



Ethnopharmacology and Traditional Uses of Medicinal Plants: Bridging Gaps between traditional Knowledge and Modern Science

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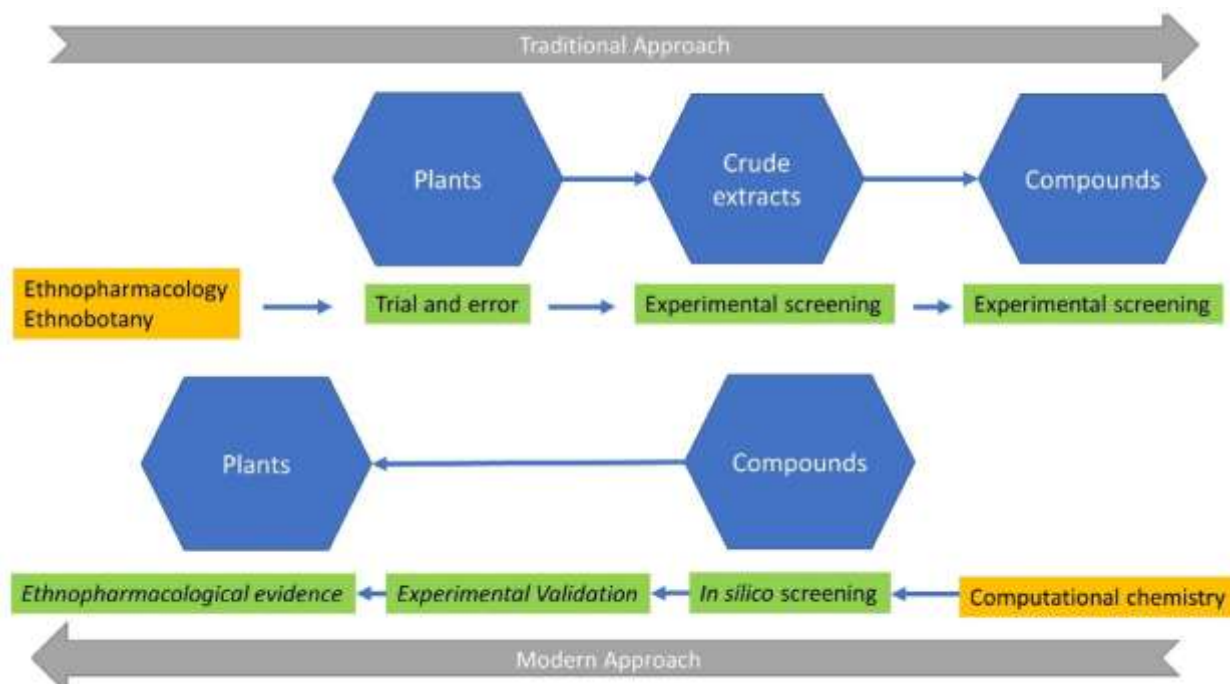
ABSTRACT:

An early basis for the medicinal use of natural chemicals was supplied by ethnopharmacology through its explanation of the health benefits of plants. Natural products have long been used by various people and investigated as invaluable resource for drug creation, either in their native form or after crude extraction of their active constituents. The introduction of specialized chemoinformatic techniques, advancements in computing power, and the evolution of isolation and characterisation techniques have all contributed to the smooth transition from conventional ethnopharmacology to drug discovery. Though there hasn't been a corresponding rise in new pharmaceuticals, the broad exploitation of the chemical space of natural products has resulted in the discovery of novel molecules with pharmacological capabilities. All around the world, but especially in Africa, traditional medicine (TM) is a significant resource for the management of primary healthcare. The standard of patient treatment can be raised by quality improvement initiatives that support evidence-based procedures and the incorporation of conventional medicine into primary healthcare systems. Depending on the illnesses and the medicinal plants utilized, traditional medicine practitioners (TMPs) in the Republic of Benin (West Africa) offer various treatments and methods of use.

Keywords: Ethnopharmacology, Drug development, Pharmacological testing, Traditional medicines.

