



# RESEARCH ARTICLE

# Ethnobotanical exploration of traditional medicinal plants among the rural inhabitants of district Muzaffarabad, Kashmir Himalayan Region

Syed Waseem Gillani¹, Mushtaq Ahmad¹\*, Muhammad Zafar¹, Muhammad Manzoor¹\*, Ghulam Mujtaba Shah²\*, Hamayun Shaheen³, Wajid Zaman⁴, Shazia Sultana⁵, Bibi Sadia¹ & Khaydarova Khilola Khishlatovna⁶

- <sup>1</sup>Department of Plant Sciences, Quaid-i-Azam University, Islamabad 45320, Pakistan
- <sup>2</sup>Department of Botany, Hazara University, Mansehra 21120, Pakistan
- <sup>3</sup>Department of Botany, University of Azad Jammu & Kashmir, Muzafarabad 13100, Pakistan
- <sup>4</sup>Department of Life Sciences, Yeungnam University 38541, South Korea
- <sup>5</sup>College of Life Sciences, Neijiang Normal University Sichuan 641100, China
- <sup>6</sup> Department of Sociology, National University of Uzbekistan, Tashkent 100174, Uzbekistan

\*Email: mushtaq@qau.edu.pk, mmanzoor@bs.qau.edu.pk, gmujtabashah@hu.edu.pk



#### **ARTICLE HISTORY**

Received: 08 January 2024 Accepted: 15 March 2024 Available online Version 1.0: 29 March 2024



Check for updates



**Peer review**: Publisher thanks Sectional Editor and the other anonymous reviewers for their contribution to the peer review of this work.

**Reprints & permissions information** is available at https://horizonepublishing.com/journals/index.php/PST/open\_access\_policy

**Publisher's Note**: Horizon e-Publishing Group remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Indexing: Plant Science Today, published by Horizon e-Publishing Group, is covered by Scopus, Web of Science, BIOSIS Previews, Clarivate Analytics, NAAS, UGC Care, etc See https://horizonepublishing.com/journals/index.php/PST/indexing\_abstracting

**Copyright:** © The Author(s). This is an openaccess article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution and reproduction in any medium, provided the original author and source are credited (https://creativecommons.org/licenses/by/4.0/)

#### CITE THIS ARTICLE

Gillani SW, Ahmad M, Zafar M, Manzoor M, Shah GM, Shaheen H, Ethnobotanical exploration of traditional medicinal plants among the rural inhabitants of district Muzaffarabad, Kashmir Himalayan Region. Plant Science Today. 2024; 11(sp1): 21-33. https://doi.org/10.14719/pst.3265

## **Abstract**

Indigenous knowledge provides insights into the therapeutic properties of medicinal plants used in local communities for basic healthcare. This research focuses on documenting the medical knowledge of rural communities that rely on medicinal plants in their traditional healthcare practices in the district of Muzaffarabad, Kashmir Himalayas. A field survey was carried out in 2022 and 2023 to collect data on wild medicinal plants. Informants were selected at random to learn about indigenous medical practices through semi-structured interviews and group discussions with 95 informants. The ethnomedicinal data were quantitatively analyzed using indices of use value (UV) and relative frequency citation (RFC). The study area documented 56 medicinal plants from 34 different families. Polygonaceae was the most dominant family, contributing 14.03% to medicinal plants, followed by Lamiaceae (10.52%) and Rosaceae (7.01%). Among medicinal plants, communities predominantly used herbs (64.91%) and leaves (29.09%) to treat several health problems. Mentha longifolia had the highest reported use value (1.71), and Bergenia ciliata had the highest recorded RFC value (0.72). Rural inhabitants continue to rely on wild medicinal plants as their primary source of medication. The transmission of indigenous knowledge to descendants is steadily declining and is primarily limited to healthcare practitioners and the elderly. These communities have kept important indigenous knowledge, which must be preserved for sustainable resource management and conservation. A more extensive field exploration is required to discover all of the indigenous knowledge in rural areas of Kashmir.

# **Keywords**

conservation; ethnobotany; medicinal; rural communities; traditional knowledge

## Introduction

Ethnobotany and traditional knowledge explorations have frequently proven relevant and demonstrating. The emphasis has frequently been on developing a thorough inventory that includes information about plants, indigenous names, and the local benefits associated with them (1). Traditional medicine is used to prevent, cure, and diagnose physical and mental illnesses, as well as to preserve overall health, and it draws on a

wide range of concepts, techniques, and beliefs from various cultural backgrounds (2). In addition, traditional knowledge continues to decline on a global scale. In the age of globalization, it is critical to record traditional knowledge to defend the rights of local communities (3). Recent ethnobotanical research helps to preserve traditional knowledge about medicinal plants (4). The vast biodiversity of natural plant resources in numerous regions aids in the identification of innovative drugs. This provides rapid, cost-effective, and diverse local healthcare options (5). A vital facet of preserving traditional plant knowledge is identifying plant classifications and identifying individuals within a society who hold them, particularly in the context of therapeutic herb use. As a result, the importance of interactions between humans and plants in the preservation of biodiversity has grown. This has resulted in the rise of quantitative methodologies that concentrate on many factors that influence traditional knowledge (6, 7).

Despite the advances in modern healthcare, traditional medications continue to play an important but sometimes underappreciated role in solving today's healthcare concerns (6). There is an increasing need for services related to traditional medicine, and herbal traditions are widespread throughout the world. When compared to synthetic pharmaceuticals, folk treatments are of higher quality, safer, more effective, and biocompatible. This has led to an increase in interest in them (8). Plants have been used by humans for thousands of years for a wide range of reasons. Over time, they have developed a wide range of techniques for the treatment of different diseases (9). Exploring the various relationships and interactions between humans and plants, ethnobotany is a thriving interdisciplinary scientific field (10). The ancient system of herbal treatments, which has its origins in the use of plants by native tribes, has been passed down from elders to younger generations over many decades (11). The traditional medical system uses whole plants or parts of plants as decoctions, infusions, and in powdered form (12-14). Pakistan is located in Asia, and about 6000 species have been recorded in the region. Notably, 60% of the population, particularly in small communities, uses 12% of the reported flora species for medicinal purposes (15). Approximately 80% of Pakistan's native flora are found only in the northern and western Himalayan region (16).

The Himalayan region is considered an important plant diversity hub, featuring a broad range of medicinal and food plants (17-24). The native communities within this specific geographic area, in particular, rely substantially on non-timber forest resources. Their sustenance is obtained from plant-based ingredients, which serve an important role in the preservation of traditional healthcare techniques (25, 26). Plants play an important part in the survival of indigenous tribes living in the Himalayan Mountains, providing key supplies of nourishment and healing through their dual roles as food and medicinal resources (27, 28). The increasing

globalization and modernization processes have generated discussion among contemporary ethno biologists about traditional knowledge. According to research, the major cultural shifts that have accompanied these achievements have resulted in a reduction, and in some cases, the entire extinction, of traditional knowledge (29).

It is critical to record traditional knowledge to preserve and facilitate future studies on the safety and efficacy of medicinal plants. This material helps to validate the traditional use of certain plants through study (30). Traditional medicinal wisdom is primarily passed down through verbal communication, with elderly individuals and hakims playing an important role in this process (31). Urbanization advances in healthcare, and generational disparities all contribute to rising concerns about knowledge loss (32, 33). Preserving culture, progressing pharmacological research, and managing natural resources all depend on the documentation of traditional indigenous healing knowledge. The traditional medicinal uses of plants by local communities in various parts of Azad Jammu and Kashmir have been recorded by numerous studies (34-42). This research looked into how this knowledge may be used practically for local healthcare in the rural areas of Muzaffarabad. Few studies have been conducted in the Muzaffarabad district to document local communities' traditional knowledge about fundamental healthcare practices (43-46). The primary objective of this research was to document the traditional knowledge owned by local communities, with a particular emphasis on emphasizing the need to share this indigenous knowledge as well as preserving the community's traditional practices in rural areas of Muzaffarabad, Kashmir Himalayas.

