

# Traditional phyto-recipes used to cure various ailments by the local people of Shishi Koh valley, Chitral, Pakistan

Sher Wali, Hammad Ahmad Jan, Shiekh Marifatul Haq, Umer Yaqoob, Rainer W. Bussmann, Fazli Rahim

## Correspondence

Sher Wali<sup>1</sup>, Hammad Ahmad Jan<sup>1,2\*</sup>, Shiekh Marifatul Haq<sup>3</sup>, Umer Yaqoob<sup>2</sup>, Rainer W. Bussmann<sup>4</sup>, Fazli Rahim<sup>5</sup>

<sup>1</sup>Department of Botany, Islamia College Peshawar, Pakistan
 <sup>2</sup>Department of Botany, University of Buner, Pakistan
 <sup>3</sup>Department of Botany, University of Kashmir, J&K, India 190006
 <sup>4</sup>Department of Ethnobotany, Institute of Botany, Ilia State University, Tbilisi, Georgia
 <sup>5</sup>Department of Botany, Bacha Khan University Charsadda, Pakistan

\*Corresponding Author: hajmughul@yahoo.com

Ethnobotany Research & Applications 22:41 (2021)

# Research

# Abstract

*Background*. Medicinal plants are used to cure a variety of ailments since ancient times. In last few decades an increase in interest in the use of medicinal plants is noted for discovering novel medicines and treatments to fulfill the needs of the increasing population. This study was aimed to document phyto-recipes used by the indigenous communities of Shishi Koh Valley, Chitral.

*Methods:* The data was collected during 2019-2020 through interviews (N=125) using semi-structured and closeended questionnaires. The data obtained was quantitatively analyzed through the family importance value (FIV), familiarity index (FI) informant consensus factor (ICF) and consensus index in percent (CI%).

*Results:* During the field work we have collected 48 medicinal plant species belonging to 29 families. According to the result herbs are the most dominant life form (56%), followed by trees (29%). Leaves were the most frequent plant parts used in phyto-recipes. The 89 indigenous recipes were reported to cure different diseases. Asteraceae family was dominant with the highest family importance value (F/V = 0.616), whereas *Rumex hastatus* D. Don depicted maximum familiarity index (FI = 0.456). A decoction was the common mode of medicines preparation. The digestive disorders have the highest value of informant consensus factor (ICF = 0.93) and the least value of ICF was obtained for Skin problems (0.53).

*Conclusion:* The present study revealed the importance of the flora of this unexplored area. We recommended that in future the plants like *Rumex hastatus* D. Don having high FI should be studied for phyto-chemically, and pharmacologically to discover new drugs.

Key Words: Herbal Recipes; Medicinal Plants; Ethnomedicines; Shishi Koh Chitral; Pakistan

# Background

The management and utilization of resources are integral to the history of human civilization and culture, and human communities have used resources, particularly bio-resources since the dawn of civilization (Gras et al. 2021). Plant resources are essential to human cultures and have been used for thousands of years to promote human well-being. Many cultures around the world continue to rely on plants as their primary source of treatment, and they have developed their medicinal systems based on their theories, experiences, and beliefs (WHO, 2012). Local indigenous medical systems are especially common in rural communities around the world, for example, accounting for a significant portion of all health cares provided in the Himalayan regions (Zhu, 2016). Diverse ethnic communities in the Himalayas have their indigenous healthcare systems, and medicinal plant applications vary greatly depending on geography and ecology (Liu et al. 2016).

Ethnobotany must experiment with different methods over the last few decades, with a dual goal of documenting and safeguarding ancient human uses of plants, describing human lifestyles and attempting to improve human lifestyles (Pardo-de-Santayana et al. 2015). As a result, ethnobotanical research is dominated by the collection of plant uses associated with health, primarily medical and food uses, though other uses are also relevant. The documentation of traditional knowledge, particularly on the therapeutic uses of plants, has provided many significant modern-day pharmaceuticals since its inception (Dey et al. 2021). Based on the importance of folk local knowledge in protecting and improving health, several medicines have been developed, including the antiviral oseltamivir and the antimalarial artemisinin, to name just two well-known and recent examples (Tringali et al. 2012; Tu et al. 2016). The indigenous knowledge is depicted as a combined assortment of information, practice, and conviction, developing through adaptive procedures and cultural transmission throughout generations (Berkes et al. 2008). Folk medicine is used worldwide as it relies on locally accessible plants or the products derived from these plants (Awas and Demissew, 2009). Particularly ethno-botanical information is collected in different regions of South Asia (Das and Tag, 2006).

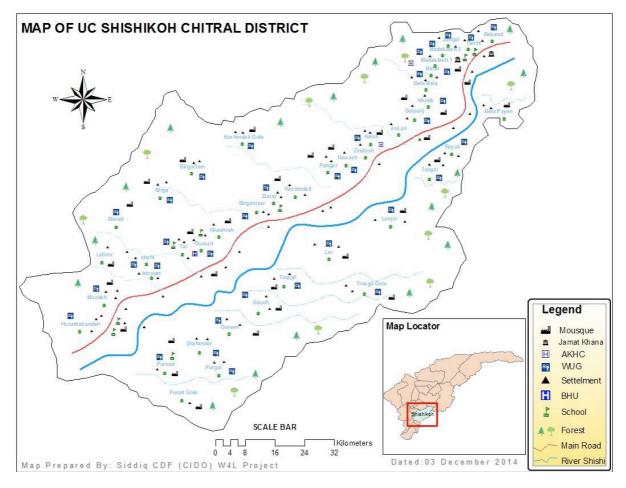
Documentation of ethnic data with the help of ethno-botanical research is noteworthy to support the conservation awareness of natural assets (Muthu, 2006). Hence, ethno-botanical studies are becoming increasingly important to developing healthcare and conservation plans in such regions (Ososki et al. 2002). Assessment of medicinal plants is critical for security, conservation, and valuable novel natural medicines (Heinrich and Gibbons, 2001; Mesfin et al. 2009). In the past few years, the use of medicinal plants information, research, and practice added significant consideration to the scientific community (Heinrich and Gibbons, 2001; Kayani et al. 2014). Numerous rural communities have ethnic knowledge of medicinal plant species (Manandhar, 1992; Johnston, 1996; Comerford, 1996; Milliken and Alber, 1996) and such data survives since it is passed on starting with one generation to the next (Manandhar, 1992; Jain and Saklani, 1991). Plants become the only source of medication and well-being in Pakistan's interior. However, from certain interior regions of Pakistan's Himalaya, such as Shishi Koh Valley, Chitral, information about the uses of plants as traditional medicines has not been reported. The present study aimed to gather and record data about the therapeutic plant species utilized by the indigenous community and assess the viability of species commonly cited. The accompanying objectives were:

- (i) to have an in-depth understanding of the ethnopharmacology about the medicinal plants used in basic health care,
- (ii) with a special focus to elucidate major diseases cured and mode of recipes preparations by indigenous communities.

