aloe inlica, Allium sativum, Allium cepa, Pterocarpus santalinus, Solanum lycopersicum, Curcuma aromatica Salisb, Vitex negundo, Cassia angustifolia, Terminalia Chebula, Celosta argentea, Mentha spicata/Arvensis, Solanum ingrum, Rosa damascena, Androgrphis paniculata, Lawsonia inermis, Nigella sativa, Nymphaea nouchali, Mimosa pudica, Pericaria hydro piper, Terminalia bellarica, Ficus carica, Citrus, Centella asiatica* use and other medicinal plants but most important and right medicinal plants including thesis.

Common treatment of skin diseases in traditional healers include rashes, eczema, Leprosy and skin disease, fever, purification of blood, leaves is anti-septic, boils, ringworm, scabies, ulcers and eczema, astringent and antihelmintic, antiviral and anti-fungal, ringworm, itching, wound, scabies, swelling, viral infections, bacterial infections, fungal infections, parasitic infections, pigmentation disorder, cancer and many others without distinct symptoms and are caused by a variety of micro-organisms and uncomfortable environment [11].

This study estimated the point prevalence of self-reported occupational skin disease in clinical roles at 20%; this figure is comparable with previously reported international data. By comparison, the estimated point prevalence of self-reported occupational skin disease in non-clinical roles was 7% which is comparable with the background level of eczema in the Pirganj.

The study confirmed previous observations which showed that moisturizers are used more often in staff reporting skin problems and that occupational skin disease was reported more commonly where there was a history of eczema, where redness was reported and where hands were washed >20 times per day. No difference was found in the proportions of soap and alcohol gel use between the symptom and non-symptom groups, as reported in previous studies.

Accepted advice is that in general, hand washing should be the exception to be performed only when skin is soiled or visibly contaminated with pertinacious material. It was also found that non-clinical staff reported significantly more use of soap relative to alcohol gel than clinical staff, most likely because there is less need for them to use alcohol gel which is predominantly used in clinical settings.

The method used in this study enabled the direct comparison between subjects from the same population. However, due to the nature of the study, the skin was not examined. Neither was it possible to record hours of work and data such as hobbies and personal circumstances (e.g. caring for young children).

More work is required to explore if the observed soap and alcohol gel ratios recorded in this study are commonplace and whether the type of skin preparation used has any impact on the development of occupational skin disease in Pirganj, Rangpur, Bangladesh.

Conclusion and Recommendation

This study has identified 25 medicinal plants used for skin disease Treatment by Traditional Healer in Pirganj Upazila, Rangpur. Generally fresh part of the plant used to preparation of medicine. When fresh plant part are not available dried parts also used in primary health care of people. During the survey it was that there must need to protect this knowledge forever.

This study was conducted in a selected area of Pirganj, Rangpur, Bangladesh. This might not reflect the actual scenario of the whole country.

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