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# Cultural Barriers to Medicinal Plant use in Disease Management

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## ABSTRACT

Despite global reliance on medicinal plants for primary healthcare, cultural barriers continue to hinder their integration into institutional disease management systems. This study explores how cultural beliefs, mistrust in biomedical systems, and knowledge transmission methods influence the perception and utilization of medicinal plants, particularly among immigrant and indigenous communities. Focusing on Hispanic immigrants in the U.S., communities in Ethiopia, Suriname, and other ethnobotanical contexts, the paper identifies key obstacles such as language barriers, informal knowledge transfer, and perceptions of herbal safety versus scientific validation. It highlights the consequences of unregulated herbal use, including risky self-medication and herb-drug interactions. The research underscores the need for cross-sector collaboration between health professionals, policymakers, and traditional healers to foster responsible use and mutual understanding. Promoting culturally sensitive health education and respectful knowledge exchange can reduce misconceptions, improve communication, and pave the way for effective, integrated health systems.

**Keywords:** Medicinal Plants, Cultural Barriers, Traditional Medicine, Ethnomedicine, Health Beliefs, Herbal Remedies, Complementary and Alternative Medicine (CAM).

## INTRODUCTION

Access to institutional healthcare has not led to a reevaluation of traditional systems. Though not regulated, these systems have gained credibility distinct from institutional care. In a region where medicinal plants are used widely, barriers to integrating herbal medicine into local strategies were explored with Hispanic immigrants. They shared their experiences and perceptions of herbal medicine compared to pills and conventional healthcare, highlighting barriers like distrust in pills, skepticism about scientific knowledge, and the belief that health relies on lifestyle choices. Irresponsible uses of herbs included mixing them with pharmaceuticals, self-treating severe conditions, and using herbs without professional guidance. Identifying these cultural barriers can foster dialogue with local practitioners and lessen potential conflicts with existing knowledge systems. Many view medicinal herbs as natural and safe, but perceptions of safety and interactions can vary. In the U.S., herbs are classified as dietary supplements under DSHEA, meaning FDA approval isn't needed for marketing. While one widely used herb has been banned by the FDA, many with known interactions are freely sold, revealing gaps in oversight across the nation [1, 2].

### Background On Medicinal Plants

Medicinal plants have a long history in traditional medicine globally, with the World Health Organization estimating that 80% of people rely on herbal remedies for primary health care. Particularly in some African countries, herbal medicines are preferred over branded drugs due to beliefs in their effectiveness. Many view diseases as caused by witchcraft affecting internal organs, thus turning to plants

for healing. Cameroonians possess substantial knowledge about their medicinal plants and preparation methods. This widespread use alters relationships between practitioners and pharmaceuticals, impacting health care and social structures. Various disciplines examine medicinal plants; botanists focus on species identification while chemists study metabolites and pharmacological properties. However, this work prioritizes the cultural and sociological significance of medicinal plants in daily life. It emphasizes cultural contexts over exogenous knowledge, exploring perception aspects such as knowledge types, sources, experiences, and skills, alongside factors like gender, age, and education. The study's aim is to understand the usage, effectiveness, and cultural integration of these plants rather than determine their medicinal value. It also investigates the temporal and spatial contexts influencing perceptions of medicinal plants, highlighting that despite their global use, sociological and anthropological research on these perceptions remains limited [3, 4].



## Historical Use of Medicinal Plants

Medicinal plants are commonly used in folk medicine to treat various diseases and promote health. Besides the enormous value of indigenous knowledge on the legacy of ethnomedicine and ethnopharmacology, medicinal plants are used because they are affordable, accessible, and culturally acceptable. Medicinal plants are sources of direct and indirect medicine. Directly, they are being taken in various forms to cure ailments. Indirectly, plants maintain the nutrients of livestock and human beings. It is believed that there is a wide range of traditional knowledge about the use of medicinal plant species in different aspects that are locally carried and orally transmitted by indigenous peoples. From ancient times, medicinal plants have played an important role in the treatment of various ailments. Despite advances in synthetic drugs, modern man, too, is using a large number of plants in various medicinal preparations. Traditional healers continue to use these herbal preparations in ailments like diabetes, stomach, heart problems, and bleeding. The indigenous knowledge on widely used medicinal plants of the area has been taken for documentation and ethno-botanical studies. Medicinal plants hold the fate of civilizations as well as the human race. Allopathic medicine alone cannot provide a remedy for the overwhelming diseases and ailments. Medicinal plants are being increasingly recognized as an important source for the pharmaceutical industry. And the tradition of the use of plants or their extracts for medicinal purposes is likely to continue. It is believed that 35,000 medicinal plants are being used by traditional medical practitioners worldwide [5, 6].