Introduction:

Traditional medicines is used for purpose of treating, diagnosis, and prevention of diseases as well for overall health maintainance which is used in combination with plants, animal parts, minerals, spiritual therapies, techniques and manual exercises¹. For over 80% of population in developing countries traditional medicines is primary form². Traditional medicines intregation into morden health systems is still in progress, the law was established since 1990s³. Since the beginning of their evolutionary history, humans have possessed distinct pharmacological knowledge on the medicinal qualities of plants, leaving traces in both prehistoric and subsequent cultural heritage⁴. Nevertheless, there is a lot of pressure on the scientific community to produce information about the efficacy and safety of natural extracts because of the aspects of ethnopharmacological knowledge and practice that are used either in addition to or in tandem with the official treatment of diseases. The application of plant extracts as pharmacological agents, which contain hundreds of compounds⁵. This is fueled by the building of sizable public libraries of chemical (and natural) compounds, the great multiplicity of processing capacity, and the notable growth in the detection and precision limitations of analytical procedures⁶. While many commonly used medications are derived from natural products, some notable medications, like vinblastine, quinine and artemisinin have their roots in traditional medicine and ethnopharmacology. Nevertheless, these medications have since been synthesized using modern chemistry and have been reevaluated using contemporary analytical and pharmacological techniques⁷.



Innovative extraction technologies have made it possible to reevaluate the body of conventional knowledge, determine the chemical components of plant extracts, identify "active compound(s)," and develop novel drugs in recent years. These technologies include semi-bionic extraction, supercritical fluid extraction, microwave-, ultrasonic-, and enzyme-assisted extraction; molecular distillation methods; membrane separation technology; and sophisticated new methodologies and instrumentation like HPLC-MS, LC-MS, GC-MS, NMR, and crystallography⁹. A vast array of specialized secondary metabolites, containing a multitude of active or complimentary chemicals, are synthesized by plants. The high biodiversity of plants found in many parts of the world, their ecological significance in plant physiology, which is related to the wide range of problems that plants face (protection from pathogens, herbivores, stress, including UV protection), interactions with other plants and animals, etc.), and the fact that different evolutionary solutions have emerged for the same problem in divergent plant lineages with identical or similar pharmacological action are some of the reasons for this¹⁰. The largest and most significant economic sector in Pakistan is agriculture, which accounts for 23.3% of the country's GDP. Livestock is crucial to the agriculture industry, and with a population of up to 167.5 million in Pakistan, it accounts for 51.1% of the country's total economic output¹¹. Ethnopharmacology helps to create safer and more effective medications by fusing traditional knowledge with cutting-edge scientific methods. The field of ethnopharmacology emphasizes the significance of sustainable practices and biodiversity conservation¹². By confirming the security and effectiveness of conventional treatments, locating promising medication candidates, and encouraging partnerships between traditional healers and scientists, ethnopharmacology helps to close the gap between traditional medicine and contemporary healthcare¹³.

Methods:

Data Collection: With a few minor adjustments, we employed the semi-structured interview technique previously described for data collection¹⁴. They met the following requirements to be chosen: they had to have created at least one herbal product, be proficient in both reading and writing French, have legal recognition as TMPs in Benin, and voluntarily choose to take part in the study¹⁵.

Data Analysis: Numbers and percentages were used to express the descriptive variables for the whole study population. Version 9 of the Prism software was used for statistical analysis. The WFO Plant List and the analytical Flora of Benin¹² were used to confirm the scientific and native names of the plants¹⁶.

Data Quality Assurance: Every respondent was seen or contacted three times or more during the data collection process to ensure the accuracy of the information they submitted. Any concept that differed from the original information supplied by the respondent was disregarded and deemed irrelevant information. Only pertinent data was subjected to additional analysis. By properly educating data collectors, pointing out missing information, duplication of material, and rigorous analysis, further data quality was secured¹⁷.

Data Organization And Analysis: There were five main occupations for both genders: labor, housewives, shopkeepers, farmers, and primary teachers. Three classes—herb, shrub, and tree—were used to group plant habits. Leaf, stem, root, whole plant, seeds, buds, bulb, and fruit were the different categories for plant parts. The functions of medicinal plants were divided into seven main categories: gastrointestinal, dermatological, ocular, respiratory, reproductive, mastitis, and muscular. The following categories were used to classify the recipes: decoction, powder, crushed, juice, paste, poultice, and infusion. Oral, cutaneous, and nasal routes of delivery were separated into three groups¹⁸.