### Material and methods

### Study area

Chitral is the northern most administrative district of the Khyber Pakhtunkhwa province of Pakistan. It is speared over 14850 Km<sup>2</sup>, located at 35.99 °N and 71.98 °E. (https://web.archive.org; http://chitral.gov.pk/). It shares its borders with Gilgit- Baltistan to the east, with Kunar, Badakshan, and Nuristan provinces of Afghanistan to the north and west, and swat to the south (Ali et al. 2012). The maximum population is rural, population density is 30 Km<sup>2</sup>. District Chitral is divided into small valleys by the Hindukush range. Shishi Koh Valley is located to the north last of the Chitral (Fig. 1). Geo coordinates are 35<sup>o</sup> 35. 255` N latitude and 71<sup>o</sup> 48. 466` E longitude (Wali 2017). The valley has 33 villages and a total population of 14925. The common languages spoken in the study area are Khowar (Chitrali), Gujro, Pashto, however Khowar language is speaking by half of the population. Geo-climatically, the area falls within a dry Mediterranean climate with no precipitation during the sweltering summers. Rainfall happens profoundly from spring brought about by western frontal systems. In the winter, the temperature occasionally falls



to -10°C. Topography is highly diverse comprised of steep mountains, massive glaciers making the realm inaccessible. Weather exhibits great seasonal fluctuations. Spring and autumn seasons are very short.

Figure 1. Map of the study area

### Ethnomedicinal data collection

This survey was conducted from April 2019 to August 2020. The selection of informants was made through the snowball technique (Albuquerque et al. 2014; Junior et al. 2016) and a total of one-hundred and twenty-five (125) informants, including five *Hakeems* (traditional healers) (Table 1) who showed agreement to take part in this survey; were interviewed through a semi-structured questionnaire. The ethnicity of the participants and the language information given here are not disclosed, based on mutual agreement as stipulated under the Nagoya Protocol. The code of ethics of the International Society of Ethnobiology was followed (ISE, 2006). Additionally, one person from each indigenous community, who was well familiar with the traditions and norms of the community, was taken as a guide during all the field surveys.

Medicinal plants data was obtained through questions like, which plants are used to cure various illnesses, the plants' parts used to treat illness, preparation methods and herbal recipes administration, the site of collection, and availability of collected plant species. To collect ethnomedicinal data and plants local guides and researchers regularly visited the study area (Fig. 2).

### Collection, identification, and preservation of medicinal plants

The plants described in Table 2 were collected from the study area. The collected plants were identified with the help of Flora of Pakistan. These identified plants used against different ailments were also verified and updated with the plant list (www.theplantlist.com). The dried and processed plant specimens were allotted voucher numbers and were then submitted to the herbarium - Department of Botany, Islamia College, Peshawar, Pakistan, for future reference. Voucher numbers of the submitted plant specimens are given after their botanical name.

Table 1: Demographic description of the informants

Demographic features	Number of people	Percent (%)
Age		
30-50	26	20.8
51-70	41	32.8
Above 70	58	46.4
Education Status		
Illiterate	21	16.8
Read & Write	27	21.6
Grade 1-10	47	37.6
Grade 11-above	30	24
Gender		
Male	68	54.4
Female	57	46.6



Specimens' mounting



# Dry forest slope



Pinus forest



# Group discussion with informants

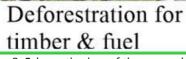


Study area map



Plants collection







Specimen preservation the in field



Berberis lycium

Figure 2. Schematic view of the research work

### Familiarity index (FI)

To know the popularity of the ethnomedicinally important plant species in the community, Familiarity Index (FI) was used (Phillips, 1994; Tabuti, 2004; Khan and Ahmad, 2015). FI value of each species was calculated using the formula:

FI = FC/N

Where: FC= Frequency of medicinal plant species N= Number of total respondents

### Family importance value (FIV)

The FIV was applied to the data to find out the most versatile family in terms of medicinal value. FIV of the reported taxa was calculated (Wali et al. 2019).

$$FIV = FC(family)/N \times 100$$

Where:

N= Number of all the participants FC= Total number of informers citing that family

### Informant consensus factor (ICF)

The informant consensus factor for different use classes was appraised, following the method of Khan and Ahmad (2015). This index was adopted to find out the homogeneity of the data about a particular group of diseases. The following formula was used:

$$ICF(0-1) = Nur - Nt/Nur - 1$$

Where:

Nur= Number of all the reports for use class Nt= Total number of species used in this class

#### Consensus index (CI)

To ascertain the respondents' percentage of knowledge regarding the practice of medicinal plants for the cure of a disease, the Consensus index (CI) was calculated (Tardío and Pardo-de-Santayana, 2008).

$$CI = n/N \times 100$$

Where:

n= Informants' number referring the medicinal plant N= Number of all informants

# **Results and Discussion**

The findings of the present study revealed that the local population of the study area has still a rich source of herbal traditional knowledge. Furthermore, the current study validates the close relationship between the local population and the provisioning of plant ecosystem services.

