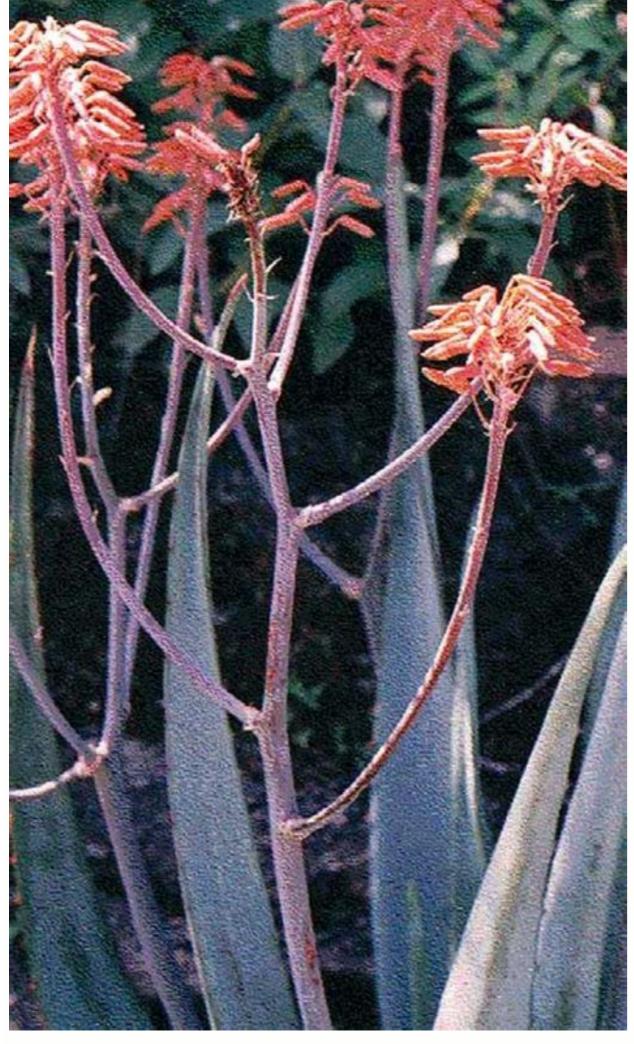
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Traditional medicinal plants in ethiopia

Common medicinal plants in ethiopia. What is traditional medicinal plants. Traditional medicinal plants in ethiopia pdf. List of medicinal plants in ethiopia. List of medicinal plants in ethiopia pdf.

Ethnopharmacological relevance: Plant materials are used worldwide as complementary and alternative therapeutics for the treatment of various illnesses.



In Ethiopia, folk medicines are utilized across a wide range of cultures and settings. Ethiopia has numerous plant species of which around 12% are endemic, making it a rich source of medicinal plants that are potentially important for human wellbeing. Aim of the study: The aim of this study was to assess Ethiopian medicinal plants with anti-inflammatory or wound healing activities, in an attempt to compile the information required for further investigation of their potential role in the management of lymphoedema. Methods: A systematic review protocol was developed according to the preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P) statement. The protocol for this review was registered on PROSPERO with registration number CRD42019127471.

This review considers all controlled in vivo and in vitro anti-inflammatory and wound healing studies evaluating the efficacy and safety of Ethiopian medicinal plants, herbal products, care, management, lymphoedema, lymphoedema, swelling,

