



Cultural Perspectives on Healing: A Study of Traditional Medicinal Practices

AMMARA AFZAL¹, KASHIF IQBAL^{1*}, AISHA TANVEER¹, ADNAN SAEED², HAFSA GUL², AQSA RASHID¹, SUMMRA NAZ³, SAFA SARWAR MAQBOOL⁴

¹Institute of Physiology and Pharmacology, University of Agriculture, Faisalabad, Pakistan.

²Department of Allied Health Professionals, Government College University, Faisalabad, Pakistan.

³Institute of Microbiology, Government College University, Faisalabad, Pakistan.

⁴Department of Pharmacy, The University of Faisalabad, Pakistan.

*Corresponding author: kashifiqbal711@gmail.com

SUMMARY

Throughout history, many anthropologists and ancient Greek scholars including Hippocrates and Aristotle recognized and studied the medicinal characteristics of plants. The study of healing practices in various cultures blends traditional healing methods with modern techniques. Traditional medical procedures have always included using indigenous materials, such as plants, minerals, and animals. In addition to developed countries like China, South Asia, America, and Canada, traditional medical methods have long been practiced in all developing countries such as Ethiopia, Bangladesh, Afghanistan, Iran, etc. Each country has distinct conventional medical practices incorporating cultural beliefs and historical background into their therapeutic methods. The use of herbal medicines, acupuncture, moxibustion, and other holistic methods is popular in traditional healing systems. Understanding the cultural dimensions of healing is crucial not only for developing nations to meet healthcare needs and enhance health outcomes but also for developed nations as a part of their cultural heritage. Considering the subjective experience and objective causes of disorders, the collaboration of different traditional medical systems among themselves and with modern medicine is necessary to provide a comprehensive healthcare system for people.

INTRODUCTION

The fundamental approach to any system of medicine is healing. Anthropologists have researched and published the healing practices categorically from ancient times to the present era according to cultural traditions in various areas of the world. Ancient Greek people, including Hippocrates and Aristotle, were knowledgeable about the medicinal properties of various plants (Zhu et al., 2012). The correlative approach in the study of healing practices not only broadens our horizons by shedding light on the different perspectives of healing as per various cultures (Kirmayer, 2004). The immigrants from various countries in the US move towards the urban areas carrying their cultural legacies and traditional healing practices with them. As a result, they blend their cultural practices with advanced healing techniques and form an exceptional healing plan. Many scientists in the late previous century worked on the various connotations of illness and healing from cultural perspectives. For instance, some cultures take certain kinds of illness as nature's punishment for the wrongdoings of the patient; and they assume healing is based on the affected one's redemption towards his misdemeanors thus taking it as a source of catharsis and providing him mental or spiritual harmony. Another

Psychiatrist from 2001 studied healing practices from the evolutionary standpoint in his papers on the theme of cultural evolution (Coulehan, 2005). The use of natural products including raw materials from both animals and crude plants can be done to form various forms of medicines including Ayurveda, Traditional Korean Medicine, Traditional Chinese medicine (TCM), and Unani medicines, etc. around the globe since old times, eventually evolving into configured traditional medicinal systems (Zhao et al., 2010).

The use of aboriginal plants for traditional medicines is studied constantly by researchers throughout the world, and advancements are made in the formulas for the betterment of therapeutic effects in many developing countries such as Ethiopia, Afghanistan, and Iran as well as developed countries such as Canada, America, China, and South Asian regions (Zemede et al., 2024). The study of traditional plants can be recognized as one of the oldest and most advanced sciences simultaneously; which developed since the ancient times, when humans used plants for food, fuel, shelter, and all other needs (Shakya et al., 2012). The interactions among various species of medicinal flora can cause advantageous, harmful, or neutral consequences. Compounds derived from plants have the potential to greatly enhance the treatment of challenging diseases such as cancer, and they can also aid in the prevention

of specific illnesses (Yuan et al., 2016). The harmful effects and toxicity associated with traditional medicines have contributed to a rise in the demand for herbal drugs and a decrease in the use of chemical medications. The use of medicinal plants to treat illnesses has been around for a very long time, since the beginning of human history. When people got sick and needed something to help them get better, they turned to the plants around them because that was their only option at the time. So, using plants as medicine is not a new idea (Halberstein, 2005). For instance, in ancient Persia, plants extracted drugs and used them as aromatic agents and disinfectants (Hamilton, 2004). In light of the area-specified cultural practices, we have discussed the traditional medicinal practices in Canada, Africa, Ethiopia, India, Russia, Australia, and China.

USE OF MEDICINAL HERBS-A HISTORICAL OVERVIEW

Herbal species and various parts of plants are used for healing, preventive, and curative purposes, with the earliest evidence reported more than 55,000 years ago in Northern Iraq at an entombment site. Where, the corpse of the deceased was surrounded by a minimum of seven plants carrying therapeutic properties, e.g. Ephedra. The evidence of vast knowledge of the medicinal properties of various plants was found in the holy book of Zoroastrianism i.e. Avesta by some historians (Jamshidi-Kia et al., 2018). Since ancient times, people have used nature to cure illnesses, starting with the instinctive use of animals and later extending to plants. Initially, the utilization of plants for therapeutic purposes was empirical due to a lack of information about diseases, treatment plants, and their application methods. However, over time, the reasons behind using specific herbal plants for various ailments were discovered, leading to a shift from empirical to factual use (Qiu, 2007). The formerly inscribed evidence of the therapeutic use of plants was found on a clay slab of Nagpur from some 5000 years ago. Over 12 herbal preparations were made and used by various ancient civilizations in Mesopotamia (Guidi & Landi, 2016). Cuneiform inscriptions from around 2500 BCE on clay tablets mention the use of 1000 plants for treating different ailments. Even many fragrant plants are considered sacred in Christianity (e.g. poppy, marjoram, frankincense, saffron, anise, etc.) referring to their mentions in the holy Bible (Hassan, 2015).