During interviews with participants, demographic characteristics were determined and documented. A total of 125 participants were interviewed; out of them, seven were between the age group of 30-35, 19 were 36-50, and 58 were above 70. All the informants were natives of Shishi Koh Valley. Among the informants, 57 were female and 68 were male (Table 1). When the informants were asked because why they use medicinal plants, most of them replied that they use these medicinal plants mainly because most of the remedies are part of their culture. While documenting and collecting the indigenous knowledge about medicinal plants it was noticed that the illiterate informants have more understanding of therapeutic plants this may be due to negligence of educated persons for the use of indigenous medicinal plants to cure diseases and giving preference to the modern healthcare system (Shah et al. 2016). Generally, males mainly collect medicinal plants, and herbal medicines are prepared by females. It was also observed that all (males and females) are aware from the uses of the medicinal plants. The disparity between men and women stemmed from the fact that women are confined primarily to their houses and do not have access to remote locations (Haq et al. 2020; Asif et al. 2021). Most of the data regarding the uses of medicinal plants were gathered from informants in the age range of 40 to 65 years. The process of knowledge regarding the medicinal plants' recipes is shrinking gradually as the younger generations prefer modern medicine over the traditional medicinal system, Similarly, results were also reported by Bano et al. (2014); Kayani et al. (2014); Wali et al. (2019) and Jan et al. (2021) from the surrounding areas.

Table 2. Qualitative and quantitative ethnomedicinal information of medicinal plants used among the local communities of Shishi-Koh Valley

Botanical name Voucher No.	Family	Local Name	Part Used	Utilization Mode	FI	CI	Preparation and administration	Diseases cured	Recorded literature uses for Diseases
<i>Adiantum venustum</i> D. Don (Ch-343)	Pteridiaceae	Sumbul	Lv, Sh	Pw, Pl	0.20	++	<ol> <li>The leaves are collected and stored in a shady to dry and then grinded. This powder is chalked through a silk cloth. After that 2-4g powder are taken with a glass of water once a day before breakfast to cure fever.</li> <li>The dried shoot is grinded and mixed with mustard oil. Then it is applied on the head at night to overcome baldness.</li> </ol>	Cardiac problems and baldness	Sher et al. (2011
<i>Allium cepa</i> L. (Ch-344)	Alliaceae	Threshto	Bb, Lv	Ol, Dt	0.392	+++	<ol> <li>The bulb of <i>Allium cepa</i> is wormed to get oil like secretion which is used for coughing reflexes of children.</li> <li>The green leaves are used to decrease blood pressure.</li> <li>The wormed bulb applied on the effected skin for treatment of skin lesions through bandage.</li> <li>The leaves of <i>Allium</i> <i>cepa</i> are also used as a salad which is helpful in the digestion of food.</li> </ol>	Skin diseases, whooping cough, digestion stimulation, blood pressure lowering	Jan et al. (2009), Ahmed et al. (2014) and Shah et al. (2016)
<i>Allium sativum</i> L. (Ch-345)	Alliaceae	Wreszhnu	Bb	Pl, Pt	0.352	+++	7. The bulb is wormed and used as a poultice on boils to discharge pus.	Tooth ache, skin diseases, blood	Jan et al. (2009), Ahmed et al. (2014) and Shah et al. (2016)

								It is also taken directly to lower high blood pressure. The bulbs are grinded and mixed with mustard oil, a little amount of salt and lemon juice. A paste is formed which is applied on the effected tooth through cotton.	pressure, flu, and cough	
<i>Althaea rosea</i> L. (Ch-346)	Malvaceae	Layn	Fl	Pl	0.304	+++		The petals from flowers are dried, grinded and the powder is mixed with guar. The poultice made is applied to the boils to draw out the puss. After two or three times of application the patient would rid of the boil.	Boils	Jan et al. (2009)
<i>Artemisia indica</i> Willd. (Ch-347)	Astaraceae	Droon	Lv	Ju	0.28	+++		The fresh leaves of <i>Artemisia indica</i> L. are chapped; the paste is soaked in water for some minutes. The mixture is filtered through a silk cloth. The filtered juices are used for the treatment of stomach problems such as gastritis.	Gastric problems	Ashraf et al. (2010)
<i>Artemisia parviflora</i> Roxb. ex. D. Don (Ch-348)	Asteraceae	Kharkhalij	Sd	Sp, Pw, Et, Tb	0.184	++	12.	Seed are collected, cleaned, dried and are roasted in a fry pan until they become reddish-brown. Then the seeds are ground and mixed with soup (made up of many things such as pyaz, tomato, garlic, oil, salt,	Anti-diabetic, Abdominal Pain, Anthelmintic	Hayat et al. (2009) and Khan et al. (2011)

								and water as required).		
								The soup is given to the		
								children for nappy rash.		
								If the baby is unable to		
								take the soup (kali)		
								orally then it is given to		
								her/his mother so that		
								the baby may be dosed		
								by the mother.		
							13.	One teaspoon full of		
								powdered seeds is		
								taken with a glass of		
								water to cure		
								abdominal pain.		
							14.	A glass of 2gram seeds		
								extract is drunk once a		
								day to cure diabetes.		
-							15.	Young leaves are		
								collected, crushed and a		
								paste is obtained, which		
								is mixed with soup and		
								is given for chronic		
								fever.		
							16.	Juice is extracted from		
								the ripen fruits by		
								crushing them the juice	Back ache,	Jan et al. (2009),
								is filtered through a silk	blood	Abbasi et al.
								cloth. The juice is used	purification,	(2010), Shah et al.
Berberis lycium Royle.								as blood purifier.	urinary tract	(2014),
(Ch-349)	Berberidaceae	Chounch	Rt, Lv, Ft	Pt, Ju, Dc	0.248	++	17.	Roots are chopped into	infection,	Barkatullah et al.
(====)								small pieces, and then	chronic fever,	(2015), Ijaz et al.
								boiled in water for 2-4	dyspepsia	(2016) and Shah
								hours. Then it is given	and muscular	et al. (2016)
								to the patient for back	pain	00 00 (2020)
								ache, dyspepsia and		
								muscular pain.		
							18	The decoction is further		
							10.	boiled about 8 hours		
								and a thicken paste is		
								obtained, small tablets		
								are made from this		