## **Materials and Methods**

The current study has been conducted in nine different villages of rural areas of Muzaffarabad district, Azad Jammu & Kashmir. These villages are Narri Syedan, Narri Gujran, Khoajy Trar, Pathyali, Pir Chanasi, Pir Hasimaaar, Jabsar, Magri, and Thora (Fig. 1). Azad Jammu and Kashmir (AJK) is described by the geographic coordinates 33°54′-34° 44 North latitude and 73° 31-74° 50 East longitude (18, 47, 48). The area is dominated by steep mountains, deep ravines, and rocky landscapes with undulating topography. It is bounded to the south by the Punjab Province's Gujrat district, to the east by the occupied Jammu and Kashmir Region, and to the west by the districts of Kahota, Murree Region, and KPK (18). The climate in the area ranges from subtropical to moderately humid. During the winter months, high temperatures typically range between 25 and 34 degrees Celsius, while low temperatures typically range between 4 and 10 degrees Celsius (49-51). In addition to Urdu, the people of Azad Jammu and Kashmir come from many cultural origins and converse in a variety of regional or local languages, including Kashmiri, Gojri, Pahari, and Hindko (18).

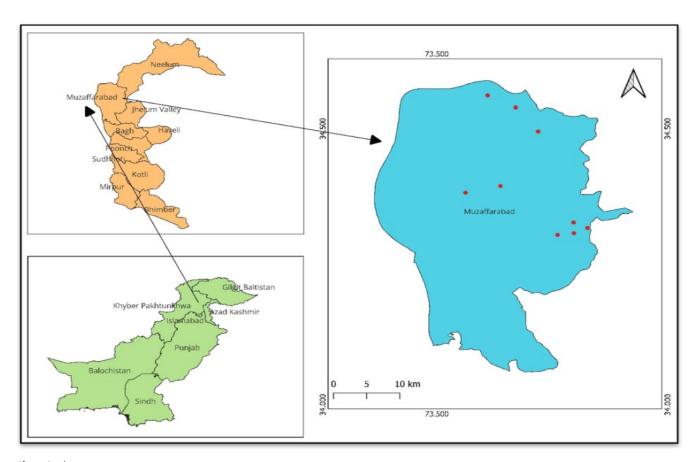


Fig. 1. Study area map.

## **Data collection**

Ethnobotanical data was collected in nine different villages in the Muzaffarabad area using a questionnaire and group discussion technique (Table 1). In total, 95 people took part in the survey as informants. The majority of these were above the age of 35, including 72 males, and

23 women. Before collecting ethnobotanical data, each participant was given extensive information about the research's goal and objectives. This was done to ensure their participation in following ethical rules (52). To improve communication throughout the field survey, group discussions were conducted in the inhabitants' native languages, which include Pahri, Gojri, and Hindko.

**Table 1.** Demographic information of study area.

<b>Demographic Features</b>	Number of Persons	Percentage
	Gender	
Male	72	75.78
Female	23	24.21
	Informant category	
Indigenous people	86	90.52
Hakims	9	7.36
Age of Informants		
25-40 years	14	14.73
41-55 years	26	27.36
56-70 years	34	35.78
71 and above	21	22.10
E	ducational background	
Illiterate	46	48.42
Elementary School level	18	18.94
Secondary School level	11	11.57
High School level	13	13.68
Higher education	7	7.36
	Marital Status	
Married	76	80
Unmarried	13	13.68
Widowed	6	6.31
	Employment Status	
Employed	22	23.15
Farmer	49	51.57
Unemployed	14	14.73

## Ethnographic and socio-economic variables

communities' Indigenous financial status significantly, although they tended to be modest overall. The area displayed a heterogeneous ethnography that included a range of ethnic groups, including the Chaudhary, Syed, Raja, Maliks, Mughals, Khwaja, Abbasi, Awan, and Butt (18, 48). The region has very few sources of income other than forestry, agriculture, and a few other occupations. A significant number of people live in rural areas where they mostly rely on farming, harvesting medicinal plants, and rearing livestock to meet their needs. The agricultural economies of these regions, where rice, potatoes, maize, and wheat are the main crops grown, are significantly influenced by precipitation (34). Tourism has played an important role in improving the local population's economic and social well-being by creating employment opportunities (42, 53).

#### Plant collection and identification

Several field trips were conducted in 2022 and 2023 to get plant specimens and traditional ethnomedical knowledge. Throughout the collection procedure, every plant was given a proper label and recognized using its local name. Plant sample pressing, drying, and mounting on herbarium sheets were done with precision. Using the "Flora of Pakistan" as a guide and following the instructions provided by Stewart (54), in addition to using several internet sites, made it easier to identify these specimens. Every plant name was checked by looking up the information in the World Online Flora.

## Quantitative data analysis

The first step was compiling a comprehensive list of plants for further evaluation. This included information on the different plants used in phytoremediation as well as any potential therapeutic benefits. Then, specific indices were calculated:

## Use value (UV)

Use value (UV) is the local identification and citation of plants to assess their value within a certain area. The use value is calculated using a specific methodology (46, 55). It was calculated by the following method:

$$UV = \Sigma Ui/N$$

Where 'N' indicates the overall number of informants that were involved in the study, whereas 'Ui' stands for the use of reports about that particular species.

## Frequency of citation (FC)

The use citation frequency (FC) was used to identify the plant species most widely used by the local community in the region which coincides with the observations reported by Tardo and Pardo-de-Santayana (56).

	Number of times a particular species was					
FC	C mentioned					
=	total no of times that all species were	×100				
	mentioned					

# Relative frequency citation (RFC)

It highlights the significance of each species and is determined using the method developed by Tardio and Pardo-de-Santayana (56), which is based on the frequency of citation (FC) and the number of informants who mention the use of a certain species.

The FC value is calculated by dividing the total number of survey participants (N) by the disease categories. Its value varies from "0" to "1".

RFC = FC/N

## **Results and Discussion**

# **Demography of the Informants**

The demographic features of participants were documented and studied during group discussions and personal interactions. The interviews included 95 individuals, of whom 23 women and 72 men took part. The majority of informants (75.78%) were male due to restrictions on women's interactions with strangers and external community members in the research location. Women are often restricted from attending markets, cities, or ceremonial sites, resulting in a lower level of female involvement in the current study. According to research, those who are older have a better understanding of the healing powers of plants. Those with excellent educational backgrounds are generally unaware of the traditional use of medicinal plants. A large proportion of survey respondents believe that the transmission of ancestral wisdom from one generation to the next is inefficient, owing to a lack of interest among younger people in learning and implementing such knowledge. The introduction of modern healthcare services is mostly to blame for the decline in traditional knowledge among Muzaffarabad's rural population. Our findings are consistent with previous studies in the same region, demonstrating a consistency in plant use among ethnically different communities in Kashmir with diverse cultural backgrounds (46, 48).

