



Review paper

Medicinal Plants Used by Traditional Healers Across the World

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ARTICLE INFO	ABSTRACT
<p><i>Article history</i></p> <p>Received 11 October 2022 Revised 30 November 2022 Accepted 07 December 2022 Published 09 December 2022</p> <p><i>Keywords</i></p> <p>Traditional healers, Ayurvedic treatments, Local people</p>	<p>This current research evaluated the medicinal herbs used by local traditional healers and vaidus in the Devgad Taluka area. People in the region are treated for a variety of illnesses with these drugs. During our research, we spoke with locals and vaidus about how they make use of these herbs to treat a variety of ailments. Plants that are often held to have dependable and effective medical properties are examined in this study, as are the current state of medicinal plants accessible, the health status of local people, and the role that herb plays to their health. Plant parts were used by vaidus and traditional healers to treat a wide variety of ailments, including but not limited to: the common cold, diarrhoea, toothache, acid reflux, seepage from wounds, helminthes, cuts and injuries, heaps, jaundice, asthma, cancer, stomatche, skin rashes, deadens, weight loss, ailment, irritation, bubbles, intestinal illness, kidney issues, snake bites, and many others.</p>

1. Introduction

Plants, cornerstone of existence on earth have been commonly used as wellspring of medication by individuals since ancient times. The majority of people in developing countries rely heavily on traditional natural medicine to satisfy their basic health care requirements. The subcontinent of India has a wealth of ethnobotanical heritage due to its cultural diversity (Al-Asmari et al., 2014). Early humans developed an interest in plants after seeing animals interact with them, and they soon started using them for food, medicine, and shelter from natural disasters like rain and hail. This was the beginning of ethno botany. The word "ethno botany" was initially associated with the study of plants used by primitive and indigenous people by John William Hershberger (1895). Focus on ethnobotany has allowed us to learn about the recognised evidence of

well-known sustenance harvests and medicinal plants gleaned from people's experiments with these plants (Al-Dhubiab, 2012; Trivedi, 1992). Ethno botany is concerned with the everyday interactions between humans and plants. Environmentalists, pharmacologists, taxonomists, and even watershed and wild life managers might benefit from learning about the plants' traditional medicinal applications, in addition to sharing them online (Alfarhan et al., 1998a).

Traditional medicine is seen as a comprehensive body of knowledge and skill that is used to the diagnosis, treatment, and eventual disposal of many types of illness, whether they physiological, psychological, or social in nature. Possibly all that is needed is the transmission of knowledge and understanding from one generation to the next, either



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orally or in written form (Al-Musayeib et al., 2012). Plants with therapeutic properties or that serve as ingredients in effective pharmaceutical blends are collectively referred to as "restorative plants." In India, it is common practise and widely used as a method of treatment to use medicinal herbs. Bark, leaves, roots, flowers, and soil products are all used as medicine (Algethami et al., 2017). Revelation of utilisation of plants both as nutrition and treatment originated at all about starting stage in human development.

Few of us may want to believe that he relied on intuition to distinguish between poisonous and non-poisonous plants, and even fewer of us would admit that there were unseen forces or partners who helped him figure out what he could eat without worry about his weight. To be sure, rudimentary and cooked plant structures were used by early man to maintain his health and fitness. Since then, the world's nations have recognised the value of herbs and embraced their use (Al-Said et al., 2011).