In forgone Persian culture, many herbal plants were utilized for both medicinal and culinary purposes. The translation of Greek physicians' manuscripts into Arabic contributed to the advancement of knowledge. Poppy extracts were employed as medicine by the Sumerians and Greeks, with Arabs recognizing the addictive properties of opium. Iranian medicine saw progress through the contributions of Avicenna and Razi in the 8th and 9th centuries (Cragg & Newman, 2013). In the 8th century, some Arabs opened privately owned pharmacies for the first time thus setting precedence in the history (Solomou et al., 2016). During the 13th century, Ibn al-Baitar documented 1400 plants in his encyclopedia titled "Corpus of Simples." In India, plants and spices have been used for medicinal purposes since ancient

times, and are mentioned in sacred texts such as the Atharva and Rig Veda. Sanskrit writings date back to around 1500 BCE. Snakeroot, for instance, has been a widely used plant for sedation and the treatment of snakebites or mental illnesses for centuries (Guidi & Landi, 2016).

Herbal medicine in China dates back to 16 century, with over 3000 medicinal herbs available. These herbs are often combined into formulas to treat diseases, with over 60,000 herbal prescriptions recorded in the early Ming dynasty. Li Shizhen, an influential Chinese herbalist, compiled "Pen t'sao kang mu," detailing over 1800 plants and their medicinal properties, including 365 dried medicinal plants like Rhei rhizoma, ginseng, and cinnamon bark. Afterward, Carl Linnaeus, in the 18th century, developed the system of naming and classification of living organisms. His book *Species Plantarum* categorized and named numerous plants, including medicinal herbs, in Latin. This text remains a valuable reference for plant identification (Cragg & Newman, 2013).

In the 19th century, a famous botanist Asa Gray authored a pronounced book on the indigenous botanical species belonging to Northeast America. Another renowned religious community i.e. Shakers meticulously grew and gathered medicinal plants individually to prevent perplexity, prepared herbal products (using about 200 species of plants) precisely, and eventually offered them to health practitioners and pharmacists for selling purposes. For instance, they made American bee balm and Oswego tea to boost the efficacy of the digestive system (Sile et al., 2020). In the late 19th century, natural compounds were isolated from medicinal plants by using advanced techniques such as maceration, decoction, etc. for plants like quinine, morphine, opium, cocaine, and digitoxin (Fig. 1). For instance, foxglove is utilized to extract important cardiac glycosides such as digoxin, etc., to treat cardiac diseases including myocardial infarction. The continuous advancements in chemical and mechanical engineering setups and industries in the late 20th century opened doors that led to the successful production and use of many synthetic and semi-synthetic drugs (Tu, 2011).

TRADITIONAL MEDICINES

Unani Medicine

Unani medicine is a historic medical system that was formed during Arab culture and is derived from Greco-Arabic medicinal traditions that date back over 2,500 years. It considers the body, mind, and soul of a person to be one integrated entity (Jabin, 2011). Based on the idea that the human body is made up of four basic components, each with a unique temperament, Unani medicine was developed. Many diseases can result from an imbalance between these temperaments (Lone et al., 2012). The Indian government acknowledges Unani as a workable healthcare system that can satisfy the demands of the populace. Furthermore, it is recognized as an alternative and most important healthcare technique by the World Health Organization (WHO) (Govindasamy & Kannan, 2012). Researchers have found numerous bioactive substances (Table 1) from mangrove plants that are used in Unani medicine. (Hongal et al., 2014).