## **Medicinal plant diversity**

A survey in Muzaffarabad revealed 57 plant species classified into 49 genera and 34 plant families (Fig. 2). Herbaceous plants were the most common, accounting for 64.91% of the identified ethnobotanical species in the study area. Shrubs and trees accounted for 14.04% each, while ferns and climbers accounted for 5.26% and 1.75%, respectively (Fig. 3). The Polygonaceae family was the most common, with 8 species, followed by the Lamiaceae family, which had 6 species. Our finding of medicinal plant diversity is consistent with prior studies conducted in the comparable vegetation zones of AJ&K and Pakistan, which feature varying numbers of plant species, according to studies (35, 41, 46, 57). Furthermore, the study found that older people were more aware of the health advantages of plants than younger individuals. Furthermore, when literacy rates respondents' ethno-medical knowledge decreased, as shown in Table 1. This tendency may be linked to educated people preferring modern healthcare systems over traditional ones, which is consistent with prior research findings (15, 57, 58).

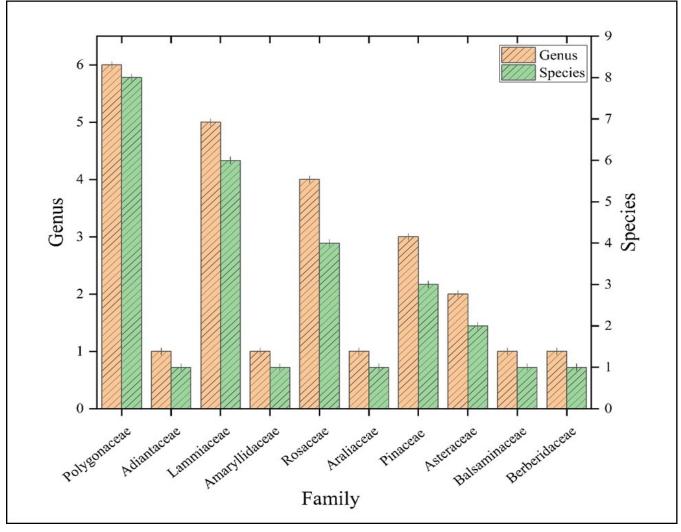


Fig. 2. Proportion of dominated Plant Families and Genera recorded from the study area.

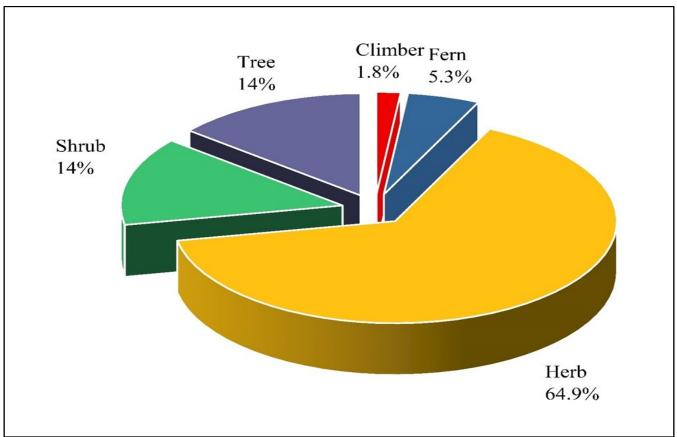


Fig. 3. Classification of medicinal plants on the basis of habit.

## **Plant parts used**

Several plant parts were recorded for their medicinal properties in the present investigation (Fig. 4). With 32 reports, leaves were the most commonly used plant part, followed by the entire plant with 15 reports. Following that, below-ground parts of plants, notably the roots, were documented in 11 reports. Residents also used flowers from 10 different species, seeds from 8 different species, rhizomes and fruits from 6 different species each, latex and resins from 3 different species each, and bark, bulb, gum, oil, and stem from a single species. Because of their high concentration of secondary components, leaves are frequently used in herbal preparations. The aerial parts of plants, particularly the leaves, are thought to have a higher concentration of extractable phytochemicals, crude medicines, and other active molecules with potential applications in Phytotherapy. Field research conducted in various parts of Pakistan backs up this claim (12, 28, 32, Roots are usually considered critical elements because they have a higher concentration of bioactive chemicals than other portions of plants in many cases (60). In these areas, the most widely used whole plants are herbaceous. It is critical to use only complete herbaceous plants because extracting roots may threaten the plant's survival and renewal capacity. As a result, when working with endangered or rare plant species, root utilization should be limited. The leaves are the most commonly used

plant portion in medicinal applications, and it is best to avoid using complete plants, or roots or relying too much on fruits or seeds. Such activities may harm plant growth and population, potentially leading to a significant decrease in the number of medicinal plants in their natural habitats (60-62).

## **Use categories**

The ethnic flora was divided into 10 use categories: medicinal, vegetable, fruit, fuel, spice, drink, furniture, fodder, tea, and miscellaneous. The most widely used category was medicinal, which included 57 plant species. Following that, there were 23 species of vegetables, 12 species of fuel, 6 species of fruit, 5 species of furniture, and 4 species of drink, fodder, tea, and miscellaneous. It's worth noting that only one species was used as a spice (Fig. 5). The range of uses was particularly prominent in two plant species, Taxus wallichiana and Viburnum grandiflorum, which were associated with six and four distinct usage categories, respectively. In addition, four plant species displayed utilization across four use categories, while eleven plant species were identified as having applicability in three use categories. A total of 24 plants were discovered to be used in two use categories, whereas 17 species were exclusively linked to a single-use category. The frequency of citations in the recent study correlates with previous research conducted in Kashmir's Himalayan region (38, 46).

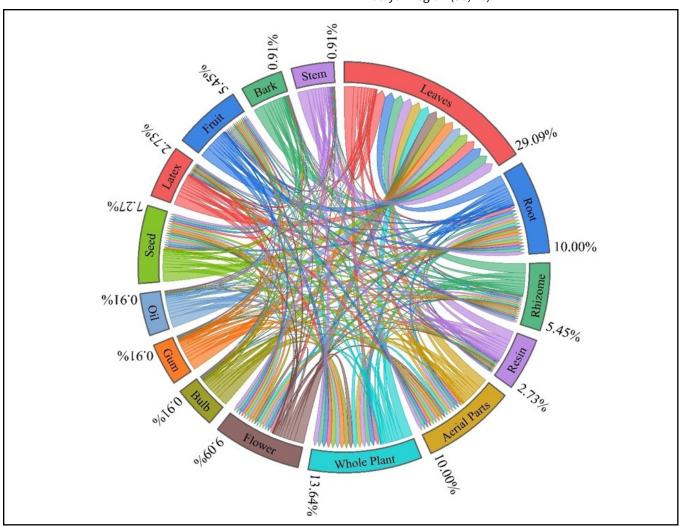


Fig. 4. Proportion of plant parts used by medicinal plants for remedies.