<i>Cannabis sativa</i> L. (Ch-350)	Canabinaceae	Boung	Lv	Di, Pw,	0.216	++	paste are given to the patient having urinary tract infection two times a day for three 
<i>Capparis spinosa</i> L. (Ch-351)	Capparidaceae	Kaveer	Fl, Ft	Di, Tb	0.088	÷	<ul> <li>21. 20-40g unexpended or half expended floral buds of this plant are collected. Then put in an earthen vessel and kept on the roof in bright sun for at least 7 days. The floral buds are dried and used as a food.</li> <li>22. The dry fruit is collected and mashed up with a few drops of water in pestle and motor to form a thick paste. From this paste small ball are made, dried, and stored. Then these balls are used for face pack to clean and clear the face from pimples and used as well as sun block.</li> </ul>
<i>Carthamus tinctorius</i> L. (Ch-352)	Asteraceae	Pom	Fl	Pw	0.096	+	23. The orange / reddish / brownish florets are Wheals and collected, dried and Cough ground. The powder is

<i>Carum capticum</i> L. (Ch-353)	Apiaceae	Shonch much	Sd	Pw, Pt	0.112	++	mixed with milk and used. The dose is usually taken at night before sleeping. 24. The seeds are collected when mature and are crushed. The powder is mixed with boiled egg to make paste which is Gastric, Fever Ahmad et al. given to the patients of and (2006) and Adnan dysentery twice a day. Dysentery et al. (2014) 25. The seeds are crushed and taken orally with water for the treatment of gastric.
<i>Carum carvi</i> L. (Ch-354)	Apiaceae	Нојој	Sd	Dc	0.152	++	<ul> <li>26. Seeds of this plant are collected, dried and are boiled in water with a little bit of salt and the decoction (half cup) is given to the patients of abdominal pain, dyspepsia, indigestion, nausea and as stomachache.</li> <li>26. Seeds of this plant are collected, dried and are boiled in water with a little bit of salt and the pain, Shah &amp; Khan dyspepsia (2006) and Khan and &amp; Khatoon (2008)</li> </ul>
<i>Cichorium intybus</i> L. (Ch-355)	Asteraceae	Kasthi	Rt	Dc, Sn	0.056	÷	<ul> <li>27. The roots are chopped and boil in water. This decoction is filtered and is given to the patient of abdominal pain.</li> <li>28. In case of chronic typhoid and malaria Malaria, Shah et al. (2014) roots of 7 different typhoid, and Barkatullah et al. plants from different abdominal (2015) and Shah places are collected, pain et al. (2016) chopped, and soaked in water. Then keep under the sky for a single night. Suspension is used to cure chronic typhoid and malaria.</li> </ul>

(Ch-360)	Rosaceae	Воор	Ft	Sn	0.368	+++	54.	in water and a small	Pneumonia	(2015)
<i>Cucurbita maxima</i> Duch ex lam. (Ch-359) <i>Cydonia vulgaris</i> L.	Cucurbitaceae	Alok	Ft, Sd	Ju, Dc	0.208	++	33.	The fruit are placed in warm ash until it becomes brown. It is then cooled down and juice is extracted from it which is given to infants (One tea spoon) 2-3 times a day to treat pneumonia and cough. The seeds are boiled in water and filtered. Sugar is added to it and taken to cure cough, in a day 2-3 dozes. The fresh fruit is boiled	Cough and Pneumonia Cough and	Khan & Khatoo (2008) and Jan al. (2009) Ishtiaq et al.
<i>Crataegus songarica</i> C. Koch. (Ch-358)	Rosaceae	Ghoni	Bk	Et	0.096	+		5-6g bark is soaked in water for some hours and a small amount of this extract is given to pregnant women once in 24 hours to reduce labor pain usually at night before sleeping.	Labour pain	Shah & Khan (2006), Ali & Qaiser (2009) ar Haq et al. (2011)
<i>Coriandrum sativum</i> L. (Ch-357)	Apiacae	Danu	Sh, Lv, Sd	Di	0.36	+++	30.	The fresh leaves, dried shoot and dried seed are mixed in small amount with food, and eaten as appetizer, carminative and diuretic agent.	Appetizer, Carminative and Diuretic	Jan et al. (2009), Ahmed et al. (2014), Shah et a (2016), Shah et a (2016)
<i>Convolvulus arvensis</i> L. (Ch-356)	Convolvulaceae	Mishk	Lv	Pt	0.328	+++		boiled in water and chopped. The paste is mixed with tomato, onion, ginger, garlic, salt (as required) and then fried in oil. This gravy is used for curing constipation usually 2-3 times a day.	Constipation	Zabihullah et al.(2006) and Khan & Khatoor (2008)

<i>Daucus carota</i> L. (Ch-361)	Apiaceae	Kheshgoom	Rt, Sd	Di, Et	0.344	+++	<ul> <li>amount of sugar is</li> <li>added to it, the</li> <li>suspension is used for</li> <li>cough and pneumonia.</li> <li>35. The seed are boiled in</li> <li>water for some times</li> <li>and a small amount of</li> <li>sugar is added. This</li> <li>Eye disorder</li> <li>decoction is used for</li> <li>and</li> <li>added. This</li> <li>Eye disorder</li> <li>and</li> <li>(2006) and Jan et</li> <li>al. (2008)</li> <li>addominal pain (twice a pain day).</li> <li>36. Roots are used as salads</li> <li>which improve eyesight.</li> </ul>
<i>Eleagnus angustifolia</i> L. (Ch-362)	Elaegnaceae	Shounjur	Bk, Ft, Gm	Dc, Di, Pt, Te	0.216	++	<ul> <li>37. The fruit of <i>Eleagnus</i> <i>angustifolia</i> L. about 3- 4kg of fruit is boiled in water for an hour. It is filtered through silky cloth and a little amount of sugar is added. This is used against dyspepsia and blood purification. One glass of it is once a day before sleeping by adults one glass per day, while for children one spoon is enough.</li> <li>38. The warmed fruit are eaten to treat throat problems.</li> <li>39. The gum of this tree is locally called luchak. The gum is first dipped in water for one or two hours, and the paste is used to cure bifurcation of hairs and to remove dandruff.</li> </ul>