podoconiosis, elephantiasis, wound, wound healing, inflammation, an anti-inflammation, an anti-inflammation, an anti-inflammation, and pro-inflammatory cell inhibition, as the percentage of carrageenan-induced oedema (anti-inflammation) inhibition, and the percentage of carrageenan-induced oedema (anti-inflammatory and pro-inflammatory cell inhibition, as the percentage of carrageenan-induced oedema (anti-inflammatory and 17 articles on wound healing). For quality assessment of individual in vitro studies, the Risk of Bias tool for animal intervention studies (SYRCLE's RoB tool) criteria were used. For quality assessment of individual in vitro studies, the Risk of Bias tool for animal intervention of studies (SYRCLE's RoB tool) criteria were used. For quality assessment of individual in vitro studies, the Risk of Bias tool for animal intervention studies (SYRCLE's RoB tool) criteria were used. For quality assessment of individual in vitro studies, the Risk of Bias tool for animal intervention of studies (SYRCLE's RoB tool) criteria were used. For quality assessment of individual animal studies, the Risk of Bias tool for animal intervention of studies of carrageenan-induced passessment of individual animal studies, the Risk of Bias tool for animal intervention of studies of such assessment of individual animal studies, the Risk of Bias tool for animal intervention of tudies of anti-inflammatory and the WHO Good Laboratory Practice (GLP) handbook were used. Results: A total of 46 articles on anti-inflammatory and the WHO Good Laboratory Practice (GLP) handbook were used. Results: A total of 46 articles on anti-inflammatory and the WHO Good Laboratory Practice (GLP) handbook were used. Results: A total of 46 articles on anti-inflammatory and the WHO Good Laboratory Practice (GLP) handbook were used. Results: A total of 46 articles on anti-inflammatory and the WHO Good Laboratory Practice (GLP) handbook were used. Results: A total of 46 articles on anti-inflammatory and the Surface anti-inflammatory and the fastest

chemicials of the material and that they extract its constituents using water and local alcohol (Harak'iya). This study agrees with the study in Tigray, northern Ethiopia [49], which reported the use of locally made drinking alcohol for extraction. They use honey to shun the uncomfortable taste of the preparation.

**Review of the study of t

This report agrees with the study reported from India [50]. Ethnobotanical knowledge of medicinal plants Acquisition of traditional medicinal knowledge Year of healing practice and age of TH are related.



The age and stay within the area have positive associations



They should practice with at least the general public traditional medicinal knowledge. Similar was reported to Kenya [19]. This is because of the formation of social intimacy, marriage, and relativity that increases repeatedly visiting community members and chance of sharing skills and knowledge as well as outreaching of knowledge about him/her in the area. Most of the THs get hold of their awareness from their families in words with great privacy usually at adulthood. The report of west Showa in Ethiopia [51] indicated a similar norm. This is because to keep secrecy, the retaining of knowledge and practice in the family root is needed, the actual training takes long time exercise, and the active and trusted juvenile to keep secrecy and oath is distinguished. Some acquire following shape and color resemblance of nature (the plant) for treatment like in Tragia cinerea and Asparagus racemosus (climbing behavior) and Abrus precatorius (its climbing behavior and color of seed is observed), Cynodon dactylon, Dichondra repens, and Indigofera spicata (runner), Plantago lanceolata (apical shoot resemblance), Polyscias fulva and Dracaena steudneri (straight stem with top branches) used for snakebite, Cuscuta kilimanjari (its climbing and running behavior and color of stem is observed) for ascaris, Ensete ventricosum (red variety color is observed) for retained placenta, and Gomphocarpus physocarpus (its hairy balls were observed) for swelling of gland /Lymph adenitis. But, unless the juvenile person who receives the knowledge is interested, documented the event and has a lively memory of understanding and knows the said plants of the realm, there is a leak of information. Most of the time disease occurred within the study area was human suffering diseases. The study results indicated that TH developed knowledge and filled the gap of the fashionable healthcare system through treating the identical pathological state by using many traditional plants like just in case of liver problems and diarrhea.

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The identical was reported for south central Ethiopia [52]. The reasons are as follows: 1. Most of them embark in inaccessible areas where there is scarcity of medicinal knowledge determines the extent of the employment of medicinal plants for medicinal purposes. 3. Because the burden and practice is exercised in a given area for a very long time, it becomes the culture or trend of the community. TH with knowledge of many medicinal plants has positive association with family size. This is because they need to increase information on how to take health care of their family members with least expenditures and struggle to sustain their relations in several aspects. The similar observation was reported to Wolaita of Ethiopia [53].