Many references to plants used for medicinal purposes are found in the ancient Vedas, which date back to between 3500 BC and 800 BC. The 'Virikshayur Veda', compiled long before the birth of Christ, is one of the first writings in traditional Indian medicine. One of the oldest Indian books, Apparatus Veda, was written approximately 2000 BC, and it describes the spiritual and medicinal uses of cinnamon (*Cinnamomum verum* Prel.), ginger (*Zingiber officinale* Rose.), and sandalwood (*Santalum collection* L.). Many modern drugs used to treat a wide range of illnesses have their origins in plants or plant-based medicines (Aly, M.M., Bafeel, S.O., 2010). Historically, people relied nearly exclusively on medicines derived from the natural world. Indeed, they continue to be vital, with as much as 67–70% of today's medicines derived from natural substances (Asgarpanah, and Haghighat, E., 2012). According to Sandhya et al. (2006), about 80% of the world's population relies on traditional prescriptions for vital pharmaceutical services, the great majority of which are related with the use of plant extracts. Nearly ninety-five percent of treatments in traditional Indian medical systems like Unani, Ayurveda, homoeopathy, and Siddha are based on plants (Balunas, and Kinghorn, A.D., 2005). Over the course of many hundreds of years and in accordance with different therapeutic frameworks like Ayurveda, Unani, and Siddha, a wealth of knowledge about medicinal plants has been accumulated. It is estimated that 2500 plant species are used by traditional healers in India for

critical medical services, and that roughly 100 of them serve as traditional wellsprings of prescription.

Researchers and physicians in India formerly had to memorise whole songs by memory and recite them to the following generation so that their knowledge and expertise might be passed on. Ancient texts like the Rig-Veda and the 'Atharvana-Veda' document the necessity for medical care and the illnesses that people suffered from as far back as 5000 BC. The subsequent report of the content CharakSamhitha occurred approximately 1000 BC and contains the therapeutic use of plants and other poly natural information. The development of Ayurveda, a system of medicine founded on the study of plants, has contributed to health care. Homegrown plants have a crucial role and establish themselves as the backbone of almost all traditional medical systems. According to Bedir et al. (2000), India's MateriaMedica has over 200 drugs of natural origin, almost all of which were derived from diverse traditional healing frameworks and ancient story practises. Single drugs or crude drug mixtures are favoured over compound plans in the customary organisation of treatment. Amazing help for GI, vascular and mental health issues may be found in this paradigm (Benzie, and Wachtel-Galor, S., 2011). Although the origins and evolution of these medical systems are very different, they have a common thread in their fundamental principles and practises: the incorporation of plants and plant-based information into human healthcare. Variations in pharmacological frameworks lead to changes in the relative abundance of medicinal plants (Bhowmik et al., 2012).

Around 5,000, 000 authorised and registered restorative specialists of arranged frameworks of Indian medicine like Ayurveda, Unani, Siddha, and Saw-Riga (Tibetans) supplement city-based professions. Theoretical structures have been advanced via systematised frameworks. Samhitha, Nighantu (Lesicons), and local editorials are all types of curative writings and original copies that include material on Bhaishajyakalpana (Pharmacy) that specifically controls plant things. More than 25,000 specimens have been collected and preserved so far (Bhowmik et al., 2012).

When it comes to knowledge of plants and plant products, Indians rely on a system of categorization developed via indigenous education called DravyaGuna Shastra rather than the scientific and pharmacological methods used in the West. Some preliminary practical links between two information

frameworks have been examined (Bodeker, and Ong, 2005), but due to the lack of a strong extension, the journey from science and pharmacology to DravyaGuna Shastra or vice versa is not done.

Pharmacognosy is scientific and systematic research of chemicals drug together with their history, technique of production, collection and preparation for sale. Early humans ate a wide variety of plants and plant parts, including tubers, fruits, and leaves, according to the history of Pharmacognosy. The absence of adverse reactions meant that a meal was safe to eat. In addition, these plants were utilised to cure symptoms and illnesses when their beneficial or dangerous effects were researched and documented. The wisdom they got was useful in the real world, and it was learned the hard way via their own experiences. The Vaidus population relied on plants and plant products as medicine. As a result, it became possible to pass on the results from one generation to the next. The Rig-Veda and the Atharva-Veda both attest to India's age-old expertise in the use of medicinal herbs. Charaksamhitha is an old notable treatise on the medicinal use of plants, and Sushrutasamhitha is an ancient famous treatise on surgery, both of which are referenced in *AyurvedaBokhari, F.M., (2009)*.