 $\textbf{Table 2.} \ \mathsf{Medicinal} \ \mathsf{plant} \ \mathsf{diversity}, families, used \ \mathsf{part} \ \mathsf{and} \ \mathsf{folk} \ \mathsf{methods} \ \mathsf{of} \ \mathsf{preparation}.$ 

Sr. No.	Plant Species/ Voucher No.	Family	Local Name	Ha bit	Parts Used	Use Cate gory	Folk methods of preparation/uses	UV	RFC
1	Achillea millefolium L. K-2011	Asteraceae	Dand Jari	Н	L, R, F	Med, Veg, Fod	Toothache, antiseptic, mouth ulcers, tooth pain relief	0.92	0.34
2	Adiantum incisum Forsk. K-2012 Aesculus	Adiantaceae	Kaakwa	Н	L	Med	An infusion prepared with water is administered orally to treat various ailments	0.40	0.16
3	indica (Colebr. ex Cambess.) Hook. K-2013	Hippocastanaceae	Ban Khor	Т	L	Med, Fod, Fur, Fue	Fresh and dry leaves are given to animals to help them overcome their weakness	0.06	0.06
4	Ajuga bracteosa Wallich ex Benth K-2014	Lammiaceae	Jan-e- adam	Н	Wp	Med	Decoction is used to treat typhoid, malaria, skin conditions, blood purification, and stomach burning. An infusion of the entire plant is used to cure rheumatism and sore throats	1.01	0.45
5	Allium humile Kunth K-2015	Amaryllidaceae	Prhe Piaz	Н	WP, Bu	Med, Veg, Spi	Used as an accompaniment to salads and flavoring in several traditional recipes, vegetables in indigestion, gas problems, cold and cough Leaf paste or juice is used for	1.29	0.50
6	Amaranthus viridius L. K-2016	Chenopodiaceae	Ganhiar	Н	Ap, Se, L	Med, Veg	leucorrhoea, eye pain, constipation, cough, and asthma; vegetables, seeds, and other medicinal plants are given as treatments for backache, joint pain, and burning in the stomach	1.40	0.58
7	Berberis lyceum Royle. K-2017	Berberidaceae	Sumbal	S	R, F, L	Med, Veg, Fue, Mis	Fruit is used to stimulate blood production, while the young leaves are consumed as a vegetable. Joint pains, skin illnesses, pimples and scabies, stomach ulcers, backaches, and fractures can also be cured	1.52	0.48
8	<i>Bergenia</i> <i>ciliata</i> Sternb. K-2018	Saxifragaceae	Batpywa	Н	R, Ap, L	Med	Used to stop the wound from bleeding. Bark paste is used to treat wounds and skin problems. It is also used to treat gastrointestinal issues and ulcers	1.53	0.72
9	Bistorta amplexicaulis Greene K-2019	Polygonaceae	Masloonr	Н	Rh, F, L	Med	Rhizome is used to treat general animal weakness. Urinary disorders, flu, fever, cough, joint pain, and sore throats are all treated with rhizome powder. Rhizome tea is used to cure gastrointestinal issues as well as general body weakness	0.92	0.52
10	Canabas sativa L. K-2020	Cannabaceae	Bhang	Н	AP, L, F, Se	Med	Leaf paste is used for constipation, dysentery, and asthma; seed juice is used for worminess, sedative, intoxicant, a diuretic and insomnia	0.15	0.07
11	Capsella bursa- pastoris (L.) Medikus K-2021	Bracicaceae	Pan Pencha	Н	Ap, L	Med, Veg	Arial parts are cooked as a vegetable to treat stomach problems. Fresh leaf decoction is both astringent and stimulating as well	0.65	0.27
12	Cedrus deodara L. K-2022	Pinaceae	Dewdar	T	W, Gu, O, Re,	Med, Fur, Fue	Oil is used to treat rheumatism and scabies	0.93	0.42
13	Chenopodiu m album L. K-2023	Chenopodiaceae	Bathwa	Н	L, Se, F, Wp	Med, Veg	Arial parts cooked as vegetable for rheumatic pain, cough, and constipation	0.05	0.06
14	Caltha albaJacq.ex Cart. K-2024	Ranunculaceae	Kakari Patra	Н	Ap, Wp	Med	Juice from the aerial parts has antispasmodic properties	0.45	0.29
15	Diospyros lotus L. K-2025	Ebenaceae	Amlook	Т	Fr	Med, Fr, Fue	Fruits are sedative and digestive	0.65	0.18
16	<i>Dryopteris</i> stewartii Fraser-Jenk. K-20226	Dryopteridaceae	Kunji	F	Ap, L	Med, Veg	Vegetable to treat stomach problems	0.69	0.29

17	Dryopteris ramosa (Hope) C. Chr. K-2027	Dryopteridacea e	langroo	F	Ap, L	Med, Veg	Vegetable to treat gastric ulcer and constipation	0.33	0.25
18	Dryopteris filix-mas (L.) Schott K-2028	Dryopteridacea e	Langroo	F	WP	Med, Veg	Leaves are used as vegetables; rhizomes are used for the treatment of cholera and dysentery	0.26	0.23
19	Fagopyrum esculentum Moench K-2029	Polygonaceae	Khatkhuld a	Н	R, L	Med, Veg	Vegetable for constipation and weakness, leaf paste, and root juice are used to treat headaches, fevers, and urinary diseases	0.20	0.16
20	Ficus palmata L. K-2030	Moraceae	Phagwaari	Т	Fr, Lt, L	Med, Fr, Fue, Veg	Young leaves are used as a traditional vegetable; latex has antibacterial and antiviral qualities; fruits are used for weakness, sour throat, and muscle soreness	0.26	0.08
21	Euphorbia hirta L. K-2031	Euphorbiaceae	Budjree	Н	Lt	Med	Latex is antibacterial and is used to treat wounds and skin infections	0.25	0.18
22	Euphorbia wallichii Hook. F. K-2032	Euphorbiaceae	Hervi	Н	Lt	Med	Latex can be externally applied to relieve pain, cure skin diseases, and heal wounds	0.51	0.23
23	Galium aparine L. K-2033	Rubiaceae	Jhand	Н	Wp	Med	Decoction is used to treat urinary disorders	0.13	0.03
24	Geranium wallichianu m D. Don K-2034 Hedera	Geraniaceae	Ratan Jog/ Ratna	Н	R, L	Med, Tea	Decoction of leaf used to cure cuts and wounds, skin diseases and menstruation disorders. Root extract used as a tonic after delivery and treat hypertension.	1.07	0.51
25	nepalensis K. Koch (Syn:H.helix L) K-2035	Araliaceae	Baileree	С	Wp	Med	Grinded dried branches and leaves are used as a powder in the morning to treat diabetes with water	0.28	0.13
26	Hypericum perfotatum L. K-2036	Hypericaceae	Dudh Jari	Н	L	Med	Decoction of leaves is taken in case of anxiety and depression as well to boost up the mood and relaxation	0.33	0.27
27	Impatiens edgeworthii Hook. f. K-2037	Balsaminaceae	Bantil	Н	WP	Med, Fod	Plant paste is applied externally to treat skin burns	0.22	0.17
28	Isodon rugosus Codd K-2038	Lammiaceae	Peemar	S	L	Med	Dried leaves are chewed as a toothache; leaf decoction is applied for wound healing, skin problems, and fever	0.39	0.23
29	Malva parviflora L. K-2039	Malvaceae	Dag Sounchal	Н	WP, L, Se	Med, Veg	Aerial part decoction applied as a treatment for constipation, fever, gas problems, and sore throat For coughs and ulcers, leaves are utilized as a vegetable	0.49	0.30
30	Malva sylvestris L. K-2040	Malvaceae	Sounchal	Н	WP, L	Med, Veg	Leaves are used as a vegetable and have laxative and febrifuge effects	0.27	0.25
31	Mentha longifolia Hudson K-2041	Lammiaceae	Podeena	Н	WP, F	Med, Dri	Vegetable help with indigestion and diarrhoea. Decoction of leaves is used to stop vomiting, as a refrigerant, and as a carminative to treat cholera	1.71	0.58
32	Mentha arvensis L. K-2042	Lammiaceae	Podeena	Н	L	Med, Tea, Dri	It is used to treat gastroenteritis and respiratory infections; leaf paste is used to treat vomiting, nausea, and diarrhoea; leaves may be eaten as salad; and it is also used as a herbal drink and in traditional Kashmiri Chatni	1.13	0.50
33	Oxalis corniculata L. K-2043	Oxalidaceae	Khata	Н	L, Wp	Med, Veg	Early pregnancy vomiting can be avoided by eating the leaves of the plant; the entire plant also prevents bleeding and	0.47	0.29
34	Oxyria digyna (L.) Hill K-2044	Polygonaceae	Khatkulda	Н	Ap, L	Med, Veg	reduces mouth smell A vegetable used to relieve constipation and gastrointestinal issues, as well as to quench extreme thirst when conducting fieldwork in the highlands	0.38	0.21
35	Phytolacca latbenia (Moq.) K-2045	Phytolaccaceae	Lubbar	Н	Ap, R, L	Med, Veg	used as a vegetable to treat infections of the glandular system	0.34	0.13
36	Pinus wallichiana A. B. Jack. K-2046	Pinaceae	Byar	Т	Re	Med, Fur, Fue	Resins mixed with soap are applied externally to pus-filled pockets to release pus	0.04	0.02