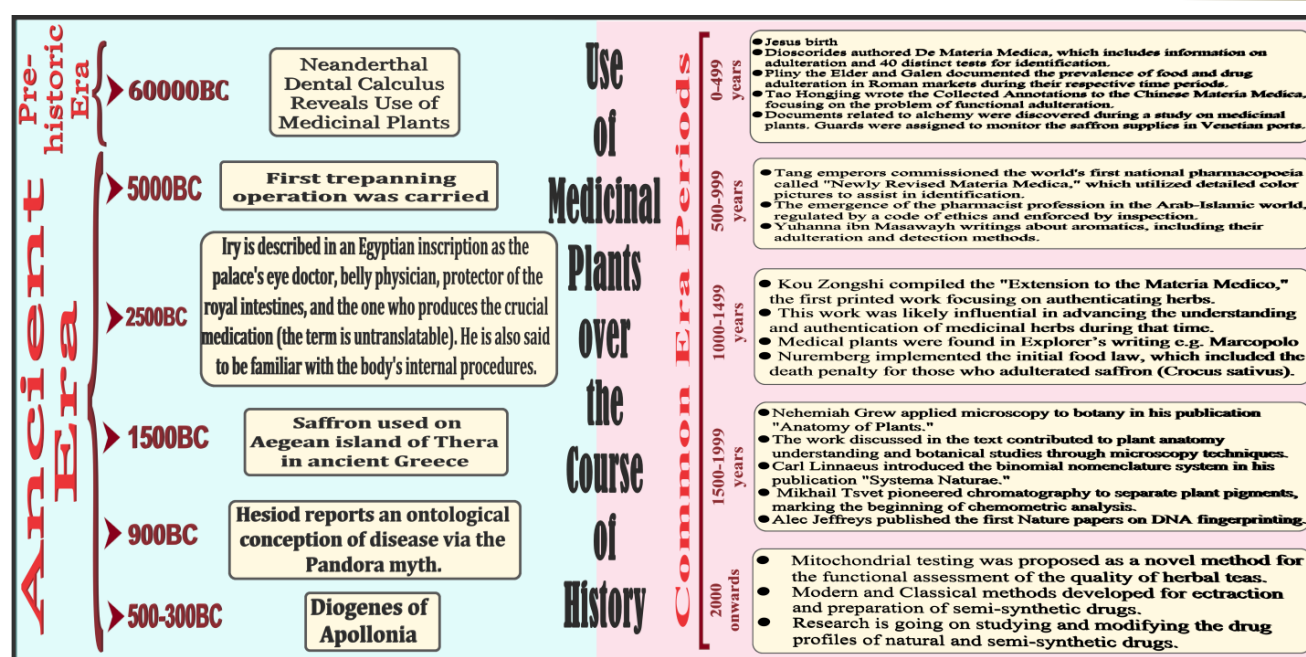


Fig 1. Advancement in the use of medicinal plants throughout history

Table 1: Popular Unani Remedies and their therapeutic effects

Country of Origin	Popular Remedies	Therapeutic Effects	Therapeutic indication	References
Greece, Persia, and India (Unani Medicine)	Majoon Suranjan	Relieves joint pain, anti-arthritic, anti-inflammatory	Rheumatoid arthritis and Osteoarthritis	Afsahul & Anjum, 2020
	Kohl-Chikni Daw	anti-cataract activity	Delay progression of Cataracts, treat blindness	Ansari et al., 2017
	Khamira Abresham	Anti-aging, anti-oxidant,	Cognitive Impairment	
	Hakim Arshad Wala Satawar	Aphrodisiac activity	Premature ejaculation in men, Decoction of its root powder treats dysentery, Diarrhea	

Ayurvedic Medicine (India)

Ayurveda focuses on restoring balance by treating the underlying cause of sickness using natural components. The Ayurvedic philosophy focuses on maintaining a healthy lifestyle is crucial to preventing imbalances and avoiding needless suffering (Patwardhan, 2014). Herbs are typically used in specified ratios in Ayurvedic therapies to minimize toxicity and maximize therapeutic effects (Table 2). Ayurveda dates back to between 4000 and 1500 BC in pre-Vedic India. The Indian government maintains an official authority that oversees the training, standards, and use of Ayurveda, and there are over 400,000 registered Ayurvedic practitioners (Parasuraman et al., 2014). In various regions of India, where Ayurvedic medicine is practiced, more than 30 foods are considered to have potential characteristics of cooling or heating as referred to in humoral pathology (Jain & Singh, 2010). Utilizing bioactive chemicals from mangrove plants, Unani medicine is a prominent system of traditional medicine. Numerous such substances have been found by researchers and might be used in Ayurvedic medicinal procedures. Herbs and meals that are balanced in terms of heat and cold, according to Unani and Ayurvedic medicine, can help reset the body's internal equilibrium (Parasuraman et al., 2014). The body is said to be warmed by hot meals like eggs, beef, and lentils and cooled by cold foods like yogurt and fruits. The body may achieve balance and maintain health by consuming

a variety of hot and cold meals. For instance, eating foods that cool you down, such as yogurt and fruits, may help you relax if you're feeling overheated and irritated (Leslie, 1969). Conversely, consuming some warming meals, such as meat and lentils, may assist energize you if you're feeling chilly and lethargic. Sri Lanka and South India are considered to be the provenance of the Ayurvedic Medicinal system (Parasuraman et al., 2014).

Recently, the Sri Lankan government has recognized the importance of Ayurvedic medicine in correspondence with Western Medicine (Jones & Liyanage, 2018). The system is based on the concept of the whole world that comprises four basic elements which are Earth, water, air, Fire, and another unique element called ether. The founders of the Ayurvedic system believed that the balanced geometry of the cosmos is imitated by the human body's balance considering the 4 basic elements. Bile, phlegm, and flatulence are three basic signs of "Doshas" which are balanced for steady regulation of the body's metabolism. For instance, if the patient suffers from the symptoms of respiratory ailments such as cough, sneezing, congestion, or sore throat; practitioners evaluate it as an excess of phlegm in the body and provide remedies, and consultation on lifestyle modifications is given to patients to normalize its concentration in the body. Ayurvedic practitioners suggest aiming to preserve the equilibrium between the body's Doshas (vital elements) to ensure the well-being of the human body.

Table 2: Popular Ayurvedic Remedies and their therapeutic effects

Country of Origin	Popular Remedies	Therapeutic Effects	Therapeutic indication	References
India, Sri Lanka (Ayurvedic Medicine)	Abhyanga or Ayurvedic Massages followed by a warm bath	Improves blood flow, muscle rigidity, pain, emaciation, and skin conditions	Arthritis, fibromyalgia, headache, sinus problems, muscle spasms, and neuropathy.	Chopra & Doiphode, 2002
	Panchkarma	Immunity booster, anti-aging, detoxification, improved metabolism and digestion, balanced doshas	Digestive disorders, stress, and chronic health issues.	
	Nasyam	Detoxifies all the body cavities and channels (brain, neck, eyes, throat, nose, and ear)	Congestion, sinusitis, bronchitis, depression, anxiety, migraine	
	Tharpanam	Strengthens optic nerves, prevents dark circles, treats eye inflammation, reduces eye stress	Cataracts, Dry Eye Syndrome, Eyes pain, myasthenia gravis, computer eye strain, eyelid drooping, macular degeneration, conjunctivitis	

Similarly, bile is associated with patients of middle age, and related problems appear mostly in the rainy season. Phlegm can be associated with the youth and growth season, while flatulence-like issues are mostly treated in patients of old age relatively (Jones & Liyanage, 2018). In this way, we can say that all three components (bile, flatulence, and phlegm) correlate with various life phases and ages. Seasons and different life stages are correlated with the three Doshas of Ayurvedic medicine: phlegm, bile, and wind/flatulence. Phlegm and youth are connected to the growing season and bile, respectively, whereas wind and flatulence are linked to the aging process and dry, cold weather (Ibeneme et al., 2017).

