



# Medicinal plants and their uses in treatment of skin disorders

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## DESCRIPTION

Skin problems are treated with a variety of medicinal plants. Historically, or even today, almost all civilizations use medicinal plants to treat skin conditions. Compared to approximately 1-3% of modern medications, almost one-third of all traditional remedies are used to treat skin conditions. The healing of wounds and burn injuries, antifungal, antiviral, antibacterial, anti-inflammatory action against skin infections including acne, herpes, and scabies, and antitumor promoting activity against skin cancer are all positive elements of medicinal plants with regard to skin illnesses. Due to their link to the Human Immunodeficiency Virus and Acquired Immunity Deficiency Syndrome (HIV/AIDS), skin conditions have received a lot of attention recently. The study region (northern Maputaland) has South Africa's highest rate of HIV infection, making the population more vulnerable to a variety of skin problems. In this region, fungus infections are frequent due to the hot weather and crowded housing, as are burn accidents because wood is the primary source of fuel for cooking. It is well known that the local populace relies on medicinal plants as their main source of healthcare. However, there hasn't been any research done to identify the medicinal plants utilized to cure different skin conditions in northern Maputaland (Abbasi, 2010).

Due to the fact that skin conditions are frequently the first signs of other illnesses, such as AIDS, they have received more attention. Many ethnic groups, notably the Batswanas in North West Province, still see Traditional Health Practitioners (THPs) for skin problems even when pharmaceuticals are available for treating them. The purpose of this study was to investigate and catalogue indigenous knowledge and medicinal herbs used by Batswana THPs in North West Province to treat skin-related illnesses. Semi-structured questionnaires were utilized to collect ethnobotanical data, such as the local name of the plant, the component used, and the preparation and administration techniques.

In order to assess the distribution of use and versatility among THPs, the homogeneity of knowledge among them, and the relative relevance of plant species locally, quantitative metrics including Use-Value (UV), Informant Consensus Factor (ICF), and Cultural Importance Index (CII) were computed. In total, 36 recipes for the treatment of 43 skin-related disorders broken down into 7 categories used 80 plants from 40 families and 61 genera. The most prevalent families are *Asparagaceae* (seven plants), *Asteraceae* (seven plants), *Xanthorrhoeaceae* (six plants), and *Solanaceae* (six plants). In addition to concoction (30%), maceration (23%) and decoction (19%), the most often employed plant parts are roots (31%), the whole plant (26%) and leaves (19%). The most culturally significant plants were *Hypoxis hemerocallidea* (0.4), *Helichrysum paronychioides* (0.4), and *Urginea sanguinea* (0.3), whereas *Hypoxis hemerocallidea* (0.9) and *Helichrysum paronychioides* (0.8) had the greatest UV. The category with the highest ICF (0.6) was associated with various skin conditions, with rashes receiving the most treatment (22%). The ailment with the greatest variety of plants used in treatment is chickenpox, which has 22 plants (Martinez and Barboza, 2010). Yaws are next, with 16, and rashes and boils are treated with 14, respectively. For the first time in South Africa, the study identified 38 plants that are used to cure ailments of the skin. The current findings suggest that the Batswana traditional medicine pharmacopoeia has a rich diversity of plants for treating disorders connected to the skin. However, due to the lack of interest among young people in indigenous knowledge, these may be in danger. In-depth scientific investigation to assess the pharmacological effectiveness and safety of the identified medicinal plants has also been made possible by the study (Grice, 2009). Topical therapies entail applying a topical substance to the skin's problem areas. Topical agents are composed of a primary agent and a base. Due to its water-repellent and dense nature, the outermost layer of skin prevents water from evaporating from the body.

A thin sebum membrane that serves as a barrier is often present on the surface of the water-repellent. The area below the granular cell layer is known for its hydrophilicity and ease of agent absorption (Yadav, 2012). Creams, ointments, pastes, gels, collodions, paints, lotions, and other preparations are used to apply to the skin. Topical medications' efficacy is influenced by both their components and preparation methods. The intricate method of medication absorption through the skin is not always preferred.

The use of herbal medicines in the treatment of numerous skin problems has been proven to hold tremendous promise. Herbal medicines are more widely used among the general public today due to their affordability, accessibility, greater healing potential, and fewer adverse effects than allopathic treatments. Skin conditions should be taken seriously since they are personal and socially relevant, and finding plant-based medicines is imperative. Results show that scientific research on medicinal plants with long-standing claims to efficacy justifies positive outcomes (Barboza, 2009). Additional research may focus on isolating and identifying the active components of plant extracts, which may also reveal molecules with superior medicinal value. Therefore, ayurvedic knowledge supported by modern science is necessary to isolate, characterise, and standardise the active constituents from herbal source. By combining ancient and contemporary knowledge, new medications for skin diseases. There are various treatments for dermatological diseases, but fortunately there are fewer reports of their negative effects, according to a quick scan of the literature.

In order to properly inform their patients and may be prevent unanticipated adverse reactions, dermatologists must be aware of these adverse occurrences and interactions.

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