Because the number of medicinal plant's knowledge increases, the amount of diseases practiced to treat increases which were

scientifically proven to be incurable like cancers became curable by traditional healing practice of the study area. The identical was reported to the Pinyin society [54]. The TMPs used and their sources like markets, institutions (churchyards and graves and schools, farmers' training centers), rangelands, bushes, marshy areas, and sides of roads. As age increases beyond 60 years. This is because elders are tired of going to distant places and hence tend to grow them in their homestead and

practice their children on their knowledge. The women, children, and the poor were selling fresh edible and medicinal plants in the market which is different from the report of the culture of Guji in Ethiopia [55] that strictly forbade selling TMP in the market. The sellers within the local market were not TH but local traders and vendors of various materials like spices. This report was similar to the report of Bench and elsewhere in Ethiopia [56, 57]. There is no purposeful marketing of TMPs in the open market.

To monitor the practice of traditional medicine needs the legalized system, special spaces, and procedures. This study is different from the report of most communities of Africa [58] that indicates no regulated use and adverse effect [59]. They provide differential usage information and prescription to their patients and determine the dosage supporting different conditions, status of patients, and nature of the ailment with precautions. Otherwise, they refer their patients to the best practitioners or to the modern health system before they deliver the service. This study agrees with the study of Misha Woreda in Hadiya Zone [60] and works reported from India [37] and the frequent practice for increasing frequency of customer visitation, not to lose their customers, to point out their ability of identifying the particular disease of the patient and being open to the modernized system of medication in traditional healing practice.

The same report from a study undertaken in western Kenya [21] indicated that consumers usually choose traditional medicine practitioners. Traditional medicine practitioners and elsewhere in Ethiopia [56, 57]. There is no purposeful market.

The same report from a study undertaken in western Kenya [21] indicated that consumers usually choose traditional medicine practitioners. Traditional medicine practitioners.

This is a practice that they developed a very long time ago and the frequency of customer visitation, not to lose their customers, to point out their ability of identifying the particular disease of the patient and being open to the moderance when the protection in traditional public medication in traditional medication within the community helped them to guard themselves from many diseases and famine, environmental stress and to conserve multipurpose plants. Reports from elsewhere [61,62,63] also support this norm. This can be because the management designed and practiced by early elders went through centuries of practice. The practice within the community became trendy and developed to the culture that enforces the community knowledgeDese pendence on abundance of the fundamental stress of the patient and the reports from elsewhere [61,62,63] also support this norm. This can be because the management designed and practiced by early elders went through centuries of practice. The practice within the community became trendy and developed to the culture that enforces the community knowledgeDese pendence on abundance of the plant parts to treat one health problem in order to extend the strength and efficiency of the drug. The plant secures a high UD, CV, UV, and RI score that indicates there are many use high UD, CV, UV, and RI score that indicates there are many use indicates there are many use the study area. There was a similar report to the Sheka Zone which is 5:155 [64]. This is because both of them were from Southwestern Ethiopia and surrounded by natural forests which increased the interaction to the people living around and encroached. The species were the most preferred 13.1 This implifies the study so the study are easily accessed were the most preferred 13.1. This implifies the study are easily accessed the interaction to the people living around and encroached in the presents of the presents o

Launaea capitata is used for stomachache, anaphylactic shock, colic pain, liver problem, dinarche, and velyee. Pittosporum abyssinicum is used for rotematism, stomachache, evil eye, to silida, sanaraistes, uniter problems, internal parasites, and dust removal from the eye.

