

The Influence of Ethnicity on the Use of Medicinal Plants for Disease Management

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ABSTRACT

Ethnicity plays an important role in shaping traditional medical practices, particularly in the use of medicinal plants for disease management. Various ethnic groups have developed unique therapeutic systems, shaped by their cultural beliefs, historical traditions, and environmental factors. This paper examines how ethnicity influences medicinal plant selection, usage, and conservation, emphasizing the intersection between cultural knowledge and healthcare practices. Historical perspectives on ethnopharmacology, ethnobotanical studies, and case studies of different ethnic groups provide insight into the dynamic relationship between medicinal plant use and cultural identity. Additionally, factors such as geography, biodiversity, modernization, and knowledge transmission impact the sustainability of these practices. Understanding the role of ethnicity in medicinal plant usage is essential for promoting culturally inclusive healthcare and preserving traditional medical knowledge.

Keywords: Ethnicity, Medicinal Plants, Traditional Medicine, Ethnopharmacology, Ethnobotany, Cultural Knowledge, Disease Management.

INTRODUCTION

Ethnicity plays a significant role in the way medicinal plants are employed to manage diseases. Utilizing medicinal plants for disease management is a cultural practice and a part of traditional knowledge learned through generations. One of how different ethnic groups may be represented is by their traditional practice or knowledge of the utilization of medicinal plants, since they have been living in unique biocultural localities, and a long historical relationship could have facilitated this knowledge. However, different cultures have significantly different ways, not only in their use of such plants, but also in the understanding of health and disease, which will influence the choice and usage of particular therapies. Understanding the role that ethnicity plays in this understanding is as important as the health benefits of the plants being utilized. This paper provides a critical overview of how ethnicity may influence how people use medicinal plants as a form of disease management. To appreciate this relationship fully, it is first necessary to outline how cultural beliefs can go on to shape health, the choices concerning what is seen as the natural, social, and supernatural world, and how these apply to health practices or adherence to a treatment. It is important to understand cultural knowledge of plant resources and how they are used, and how this understanding is situated in cultural beliefs and the wider cultural system. The interrelationship of medicinal resources and cultural systems has been underlined by health practices amongst ethnic groups across the world. This paper can be separated into three parts. This paper will start with an overview of how cultural beliefs may shape health practices, the utilization of plants as a form of therapy, and how these natural resources are selected. The survey then moves on to investigate the relationship between medicinal resources and the systems of meaning in terms of risk and therapeutic effect used in the selection of these natural resources. The paper will conclude by discussing these relationships about the importance of understanding locality and in terms of the implications for the maintenance and sustainability of traditional therapeutic applications of medicinal plants and the retention of cultural knowledge [1, 2, 3].

Historical Perspectives on Medicinal Plant Use

This overview provides an understanding of medicinal plant usage by ethnic groups in the context of their history. This diachronic perspective allows observations on changes in the ways people use medicinal plants over time. The significance of these findings for ethnopharmacology and public health is discussed. Ethnopharmacological relevance The Association for Ethnopharmacology was established in 1966 in Berlin, but research on the traditional knowledge of herbs is much older. Since Europeans made first contact, the collection and classification of exotic medicinal plants has been a scientific endeavour. The illustrated herbal tradition in North America began with the publication of a book in 1552 by Hieronymus Bock, a physician in Strasbourg, and with the publication by John Gerard of his famous Herbal in 1597. The word ethnopharmacology was used for the first time by the US-American anthropologist John Harshberger in 1915. It describes the total of all pharmaceutical uses in all cultures, rather than only those of “uncivilized” peoples, as it is often understood today. This broader perspective also includes the observation of “folk medicine” and other culturally influenced forms of health care in industrial societies. Changes in medicinal plant use occur under the influence of knowledge and traditions of other ethnic groups, geographical relocation of patients, return to ethnic roots, political developments, wishes of plant providers, preferences for imported or pharmaceutical medicines, economic ensure profit from medicinal plants, and ecological changes in the natural environment related to deforestation and exploitation of the forest. Japanese, Chinese, and Ayurvedic medical texts were already mentioning similar diseases, such as spleen-related diseases, in 200 BC. Sometimes, similarities in medical knowledge are more fundamental than similarities in the taxa used. This observation independently supports different modeling approaches questioning the identity of phytotherapeutic traditions and the versatility of knowledge transfer into different regions or other times. From these perspectives, it seems plausible that the knowledge of caring for human illness was shared over a much wider space and time before written texts existed, but it would be more difficult to identify such sharing of knowledge today [4, 5, 6].

Ethnobotanical Studies on Medicinal Plant Use

Ethnobotany is the study of how people of a particular culture and region make use of indigenous plants. It has emerged as a unique academic discipline based on many years of active research work carried out by experts all over the world. The use of plants for therapeutic purposes was one of the earliest human discoveries, and there is evidence that certain plants were used for medicinal purposes as early as the Neanderthal period. Over the centuries, traditional medicine has been used by people as a means of primary health care. There might be complementary or alternative systems at work alongside the formal health sector. Developing countries still depend on traditional health practitioners or ethno-veterinarians for healing their various health disorders [7, 8, 9]. There are several ethnobotanical studies in which researchers have mentioned the traditional use of medicinal plants. This research also encompasses the medicinal utility of the local flora of the civil hospital Chowk district Jacobabad, and the practice of utilizing plants as a traditional method of cure has been noticed in many other studies of different areas of Pakistan. Major studies have been conducted all over Pakistan regarding the use of medicinal plants. The practice of the usage of medicinal herbs is well in practice in various parts of Pakistan. Many cultures, particularly in areas where people have less access to modern health care services, have long traditions of using plants to meet their primary health care needs. There is no specific period in human history when plants were not used as therapeutic agents. A constant, steady flow of information in the form of technical articles, books, conference proceedings, research papers, and monographs appearing in national and international journals is emerging as a way of conserving and recording the traditional knowledge of the local communities. Moreover, the importance of the common people regarding the significance of the conservation of ethnomedicinally important plants should be appreciated. Similarly, all the locally important endangered species should be included in the home garden. The procedure of multiplying medicinal plants should be easy. The availability of seeds and seedlings of the medicinal plants is also necessary. Proper delivery channels like nurseries and botanic gardens may be further strengthened, and the study of newly produced drugs using plant sources should be conducted to check the reliability and effectiveness of the specific compounds. Recent pharmacological approaches have shown the efficacy of the traditional claims of medicinal plants. It is, therefore, recommended that proper clinical trials be undertaken so that the reliability of the healing properties of the flora of the area may be scientifically known [10, 11, 12].