Hippocrates, a Greek physician and anatomist who lived from 460 to 370 B.C., is often regarded as the "father of medicine." In his book "De Materia Medica," published in 78 A.D., the Greek physician Discords mentioned various plants of therapeutic use. Galen, a Greek chemist who lived from 131 to 200 A.D., outlined many processes for creating formulations that retain the active ingredients in crude pharmaceuticals (*Borborah et al., 2014*).

Between the years 1934 and 1960, the fields of analytical chemistry, physical chemistry, organic chemistry, biochemistry, biosynthesis, and pharmacognosy all contributed to the development of modern pharmacognosy. These fields' methods and techniques, such as paper strip, circulate, thin layer, gas chromatography, spectrophotometry, and flame photometry, were all used in the field. Substance isolation allowed researchers to examine the chemical makeup and structural makeup of plants with pharmacological activity. The discovery of penicillin, the practise of reserving, and the invention of vincristine all contributed to this evolution. Tschirsh, a scientist, gave the phrase more depth by limiting it

to the use of materials derived from the natural world (*Bourhia et al., 2019*).

Sushrutasamhitha (500 B.C), Charaksamhitha (100 B.C), and AsthangaHridayasamhitha detail the varied uses of roughly 1200 plant medications, as well as their action and specialised medicinal applications. More than 500 plant species are named by Aristotle (384-322 B.C.). Nearly 500 medicinal plants were collected and recorded by Theophrastus (372-284 B.C.) in his *historiaPlantarum*.

People have been treating illness with plants ever before civilization began. Research into plants used for healing is known as "ethno botany." This word was quickly adopted by the public. After Hershberger, it was *J. Walter Fewkes (1896)* who first used the phrase as the title of a scientific work. essential notion of 'Ethno botany' has not altered much until date. But its original intent has been substantially expanded. There is no one, all-encompassing term that can do it justice. The relationship between primitive societies and their plant environments is the focus of Schultes's research. "is study of contextualised plant use," as stated by *Alcorn (1984)*. Internal connection between man and the abundance of nature's flora was developed by *Jain (1987b)*. Recently, Wickens defined ethno botany as the study of plants with potential therapeutic use. An key part of this connection is the presence of dangerous plants and their negative effects, but Wickens' model fails to account for them. While the first definition fails to capture the modern understanding of ethno botany, the last two do.

It is only over the past three decades that there has been a proliferation of books detailing the many ways in which plants might be used. Until recently, the focus of these investigations has been solely on cataloguing ethnobotanical information. The collection, analysis, and interpretation of data from comparative ethnobotanical studies across many ethnic groups has not gotten the attention it deserves. The term "cross-cultural ethno botany" refers to the study of the similarities and differences between the plant environments of different cultures. For instance, there is a need to investigate the connections between plants and people across cultural contexts (*Chalumeau, and Benito-espinal, 1984*).

The methods used in comparative ethnobotanical research may fall into two broad categories: (a) descriptive-analytic, and (b) correlational. In the first, two or more civilizations' ethno botanical are compared (either regionally or folklorically), whereas in the latter, statistical measurements are used to

establish the degree of relatedness. This letter explores the possibility that the functional link between people might be inferred from their use of plants and plant products. The study of plants via an ethnobotanical lens. The traditional medicinal significance of plants is a key component of medicinal plant research. It lays bare the concept of revealing vegetation.

2. Methodology

Different data basis were searched by putting key words traditional healers, Ayurvedic treatments, local people into google scholar, pub med, Elsevier, Taylor and Francis and other research websites to collect literature on the said topic. We initially collected 300 research articles and finally selected 39 articles for the review. Quality of Journal was kept into consideration by following different criteria's like impact factor, journal citation report, Scopus indexing, H Index.