Traditional Medicinal Practices in Bangladesh

Bangladesh provides accommodation to more than 30 native communities, comprising almost 2% of its entire population, inhabiting mostly in distant, hilly areas. These indigenous communities belong to diversified cultural backgrounds and utilize traditional medicinal practices for common ailments (Kabir et al., 2014). Over 80% of Bangladeshis use herbal medicines, with ethnomedicinal plants being a significant part of this practice. Documenting this knowledge is crucial due to the long-standing expertise of ethnomedicinal healers in herbs and their medicinal properties (Khan et al., 2015). The most commonly used plants for traditional medicines include *Zingiber officinale* (Ginger), *Congea tomentosa* (Wooly congea), *Engelhardtia spicata* (Great Malay Beam), *Duabanga grandiflora* (Bermah), and *Matricaria chamomilla* (Chamomile) being the frequently used medicinal plants (Haque et al., 2009). These plants were utilized for various purposes such as treating colic, allergy, boils, flatulence, and skin diseases; acting as anti-cancer agents, and performing carminative and sedative activity. On the other hand, *Senna alata* (Candle Bush) can treat common skin allergies such as eczema while *Senna hirsute* (Woolly senna) was particularly used for its anti-dandruff effect (Sadat-Hosseini et al., 2017).

The specific uses of each plant species for different ailments underscored the rich history and cultural significance of these plants in indigenous healing practices. For instance, the people of Bangladesh commonly use plant materials like

Azadirachta indica (Neem), *Ricinus communis* (Castor Oil Bean), *Scoparia dulcis* (licorice weed), *Leucas aspera* (Thumbai) and *Clitoria ternatea* (Butterfly Pea) for various disorders (Singh et al., 2014). These plants also treat eczema, allergy, chicken pox, measles, high blood pressure, gastritis, flatulence, jaundice, pain, wounds, smallpox, cough, skin diseases, diarrhea, dysentery, and fever. Some plants like *Z. officinale* are used for sore throat and vomiting relief (Jelliffe, 1957). A survey revealed that many medicinal plants are combined with other ingredients, with 59 mixtures recorded (Islam et al., 2014). Common additions include table common culinary items such as cow's milk, sugar, honey, salt, black seed i.e. *Nigella sativa*, rice-washed water, and various other constituents like crabs, birds (pigeons, etc.), lime juice, oils (fish oil, for instance) and chicken fat (Schmaltz, etc.) (Faruque & Uddin, 2014). The natural mixtures form in specific combinations of some plants (garlic, neem, bilimbi, common beans, etc.). They can treat common disorders related to the gut, alongside boosting the therapeutic activities of other medicinal plants (Faruque et al., 2018).

Traditional Medicinal Practices in Ethiopia

In Ethiopia, more than 75% of the population relies on cultural perspectives of healing which involve traditional medicinal practices using plants with therapeutic potential. This preference is attributed to the common people's trust in the herbalists and their local remedies, the affordability of medicinal products, and challenges in accessing provisions of advanced healthcare techniques (Yirga et al., 2011). Since the major proportion of Ethiopia's population resides in villages or undeveloped areas with limited healthcare coverage. Public sector resources in these areas are strained due to the high demand for healthcare services (Kefalew et al., 2022). Traditional practitioners in Ethiopia encompass a variety of roles, including bonesetters, tooth extractors, midwives, herbalists, witch doctors ('tenquay'), and mystical healers like 'weqaby' and 'kalicha'. Spiritualists particularly suggest practices, such as praying and attending church, as integral parts of the healing practices for Ethiopians (Kassaye et al., 2006). Likewise, holy water, alias 'rebel' for Orthodox Christians and 'zam-zam' for Muslims, is commonly used to treat a range of illnesses, with Ethiopians believing in its

healing properties when consumed or used for bathing. Ethiopia has a rich history of traditional medicine, with diverse methods to combat diseases. Healing in Ethiopian traditional medicine focuses on overall well-being, not just curing diseases. Traditional health practitioners are believed to have skills given by the Deity, and knowledge is transferred orally or acquired through spiritual means in the supervision of discrete families or particular social groups (Teklay, 2015).

Healers in Ethiopia primarily use natural substances for drugs, with plants, animals, and minerals being the most common sources (Tewelde et al., 2017). Drug preparations are done in several dosage forms like liquids (syrops, decoctions, etc.), ointments, gels, powders, capsules, and pills. Different routes of administration are adopted for the appropriate dose of drugs to the body of the patient, for instance, topical, vaginal, oral, nasal, ophthalmic, respiratory, etc. However, certain preparations made by the practitioners claimed as antidotes are for dealing with adverse effects, and restrictions are imposed on certain drugs (Tesfahuneygn & Gebreegziabher, 2019). Drug storage is done in containers, cloths, bottles, leaves, papers, and horns, kept at some suitable place in homes. In Ethiopian culture, health is viewed holistically, encompassing physical, mental, and spiritual well-being (Tuasha et al., 2018). Ethiopians believe that their religion plays a significant role in maintaining their health. Supernatural forces are believed to cause and cure diseases, with the devil blamed for illnesses and God providing healing. Traditional spiritual healers, known by various names like debtera and kalicha, use prayer and rituals to treat conditions, especially mental illnesses and obscure ailments (Kindie, 2023). Debertas, associated with the Orthodox Christian clergy, treat mental disorders as possession by evil spirits, using prayer, holy water, and amulets. Many Caliphs from the Muslim Empires perform customary rites to find the cause of ailments and provide consultation to the patients on the use of protective amulets, talismans, kitabs, and burning incense (Chekole, 2017). Furthermore, the Caliphs, Spiritualists, and Alchemists from different backgrounds utilize various methods including prayers, rituals, sacred water (Zam Zam, etc.), and protective items like amulets to treat various diseases. Moreover, mental disorders are accredited to feeble and unhealthy relationships between humans and Gods, leading to particular protocols and treatment ceremonies by the practitioners. Additionally, some Spiritualists and Caliphs declare that they are capable of doing miracles, refining the spiritual relationships of patients with the Deity, and preventing individuals from evil spirits or negative impacts via their practices (Kindie, 2023).

Traditional Medicinal Practices in China

Traditional Chinese Medicine (TCM) has not only consolidated into the Chinese public health system but also gained recognition in Western countries as a complementary or alternative medicine (CAM). According to a rough estimate, almost 1.5 billion people are treated with TCM across the world (Qi et al., 2013). Chinese herbal medicines are used to treat a wide range of illnesses, including gastrointestinal, dermatological, neurological, cardiovascular, musculoskeletal, and psychiatric disorders (Chae et al., 2003).