37	Plantago major L. K-2048	Plantaginaceae	Chemchi Patar	Н	F, L, Se	Med, Veg, Dri	Leaves are consumed as a vegetable; a decoction of leaves is given in hypertension; and it is also used as an herbal drink	0.25	0.25
38	Polygonum aviculare L. K-2049	Polygonaceae	Trubra	Н	Ар	Med, Veg	Aerial parts are used as vegetables and for digestive problems	1.04	0.42
39	Polygonum plebeium R.Br. K-2050	Polygonaceae	Trubra	Н	Ap, Wp	Med, Veg	Used as a vegetable in cough and stomach disorders	0.74	0.31
40	Polygonatum verticilatum All. K-2051	Liliaceae	Peergan dal	Н	Rh	Med	Rhizome paste is used for gastric problems and wound healing	0.52	0.21
41	Picea smithiana (Wall.) Boiss K-2052.	Pinaceae	Chachar	Т	Re	Med, Fue, Fur	Resin is applied for blood clotting on fresh cuts	0.38	0.27
42	Prunella vulgaris L. K-2053	Lammiaceae	-	Н	Wp, Se	Med	Seeds have laxative, diuretic, tonic, and antipyretic properties; a decoction is used to treat inflammation, high fever, and eye sight deficiency.	0.02	0.12
43	<i>Pyrus pashia</i> BuchHam. ex D.Don K-2054	Rosaceae	Batangi	Т	Fr	Med, Fr, Fue	Fruit is used in the treatment of diarrhoea, dysentery, and gastric problems	0.97	0.35
44	Rheum webbianum Royle K-2055	Polygonaceae	Chatyaal	Н	L, R, St	Med, Veg	Leaves are eaten as a vegetable, the stem is edible, and the root paste is used to cure internal injuries, cuts, wounds, mumps, headaches, stomach-aches, constipation, diarrhoea, and throat swelling. In dyspepsia, root powder is purgative, astringent, and tonic; stem tuber treats sour eyes and fever, purifies blood, whitens the skin, and is also used to quench thirst	1.49	0.40
45	Rosa indica Lour. K-2056	Rosaceae	Gulab	S	F	Med	Flower decoction for pain massage	0.87	0.31
46	Rubus elipticus Smith K-2057	Rosaceae	Chal	S	Fr	Med, Fr, Fue	Fruits are used in cases of anaemia and general weakness of the body	0.59	0.34
47	Rumex hastatus D.Don. K-2058	Polygonaceae	Kthimba l	S	L	Med, Veg	Leaves are used as a vegetable; the juice of the plant is astringent and used in the treatment of amoebic dysentery	0.27	0.14
48	Rumex nepalensis Sprengel K-2059	Polygonaceae	Hola	Н	L, Rh	Med, Veg	Leaves are used as a vegetable and for treating skin diseases, coughs, leaf infusions used for stomach-aches, and dysmenorrhea. Rhizome paste is antilice. Constipation and lung complaints in animals are treated by rhizome decoction	1.15	0.38
49	Solanum nigrum L. K-2060	Solanaceae	Katch Maatch	Н	L	Med, Fr	Cooked leaves and fruits are used to treat abdominal swellings and stomachaches	0.32	0.25
50	Skimmia laureola (DC.) Sieb, &Zucc, ex Walp. K-2061	Rutaceae	Nyra	S	L	Med, Mis	A decoction of dried leaves is given to animals as an insect repellent. Coughs are treated using a paste made from the leaves. Leaves are often used to produce aromas in a variety of meals	0.40	0.32
51	Sinopodophyll um hexandrum (Royle) T.S.Ying K-2062	Podophyllaceae	Ban Khakkri	Н	R, Fr	Med	Root extract is used to treat stomach- aches, liver and bile illnesses, wounds, and skin diseases. Fruit is laxative	0.54	0.24
52	Sorbaria tomentosa (Lindl.) Rehder K-2063	Rosaceae	Chalna	S	Wp	Med, Fue	Decoction causes skin contractions, scabies, and stops bleeding from wounds. Fruit smoke is used to treat asthma	0.11	0.16

53	<i>Taraxecum</i> officinale Webb K-2064	Asteraceae	Hand	Н	R	Med	Root extract is used for headaches and blood purification	0.72	0.40
54	Taxus wallichia- na Zucc. K-2065	Taxaceae	Barmi	Т	L, B, Se	Med, Tea, Fur, Fod, Fue, Mis	Leaves treat respiratory disorders; leaves and seeds are sedative and anti- septic. Bark tea is used to cure asthma, bronchitis, and cough. Bark paste is applied to joints and the head to check for rheumatism and headaches. Bark is also used as an anticancer	0.61	0.30
55	Thymus linearis Benth ex Benth K-2066	Lammiaceae	Chikal	Н	L, F	Med, Tea	Leaves and flowers Used to cure abdominal pain, chest pain, fever, and obesity, tea is taken to control blood pressure. Suppression of urine, constipation, and shivering. Leaves and flower powder strengthen teeth, gum infections, bleeding gums, are used as a herbal tea, and are used to treat gynaecological problems	1.58	0.61
56	Viburnum gran- diflorum Wal- lich ex DC. K-2067	Viburnaceae	Guch	S	Fr	Med, Fr, Fue, Mis	Fresh fruit eaten to cure stomach prob- lems and purify blood	1.21	0.49

**Abbreviations:** H= Herb, S = Shrub, T = Tree, Med = Medicinal, Dri = Drink, Fue = Fuel, Fr = Fruit, Fod = Fodder, Fur = Furniture, Veg = Vegetable, Mis = Miscellaneous, Spi = Spice, L = Leaves, F = Flower, Se = Seed, B = Bulb, R = Root, Rhi = Rhizome, Wp = Whole Plant, Ae = Aerial Parts, Re = Resin, St = Stem, Lt = Latex, O = Oil, Gu = Gum.