<i>Ephedra gerardiana</i> Wall ex Stapf. (Ch-363)	Ephedraceae	Somani	Sh	Dc	0.288	+++	<ul> <li>40. Herbal tea is made from the bark and then used to enhance digestion.</li> <li>41. The young branches of this plant are chopped and boiled in water, and after by crushing a thin brown /radish juice is obtained locally called gholja. This juice is then Khan et al. (2011 applied to the aching Edema, Skin, Shinwari &amp; Gilan back. It is also Lumbago, (2003) Ahmad et considered very and Gastric al. (2009) and effective against edema. Khan et al. (2013</li> <li>42. The extraction is also used by females especially girls in the spring season, as a sun block to retain a white skin thought.</li> </ul>
<i>Ficus carica</i> L. (Ch-364)	Moraceae	Koyet	Ft, Lt	Di	0.144	++	<ul> <li>43. The dried fruit are first dipped in water and then it is filtered through silk cloth. The filtrate is used to inhibit cough reflex and cleaning of stomach. This doze is taken twice a day.</li> <li>44. The milky latex obtained from fruits as well as leaves of this plant are used for the ejection of throne from the foot palm. It is used in morning time not effective in the evening time.</li> <li>43. The dried fruit are first dipped in water and then it is filtered through silk cloth. The filtrate is used to inhibit cough reflex and cleaning of stomach. This doze is taken twice a day.</li> <li>44. The milky latex obtained from fruits as well as leaves of this plant are used for the ejection of throne from the foot palm. It is used in morning time not effective in the evening time.</li> </ul>
<i>Foeniculum vulgare</i> Miller. (Ch-365)	Apiaceae	Bodyoung	Lv, Sd	Dc, Di, Sp	0.392	+++	45. The fresh leaves are Toothache, chewed to relive Cough, Shah et al. (2016 toothache and cough. Abdominal

							<ul> <li>46. The seeds are boiled pain and and mixed with 2-3 Lumbago spoons of sugar. The mixture is used at night for the treatment of cough and abdominal pain.</li> <li>47. The seeds are fried in butter and by addition of a little bit flour and water; a soup is made which is used against flue, bronchitis, and lumbago.</li> </ul>
<i>Fumaria indica</i> L. (Ch-366)	Fumariacae	Shathara	Sh	Te	0.264	+++	<ul> <li>48. The shoots are dried in a shady place, crushed, and mixed with water or made an herbal tea. This mixture is given to the patient of abdominal pain.</li> <li>48. The shoots are dried in Ahmed et al. (2014), Shah et al. (2014), and Shah et al. (2016)</li> </ul>
<i>Glycyrrhiza glabra</i> L. (Ch-367)	Fabaceae	Moyu	Rt	Dc	0.136	++	49. The roots boiled in water, then filter through silk cloth. After that a small amount of sugar is added. This decoction is called moyouough and is taken orally to treat abdominal pain.
<i>lris germanica</i> L. (Ch-369)	Iridacaea	Sosun	Rt	Pl, Dc	0.232	++	<ul> <li>50. The poultice from dried root is placed over inflamed parts of the body as rheumatism.</li> <li>51. 1-2 g roots are boiled in water. Then filtered to the extract and a small amount of sugar is added and is drunk as antipyretic to reduce temperature and fever.</li> </ul>

<i>Juniperus excelsa</i> M. B. (Ch-368)	Cupressaceae	Sarroz	Sh, Ft	Et	0.168	++	<ul> <li>52. 2-4gm dried shoots and fruit are soaked in water for an hour, the aqueous extract obtained from crushed fruits as well as from shoots is filtered and through a silk cloth. A small amount of sugar is added to the extract. The extract of shots is used for anemia while the fruit extract is used for abdominal pain.</li> </ul>
<i>Juglans regia</i> L. (Ch-370)	Juglandaceae	Bermogh	Bk, Ft	Pl, Pw	0.288	+++	<ul> <li>53. The white bark of this plant is placed in shady place to dry. The dried bark is crushed and chocked through cotton cloth. This powder is mixed with yogurt, and Skin disease Abbasi et al. then applied to the and wound (2013) and Haq et infected area of the skin healing al. (2011) especially for itches.</li> <li>54. The seeds of walnut are wormed and introduced to the umbilical cord of the infants to heal wound quickly.</li> </ul>
<i>Linum usitatissimum</i> L. (Ch-371)	Linaceae	Shentaki	Sd	Bd, Pl	0.192	++	55. The seeds are firstly fried in pan; then are grinded. Now this powder is mixed with other ingredient such as mamaki, fat, bark powder of pomegranate and water to make dough, this is baked on the lower side of tawa, these bread is taken 3

							56.	times in a day for the treatment of lumbago. The seeds are grinded and fried; an oily paste locally called shintinki ghazaghazi is made which is applied to boils.		
<i>Matricaria chamomilla</i> L. (Ch-373)	Astaraceae	Shirisht	Fl	Dc, Bd	0.224	++		The inflorescence is dried, grinded and boiled in water and the decoction is given to the patients with abdominal pain, jaundice, fever and indigestion. The dried flowers (4-5) are mixed with flour to make bread. It is very effective against abdominal pain.	Abdominal pain, Fever and Indigestion	Jabbar et al. (2006), Bano et al. (2014)
<i>Mentha langifolia</i> L. (Ch-374)	Lamiaceae	Bane	Wp	Te, Di	0.376	+++		Herbal tea made from the root, called benogh which cures fever and indigestion. The fresh and dried leaves are also eaten as digestive and stomachic agent. The fresh leaves are placed on forehead of patients to recover from unconsciousness.	Febrifuge, Stomachic, unconsciousn ess	Husain et al. (2008), Abbasi et al. (2010), Shah et al. (2016)