3. Results

Table 1 Main medicinal use, application mode and part of the plant employed for the ten medicinal plants with higher prevalence

Plant	Scientific Name	Medicinal Use
Chamomile	Matricariarecutita L.	Stomach ache
Nettle	UrticaDioica L.	Body pain
Ragweed	Ambrosia arborescens	Body purification
Rue	Rutagraveolens	Body purification
Eucalyptus	Eucalyptus obliqua	Sore throat, cough
Plantain	Plantago major	Fever
Feverfew	Tanacetumparthenium	Bad energiesc
Borage	Boragoofficinalis	Sore throat, cough
Field horsetail	Equisetum arvense	Inflammation
Mallow	Malvasylvestris	Hemorrhage and injuries
Euphorbiaceae	Ricinuscommunis L	Breast cancer
Fabaceae	Millettiaferruginea (Hochst.) Bak.	Cancer, in general
Flacourtiaceae	Dovyalisabyssinica (A. Rich.) Warb.	Lymphatic tumor
Lamiaceae	Clerodendrummyricoides (Hochst.) Vatke	Leukemia
Loganiaceae	Buddlejapolystachya Fresen.	Cancer, in general
Meliaceae	Ekebergiacapensis Sparrm.	Cancer, in general
Melanthaceae	Bersamaabyssinica Fresen.	Cancer, in general
Myrsinaceae	Myrsine melanophloeos (L.) R. Br.	Leukemia
Oleaceae	Oleacapensis L. f.	Cancer, in general
Ranunculaceae	Clematis simensis Fresen.	Cancer, in general
Rubiaceae	Pentaslanceolata Forssk.	Cancer, in general
Rutaceae	Zanthoxylumchalybeum Engl.	Cancer, in general
Sapotaceae	Sideroxyloxyacanthum Baill.	Cancer, in general
Zingiberaceae	Zingiberofficinale Roscoe	Cancer, in general

4. Discussion

The development of anthropological ideas has been greatly aided by the use of medicinal herbs. As a primary source of healthcare, curative floras have always been at the forefront of almost every civilization. Traditional medicines' therapeutic floras are regarded as prized treasures. A substantial quantity of today's medicines is manufactured. For a very long time, people have turned to medicinal remedies for health problems, for added flavour, and to keep an eye on disease pestilence. Natural characteristics of plant species used all over the globe

are often attributed to various metabolites provided by plants. Plant inferred components limit microbial growth under many conditions. We conducted a comprehensive evaluation of medicinal plants.

Individuals have depended upon nature for their fundamental requirements as being hotspots for medications, coverings, food stuffs, scents, apparel, flavours, manures and ways for transportation all through millennia. Large segments of the global population continue to benefit from medicinal plants, and this is especially true in developing countries where traditional medicine has a long and established

history of usage. There has been a rise in both the development and recognition of medicinal and monetary guides of these plants in both developed and developing nations.

Long-standing, conventional medical frameworks have developed from plants that continue to provide humanity with new therapeutic options. Few of the beneficial properties ascribed to floras have been accurately recognised, and therapeutic healing is dependent on randomised controlled trials. Traditional medicine is widely used in many different Asian countries, including China, India, Japan, Pakistan, Sri Lanka, and Thailand. China attributes over 40% of its total healthcare use to the use of traditional inborn medicines. Vegetable experts in the Caesalpiniaceae family have led to the development of natural medicines in Thailand, spurred on by the lucrative trade in homegrown pharmaceuticals. The Japanese prefer alternative medicine over conventional pharmaceuticals.

Plant dedication is particularly important in industries where their products are widely used, such as the cosmetics, medicines, and chemicals industries. For development of new medicine disclose restorative flowers performing energetic part. Therapeutic flora have shown their unique ability to adapt to a wide range of severe diseases, such as cancer and those caused by viruses.

Even in the modern day, plants play an important role in human services, but there is no reason to believe that this will change very soon. It is of the utmost urgency to discover and cultivate novel restorative operators, regardless of the precise number of existing pharmaceuticals. Only about a third of the illnesses that affect humans are well enough understood to have effective treatments available. This is why the fight against infectious diseases must be sustained throughout time. Traditional plant prescriptions nevertheless have a prominent position in the modern pharmaceutical industry, thanks to the lack of adverse effects and the synergistic effect of mixtures.