Factors Influencing Medicinal Plant Use Across Ethnic Groups

The medicinal value of plants is utilized for disease management across different ethnic groups of the world and has been since ancient times. Thus, the study on the use of medicinal plants for disease management in some ethnic communities was conducted with different ethnic groups' residents in the

Himalaya, Chitwan, Nepal, and it was revealed that the community people still rely on medicinal plants for the treatment of different diseases. The findings from this study also suggest that different ethnic people are still using medicinal plants around the human settlement. The utilization and management of plant resources could be more effective for rural residents' wellbeing as well as biodiversity conservation. Therefore, the study on the use of medicinal plants for treating human ailments and its consequences in different forested areas and ethnic communities were carried out [13, 14, 15]. Previous studies were conducted to evaluate the use of medicinal plants and its consequences for treatments in common diseases and its comparison between the Gurung and other ethnic groups. Despite considering the use and sustainable management of medicinal plants, lots of work has been conducted in this area. However, few such studies have been conducted concerning the use of medicinal plants for the management of human ailments and its consequences in different ethnic groups around diverse habitats. Biodiversity is important for different ecological stability, gene pools, and ecosystem or habitat management. The use of various plants by ethnic people, mainly for their therapeutic use, largely depends upon the specific environmental conditions. Geography, altitude, and the degree of isolation among human settlements may contribute to the differences in medicinal plants utilized by diverse ethnic groups around the Himalayas, including Nepal. It is suggested that in the similarity of adaptation and because of the extensive sharing of knowledge on medicinal properties of plants, people living in diverse regions and diverse environmental conditions may use the same medicinal plant resources [16, 17, 18].

Case Studies of Ethnic Groups and Medicinal Plant Use

The 62 ethnic groups living in Nepal belong to four major language families: Indo-Aryan, Tibeto-Burman, Mongolian, and Dravidian. Far Western Development Region (FWDR) hosts 28 of these ethnic groups. Each of these ethnic groups has lived within their own culture and environment, but with many similar practices, such as the medicinal plant use introduced earlier for induction or abortion. Such practices sometimes also result in similarities in the traditional knowledge of those medicinal plants. Continuation of the specific cultural practices similar to those for other ethnic groups is still followed among the Badi people or Mushar people of Kailali district or Dhimal people of Kanchanpur district, who have observed an evolving equilateral triangle relationship among them. Maternal and child health care practices or the ayurvedic system, including culturally evolved practices or knowledge, are more or less similar for most ethnic groups, as they are mostly inherited knowledge from the Hindu religious system. Informants from some ethnic groups are asked to practice or use medicinal plants, not only for curing the diseases but also for invoking or worshipping the god or goddess, considering the causes or effects of the harmful diseases. No information was found that any non-Hindu ethnic groups believe in consulting with or making offerings to the astrologer when a child's illness exceeds shad-bala. Many indigenous people are considered to be backward in terms of social, cultural, and technological aspects, although the rich tradition of medicinal plant use and ethnomedicine helps to sustain indigenous medicine with a large store of medicinal plants and associated knowledge. Nonetheless, in the comparative study of the Tharu, Majhi, Rajbansi, and Tamang, during recent appraisal, the Tamang ethnicity is found to be more or less diminishing in Ayurveda; they rather seem to follow the cultural standards. Shakya had begun learning this indigenous medicinal system as long ago as a joke, "but later when this traditional knowledge had become so poor; it seems she has forgotten all that was learned." Cultural change, modernization, and deprivation are considered the major challenges to these people and practices. For instance, as regards the conflict surrounding forest management, Shakya rarely visited the nearby forest to collect medicinal plants or firewood, as the community forest management authorities do not allow one to enter the forest and gather products at any time [19, 20, 21].

CONCLUSION

The use of medicinal plants for disease management is deeply intertwined with ethnic identity, cultural heritage, and environmental conditions. Different ethnic groups have developed distinct traditional medical systems that influence the choice, preparation, and application of medicinal plants. However, modernization, deforestation, and socio-cultural changes pose challenges to the preservation of this knowledge. While scientific validation of traditional medicine can enhance its integration into modern healthcare, it is essential to respect and safeguard indigenous knowledge systems. Efforts should be made to document, preserve, and sustainably manage medicinal plant resources while promoting cross-cultural knowledge exchange. By recognizing the importance of ethnicity in traditional medicine, policymakers, healthcare practitioners, and researchers can work towards a more inclusive and holistic approach to global health.

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CITE AS: Bwensiyo Twebaza H. (2025). The Influence of Ethnicity on the Use of Medicinal Plants for Disease Management. NEWPORT INTERNATIONAL JOURNAL OF PUBLIC HEALTH AND PHARMACY, 6(1):9-13. <https://doi.org/10.59298/NIJPP/2025/61913>