Fidelity Level: Finding the most popular plants that responders use to treat various livestock problems can be done with the use of fidelity level (FL). Higher FL values are found in highly desired plants compared to less liked ones. FL values are always determined as the percentage of informants who state that a particular plant species is used to treat a given condition¹⁹.

Collection and Preservation of Medicinal Plants: Field expeditions were conducted with local informants in order to gather the study area's reported medicinal plant collection. These gathered medications were taken to the Kohat University of Science and Technology (KUST) laboratory in Kohat, Pakistan, for additional processing, where they were handled normally²⁰. The article authors' names, family names, and scientific names were updated based on the software index Kewensis and Pakistani flora. The plants were placed in the Herbarium of the Department of Botany at KUST in Kohat, Pakistan, after being dried and compressed on herbarium sheets²¹.

Evolution of Natural Product Derived Drug Development:

Conversely, ethnopharmacology is the multidisciplinary scientific study of biologically active substances and historically used native medicines. Therefore, the study of physiologically active substances from plants, minerals, animals, fungi, and microbes is a larger focus of ethnopharmacology²². The field investigations of indigenous and traditional medicinal knowledge, as well as the biodiversity component to which such information is tied, have benefited greatly from ethnopharmacology²³. However, some aspects of the therapeutic qualities of the plants have persisted in western societies, which have largely lost their ancient healing practices. The ethnopharmacological use of plants is supported by phytotherapists and naturopaths who work in alternative and complementary healthcare organizations. Some nations have associations that recognize qualified members, and they go through training that is largely regulated (by responsible authorities)²⁴. Preparing the Agency's views on the safety of herbal medicines is the responsibility of the European Medicines Agency (EMA) in collaboration with the Committee on Herbal Medicinal Products (HMPC)²⁵.

Pharmacological Testing:

They demonstrated that while studies on the identification of medicinal plant species utilized in traditional medicine continue, there has been a significant surge in the assessment of the particular characteristics or therapeutic effects of extracts and chemicals²⁶. The focus of research is now shifting from identifying and cataloging the species of medicinal plants used in traditional medicine to assessing the unique qualities or therapeutic benefits of crude plant extracts or specialized naturally derived products²⁷.

Future of Ethnopharmacology:

The integration of cutting-edge analytical methods, such as metabolomics and genomics, with ethnopharmacology would enable researchers to better understand the intricate relationships that medicinal plants have with human bodies. Furthermore, the integration of cutting-edge technologies like high-throughput screening and artificial intelligence with conventional knowledge could lead to the identification of new medicinal medicines. Beyond the scientific study of therapeutic plants lies ethnopharmacology. It also emphasizes the empowerment of indigenous communities and the preservation of their culture. Communities' cultural history and identity are closely entwined with traditional healing systems. Respecting the experience and wisdom of local healers and community members, ethnopharmacologists collaborate with them. Ethnopharmacology supports the preservation of cultural traditions and gives indigenous groups the authority to continue using their own healing methods by recognizing and approving their customs²⁸.

The study of ethnopharmacology has enormous promise for the synthesis of novel therapeutics and the identification of new medications. The combination of traditional knowledge with cutting-edge techniques like metabolomics, genomics, and artificial intelligence can hasten the identification and development of novel therapeutic medicines as long as technological developments persist. Additionally, investigating the synergistic interactions between conventional medications and traditional medicines may result in better therapeutic outcomes.

Moreover, encouraging cooperation between scientists, pharmaceutical companies, and traditional healers can guarantee the long-term growth and marketability of ethnomedicinal goods²⁹.

References:

1. OMS. WHO Traditional Medicine Strategy. (WHO Library Cataloguing-in-Publication Data, 2013).
2. OMS. Stratégie de l'OMS pour la médecine traditionnelle pour 2002–2005. <https://apps.who.int/iris/handle/10665/67313> (2002). Dougnon, G. & Ito, M. Medicinal uses, thin-layer chromatography and high-performance liquid chromatography profiles of plant species from Abomey-Calavi and Dantokpa Market in the Republic of Benin. *J. Nat. Med.* 74, 311–322 (2020).
3. Ministère de la Santé du Bénin. Programme National de la Pharmacopée et de la Médecine traditionnelles. <https://docplayer.fr/45399-541-Programme-national-de-la-pharmacopee-et-de-la-medecine-traditionnelles.html> (2009).
4. Halberstein, R.A. Medicinal plants: Historical and cross-cultural usage patterns. *Ann. Epidemiol.* 2005, 15, 686–699. Hardy, K. Paleomedicine and the Evolutionary Context of Medicinal Plant Use. *Rev. Bras. Farmacogn.* 2021, 31, 1–15.