## Current Trends in Medicinal Plant Use

Medicinal plants have been used in disease management systems by communities for centuries, and current trends in medicinal plant use term herbs or phytomedicines. Phytomedicine that is available as food ingredients in the form of powder, juice, tabloids, herbal decoctions, capsules, and other preparations, and by different preparations, has varying effects. Medicinal plants are also consumed with, or in place of, food ingredients. Medicinal plants are utilized in different ways by different age groups. Reports of community illness knowledge, causes, perceptions, and remedies exist in various literatures. Still limited information is available regarding the current perception of medicinal plant usage disease management, preference plants, their mode of preparation, dosage, and time of applications in Asella town. Thus, this study aimed to assessing the current perception of medicinal plant use in disease management systems. Healthcare providers and consumers in a metropolitan area relied on similar sources of information regarding the selection of medicinal plants and safety concerns. Both groups indicated that consumers use a variety of information sources including healthcare providers, books, media, and family. Future studies should include cross ethnic comparisons of medicinal plant use in order to better understand trends in herbal use and health system integration. Urban citizens in developing countries continue to use medicinal plants frequently in their health care. Knowledge concerning medicinal plants is based on cultural traditions and passed on from one generation to another. Future research priorities should focus on the cultural and social aspects of the use of traditional medicine in urban areas, analysis of the knowledge systems used to access medicinal plants, and a continuing role for ethnobotanists in education of health professionals and patients regarding the risks and benefits of using traditional medicine [7, 8].

## Cultural Perspectives on Health and Healing

Cultural beliefs significantly influence how symptoms of diseases are interpreted and treated. Indigenous knowledge comprises beliefs and concepts that shape the understanding of health and sickness, with sickness viewed as disharmony. Healing, or restoring balance, requires participation in rituals that can be traumatic and focus on reshaping the patient's ontology. Language barriers can impede the use of

medicinal plants for remedies, while herbalists obtain knowledge from diverse educational systems, often passed down through family or given through visions during prayer and seclusion. The communication of remedy prescriptions and dosages is typically oral, which can lead to misunderstandings unless one is within this knowledge channel. Contributions of traditional doctors, herbalists, and faith healers often go unrecognized, despite their sacrifices. In Ethiopia, efforts are made to regain credibility, promote understanding of medicinal plants, and align local knowledge with scientific research, though replacing complex botanical names with folk terms can risk research integrity. Inadequate linkage between local knowledge and proper nomenclature can discredit findings. Challenges also arise from incorrect specimen preservation processes. The rarity of medicinal plant usage might be influenced by the introduction of biomedicines. Prior to 1995, many ethnographers neglected to document herbal medicines, with one commenting on the Wo˜thı¨ha˜'s environmental knowledge but claiming a lack of medicinal plant understanding. Many herbal remedies target common issues such as stings and diarrhea, echoing a significant emic distinction within Wo˜thı¨ha˜ treatment practices: shamanism, known to few and viewed as arcane, and herbalism, characterized as widely known through informal learning. Shamanism stands out as crucial in traditional Yanomami healing practices [9, 10].



## Barriers To Medicinal Plant Utilization

Lack of herbal medicine knowledge among predicaments has been mentioned as a barrier to utilization of MP. Studies reported that prior experience during childhood (folk medicine) played a significant role in knowledge of herbal medicine, which also resulted in a positive attitude toward CAM. Ensuring education and promotion of folk medicine is another barrier that hampers utilization of herbal medicine among respondents. Imposing a ban on open sale of herbal medicine may limit availability, which has the potential to result in lower use of herbal medicine among patients. Toxicity of herbal medicines could be considered dangerous. Therefore, the promotion of herbal medicine should be accompanied by an educational campaign to inform health concerns and avoid the consumption of illegal herbal medicine. Those pregnant and receiving treatment for cancer were source of concern for toxicity of herbal medicine. The promotion to other communities should also assure the mother's health before she decided to take herbal medicine. It has been reported also that scientific basis of efficacy, recent research publications, and availability at various outlets such as drug stores, supermarkets, shops, cost effectiveness are considered the key facilitating factors to positive attitude toward herbal medicine use. Meanwhile, it was mentioned also that availability at local drug stores, free of charge/fairly cheap cost, and scientific basis trial were reducing barriers to the use of herbal medicines. Therefore, good practices among the public should be assessed and adopted at the outset of campaigns along with intervention to reduce barriers. Establishment of a pool of herbal drugs and their marketing, ushered by a scientific basis for promotion and proper use should be encouraged [11, 12].