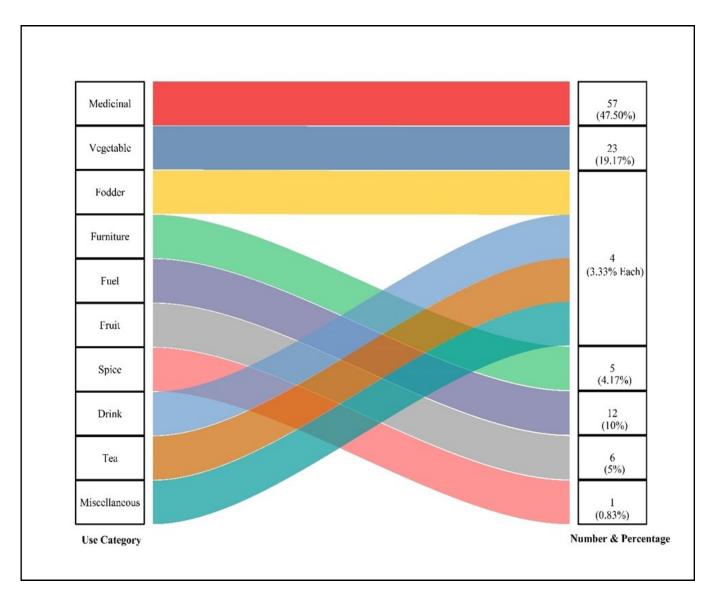


Fig. 5. Percentage distribution of medicinal fora on the basis of use category.

## **Use value**

Use value is an important measure for discovering highly valuable medicinal plants in a certain region, allowing for further in-depth medicinal investigation. The use values in Table 2 ranged from 0.02 to 1.71. The use value of Mentha longifolia was 1.71, followed by Thymus linearis (1.58), Bergenia ciliata (1.53), Berberis lyceum (1.52), Rheum webbianum (1.49), Amaranthus viridius (1.40), and Allium humile (1.29). Lower use values were found in Prunella vulgaris (0.02), Pinus wallichiana (0.04), Chenopodium album (0.05), Aesculus indica (0.06), and Galium aparine (0.13). The widespread use of known medicinal plants demonstrates a strong connection and reliance of the inhabitants on neighboring flora, particularly for treating a variety of health problems. Residents considered these plants as a valuable resource for both food and medicine due to the presence of important biochemical ingredients that are effective in curing diseases (12, 59). The level of utilization reports for an area is directly related to its utility. Medicinal plants with a higher frequency of mentions tend to have a higher usage value (63).

## **Relative frequency citation**

The RFC (Relative Frequency of Citation) is an approach for evaluating the importance of various species in treating different health problems by considering how frequently they are referred to to within their local communities (33). The RFC value ranged between 0.02 and 0.72 (Table 2). Bergenia ciliata had the highest reported RFC value (0.72), with Thymus linearis following in at 0.61. Other prominent species include Amaranthus iridius (0.58), Bistorta amplexicaulis (0.52), Mentha longifolia (0.58), Mentha arvensis (0.50), Allium humile (0.50), and Berberis lyceum (0.48). The lowest RFC values were found for Pinus wallichiana (0.02), Galium aparine (0.03), Chenopodium album (0.06), Aesculus indica (0.06), and Cannabis sativa (0.07). The RFC results of the current study are comparable to previous investigations (18, 46, 48). Residents are familiar with a variety of plant species that have high RFC values and are extensively dispersed in the region due to traditional therapeutic usage. These plants have the potential to be useful in medication discovery and commercialization (64-65). High RFCs indicate a deep understanding and widespread use of traditional uses of plant species throughout communities, emphasizing their importance from both indigenous and cultural perspectives. Moreover, high RFC values indicate that a specific species is commonly used to treat diverse diseases, providing a risk of overexploitation and posing an important threat to conservation efforts.

## **Conclusion**

The inhabitants in the rural areas of District Muzaffarabad, Kashmir, are highly knowledgeable about medicinal plants. The recent study has resulted in 57 medicinal plants that the local communities frequently utilize to cure a range of ailments. The Polygonaceae family was the most commonly used herbaceous plant family in this study. Based on plant usage patterns, leaves were mostly

used in many medications. Bergenia ciliata, Mentha longifolia, Thymus linearis, and Taxus wallichiana are the most important and frequently used plants in the study area. Because of the study area's remoteness and a lack of modern healthcare services, the bulk of the population relies on medicinal plants to cure a variety of diseases. The transmission of indigenous knowledge to descendants is steadily declining and is primarily limited to healthcare practitioners and the elderly. It is important to document the traditional usage of medicinal plants in folklore research to transmit indigenous knowledge globally. Given the issues identified above, we suggest prioritizing sustainable conservation and efficient management of medicinal plants in rural areas of Kashmir. This priority seeks to protect both plant species and traditional knowledge for future generations. A more extensive field exploration is required to discover all of the indigenous knowledge in rural areas of Kashmir.

# **Acknowledgements**

The authors are grateful to the rural communities in the study area for sharing their valuable knowledge and cooperation during field surveys.

## **Authors' contributions**

SWG and MM carried out the field study, and herbarium preparation, participated in the data typing, and drafted the manuscript. HS, GMS, and WZ review the manuscript. BS, KKK, and SS data curation and Analysis. MA and MZ conceptualized and supervised the study.

# **Compliance with ethical standards**

**Conflict of interest:** The authors declare that there is no conflict of interest.

Ethical issues: None.

## References

- Gaoue OG, Coe MA, Bond M, Hart G, Seyler BC, McMillen H. Theories and major hypotheses in ethnobotany. Eco Bot. 2017;71:269-87. https://doi.org/10.1007/s12231-017-9389-8
- Che C, George V, Ijinu T, Pushpangadan P, Andrae-Marobela K. Chapter 2-Traditional Medicine In: Badal S, Delgoda R, eds. Pharmacognosy. Boston, MA: Acad. Press; 2017.
- Ramirez CR. Ethnobotany and the loss of traditional knowledge in the 21st century. Ethnobot Res Appl. 2007;5:245-7.
- 4. Mattalia G, Sõukand R, Corvo P, Pieroni A. We became rich and we lost everything: ethnobotany of remote mountain villages of Abruzzo and Molise, Central Italy. Hum Eco. 2021; 49:217-24. https://doi.org/10.1007/s10745-020-00209-6
- Kathambi V, Mutie FM, Rono PC, Wei N, Munyao JN, Kamau P, Gituru RW, Hu G-W, Wang Q-F. Traditional knowledge, use, and conservation of plants by the communities of Tharaka-Nithi County, Kenya. Plant diver. 2020;42(6):479-87. https:// doi.org/10.1016/j.pld.2020.12.004
- Fung FY, Linn YC. Developing traditional Chinese medicine in the era of evidence-based medicine: current evidences and

challenges. Evid-Base Comple Altern Medi. 2015;2015. https://doi.org/10.1155/2015/425037