It can be declared as the central control of Chinese cosmology, encompassing the binary forces of yin (negative) energy and yang (positive) energy, the integral elements used in the creation of the Universe. These forces interact continually and underlie and uphold nature's balance, including the maintenance and regulation of the organ systems of humans (Nestler, 2002). Yang energy stands in for all the positive principles such as heart, warmth, sun, fire, light, masculinity, righteousness, liveliness, beauty, pleasure, exterior, wealth, uprightness, and organization. On the contrary, Yin energy stands in for all negative principles encompassing the moon, feminism, darkness, water, coldness, crooked, left side, low, death, interior, hideous, poverty, and uncertainty (Mao et al., 2021).

According to the Chinese cultural perspective, every human being who has equal or balanced yin and yang forces can be declared healthy (Stephen-Victor et al., 2017). It impacts human health, for instance, enormous yang energy can cause fever (since it represents heat) and deficiency of yang energy or excess of yin energy can cause chills. In this way, diseases can be classified based on excess or deficiency of yin or yang forces (Dobos et al., 2005). Different cultural settings have an impact on non-Western and Western medical systems, leading to differing viewpoints on health, sickness, and treatment. While biomedicine predominates in the West, traditional healthcare methods are popular in Eastern countries. Individuals who receive care often use more than one system, based on availability, expectations, and beliefs (Qi et al., 2013). In contrast to biomedicine, which focuses on objective illnesses, ethnomedicine emphasizes the individual's experience with illness. Social networks, cultural ideas, intuition, and prior experiences all influence healthcare decisions, making collaboration amongst medical systems essential. Up until the 16th century, when Western medicine was introduced, TCM served as the main form of healthcare in China. But it wasn't until the 19th century that Western medicine saw any real advancement (Soni et al., 2012). TCM continues to develop and is still an essential part of the Chinese healthcare system. With an emphasis on herb preparation, timing, and dose, TCM has its roots in 5,000 years of clinical experience. Growth in technology and our improving understanding of the active ingredients in TCM are contributing to the confluence of TCM and contemporary medicine (Dobos et al., 2005). One of the numerous advantages of TCM is its ability to discover and evaluate novel therapeutic candidates. It aids in the study of many characteristics of these medications by researchers as well. TCM has the potential to assist develop new medications and lower their production costs if applied properly. Recognized as an alternative or supplementary therapy in Western countries, TCM has grown to be an essential part of China's public health system (Dobos et al., 2005).

Traditional Medicinal Practices in Africa

Many African tribes have the belief that there are various causes of sickness, including purposeful poisoning, ghosts, supernatural forces, and disruptions in social connections. In certain African regions, grieving relatives may aid in the healing process (Setka, 2016). A healthy finger may be

amputated in an attempt to extend the life of a kid whose parents believe they are reincarnated humans with peculiar behavioral features who may not live long (Oṣanyinbí & Falana, 2016). Traditional healers, sometimes called "native doctors," are experts in the diagnosis, treatment, and prognosis of ailments via traditional practices such as divination, incantations, and herbal remedies (Olagunju, 2012). Even in regions where contemporary biomedicine is accessible, traditional or alternative healthcare is the norm across Asia, Africa, and Latin America when it comes to treating health concerns in rural populations (Chung et al., 2016). For millennia, these traditional healers have been a source of healthcare for non-Western communities; to ignore their contribution would be to ignore the cultural context in which they function. In undeveloped nations, even in cases when biomedicine is available, most people, regardless of socioeconomic class or literacy level, still receive their healthcare from traditional or culturally based practices (Oṣanyinbí & Falana, 2016).

Traditional Medicinal Practices in Korea

Complementary to TCM, traditional Korean medicine (TKM) has a lengthy history (Baek, 2005). TKM has played a vital role in the national healthcare system of Korea since its establishment on February 1, 1987. Korea employs over a thousand herbal compounds for therapeutic reasons. These applications include the usage of the substances as food (11.27%), medicinal herbs (70.52%), materials for cosmetics and market sales (8.52%), and the creation of herbal medicines (9.69%) (Cho et al., 2017). There are between 400 and 500 different kinds of plants utilized in herbal prescriptions and manufacturing; 514 of them are medicinal herbs that are included in the Korean Herbal Pharmacopoeia and Korean Pharmacopoeia. For therapeutic purposes, 68 plant extracts that comply with GMP guidelines are approved by the Korean Ministry of Health and Welfare. In the government medical insurance system, 56 herbal mixes that comply with GMP Guidelines have been certified for use as medications (Hong, 2001). By the Korean national health insurance system's ethical drug classification and diagnostic requirement, TKM—which is backed by Sasang constitutional medicine—recommends 23 distinct products for prescription. According to national health insurance data, TKM is insured for 5.6% of the population in Korea, with an estimated 20% of people using it altogether. The safety and purity of herbal substances are regulated by the Korean Food and Drug Administration (KFDA), although there is a dearth of information on their safety. There is little research on these drugs' toxicity in the treatment of liver, renal, urinary tract, skin, and cardiovascular illnesses (Ahn, 2005). This emphasizes how critical it is to evaluate the quality, safety, and affordability of the herbal materials utilized in Korea (Han et al., 2006).

Traditional Medicine in Russia

Traditional medicinal practices have played an important role in the Russian Healthcare system, and great advancements have been made by blending them with Western and Asian medicines, dating back to the 10th century (Shikov et al., 2014). The State Pharmacopoeia of the USSR has included individual monographs of more than 30 plant species in it. And

few decades ago, herbal therapy gained independent status in the Russian Healthcare system, thus recognizing herbal remedies as authorized medicinal products (Shikov et al., 2021). According to recent surveys, 15% of the Russian population depends on the administration of herbal remedies for therapeutic purposes regularly, while more than 40% of people use the products from time to time. Currently, the Russian state has focused on providing resources to conduct extensive research on plant-acquired adaptogenic substances. Soviet and Russian researchers have focused extensively on the development of plant-derived adaptogenic (that regulate stress, anxiety, and metabolism of the body) substances. Furthermore, vast research is being conducted in Russia to explore the therapeutic potential of rare herbal plants (Shikov et al., 2017).