<i>Morus alba</i> L. (Ch-375)	Moraceae	March	Ft	Pt, Dc	0.24	++	<ul> <li>62. The fruit is placed in sun light until the fruit is completely dry. The dried fruit is boiled in water (1 L) for an hour, and then cooled. Now it is filtered through silk cloth. This preparation is called (shereni) and is treat gastritis (half teaspoon).</li> <li>63. The dried fruit is crushed. This powder is mixed with fruit of walnut and mixed with 2-3 eggs. This paste is a taken once usually at night to treat of rheumatism.</li> <li>64. The dried fruit of walnut and mixed with 2-3 eggs. This paste is a taken once usually at night to treat of rheumatism.</li> </ul>
<i>Peganum harmala</i> L. (Ch-376)	Rutaceae	Ispandor	Sd	Pw	0.256	+++	64. The seeds are dried and grinded into powder and about 10g of Shah et al. (2014) powder is mixed with a Anthelmintic and Barkatullah et cup of water and given al. (2015) to the children as anthelmintic.
<i>Papaver somniferum</i> L. (Ch-377)	Papaveraceae	Afyun	Sd, Lt	Te, Di	0.352	+++	<ul> <li>65. Opium (latex) is taken in small doses orally or smoked neat or in a cigarette as pain killer Cough, or sedative for scorpion sedative, bite. chest Khan (2008) and</li> <li>66. Seeds (small amount) congestion Shah et al. (2016) are mixed with tea and and are given to patients anesthetic having nasal and chest congestion, bronchitis and sunstroke.</li> </ul>

<i>Prunus amygdalus</i> L. (Ch-378)	Rosaceae	Dalum	Rt, Ft	Dc, Pt	0.312	+++	<ul> <li>67. The roots (about 30 g) are boiled in water and filter through a silk cloth. One cup of decoction is used twice a day (morning and evening) for the cure of diabetes mellitus.</li> <li>68. The dried fruit rind is ground to powder. The powder is mixed with mustered oil to form a paste. The paste is applied over effected part of the body as vulnerary.</li> </ul>
<i>Prunus armenica</i> L. (Ch-379)	Rosaceae	Zuli	Ft	Sy	0.52	++++	69. The ripe fruit is placed under sun light to dry it. The dried fruit is sacked in water and sweet Cough and Abbasi et al. syrup formed; this syrup constipation (2013) is used for curing cough and constipation (0ne teaspoon).
<i>Punica granatum</i> L. (Ch-380)	Punicaceae	Badam	Sd	Pw	0.432	++++	70.Seeds are mixed with milk and eaten as brain tonic.Abbasi et al. (2013), Shah et al. (2014), Ijaz et al. (2016) and Shah et al. (2016)
<i>Rosa alba</i> L. (Ch-381)	Rosaceae	Gulab	Fl	Et, Dc	0.368	+++	<ul> <li>71. The fresh leaves are and crushed due to which extract is produced. 2-3 drops of this extract is used for the cure of eye Eye disease Ahmad et al. diseases. and (2004) and</li> <li>72. The petals of the abdominal Ahmad et al. flowers (20 flowers) are pain (2009) placed in a shady area to get dried petals are boiled in water and taken to treat of</li> </ul>

<i>Rosa webbiana</i> Wall ex Royle. (Ch-382)	Rosaceae	Throny	Lv, Fl	Pl, Te	0.312	+++	73.	abdominal pain, usually take once a day (one cup). The fresh leaves (about 20 leaves) are heated in a pan. The dried leaves are crushed and is mixed with yogurt, then applied around the smallpox. This poultice is used thrice a day. The petals are dried, crushed and a powder is formed one or two tea poon powder mixed with tea. This is used for the treatment of stomach problem.	Stomach problem and smallpox	Khan et al. (2011) and Ullah et al. (2013)
<i>Rubus fruticosus</i> L. (Ch-383)	Rosaceae	Acho	Ft	Di, Sy	0.216	++	76.	The fresh fruits are eaten to increase the amount of blood. The fruits are added in a juicer, dark red syrup is formed. This syrup is used twice or thrice a day for the treatment of anemia (2 tea poon).	Anemia	Abbasi et al. (2013), Ibrar & Hussain (2009) and Shah et al. (2016)
<i>Rumex hastatus</i> D. Don (Ch-384)	Polygonaceae	Chrekonzur	Lv	Pt	0.456	++++		The fresh leaves are boiled in water and then chopped; the paste is mixed with tomato, onion, ginger, garlic and salt (as required) and then fried in oil. The gravy is used as laxative; this doze is usually taken thrice a day (2 teaspoons).	Laxative	Haq et al. (2011), Ijaz et al. (2016), Khan et al. (2013) and Shah et al. (2016)

<i>Silene conoidea</i> L. (Ch-385)	Caryophyllaceae	Appoper	Sd, Lv	Pl, Pt	0.248	++	<ul> <li>78. The fresh and dried leaves are boiled in water and chopped. The paste is mixed with onion, tomato, ginger, garlic, and salt (as required), and then fried in oil. This gravy is Shinwari and used as stomachic (2-Stomachic Khan (2000), Haq 3tea spoons). and Skin et al. (2011) and</li> <li>79. The seed are first dried disease Abbasi et al. then crushed. This (2013) powder is mixed with milk and then applied on the effected skin especially face to remove the permanent marks and to make skin fair.</li> </ul>
<i>Sisymbrium irio</i> L. (Ch-386)	Brassicaceae	Khelikheli	Sd	Pt	0.424	++++	<ul> <li>80. Seeds are dried, and ground into a powder.</li> <li>A thin paste is made from the powder by addition of few drops of water. The paste is applied to the aching part of the body suffering from stabbing pain; the paste is also used against sunburn to clear facial pimples.</li> <li>80. Seeds are dried, and ground into a powder.</li> <li>Stabbing pain, Diarrhea, Bloody stool, Ijaz et al. (2016) Bronchitis and Skin disease</li> </ul>
<i>Solanum nigrum</i> L. (Ch-387)	Solanaceae	Pirmilik	Lv, Ft	Pt, Pl	0.304	+++	81. The fresh leaves are boiled in water and then chopped. The paste is mixed with Antipyretic, Jan et al. (2009), tomato, onion, garlic, Skin disease Ullah et al. (2013) ginger, salt (as required) and and Shah et al. and then fried in oil; Ophthalmic (2006) this gravy is used as antipyretic to control fever (1 teaspoon).