Vernonia theophrastifolia is used uniquely for anaphylactic shock (devil sickness/evil spirit), eye, wound healing, onchocerciasis, impetigo, colic pain, snakebite, and liver problem (hepatitis, cirrhosis, scaring). In addition to this, the result of comparison of ethnobotanical studies carried out in different times and parts of Ethiopia with this study also indicated the novelty of the use of some traditional medicinal plants. In the study area, Centella asiatiaca is used for gum problem, headache, pyoderma, ringworm, snakebite (any) and venom, swelling of lymph gland and bat droppings and urine, but in Sheka [64] it is used for healing (inflammation, cancer), and headache (painful) in Assosa [43], in North Wollo [66] and in Adwa [68]. In the study area, Cormelina africana is used for diarrhea and tinea capitis (ringworm); in addition to this, it is used for milk yield and animal fattening, but in Sidama [69] it is used for malaria, is used differently for wound healing, onchocerciasis, and hemorrhage/hemorrhoids from other computed areas and similarly to Sheka [64] and North Wollo [66] in using it for skin diseases (Chirt). In the study area, Cordia africana is used differently for wound healing, onchocerciasis, and hemorrhage/hemorrhoids from other computed areas and estimated and problem in Amaro [44], for Stomachache in North Wollo [66] in using it for skin diseases, but it is reported to Sheka [64] using it for skin diseases. (Chirt). In the study area, Cyathula cylindrica is used uniquely for snakebite, and eye disease, but it is reported to Sheka [64] using it for skin diseases in North Shewa [49]. In the study area, Cyndion dactylon is used provided to the word of the problem, headache, dysentery, diarrhea of children but for yee d

Erapforsis ter is used as a novelty for anemia and appetizer, but it is used as antidote for the snake's venom in Sheka [64]. In the study area, and spentizer, cirrhosis, and stomachache, colic pain, skin diseases, arm pain, skin diseases, lead, pain, sand skin dance for lead, skin diseases, arm pain, skin diseases, arm pain, skin diseases, lead, pain, supprisonous in West Coglian (problem and starter) and satisfaction diseases, lead or shiver problems, and to Arba Minch Zuria [40] for dressing wound (reated by Leishmanial), urination problem, shed problems, shed problems, and late placenta, but similarly used for body swelling, pain, shed problems, and late placenta, but similarly used for disease, dor body swelling, not he mamps (neck area) of ox, toothache, wound healing. Juniarly used for disease, dor body swelling, not he mamps (neck area) of ox, toothache, wound healing. Juniarly used for disease, arm pain, disease, likely in used for shiver problems, and in torthache, lood, for problems, and in tort

Pentas schimperiana is used for internal parasite, eye disease, evil eye, diarrhea, swelling of gland, appetizer, animal fattening and milk yield, and similarly used for constipation (some dehydration) and wound healing like in Arba Minch Zuria [40], mechanical break of bone (bone fracture) like in central Ethiopia [52] but differently used in Sheka

used for colic pain, stomachache, liver problems, diarrhea, and wound healing, but it is used for exil eye, liver problems, colic pain, diarrhea, snakebite and retained placenta but it is used only for stomach problems in Sheka [64].

more pressure on resources exposing them to loss.

[64] for stomach problem and cow disease. Piper capense is used peculiarly for stomachache, rheumatism, colic pain, common cold, liver problem, animal fattening but similarly used for camerate pus in Sheka [64]. Polyscias fulva is used for Allergic case/allergic reaction, eye disease, animal food poison feeding, blackleg, colic pain, evil spirit, and enset wilting, and similarly used for bloody urine, typhorid fever, schistosomianis, musculoskeletal, common cold, bloody diarrhea, headache, and cattle diseases in Sheka [64] and for lumpy skin disease in Sidama [69]. Rossmarinus officinalis has novelty use in the study area is used for wound healing, colic pain, impetigo, tinea capitis (ringworm), epilepsy, fload pressure, rheumatism, common cold, diarrhea, and milk teeth and gum problems and similarly used for animal fattening, endoparasites, gonorrhea and toothache [64] and for snake bite [67]. Solanum americanum is used for internal parasites, fever, gastritis, rheumatism, common cold, earache, constipation and colic pain but differently used in other areas for malaria and toothache [41] and snake bite [41, 49]. In study area, Syzygium guineense subsp. guineense is used for amoeba, diarrhea, colic pain, wound healing, blackleg, stomachache, evil eye, abdominal pain (cramp), liver problem, swelling of gland, kidney infection and leech expel and similarly used for tonsilitis with other areas for but differently used in other areas for gonorrhea and similarly used for insect/worm poison, shingles (herpes zoster), and liver problems but differently used in other areas for subachache, diarrhea and similarly used for rheumatism, colic pain, wound feel and similarly used for thermal parasite but differently used in other areas for bloody diarrhea and similarly used for rheumatism, colic pain, and animal fattening and similarly used for stomachache, each differ