- 7. Haq SM, Calixto ES, Kumar M. Assessing biodiversity and productivity over a small-scale gradient in the protected forests of Indian Western Himalayas. J Sust Fores. 2021;40(7):675-94. https://doi.org/10.1080/10549811.2020.1803918
- Yuan H, Ma Q, Ye L, Piao G. The traditional medicine and modern medicine from natural products. Mol. 2016;21(5):559. https:// doi.org/10.3390/molecules21050559
- Gerique A. An introduction to ethnoecology and ethnobotany, theory and methods. Integrative assessment and planning methods for sustainable agroforestry in humid and semiarid regions Adv. Sci Train. (ed), 20p Loja, Ecuador. 2006.
- 10. Martin GJ. Ethnobotany: a methods manual: Routledge; 2010.
- 11. Ugulu I, Baslar S, Yorek N, Dogan Y. The investigation and quantitative ethnobotanical evaluation of medicinal plants used around Izmir province, Turkey. Journal of Medicinal Plants Research. 2009;3(5):345-67.
- Ahmad M, Sultana S, Fazl-i-Hadi S, Ben Hadda T, Rashid S, Zafar M, Khan MA, Khan MPZ, Yaseen G. An ethnobotanical study of medicinal plants in high mountainous region of Chail valley (District Swat-Pakistan). J Ethnobiol Ethnomed. 2014;10:1-18. https://doi.org/10.1186/1746-4269-10-36
- Boboev S, Makhkamov T, Bussmann RW, Zafar M, Yuldashev A. Anatomical and phytochemical studies and ethnomedicinal uses of Colchicum autumnale L. Ethnobot Res Appl. 2023;25:1-9.
- 14. Tayjanov K, Khojimatov O, Gafforov Y, Makhkamov T, Normakhamatov N, Bussmann RW. Plants and fungi in the ethnomedicine of the medieval East-a review. Ethnobot Res Appl. 2021;22:1-20.
- Haq I. Medicinal Plants: Report of Committee on Economic And Therapeutic Importance of Medicinal Plants Initiated by the Ministry of Health, Government of Pakistan: Hamd. Foun. Press, Pak: 1983.
- Ali SI, Qaiser M. A phytogeographical analysis of the phanerogams of Pakistan and Kashmir. Proc Roy Soc Edi Section B: Biological Sciences. 1986;89:89-101.
- 17. Pie S, Manandhar N. Sources of some local medicines in the Himalayan Regions. Himalayan Ecosys. 1987;97:112.
- Gillani SW, Ahmad M, Zafar M, Haq SM, Waheed M, Manzoor M, Shaheen H, Sultana S, Rehman FU, Makhkamov T. An Insight into Indigenous Ethnobotanical Knowledge of Medicinal and Aromatic Plants from Kashmir Himalayan Region. Ethnobot Res Appl. 2024;28:1-21.
- Singh A, Nautiyal MC, Kunwar RM, Bussmann RW. Ethnomedicinal plants used by local inhabitants of Jakholi block, Rudraprayag district, western Himalaya, India. J Ethnobiol Ethnomed. 2017;13:1-29. https://doi.org/10.1186/ s13002-017-0178-3
- Shaheen H, Nazir J, Firdous SS. Cosmetic ethnobotany practiced by tribal women of Kashmir Himalayas. Avicenna J Phytomed. 2014;4(4):239.
- 21. Riyaz M, Ignacimuthu S, Shah RA, Sivasankaran K, Pandikumar P. Ethnobiology of Mountain Communities in Asia: Ethnobotany of the Himalayas—Kashmir, India. 1<sup>st</sup> ed. Switzerland: Springer Nature; 2021.
- 22. Khan S, Shaheen H, Mehmood A, Nasar S, Khan T. Ethnobotanical and antibacterial study of Primula plants traditionally used in the indigenous communities of Western Himalaya, Pakistan. Saudi J Biol Sci. 2022;29(5):3244-54. https://doi.org/10.1016/j.sjbs.2022.01.048
- 23. Dar M, Cochard R, Shreshta R, Ahmad S. Plant resource utilization by local inhabitants around Machiara National Park, Azad Kashmir, Pak J Agri Environ. 2012;10(3-4):1139-48.

 Rahman IU, Afzal A, Iqbal Z, Ijaz F, Ali N, Bussmann RW. Traditional and ethnomedicinal dermatology practices in Pakistan. Clinics Dermatol. 2018;36(3):310-9.

- 25. Rahim S, Shah A, Iqbal S. Ethnobotany of medicinal plants in Surghar Range of Pakistan. Ethnobot Res Appl. 2023;26:1-72.
- Zareef H, Gul MT, Qureshi R, Aati H, Munazir M. Application of ethnobotanical indices to document the use of plants in traditional medicines in Rawalpindi district, Punjab-Pakistan. Ethnobot Res Appl. 2023;25:1-29.
- 27. Haq SM, Calixto ES, Rashid I, Khuroo AA. Human-driven disturbances change the vegetation characteristics of temperate forest stands: A case study from Pir Panchal mountain range in Kashmir Himalaya. Trees For People. 2021;6:100134. https://doi.org/10.1016/j.tfp.2021.100134
- 28. Asif M, Haq SM, Yaqoob U, Hassan M, Jan HA. A preliminary study on the ethno-traditional medicinal plant usage in tehsil Karnah of District Kupwara (Jammu and Kashmir) India. Ethnobot Res Appl. 2021;21:1-14.
- Fernández-Giménez ME, Fillat Estaque F. Pyrenean pastoralists' ecological knowledge: documentation and application to natural resource management and adaptation. Human Ecol. 2012;40:287-300.
- Bunalema L, Obakiro S, Tabuti JR, Waako P. Knowledge on plants used traditionally in the treatment of tuberculosis in Uganda. Journal of Ethnopharmacology. 2014;151(2):999-1004.
- 31. Amiri MS, Joharchi MR. Ethnobotanical investigation of traditional medicinal plants commercialized in the markets of Mashhad, Iran. Avicenna J Phytomed. 2013;3(3):254.
- Baydoun S, Chalak L, Dalleh H, Arnold N. Ethnopharmacological survey of medicinal plants used in traditional medicine by the communities of Mount Hermon, Lebanon. J Ethnopharmacol. 2015;173:139-56. https://doi.org/10.1016/j.jep.2015.06.052
- Vitalini S, Iriti M, Puricelli C, Ciuchi D, Segale A, Fico G. Traditional knowledge on medicinal and food plants used in *Val San Giacomo* (Sondrio, Italy)—An alpine ethnobotanical study. J Ethnopharmacol. 2013;145(2):517-29. https://doi.,org/10.1016/j.jep.2012.11.024
- 34. Habib T, Malik ZH, Dar MEul, Shaheen H. Wood utilization pattern in Kashmir region, western Himalaya. Forest Prod J. 2016;66(3-4):257-61.
- Ishtiaq M, Mahmood A, Maqbool M. Indigenous knowledge of medicinal plants from Sudhanoti district (AJK), Pakistan. J Ethnopharmacol. 2015;168:201-7. https://doi.org/10.1016/ j.jep.2015.01.054
- Amjad MS, Zahoor U, Bussmann RW, Altaf M, Gardazi SMH, Abbasi AM. Ethnobotanical survey of the medicinal flora of Harighal, Azad Jammu & Kashmir, Pakistan. J Ethnobiol. Ethnomedi. 2020;16:1-28. https://doi.org/10.1186/s13002-020-00417-w
- 37. Arif U, Bhatti KH, Ajaib M, Wagay NA, Majeed M, Zeb J, Hameed A, Kiani J. Ethnobotanical indigenous knowledge of Tehsil Charhoi, District Kotli, Azad Jammu and Kashmir, Pakistan. Ethnobot Res Appl. 2021;22:1-24.
- Awan AA, Akhtar T, Ahmed MJ, Murtaza G. Quantitative ethnobotany of medicinal plants uses in the Jhelum valley, Azad Kashmir, Pakistan. Acta Ecol Sin. 2021;41(2):88-96. https:// doi.org/10.1016/j.chnaes.2020.09.002
- Ajaib M, Ishtiaq M, Bhatti KH, Hussain I, Maqbool M, Hussain T, Mushtaq W, Ghani A, Azeem M, Khan SMR. Inventorization of traditional ethnobotanical uses of wild plants of Dawarian and Ratti Gali areas of District Neelum, Azad Jammu and Kashmir Pakistan. PLoS One. 2021;16(7):e0255010. https:// doi.org/10.1371/journal.pone.0255010
- 40. Rashid S, Ahmad M, Zafar M, Sultana S, Ayub M, Khan MA, Yaseen G. Ethnobotanical survey of medicinally important shrubs and trees of Himalayan region of Azad Jammu and