							82. The poultice is applied on face as sunscreen to avoid sunburn.
<i>Sophora mollis</i> (Royle) Baker (Ch-388)	Fabaceae	Besho	Sh	Ol	0.216	++	<ul> <li>83. The dried shoot is burnt due to which oil is Durrani &amp; Razaq obtained. This oil is applied on the effected part of the skin, three or four times a day.</li> <li>83. The dried shoot is burnt due to which oil is Durrani &amp; Razaq (2010), Ullah et a (2013) and Khan et al. (2011)</li> </ul>
<i>Trachydium roylei</i> Lindl (Ch-389)	Apiaceae	Mushin	Lv	Di	0.248	++	<ul> <li>84. The fresh leaves of this plant are crushed and applied on the scorpion sting.</li> <li>85. Sometime the leaves Antidote (2015) and Sher are warmed and then et al. (2016) applied on the scorpion sting after every thirty mints.</li> </ul>
<i>Trigonella foenum-graecum</i> L. <i>(</i> Ch-390)	Fabaceae	Sugon	Lv, Sd	Pt, Dc	0.232	++	<ul> <li>86. The fresh leaves (4-5) are boiled and then chopped. The paste is mixed with onion, ginger, tomato, turmeric and coriander. The mixture is fried in oil. The gravy formed is taken twice a day (1 teaspoon) for the treatment of rheumatism.</li> <li>87. The seeds of this plant are boiled in water, and a small amount of sugar is added to form decoction. It is given at the time of delivery to reduce pain (half cup spoon).</li> </ul>
<i>Vitis vinifera</i> L. (Ch-391)	Vitaceae	Droach	Ft, Lv	Ju, Di	0.192	++	88. The ripe fruits of this plant are collected, and juice is extracted from Band are collected, and by plant are collected, and dy spepsia al. (2001), Qureshi e al. (2010) and

	it. This juice is drunk to	Adnan et al.
	cure typhoid and to	(2014)
	heal dyspepsia. The	
	juice is taken once a	
	day.	
89.	. The gently warmed	
	leaves in cattle's ghee	
	are placed over	
	inflamed parts of the	
	body to remove	
	inflammation.	

Shoot=Sh, Root=Rt, Leaves=Lv, Fruit=Ft, Seed=S d, Flower=Fl, Latex=Lt, Bark=Bk, Whole plant=Wp, Gum=Gm, and Decoction=Dc, Direct=Di Extract=Et, Juice=Ju, Powder=Pw Poultice=Pl, Paste=Pt, Tablet=Tb, Tea=Te, Oil=Ol, Soup=Sp, Suspension=Sn, Syrup=Sy, Bread=Bd, Cl=Consensus index, +=10%,  $++ \le 11-25\%$ ,  $+++ \le 26-40\%$ ,  $++++ \le 40$  & above

The results of the present study recorded a total of 48 medicinal plant species belonging to 29 families. The local people prepare a total of 89 indigenous recipes from these 48 plant species. The respective uses of plant species and ways of use are present in Table 2. In comparing the plant composition of Shishi Koh Valley, almost similar species were recorded by other ethnobotanical studies of the Himalayas such as Haq and Singh (2020) reported 57 plant species from Kashmir Himalayas, India, and 49 ethnobotanically important plants by Jabeen et al. (2015) form Pakistan Himalayas. The dominant family in this study concerning species number was Rosaceae (N=7) followed by Asteracaeae (N=5). Similar, results were reported by Khan and Ahmad (2015) from the Swat and Barkatullah et al. (2015) from the Malakand Pass Hills which are having geographic contiguity with the study area. The dominance of families was also comparable to research conducted in other regions of the Himalaya, where Rosaceae and Asteraceae were identified as the leading families in other studies (Haq et al. 2019; Haq et al. 2020a; Asif et al. 2021). According to the life form, the maximum documented species were herbs (56%), followed by trees (29%), and shrubs (15%). Jan et al. (2017) also reported herbs as a dominant habit from Chinglai Valley, Buner, similarly Wali et al. (2019) have also mentioned herbs as the leading life form from Laspur Valley, Chitral and Haq and Singh (2020) have also mentioned herbs as the leading habit from Northwestern Himalaya, India.

As per usage of the plant's parts to treat various disorders, leaves (21.73%) were used most, followed by seeds (20.28%) and fruits (18.84%) (Fig.3). Leaves are used more frequently than other medicinal plants parts, this may be due to its easy collection and the presence of various secondary metabolites (Verpoorte et al. 2002; Ghorbani 2005; Mukherjee and Wahile, 2006; Yesilada and Küpeli, 2007; Cakilcioglu and Turkoglu 2010; Ahmad et al. 2014; Latif et al. 2015; Haq et al. 2020a). The availability in significant quantities and easy preparation of medicines also make leaves the most frequently used plant part (Telefo et al. 2011; Latif et al. 2015; Jan et al. 2020). The use of leaves and other aerial parts of medicinal plants are safe and sustainable from the conservation point of view (Giday et al. 2003). In addition, leaves are commonly used for medicines due to the high content of bioactive constituents (Yousuf et al. 2020; Hassan et al. 2021).

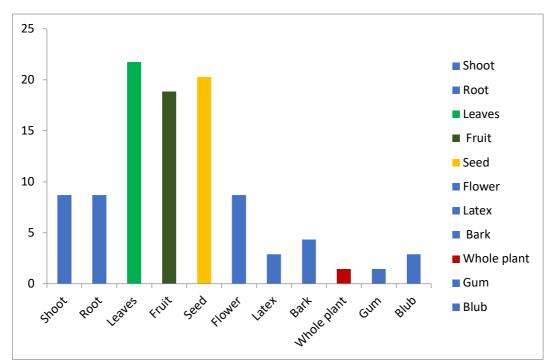


Figure 3. Percentages of various Plant parts used and their number of uses

In the preparation modes, decoctions form (N=14) was mostly used, followed by direct (N=12) (Fig.4). Decoctions are often prepared because the local people believe they are more effective than any other kind, and it is also believed that the mountain water used in the decoction has healing properties, resulting in a synergetic effect. Other researchers also reported the maximum usage of decoctions (Naveed et al. 2013; Okoli et al. 2007; Asif et al. 2021). In ethno-botanical practice, decoctions are often one of the significant forms of preparation as they are easy to prepare (Bano et al. 2014). Another reason for the frequent use of decoction may be that the boiling can cause rushing of biological reactions resulting in the better accessibility of various active compounds (Zhang et al. 2005; Bussmann, 2006; Han et al. 2007; Ijaz et al. 2016).