CONCLUSION

Different cultural contexts have shaped the medical systems of non-Western and Western societies, which have different conceptions of health, illness, and treatment. While traditional healthcare systems are common in underdeveloped nations, biomedicine is the dominant field in the West. Both fields are highly skilled in certain areas of healthcare. Patients frequently employ many systems depending on what is available, what they believe, and what they expect, which makes switching between systems difficult. While ethnomedicine concentrates on the individual's subjective experience of sickness, biomedicine is useful for objective disorders. Given that judgments are impacted by social networks, cultural ideas, intuition, and prior experiences, cooperation between various medical systems is essential for improving patient outcomes.

REFERENCES

- Afsahul KM & F Anjum, 2020. Suranjan (*Colchicum autumnale* L. and *merendra persica*): Great resolvent herbs of Unani system of medicine-a review. *International Journal of Unani and Integrative Medicine* 4:7-11. <https://doi.org/10.33545/2616454X.2020.v4.i1a.115>
- Ahn BM, 2005. Medicinal herbs and toxic hepatitis. *Journal of the Korean Medical Association* 48:318-24. <https://doi.org/10.5124/jkma.2005.48.4.318>
- Ansari S, QA Khan, R Anjum et al., 2017. Fundamentals of Unani system of medicine-a review. *European Journal of Biomedical and Pharmaceutical Science* 4:219-23.
- Baek SH, 2005. Medicinal herbs can cause cardiovascular side effects. *Journal of the Korean Medical Association* 48:333-38. <https://doi.org/10.5124/jkma.2005.48.4.333>
- Chae H, IK Lyoo, SJ Lee et al., 2003. An alternative way to individualized medicine: Psychological and physical traits of Sasang typology. *The Journal of Alternative and Complementary Medicine* 9:519-28. <https://doi.org/10.1089/107555303322284811>
- Chekole G, 2017. Ethnobotanical study of medicinal plants used against human ailments in Gubalafto District, Northern Ethiopia. *Journal of ethnobiology and ethnomedicine* 13:1-29. <https://doi.org/10.1186/s13002-017-0182-7>
- Cho JH, DS Oh, SH Hong et al., 2017. A nationwide study of the incidence rate of herb-induced liver injury in Korea. *Archives of Toxicology* 91:4009-15. <https://doi.org/10.1007/s00204-017-2007-9>
- Chopra A & VV Doiphode, 2002. Ayurvedic medicine: core concept, therapeutic principles, and current relevance. *Medical Clinics* 86:75-89. [https://doi.org/10.1016/S0025-7125\(03\)00073-7](https://doi.org/10.1016/S0025-7125(03)00073-7)
- Chung VC, SY Wong, HH Wang et al., 2016. Use of traditional and complementary medicine as self-care strategies in community health centers: Cross-sectional study in urban pearl river delta region of China. *Medicine* 95:3761. <https://doi.org/10.1097/MD.00000000000003761>