poison in Sheka [64]. The above-documented TMPs have completely novel use in the study area and their pharmacological activity should be further ensured to use at national level, Ethiopia. The findings of comparison shown that people of distinctive regions within the nation utilize the same kind of TMPs for the same kind of the same kind of the same kinds of the same ki

collected from different areas of the country from more than 80 ethnic groups especially, from elders (traditional healers) in systematic manner before they leave the court: the same nationally structured interview questions should be prepared and used to explore from each ethnic group by the nearby universities. And, then the database should be formed to serve the people, the world in a wider sense in primary healthcare and tackle current newly emerged diseases and disease resistant microbes that familiarized the present drugs at hand.

2. Capacitating, legalizing, and integrating the service renders in the scarcity of modern health institutions and service providers 3. Filling the gap of the young through awareness creation training and incorporating it into curriculum. 4. The conservation issue of plants should be prioritized urgently, that is interventions of conservation of endangered TMPs to protect the extinction. Not only traditional medicinal practitioners of the study area but also the traditional medicinal practitioners of the country as distinguished based on the publications listed, (Table 9) include Beard on the publications listed, (Table 9) include Beard on the publications listed, (Table 9) include Beard on the publications listed, (Table 9) includes of the country as distinguished based on the publications listed, (Table 9) includes of the country as distinguished based on the publications listed, (Table 9) includes of the country as distinguished based on the publications listed, (Table 9) includes of the country as distinguished based on the publications listed, (Table 9) includes of the country as distinguished based on the publications listed, (Table 9) includes for the country as distinguished based on the publications listed, (Table 9) includes for the country as distinguished based on the publications listed, (Table 9) includes for the country as distinguished based on the publications listed, (Table 9) includes for the country as distinguished based on the publications listed, (Table 9

Multipurpose nature of TMPs ends up in overutilization. The loss of multipurpose plants leads to the loss of indigenous knowledge tied with them, resulting in health problems. This needs conservation and sustainable utilization intervention. The same threat was reported from investigations of different parts of the country that the natural forest is the main source, and anthropogenic activities were the main debilitating factors of TMPs [40,41,42,43,44,45,46, 48, 49, 52, 64, 66,67,68,69].

This informs us to aware people about conservative utilization for sustainability of vascular plants with diverse use. Distance of urbanization and modern infrastructures were constructed for development activities, urbanization, and resettlement at the expense of TMPs. It also has influence on other imperative plants and allied community information, and culture and lifestyles. This agrees with the report to Jimma in Ethiopia [70]. The computational result showed that traditional healing practice incorporates a strong correlation with distance from a health center and urban areas. The more the traditional healing practice is more implemented as the distance far away from modern health institutions. The reason for this is as follows: 1. Some people

lumbering and for other purposes accelerated depletion of the species within the study area. Both nearby and distant residents of natural forests with a few years of healing practice rely more on natural forests with a few years of healing practice rely more on natural forests. The extensive use of roots for various purposes also poses threats of depletion of traditional medicinal plants. This suggests the presence of

are not ready to travel to a far place because they probably want to save time and energy.

2. Most people of low income cannot afford the price of modern medication; they prefer the cheapness and effectiveness. This agrees with the report to Jimma in Ethiopia [70] and among the Samia of Funyula Division, Busia District, Kenya [19]. This can be because the practice of time-honored remedy within the study area faced lots of challenges since the beginning of modern medication. The claim that the negative effect of infusion of legal and health law issues, demoralizing sayings and considering as backward remote activity. This enforces the knowledgeable persons to go away from traditional healthcare systems or distant places where not frequently contact with, consequently, to the loss of healing knowledge. This study result agrees with the report elsewhere in Ethiopia [10], reported to Jigjiga of eastern Ethiopia [45], for western Kenya [21], and elsewhere [71, 72]. The traditional medicine practice has to get formal and legal ground as well as integrate with the modern system to serve the community. The manner of transfer of knowledge and documentation Most of the transfer of the study area claimed that they do not document their knowledge, the TMPs they use, the service they render, and following manner of oral acquisition and conveying of their knowledge and plant remedies. This study agrees with a report from western Kenya [21] which constitutes a system of informal and unwritten regulations.