5. Malik, S.; Rosa, M.; Cusidó, R.M.; Mirjalili, M.; Moyano, E.; Palazón, J.; Bonfill, M. Production of the anticancer drug taxol in *Taxus baccata* suspension cultures: A review. *Broc. Biochem.* 2011, 46, 23–34.
6. Rose, W.C. Taxol: A review of its preclinical in vivo antitumor activity. *Anticancer Drugs* 1992, 3, 311–321.
7. Achan, J.; Talisuna, A.O.; Erhart, A.; Yeka, A.; Tibenderana, J.K.; Baliraine, F.N.; Rosenthal, P.J.; D'Alessandro, U. Quinine, an old anti-malarial drug in a modern world: Role in the treatment of malaria. *Malar J.* 2011, 10, 144. Liles, N.W.; Page, E.E.; Liles, A.L.; Vesely, S.K.; Raskob, G.E.; George, J.N. Diversity and severity of adverse reactions to quinine: A systematic review. *Am. J. Hematol.* 2016, 91, 461–466.
8. <https://www.mdpi.com/1420-3049/27/13/4060>.
9. Dias, D.A.; Urban, S.; Roessner, U. A historical overview of natural products in drug discovery. *Metabolites* 2012, 2, 303–336. Najmi, A.; Javed, S.A.; Al Bratty, M.; Alhazmi, H.A. Modern Approaches in the Discovery and Development of Plant-Based Natural Products and Their Analogues as Potential Therapeutic Agents. *Molecules* 2022, 27, 349.
10. Pirintsos, S.; Bariotakis, M.; Laina, D.; Lionis, C.; Castanas, E.; Bruggemann, R. Analyzing Ethnopharmacological Data Matrices on Traditional Uses of Medicinal Plants with the Contribution of Partial Order Techniques. In *Partial Order Concepts in Applied Sciences*; Fattore, M., Bruggemann, R., Eds.; Springer: Cham, Switzerland, 2017.
Cowan, M.M. Plant products as antimicrobial agents. *Clin. Microbiol. Rev.* 1999, 12, 564–582.
11. Z. Iqbal, A. Jabbar, M. S. Akhtar, G. Muhammad, and M. Lateef, "Possible role of ethnoveterinary medicine in poverty reduction in Pakistan: use of botanical anthelmintics as an example," *Journal of Agriculture and Social Sciences*, vol. 1, no. 2, pp. 187–195, 2005.
12. Shikov, Alexander N., Igor A. Narkevich, Elena V. Flisyuk and Vladimir G. Luzhanin, et al. "Medicinal plants from the 14th edition of the Russian Pharmacopoeia, recent updates." *J Ethnopharmacol* 268 (2021): 113685.
13. Mi, Qi-Li, Meng-Jie Liang, Qian Gao and Chun-Man Song, et al. "Arylbenzofuran lignans from the seeds of *Arctium lappa* and their bioactivity." *Chem Nat Compd* 56 (2020): 53-57.
14. O. Nyumba, O. T., Wilson, K., Derrick, C. J. & Mukherjee, N. Te use of focus group discussion methodology: Insights from two decades of application in conservation. *Methods Ecol. Evol.* 9, 20–32 (2018).
15. Dougnon, V. et al. An ethnobotanical survey of seventeen plants species used against diarrhoea and other diseases in southern Benin (West Africa). *J. Biol. Res. Boll. Della Soc. Ital. Biol. Sper.* <https://doi.org/10.4081/jbr.2021.9486> (2021).
16. Akoegninou, A., Van Der Burg, W. & Van der Maesen, L. *Flore Analytique du Bénin [Analytical Flora of Benin]* (Backhuys, 2006).
17. M. Giday, Z. Asfaw, Z. Woldu, and T. Teklehaymanot, "Medicinal plant knowledge of the Bench ethnic group of Ethiopia: an ethnobotanical investigation," *Journal of Ethnobiology and Ethnomedicine*, vol. 5, article 34, 2009.
18. M. Heinrich, A. Ankli, B. Frei, C. Weimann, and O. Sticher, "Medicinal plants in Mexico: healers' consensus and cultural importance," *Social Science and Medicine*, vol. 47, no. 11, pp. 1859–1871, 1998.
M. Canales, T. Hernandez, J. Caballero et al., "Informant consensus factor and antibacterial activity of the medicinal plants used by the people of San Rafael Coxcatlan, Puebla, Mexico," *Journal of Ethnopharmacology*, vol. 97, no. 3, pp. 429–439, 2005.
19. R. T. Trotter and M. H. Logan, "Informants consensus: a new approach for identifying potentially effective medicinal plants," in *Plants in Indigenous Medicine and Diet*, N. L. Etkin, Ed., pp. 91–112, Redgrave, Bedford Hill, NY, USA, 1986.
20. H. Kim and M. J. Song, *Ethnobotany*, Seoul World Science, Seoul, Korea, 2008.
21. *Index Kewensis 2.0.*, On Compact Disc Version 2.0 for the IBM PC, Oxford University Press, 1997.
S. I. Ali and M. Qaiser, "Flora of Pakistan," 2010, No 1-215 (1972-2010), Pakistan, http://www.efloras.org/flora_page.aspx?flora_id=5.
22. Mukherjee, P.K.; Venkatesh, P.; Ponnusankar, S. Ethnopharmacology and integrative medicine—Let the history tell the future. *J. Ayurveda Integr. Med.* 2010, 1, 100–109.
Heinrich, M.; Gibbons, S. Ethnopharmacology in drug discovery: An analysis of its role and potential contribution. *J. Pharm. Pharmacol.* 2001, 53, 425–432.
23. Zhao, Z.; Li, Y.; Zhou, L.; Zhou, X.; Xie, B.; Zhang, W.; Sun, J. Prevention and treatment of COVID-19 using Traditional Chinese Medicine: A review. *Phytomedicine* 2021, 85, 153308.
24. Jäger, A. Medicinal Plant Research: A Reflection on Translational Tasks. In *Ethnopharmacology*; Heinrich, M., Jäger, A., Eds.; Karger: Basel, Switzerland, 2015.
25. Laina, D.; Bariotakis, M.; Lionis, C.; Castanas, E.; Bruggemann, R.; Pirintsos, S.A. Partial ordering of undesirable effects reported for traditionally used medicinal herbal substances. *Toxicol. Environ. Chem.* 2017, 99, 1230–1241.