- Coulehan J, 2005. Empathy and narrativity: A commentary on "Origins of healing: An evolutionary perspective of the healing process". *Families, Systems, & Health* 23:261-65. <https://doi.org/10.1037/1091-7527.23.3.261>
- Cragg GM & DJ Newman, 2013. Natural products: A continuing source of novel drug leads. *Biochimica et Biophysica Acta (BBA)-General Subjects* 1830:3670-95. <https://doi.org/10.1016/j.bbagen.2013.02.008>
- Dobos GJ, L Tan, MH Cohen et al., 2005. Are national quality standards for traditional Chinese herbal medicine sufficient? Current governmental regulations for traditional Chinese herbal medicine in certain Western countries and China as the Eastern origin country. *Complementary Therapies in Medicine* 13:183-90. <https://doi.org/10.1016/j.ctim.2005.06.004>
- Faruque MO & SB Uddin, 2014. Ethnomedicinal study of the Marma community of Bandarban district of Bangladesh. *Academia Journal of Medicinal Plants* 2:014-25.
- Faruque MO, SB Uddin, JW Barlow et al., 2018. Quantitative ethnobotany of medicinal plants used by indigenous communities in the Bandarban District of Bangladesh. *Frontiers in Pharmacology* 9:40. <https://doi.org/10.3389/fphar.2018.00040>
- Govindasamy C & R Kannan, 2012. Pharmacognosy of mangrove plants in the system of unani medicine. *Asian Pacific Journal of Tropical Disease* 2:S38-41. [https://doi.org/10.1016/S2222-1808\(12\)60120-0](https://doi.org/10.1016/S2222-1808(12)60120-0)
- Guidi L & M Landi, 2014. Aromatic Plants: use and nutraceutical properties. In: *Novel Plant Bioresources: Applications in Food, Medicine and Cosmetics* (Gurib-Fakim E, eds): Wiley Blackwell, West Sussex, United Kingdom, pp: 303-45. <https://doi.org/10.1002/9781118460566.ch23>
- Halberstein RA, 2005. Medicinal plants: Historical and cross-cultural usage patterns. *Annals of Epidemiology* 15:686-99. <https://doi.org/10.1016/j.annepidem.2005.02.004>
- Hamilton AC, 2004. Medicinal plants, conservation and livelihoods. *Biodiversity and Conservation* 13:1477-517. <https://doi.org/10.1023/B:BIOC.0000021333.23413.42>
- Han K, DY Kwon, SG Lee et al., 2006. The present state of Korean herbal preparation production and possible improvement plan. *Herbal Formula Science* 14:30-41.
- Haque U, SM Ahmed, S Hossain et al., 2009. Malaria prevalence in endemic districts of Bangladesh. *PloS One* 4:6737. <https://doi.org/10.1371/journal.pone.0006737>
- Hassan HMA, 2015. A short history of the use of plants as medicines from ancient times. *Chimia* 69:622. <https://doi.org/10.2533/chimia.2015.622>
- Hong CD, 2001. Complementary and alternative medicine in Korea: current status and future prospects. *The Journal of Alternative and Complementary Medicine* 7:33-40. <https://doi.org/10.1089/10755301753393788>
- Hongal S, NA Torwane, G Pankaj et al., 2014. Role of Unani system of medicine in management of orofacial diseases: A review. *Journal of Clinical and Diagnostic Research* 8:12-15.
- Ibeneme S, G Eni, A Ezuma et al., 2017. Roads to health in developing countries: understanding the intersection of culture and healing. *Current Therapeutic Research* 86:13-8. <https://doi.org/10.1016/j.curtheres.2017.03.001>
- Islam MK, S Saha, I Mahmud et al., 2014. An ethnobotanical study of medicinal plants used by tribal and native people of Madhupur forest area, Bangladesh. *Journal of Ethnopharmacology* 151: 921-30. <https://doi.org/10.1016/j.jep.2013.11.056>
- Jabin F, 2011. Guiding tool in Unani Tibb for maintenance and preservation of health: a review study. *African Journal of Traditional, Complementary and Alternative Medicines* 8:140-3. <https://doi.org/10.4314/ajtcam.v8i5S.7>
- Jain SP & J Singh, 2010. Traditional medicinal practices among the tribal people of Raigarh (Chhatisgarh), India. *Indian Journal of Natural Products and Resources* 1:109-15.
- Jamshidi-Kia F, Z Lorigooini & H Amini-Khoei, 2018. Medicinal plants: Past history and future perspective. *Journal of Herbmed Pharmacology* 7:1-7. <https://doi.org/10.15171/jhp.2018.01>
- Jelliffe DB, 1957. Social culture and nutrition: cultural blocks and protein malnutrition in early childhood in rural West Bengal. *Pediatrics* 20:128-38. <https://doi.org/10.1542/peds.20.1.128>
- Jones M & C Liyanage, 2018. Traditional medicine and primary health care in Sri Lanka: Policy, perceptions, and practice. *Asian Review of World Histories* 6:157-84. <https://doi.org/10.1163/22879811-12340029>
- Kabir MH, N Hasan, MM Rahman et al., 2014. A survey of medicinal plants used by the Deb barma clan of the Tripura tribe of Moulvibazar district, Bangladesh. *Journal of Ethnobiology and Ethnomedicine* 10:1-28. <https://doi.org/10.1186/1746-4269-10-19>
- Kassaye KD, A Amberbir, B Getachew et al., 2006. A historical overview of traditional medicine practices and policy in Ethiopia. *Ethiopian Journal of Health Development* 20:127-34. <https://doi.org/10.4314/ejhd.v20i2.10023>
- Kefalew A, S Sintayehu & A Geremew, 2022. Ethnoecological knowledge allied to the management of wild medicinal plants in Adaa District, East Shewa Zone of Oromia Regional State, Ethiopia. *International Journal of Biodiversity and Conservation* 14:35-52. <https://doi.org/10.5897/IJBC2019.1311>
- Khan MA, MK Islam, MA Siraj et al., 2015. Ethnomedicinal survey of various communities residing in Garo Hills of Durgapur, Bangladesh. *Journal of Ethnobiology and Ethnomedicine* 11:1-46. <https://doi.org/10.1186/s13002-015-0033-3>
- Kindie B, 2023. Analysis of medicinal plants and traditional knowledge development in Ethiopia. *International Journal of Advanced Pharmaceutical Sciences and Research* 4:26-31. <https://doi.org/10.54105/ijapsr.A4033.124123>
- Kirmayer LJ, 2004. The cultural diversity of healing: meaning, metaphor and mechanism. *British Medical Bulletin* 69:33-48. <https://doi.org/10.1093/bmb/ldh006>
- Leslie C, 1969. Modern India's ancient medicine. *Trans-action* 6:46-55. <https://doi.org/10.1007/BF03180892>
- Lone AH, T Ahmad, M Anwar et al., 2012. Perception of health promotion in Unani herbal medicine. *Journal of Herbal Medicine* 2:1-5. <https://doi.org/10.1016/j.hermed.2012.02.003>
- Lucana S & J Elfers, 2020. Sacred medicine: Indigenous healing and mental health. *The Qualitative Report* 25:4482-95. <https://doi.org/10.46743/2160-3715/2020.4626>
- Mao XY, XX Yin, QW Guan et al., 2021. Dietary nutrition for neurological disease therapy: Current status and future directions. *Pharmacology and Therapeutics* 226:107861. <https://doi.org/10.1016/j.pharmthera.2021.107861>
- Nestler G, 2002. Traditional Chinese Medicine. *Medical Clinics* 86:63-73. [https://doi.org/10.1016/S0025-7125\(03\)00072-5](https://doi.org/10.1016/S0025-7125(03)00072-5)
- Olagunju OS, 2012. The traditional healing systems among the Yoruba. *Archaeological Science Journal* 1:6-14.
- Osanyinbí QB & K Falana, 2016. An evaluation of the Akure Yorùbá traditional belief in reincarnation. *Open Journal of Philosophy* 6:59-67. <https://doi.org/10.4236/ojpp.2016.61007>
- Parasuraman S, GS Thing & SA Dhanaraj, 2014. Polyherbal formulation: Concept of Ayurveda. *Pharmacognosy Reviews* 8:73. <https://doi.org/10.4103/0973-7847.134229>
- Patwardhan B, 2014. Bridging Ayurveda with evidence-based scientific approaches in medicine. *EPMA Journal* 5:1-7. <https://doi.org/10.1186/1878-5085-5-19>
- Qi F, Z Wang, P Cai et al., 2013. Traditional Chinese medicine and related active compounds: A review of their role on hepatitis B virus infection. *Drug Discoveries and Therapeutics* 7:212-24. <https://doi.org/10.5582/ddt.2013.v7.6.212>
- Qiu J, 2007. Traditional medicine: A culture in the balance. *Nature* 448:126-9. <https://doi.org/10.1038/448126a>
- Sadat-Hosseini M, M Farajpour, N Boroomand et al., 2017. Ethnopharmacological studies of indigenous medicinal plants in the south of Kerman, Iran. *Journal of Ethnopharmacology* 199:194-204. <https://doi.org/10.1016/j.jep.2017.02.006>
- Setka S, 2016. Phantasmic Reincarnation: Igbo Cosmology in Octavia Butler's Kindred. *MELUS*: 41:93-124. <https://doi.org/10.1093/melus/mlv059>
- Shakya AK, N Sharma, M Saxena et al., 2012. Evaluation of the antioxidant and hepatoprotective effect of Majoon-e-Dabeed-ul-ward against carbon tetrachloride induced liver injury. *Experimental and Toxicologic Pathology* 64:767-73. <https://doi.org/10.1016/j.etp.2011.01.014>
- Shikov AN, AN Tsitsilin, ON Pozharitskaya et al., 2017. Traditional and current food use of wild plants listed in the Russian Pharmacopoeia. *Frontiers in Pharmacology* 8:306255. <https://doi.org/10.3389/fphar.2017.00841>
- Shikov AN, IA Narkevich, AV Akamova et al., 2021. Medical species used in Russia for the management of diabetes and related disorders. *Frontiers in Pharmacology* 12:697411. <https://doi.org/10.3389/fphar.2021.697411>
- Shikov AN, ON Pozharitskaya, VG Makarov et al., 2014. Medicinal plants of the Russian Pharmacopoeia; their history and applications. *Journal of Ethnopharmacology* 154:481-536. <https://doi.org/10.1016/j.jep.2014.04.007>
- Siddique H, B Pendry, MA Rashid et al., 2021. Medicinal plants used to treat infectious diseases in the central part and a northern district of Bangladesh-An ethnopharmacological perception. *Journal of Herbal Medicine* 29:100484. <https://doi.org/10.1016/j.hermed.2021.100484>
- Sile I, E Romane, S Reinsone et al., 2020. Medicinal plants and their uses recorded in the Archives of Latvian Folklore from the 19th century. *Journal of ethnopharmacology* 249:112378. <https://doi.org/10.1016/j.jep.2019.112378>