Most modern important drugs that have influenced healing practise have been isolated or derivatized from plants. These compound ingredients demonstrate the therapeutic potential of herbal and animal medicines, lending credence to the use of natural medicines in national health care systems. Natural medicines are widely available at affordable prices, have a proven track record, and are generally considered safer than synthetic pharmaceuticals.

Therefore, many pharmaceutically significant drugs that play a vital role in treatment of human diseases were discovered as a result of study into pharmacologically/organically active specialists obtained by screening natural sources like plant separates. The produced drug business has ignored many diseases, but recent phytochemical-pharmacological research has offered persuasive solutions. Research has shown that many aromatic plants have powerful medicinal properties, and these are among the most prominent.

Modern therapeutic floras used by conventional therapists are often used in current scanning for bioactive particles. This has led to the isolation of the few novel potentially restorative mixtures. Many effective treatments, a large number of therapeutic leads, and many home-grown pharmaceuticals have been developed thanks to the tireless efforts of professionals. In the vicinity of a fraction of the typical goods or their offshoots.

The Himalayas have recently been designated as a global biodiversity hotspot, and research on the distribution of medicinal plants in the region confirms that they may be found in a broad variety of ecosystems and landscape features. The Himalayan foothills are a vital, though topographically younger, segment of the main Himalayan range. There are 115 medicinal plants native to Jammu and Kashmir that contribute to the region's rich floral diversity. He has also made mention in its records of the healing properties of 295 different varieties of medicinal plants native to these regions. Kashmir's medicinal flora, on the other hand, hasn't gotten the attention it deserves and, at the very least, this isn't even the whole count. A significant quantity of these plants is used in conventional plant extracts.