## Case Studies

In Suriname, the legacies of slavery and indentured labor have led to migrated communities feeling alienated in urban environments. These communities have preserved their distinct identity through Creole traditions and healing practices, including herbal medicine. Surinamese herbalists, particularly Creole, are increasingly in demand, with traditional medicine gaining popularity in urban areas. The need for personalized remedies makes it suitable for urban Samarakas, given the availability of commonly used plants. Maya herbalists also see a rise in demand, but urban environments are reshaping their practices, influenced by new-age health interests. Pharmaceutical standards, such as patenting and commodification, clash with the personal nature of traditional Samarakas and Creole medicine, which value the client-practitioner relationship. The use of traditional medicine among urban citizens reflects a complex interaction of cultural layers and social contexts. This study highlights the enduring and innovative aspects of herbal knowledge since the early twenty-first century urban transition. Continued research is necessary to explore cultural barriers to herbal medicine, the professionalization of practice, and its role in medical education, potentially leading to the integration of herbalism and co-management of botanical gardens for education. A reinvention of traditional practices within sociophysiological science could address challenges related to cultural barriers in herbal use [13, 14].

## Policy Implications

Health care providers need to facilitate healthy communication and not rediscover the wheel by diminishing one approach to health and wellness over another. Data on cultural barriers to TSHP use are scant in the literature. It was found that some of the patient cultural barriers facing the system were

mistrust of the medical establishment and poor communication. The findings suggest that healthcare providers should work to improve the understanding of specific cultural barriers and mistrust of medicinal plant use from alternative healers. Medical practitioners should understand the cultural factors before suggesting specific medicinal plants to patients, such as gender, traditional beliefs on health and illness, and the healthcare system. Sensitivity to local language use and working to gradually improve traditional practitioners' knowledge could promote communication. Collaboration with herbalists and traditional healers as sources of information on possible medicinal plant treatments could be helpful. Collaboration would also promote medicines management for patients using both medications. Improve communication, and questions about plant use, Knowledge about plant use is diverse. Further studies may investigate reasons and possible barriers of the communication gap, and such questions should be a routine part of physicians' clinical skills training. It should be ensured that patients with little knowledge have access to relevant health education resources [15-25].



**Future Directions for Research**

As health care provider consumption of medicinal plant products increases, it becomes important for providers to understand patients' knowledge, attitude, and perceptions about these herbal products. Factors such as prior exposure to traditional medicine, subjective social norm, and attitude may positively influence the perception. With increased awareness of the usage of herbal medicine, the importance of awareness-raising or educational programs should be taken into account by health professionals/stakeholders in an effort to encourage safe and proper usage of traditional medicine [26-30]. The results of this work should serve as a baseline to determine future research directions as well as to guide health education intervention strategies in response to the increasing consumption of herbal medicine in the community. The urgent need to increase stakeholder collaboration and public-private partnerships is clear. Dietary integration of herbal medicine by agriculture, health, and responsible use for all age groups will be a priority. As the knowledge, attitude, practice, and perception of the global herbal drug market evolves and blossoms, the science must also keep pace. The issues and challenges must be viewed in a holistic manner to achieve overall better coordination. The overall goal is the full integration of herbal medicine for all forms of life betterment. This requires a new level of understanding and national leadership [31-41].

**Recommendations**

Despite the use of medicinal plants in disease management, cultural barriers prevent some ethnic groups from seeking treatments or sharing methods with medical professionals. Addressing these barriers through increased knowledge is essential. Awareness, education, buynology, and distrust are key obstacles to medicinal plant use. Educational programs can enhance awareness and understanding of medicinal plants, especially for the ethnic groups studied. Such targeted programs are also adaptable to other cultural backgrounds. By educating the public about the cultural safety and ethical aspects of medicinal plant use, mistrust may gradually decrease, enabling access to these treatments as first-line options. Furthermore, educational initiatives for health professionals are crucial. Increased awareness of the NICU environment and locally used medicinal plants can foster acceptance of these treatments. This education can support professionals in understanding patients' cultural methods, improving health outcomes. As health professionals become more knowledgeable about medicinal plants, they may exhibit less skepticism and enhance communication, allowing for better integration of cultural treatments into medical practice.

## CONCLUSION

Medicinal plants remain a critical component of healthcare systems for many communities worldwide, but cultural barriers—rooted in mistrust, differing health beliefs, and knowledge systems—limit their effective integration into institutional healthcare. This study reveals that these barriers are not merely logistical but deeply sociocultural, involving traditions, spirituality, language, and perceptions of authority. The lack of alignment between traditional healing practices and modern biomedical frameworks leads to misunderstandings, underutilization, or unsafe use of herbal remedies. Efforts to bridge these gaps must prioritize education, respectful dialogue, and collaboration with traditional practitioners. A more inclusive and culturally aware healthcare system—where traditional and modern practices coexist—is not only possible but necessary. By acknowledging the value of indigenous knowledge and ensuring its safe, evidence-informed use, health systems can better serve diverse populations while respecting their cultural identities.

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