- Kashmir, Pakistan. J Ethnopharmacol. 2015;166:340-51. https://doi.org/10.1016/j.jep.2015.03.042
- 41. Mahmood A, Qureshi RA, Mahmood A, Sangi Y, Shaheen H, Ahmad I, Nawaz Z. Ethnobotanical survey of common medicinal plants used by people of district Mirpur, AJK, Pakistan. J Med Plants Res. 2011;5(18):4493-8.
- Manzoor M, Ahmad M, Zafar M, Gillani SW, Shaheen H, Pieroni A, Al-Ghamdi AA, Elshikh MS, Saqib S, Makhkamov T. The local medicinal plant knowledge in Kashmir Western Himalaya: a way to foster ecological transition via community-centred health seeking strategies. J Ethnobiol Ethnomedi. 2023;19(1):56. https://doi.org/10.1186/s13002-023-00631-2
- 43. Raja R, Bokhari TZ, Ahmad S, Malik SA, Hussain K, Nadeem K. Ethno-medicinal survey for some wild plants of muzaffarabad, Azad Jammu and Kashmir, Pak J Biores Manag. 2020;7(3):1.
- 44. Ahmed MJ, Murtaza G. A study of medicinal plants used as ethnoveterinary: harnessing potential phytotherapy in Bheri, district Muzaffarabad (Pakistan). J Ethnopharmacol. 2015;159:209-14. https://doi.org/10.1016/j.jep.2014.11.016
- Ahmed MJ, Akhtar T. Indigenous knowledge of the use of medicinal plants in Bheri, Muzaffarabad, Azad Kashmir, Pakistan. European J Integr Med. 2016;8(4):560-9.https:// doi.org/10.1016/j.eujim.2016.01.006
- 46. Mirzaman Z, Kayani S, Manzoor M, Jameel MA, Waheed M, Gillani SW, Babar CM, Bussmann RW. Ethnobotanical study of Makra Hills district Muzaffarabad, Azad Jammu and Kashmir, Pakistan. Ethnobot Res Appl. 2023;26:1-17.
- 47. Alam NM, Shaheen H, Manzoor M, Tinghong T, Arfan M, Idrees M. Spatial Distribution and Population Structure of Himalayan Fir (Abies pindrow (Royle ex D. Don) Royle) in Moist Temperate Forests of the Kashmir Region. Forests. 2023;14(3):482. https://doi.jorg/10.3390/f14030482
- 48. Manzoor M, Ahmad M, Zafar M, Haq SM, Shaheen H, Waheed M, Gillani SW, Sultana S, Makhkamov T. Unveiling the Indigenous Ethnomedicinal knowledge of Genus *Nepeta* from Division Muzaffarabad, Azad Jammu & Kashmir, Pakistan. Ethnobot Res Appl. 2023;26:1-15.
- Saeed U, Arshad M, Hayat S, Morelli TL, Nawaz MA. Analysis of provisioning ecosystem services and perceptions of climate change for indigenous communities in the Western Himalayan Gurez Valley, Pakistan. Ecosyst Serv. 2022;56:101453. https:// doi.org/10.1016/j.ecoser.2022.101453
- Khan AM, Qureshi R, Saqib Z. Multivariate analyses of the vegetation of the western Himalayan forests of Muzaffarabad district, Azad Jammu and Kashmir, Pakistan. Ecol Indic. 2019;104:723-36. https://doi.,org/10.1016/j.ecolind.2019.05.048
- 51. Khan M, Khan MA, Mujtaba G, Hussain M. Ethnobotanical study about medicinal plants of Poonch valley Azad Kashmir. J Animal Plant Sci. 2012;22:493-500.
- 52. Tunon H, Kvarnström M, Lerner H. Ethics in Indigenous research: Past experiences-future challenges: Ethical codes of conduct for research related to Indigenous peoples and local communities-core principles, challenges and opportunities. 1<sup>st</sup> ed. Umeå: Vaartoe - Centre for Sami Research; 2016.

- Shaheen H, Aziz S, Nasar S, Waheed M, Manzoor M, Siddiqui MH, Alamri S, Haq SM, Bussmann RW. Distribution patterns of alpine flora for long-term monitoring of global change along a wide elevational gradient in the Western Himalayas. Glob. Ecol. Conserv. 2023;48:e02702. https://doi.org/10.1016/ j.gecco.2023.e02702
- 54. Stewart RR, Nasir E, Ali S. Flora of West Pakistan: an annotated catalogue of the vascular plants of West Pakistan and Kashmir: Fakh. Print Press; 1972.
- 55. Sharif A, Shah N, Rauf A, Hadayat N, Gul A, Nawaz G, Sakhi S, Iqbal M, Khan M, Shah A. Ethnomedicinal uses of plants for various diseases in the remote areas of Changa Manga Forest, Pakistan. Braz J Bio. 2022;84:e255916.
- Menendez-Baceta G, Aceituno-Mata L, Reyes-García V, Tardío J, Salpeteur M, Pardo-de-Santayana M. The importance of cultural factors in the distribution of medicinal plant knowledge: a case study in four Basque regions. J Ethnopharmacol. 2015;161:116-27. https://doi.org/10.1016/j.jep.2014.12.007
- 57. Haq SM, Yaqoob U, Calixto ES, Rahman IU, Hashem A, Abd\_Allah EF, Alakeel MA, Alqarawi AA, Abdalla M, Hassan M. Plant resources utilization among different ethnic groups of Ladakh in Trans-Himalayan Region. Biology. 2021;10(9):827.
- Jan HA, Wali S, Ahmad L, Jan S, Ahmad N, Ullah N. Ethnomedicinal survey of medicinal plants of Chinglai valley, Buner district, Pakistan. Europ J Integr Medic. 2017;13:64-74. https://doi.org/10.1016/j.eujim.2017.06.007
- 59. Ahmad H, Öztürk M, Ahmad W, Khan SM. Climate change impacts on high-altitude ecosystems: Status of natural resources in the uplands of the Swat Valley Pakistan. 1st ed. Switzerland: Springer; 2015.
- 60. Kayani S, Ahmad M, Gillani SW, Manzoor M, Rehman FU, Jabeen S, Butt MA, Babar CM, Shah SAH. Ethnomedicinal appraisal of the medicinal flora among the sub-alpine and alpine lindigenous communities of Palas Valley Kohistan, Northern Pakistan. Ethnobot Res Appl 2024;28:1-29.
- 61. Ghimire SK, Gimenez O, Pradel R, McKey D, Aumeeruddy-Thomas Y. Demographic variation and population viability in a threatened Himalayan medicinal and aromatic herb *Nardostachys grandiflora*: matrix modelling of harvesting effects in two contrasting habitats. J Appl Ecol. 2008;45(1):41-51. https://doi.org/10.1111/j.1365-2664.2007.01375.x
- Giday M, Asfaw Z, Elmqvist T, Woldu Z. An ethnobotanical study of medicinal plants used by the Zay people in Ethiopia. J Ethnopharmacol. 2003;85(1):43-52. https://doi.org/10.1016/ S0378-8741(02)00359-8
- 63. Qaseem M, Qureshi R, Amjad M, Ahmed W, Masood A, Shaheen H. Ethno-botanical evaluation of indigenous flora from the communities of Rajh Mehal and Goi union councils of district Kotli, Azad Jammu Kashmir Pakistan. Appl Ecol Environ Res. 2019;17(2).
- 64. Mukherjee PK, Nema NK, Venkatesh P, Debnath PK. Changing scenario for promotion and development of Ayurveda–way forward. J Ethnopharmacol. 2012;143(2):424-34. https:// doi.org/10.1016/j.jep.2012.07.036