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References

1. Al-Asmari, A. K., Al-Elaiwi, A. M., Athar, M. T., MdTanwir, T., & Mohammad, A. (2014) Eid, Ahmed, Al-

- Asmary, Saeed M. A review of hepatoprotective plants used in Saudi traditional medicine. *Evidence-Based Complementary and Alternative Medicine: eCAM*, 2014, 1–22. <https://doi.org/10.1155/2014/890842>
2. Al-Dhubiab, B. E. (2012). Pharmaceutical applications and phytochemical profile of *Cinnamomum burmannii*. *Pharmacognosy Reviews*, 6(12), 125–131. <https://doi.org/10.4103/0973-7847.99946>
 3. Alfarhan, A. H., Chaudhary, S. A., & Thomas, J. (1998a). Notes on the flora of Saudi Arabia. *Journal of King Saud University – Science*, 10, 31–40.
 4. Alfarhan, A. H., Chaudhary, S. A., & Thomas, J. (1998b). Notes on the flora of Saudi Arabia. *J. KSU. Univ. Sci.*, 10, 31–40.
 5. Al-Musayeib, N. M., Mothana, R. A., Al-Massarani, S., Matheussen, A., Cos, P., & Maes, L. (2012). Study of the in vitro antiplasmodial, antileishmanial and antitrypanosomal activities of medicinal plants from Saudi Arabia. *Molecules*, 17(10), 11379–11390. <https://doi.org/10.3390/molecules171011379>
 6. Alqethami, A., Hawkins, J. A., & Teixidor-Toneu, I. (2017). Medicinal plants used by women in Mecca: Urban, Muslim and gendered knowledge. *Journal of Ethnobiology and Ethnomedicine*, 13(1), 62. <https://doi.org/10.1186/s13002-017-0193-4>
 7. Al-Said, M. S., Mothana, R. A., Al-Sohaibani, M. O., & Rafatullah, S. (2011). Ameliorative effect of *Grewia tenax* (Forssk.) Fiori fruit extract on CCl₄-induced oxidative stress and hepatotoxicity in rats. *Journal of Food Science*, 76(9), T200–T206. <https://doi.org/10.1111/j.1750-3841.2011.02381.x>
 8. Al-Shanwani, M. (1996). *Plants used in Saudi folk medicine*. Riyadh King Abdul Aziz city sci. Technol.
 9. Al-Shaqha, W. M., Khan, M., Salam, N., Azzi, A., & Chaudhary, A. A. (2015). Antidiabetic potential of *Catharanthus roseus* Linn. and its effect on the glucose transport gene (GLUT-2 and GLUT-4) in streptozotocin induced diabetic Wistar rats. *BMC Complementary and Alternative Medicine*, 15, 1–8.
 10. Aly, M. M., & Bafeel, S. O. (2010). Screening for antifungal activities of some medicinal plants used traditionally in Saudi Arabia. *Journal of Applied Animal Research*, 38(1), 39–44. <https://doi.org/10.1080/09712119.2010.9707151>
 11. Asgarpanah, J., & Haghghat, E. (2012). Phytochemistry and pharmacologic properties of *Ziziphusspinachristi* (L.) Willd. *African Journal of Pharmacy and Pharmacology*, 6, 2332–2339.
 12. Balunas, M. J., & Kinghorn, A. D. (2005). Drug discovery from medicinal plants. *Life Sciences*, 78(5), 431–441. <https://doi.org/10.1016/j.lfs.2005.09.012>
 13. Bedir, E., Pugh, N., Calis, I., Pasco, D. S., & Khan, I. A. (2000). Immunostimulatory effects of cycloartane-type triterpene glycosides from *Astragalus* species. *Biological and Pharmaceutical Bulletin*, 23(7), 834–837. <https://doi.org/10.1248/bpb.23.834>
 14. Benzie, I. F., & Wachtel-Galor, S. (2011). *Herbal medicine: Biomolecular and clinical aspects*. CRC Press.
 15. Bhowmik, D., Gopinath, H., Kumar, B. P., & Kumar. (2013). Medicinal uses of *Punicagranatum* and its health benefits. *Kps. Journal of Pharmacognosy and Phytochemistry*, 1.
 16. Bhowmik, D., Kumar, K. S., Yadav, A., Srivastava, S., Paswan, S., & Dutta, A. S. (2012). Recent trends in Indian traditional herbs *Syzygium aromaticum* and its health benefits. *Journal of Pharmacognosy and Phytochemistry*, 1, 13–22.
 17. Bodeker, G., & Ong, C.-K. (2005). *WHO global atlas of traditional, complementary and alternative medicine*. World Health Organization.
 18. Bokhari, F. M. (2009). Antifungal activity of some medicinal plants used in Jeddah, Saudi Arabia. *Mycopathol.*, 7, 51–57.
 19. Borborah, K., Dutta, B., & Borthakur, S. K. (2014). Traditional uses of *Allium* L. species from North East India with special reference to their pharmacological activities. *Int. J med Res. Rev.*, 2, 1037–1051.
 20. Bourhia, M., Abdelaziz Shahat, A., Mohammed Almarfadi, O., Ali Naser, F., Mostafa Abdelmageed, W., Ait Haj Said, A., El Gueddari, F., Naamane, A., Benbacer, L., & Khilil, N. (2019). Ethnopharmacological survey of herbal remedies used for the treatment of cancer in the greater Casablanca-morocco. *Evidence-Based Complementary and Alternative Medicine: eCAM*, 2019, 1613457. <https://doi.org/10.1155/2019/1613457>
 21. Chalumeau, F., & Benito-Espinal, É. (1984). Deux Ctenuchidae (Lepidoptera) ravageurs du laurier-rose aux Antilles françaises. *Publ. Société Linn. Lyon*, 53, 175–182.
 22. Champy, P. (2011). Acetogenins from the seeds of the custard apple (*Annona squamosa* L.) and their health outcomes. In *Nuts and seeds in health and disease prevention* (pp. 429–437). Elsevier.
 23. Chopra, R. N. (1956). Nayar SL Chopra IC glossary of Indian medicinal plants. Counc. Sci. *Industrial Research New Delhi, India*, 186–187.
 24. El Hassany, B., El Hanbali, F., Akssira, M., Mellouki, F., Haidour, A., Barrero, A.F., 2004. Germacranolides from *Anvillearadiata*. *Fitoterapia* 75, 573–576.
 25. El-Shabasy, A. (2016). Survey on medicinal plants in the flora of Jizan Region, Saudi Arabia. *Int. J. Bot. Stud*, 2, 38–59.
 26. Emad, A. M., & Gamal, E.-G. E. (2013). Screening for antimicrobial activity of some plants from Saudi folk medicine. *Glob. Res, J. Med. Plants Indig. Medico*, 2, 189.
 27. Gamal, E. E. G., Khalifa, S. A. K., Gameel, A. S., & Emad, M. A. (2010). Traditional medicinal plants indigenous to Al-Rass province, Saudi Arabia. *Journal of Medicinal Plants Research*, 4(24), 2680–2683. <https://doi.org/10.5897/JMPR09.556>
 28. Ghazanfar, S. A. (1994). *Handbook of Arabian medicinal plants*. CRC Press.