- Singh H, T Husain, P Agnihotri, PC Pande et al., 2014. An ethnobotanical study of medicinal plants used in sacred groves of Kumaon Himalaya, Uttarakhand, India. *Journal of Ethnopharmacology* 154:98-108. <https://doi.org/10.1016/j.jep.2014.03.026>
- Solomou AD, K Martinos & NG Danalatos et al., 2016. Medicinal and aromatic plants diversity in Greece and their future prospects: A review. *Agricultural Science* 4:9-21. <https://doi.org/10.12735/as.v4i1p09>
- Soni P, AA Siddiqui, J Dwivedi et al., 2012. Pharmacological properties of *Datura stramonium* L. as a potential medicinal tree: an overview. *Asian Pacific Journal of Tropical Biomedicine* 2:1002-8. [https://doi.org/10.1016/S2221-1691\(13\)60014-3](https://doi.org/10.1016/S2221-1691(13)60014-3)
- Stephen-Victor E, I Bosschem, F Haesebrouck et al., 2017. The Yin and Yang of regulatory T cells in infectious diseases and avenues to target them. *Cellular Microbiology* 19:e12746. <https://doi.org/10.1111/cmi.12746>
- Teklay A, 2015. Traditional medicinal plants for ethnoveterinary medicine used in Kilte Awulaelo district, Tigray region, Northern Ethiopia. *Advancement in Medicinal Plant Research* 3:137-50.
- Tesfahuneygn G & G Gebreegziabher, 2019. Medicinal plants used in traditional medicine by Ethiopians: a review article. *Journal of Respiratory Medicine and Lung Disease* 4:1-3.
- Tewelde F, M Mesfin & S Tsewene, 2017. Ethnobotanical survey of traditional medicinal practices in LaelayAdi-Yabo District, Northern Ethiopia. *International Journal of Ophthalmology and Visual Science* 2:80-7.
- Tu Y, 2011. The discovery of artemisinin (qinghaosu) and gifts from Chinese medicine. *Nature Medicine* 17:1217-20. <https://doi.org/10.1038/nm.2471>
- Tuasha N, B Petros & Z Asfaw, 2018. Medicinal plants used by traditional healers to treat malignancies and other human ailments in Dalle District, Sidama Zone, Ethiopia. *Journal of Ethnobiology and Ethnomedicine* 14:1-21. <https://doi.org/10.1186/s13002-018-0213-z>
- Yirga G, M Teferi & M Kasaye, 2011. Survey of medicinal plants used to treat human ailments in Hawzen district, Northern Ethiopia. *International Journal of Biodiversity and Conservation* 3:709-14.
- Yuan H, Q Ma, L Ye et al., 2016. The traditional medicine and modern medicine from natural products. *Molecules* 21:559. <https://doi.org/10.3390/molecules21050559>
- Zemede J, T Mekuria, CO Ochieng et al., 2024. Ethnobotanical study of traditional medicinal plants used by the local Gamo people in Boreda Abaya District, Gamo Zone, southern Ethiopia. *Journal of Ethnobiology and Ethnomedicine* 20:28. <https://doi.org/10.1186/s13002-024-00666-z>
- Zhao Z, Z Liang, K Chan et al., 2010. A unique issue in the standardization of Chinese materia medica: Processing. *Planta Medica* 76:1975-86. <https://doi.org/10.1055/s-0030-1250522>
- Zhu F, XH Ma, C Qin et al., 2012. Drug discovery prospect from untapped species: indications from approved natural product drugs. *PLoS One* 7:e39782. <https://doi.org/10.1371/journal.pone.0039782>