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26. Alzweiri, M.; Sarhan, A.A.; Mansi, K.; Hudaib, M.; Aburjai, T. Ethnopharmacological survey of medicinal herbs in Jordan, the Northern Badia region. *J. Ethnopharmacol.* 2011, 137, 27–35. Karousou, R.; Deirmentzoglou, S. The herbal market of Cyprus: Traditional links and cultural exchanges. *J. Ethnopharmacol.* 2011, 133, 191–203.
Al-Qura'n, S. Ethnopharmacological survey of wild medicinal plants in Showbak, Jordan. *J. Ethnopharmacol.* 2009, 123, 45–50.
 27. Said, O.; Khalil, K.; Fulder, S.; Azaizeh, H. Ethnopharmacological survey of medicinal herbs in Israel, the Golan Heights and the West Bank region. *J. Ethnopharmacol.* 2002, 83, 251–265. Lev, E.; Amar, Z. Ethnopharmacological survey of traditional drugs sold in Israel at the end of the 20th century. *J. Ethnopharmacol.* 2000, 72, 191–205.
 28. Lal, Mishri, Sandip Kumar Chandraker and Ravindra Shukla. "Antimicrobial properties of selected plants used in traditional Chinese medicine." *Functional Preser Propert Phytochem* (2020):119-143.
 29. Li, Kaidong, Lingling Zhu, Huan Li and Yiqing Zhu, et al. "Structural characterization and rheological properties of a pectin with anti-constipation activity from the roots of *A. lappa* L." *Carbohydr Polym* 215 (2019): 119-129.