29. Ghorbani, A., & Esmaeilizadeh, M. (2017). Pharmacological properties of *Salvia officinalis* and its components. *Journal of Traditional and Complementary Medicine*, 7(4), 433–440. <https://doi.org/10.1016/j.jtcme.2016.12.014>
30. Hashmi, M. A., Khan, A., Hanif, M., Farooq, U., & Perveen, S. (2015). Traditional uses, phytochemistry, and pharmacology of *Olea europaea* (olive). *Evidence-Based Complementary and Alternative Medicine*, 2015, 1–29. <https://doi.org/10.1155/2015/541591>
31. Hostettmann, K., Marston, A., Ndjoko, K., & Wolfender, J.-L. (2000). The potential of African plants as a source of drugs. *Current Organic Chemistry*, 4(10), 973–1010. <https://doi.org/10.2174/1385272003375923>
32. Jaafar, N. S., & Jaafar, I. S. (2019). *Eruca Sativa* LINN: Pharmacognostical and pharmacological properties and pharmaceutical preparations. *Asian Journal of Pharmaceutical and Clinical Research*, 12, 39–45.
33. Jazieh, A. R., Al Sudairy, R., Abulkhair, O., Alaskar, A., Al Safi, F., Sheblaq, N., Young, S., Issa, M., & Tamim, H. (2012). Use of complementary and alternative medicine by patients with cancer in Saudi Arabia. *Journal of Alternative and Complementary Medicine*, 18(11), 1045–1049. <https://doi.org/10.1089/acm.2011.0266>
34. Jirovetz, L., Buchbauer, G., Stoyanova, A. S., Georgiev, E. V., & Damianova, S. T. (2003). Composition, quality control, and antimicrobial activity of the essential oil of long-time stored dill (*Anethum graveolens* L.) seeds from Bulgaria. *Journal of Agricultural and Food Chemistry*, 51(13), 3854–3857. <https://doi.org/10.1021/jf030004y>
35. Kumar Gupta, S., & Sharma, A. (2014). Medicinal properties of *Zingiber officinale* Roscoe-A review. *J. Pharm. Biol. Sci.*, 9, 124–129.
36. Milošević-Djordjević, O., Radović Jakovljević, M., Marković, A., Stanković, M., Ćirić, A., Marinković, D., & Grujičić, D. (2018). Polyphenolic contents of *Teucrium polium* L. and *Teucrium scordium* L. associated with their protective effects against MMC-induced chromosomal damage in cultured human peripheral blood lymphocytes. *Turkish Journal of Biology*, 42(2), 152–162. <https://doi.org/10.3906/biy-1707-36>
37. Moazzami, A., & Kamal Eldin, A. (2009). Sesame seed oil. In *Gourmet and healthpromoting specialty oils* (pp. 267–282). Elsevier.
38. Srivastava, J. P., Lambert, J., & Vietmeyer, N. (1996). *Medicinal plants: An expanding role in development*. World Bank.
39. Yadav, N., Vasudeva, N., Singh, S., & Sharma, S. K. (2007). *Medicinal properties of genus Chenopodium Linn.*