The manner of the transfer of knowledge of plant remedies is one of the threats posed as a result of the oral nature of transmitting the knowledge of plant remedies is one of the transmitting to their lifespan. On the other hand, the training of treatment takes place with burly realistic mechanism over an extended period under strict supervision and

This study agrees with the study made on the medicinal practices of the Zay people [73] and in most ethnic societies of Ethiopia [74]. This is due to the following: 1. The healers did not attend grade level education, 2. such convey became a fashion within the study area, 3. to keep the secrecy of knowledge, and 4. the belief that makes public causes the mauling, failure of information and inefficacy while practicing it. This fashion may negatively affect its continuity and would likely end up in the loss of valuable information, TMPs, and deprivation from primary health service. Service charge for traditional herbal medication. The process deprived and process the THe process delivered by young, more educated and process.

the mauling, failure of information and metricacy while practicing it. This fashion may negatively affect its continuity and would likely end up in the loss of valuable information, IMPs, and deprivation from primary health service. Service charge for traditional herbal medication in the loss of valuable information of valuable information in the loss of valuable information of valuable information of valuable information in the loss of valuable information in the loss of valuable information in the loss of valuable information of valuable information in the loss of valuable information in the loss

also the knowledge cannot further work for others.

Culture allows determining the amount of money or kind to receive for the service they deliver which is different from the culture of Guji in Ethiopia [54] that does not allow money to compensate. However, the study area THs do not engage in healing service unless an occasional case happens because their primary and official duty is farming.

There is no grant for continuation of the practice of a small number of year of experience. The younger knowledgeable THs were few in number and have traditional healing practice of a small number of year of experience.

for income generation and mastering the procedures and remedies.

They are telling that they work because of the oath of their fore parents for practice continuity. Additionally, deep rooting in culture, respect from community members and extensive practice due to simple identification, approaches and communication, accessibility, cheapness, and effectiveness retained the practice of traditional medicine and continued for hundreds of years without support from elsewhere.

Similar study result reported to Jigjiga of eastern Ethiopia [45] support this. In other words, there have been few TH left in adulthood. The young are to detach the loop and the elderly are close to departing, leaving no traditional medicinal knowledge to the following generation. There is a desire to give confidence and capacitate TH to practice and renovate their service to resolve the globe's unhealthiness. The integrated approach has been widely practiced and accepted as an effective method for reducing the side effects, minimizing toxicity, reinforcing the treatment efficacy, and reverting multidrug resistance as known from studies in China [64] as a lesson. Therefore, allowing working side

by side with modern healthcare systems within the community elongates the indigenous knowledge other than filling the gap of contemporary healthcare systems within the community elongates the indigenous knowledge other than filling the gap of contemporary healthcare systems within the community elongates the indigenous knowledge other than filling the gap of contemporary healthcare systems within the community elongates the indigenous knowledge other than filling the gap of contemporary healthcare systems within the community elongates the indigenous knowledge other than filling the gap of contemporary healthcare systems within the community elongates the indigenous knowledge other than filling the gap of contemporary healthcare systems within the community elongates the indigenous knowledge other than filling the gap of contemporary healthcare systems within the community elongates the indigenous knowledge other than filling the gap of contemporary healthcare systems within the community elongates the indigenous knowledge of the than filling the gap of contemporary healthcare systems within the community elongates the indigenous knowledge of the than filling the gap of contemporary healthcare systems within the community elongates the indigenous knowledge of the than filling the gap of contemporary healthcare systems within the community elongates the indigenous knowledge of the than filling the gap of contemporary healthcare systems within the community elongates the indigenous knowledge of the them for healthcare systems within the community elongates and properties and plants alongates and properties and plants, making a preserving indigenous and represent plants, making a preserving indigenous elongates and provides the first comprehensive appraisal of traditional use, pharmacological plants, making a preserving indigenous and preserving indigenous and