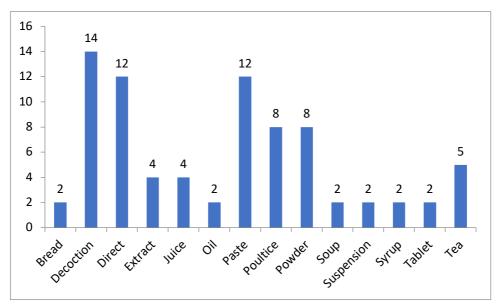


Figure 4. Common modes of preparations of medicines

Questionnaires and analytical tools were implemented to assess the ethno-therapeutic data quantitatively for the treatment of different illnesses in the study area. For example, the general uses of the identified medicinal plants in various diseases have been evaluated with the help of the familiarity index (FI) (Khan and Ahmad, 2015; Tabuti et al. 2004). Those species which were used by locals more frequently for curing different diseases have the high value of FI. Familiarity Index (FI) value was maximum for *Rumex hastatus* D. Don (0.456) followed by *Punica granatum* L. (0.432), *Sisymbrium irio* L. (0.424) and *Foeniculum vulgare* Mill. (0.392). The least FI values are calculated for *Cichorium intybus* L. (0.056) and *Crataegus songarica* K. Koch (0.96), (Table 2 and Fig.5). It is essential to point out that the use of *Prunus armeniaca* L. was reported by Abbasi et al. (2013), *Rumes hastatus* D. Don by Barkatullah et al. (2015); Ijaz et al. (2016); Shah et al. (2016) and *Punica granatum* L. by Abbasi et al. (2013); Barkatullah et al. (2015); Ijaz et al. (2016); Shah et al. (2016); Shah et al. (2014); Amjad et al. (2015), *Sisymbrium irio* L. by Ijaz et al. (2016), *Allium cepa* L. by Ahmad et al. (2010); Shah et al. (2014); Jan et al. (2009) *Foeniculum vulgare* Mill. by Shah et al. (2014). Similarly, different uses of other plants are also reported by various researchers from different areas, which are listed in Table 2.

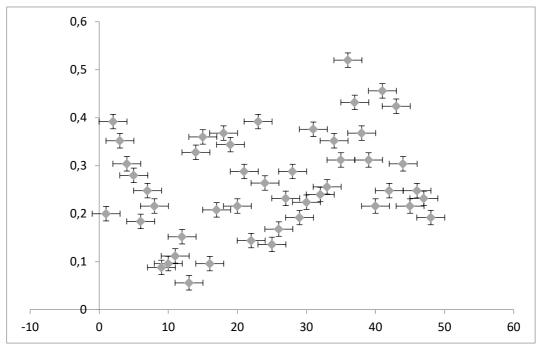


Figure 5. Familiarity Index of medicinal plants based on informant reports

The results obtained through index family importance value reveals that Asteraceae with FIV value (0.616) is the leading family, followed by Rosaceae (0.552). Conversely, Capparidaceae with FIV (0.088) has the least value (Table 3 and Fig.6). The result of this survey about the maximum usage of family Asteraceae agrees with other studies like Bano et al. 2014; Menendez-Baceta et al. 2015. The high value of FIV for these families is because of their cosmopolitan distribution in the study area and the high medicinal value. Percentage of informants interviewed for folk knowledge about medicinally important plant species in practice to cure various diseases and botanical taxa's Consensus Index (CI) are cited in Table 2, which shows the 'CI' values are high for Prunus armeniaca L., Punica granatum L., Rumex hastatus D.Don and Sisymbrium irio L. (++++) and lowest for Capparis spinosa L., Carthamus tinctorius L., Cichorium intybus L. and Crataegus songarica K. Koch (+). The Consensus Index (CI) for the reported therapeutic plant species is ranging from 5.6-52%. The result obtained through calculation from CI reveals that the high respondent percentage has been noted for Prunus armenica L. (52%), followed by Rumex hastatus D. Don (45.6%). It is also important to point out that some species have very low CI value because of the low cultural importance of these species in the preparation of folk remedies. This indicates that indigenous people have little trust in these plants for the treatment of diseases. The result shows the importance of some cultural aspects like the history of medicinal plants, linguistic, belief, human awareness, and access to folk knowledge about the use of therapeutic plants (Tardío and Pardo-de-Santayana, 2008; Abbasi et al. 2013). But in the present work, the study area has comparatively uniform ecological features, cultural-history, and linguistic (only Chitrali) which are believed to encourage indigenous populations to deliberate the medicinal information of plants as valuable heritage.

Family	Species No.	FC	N	FIV
Alliaceae	2	39	125	0.312
Apiacae	6	63	125	0.504
Astaraceae	5	77	125	0.616
Berberidaceae	1	32	125	0.256
Brassicaceae	1	53	125	0.424
Canabinaceae	1	27	125	0.216
Capparidaceae	1	11	125	0.088
Caryophyllaceae	1	31	125	0.248
Convolvulaceae	1	41	125	0.328
Cucurbitaceae	1	26	125	0.208
Cupressaceae	1	20	125	0.160
Elaegnaceae	1	27	125	0.216
Ephedraceae	1	36	125	0.288
Fabaceae	3	52	125	0.416
Fumariacae	1	33	125	0.264
Iridaceae	1	29	125	0.232
Juglandaceae	1	36	125	0.288
Lamiaceae	1	47	125	0.376
Linaceae	1	23	125	0.184
Malvaceae	1	38	125	0.304
Moraceae	2	49	125	0.392
Papaveraceae	1	44	125	0.352
Polygonaceae	1	57	125	0.456
Pteridiaceae	1	25	125	0.2
Punicaceae	1	54	125	0.432
Rosaceae	7	69	125	0.552
Rutaceae	1	32	125	0.256
Solanaceae	1	38	125	0.304
Vitaceae	1	24	125	0.192

Table 3. Familiarity Index Value of the medicinally important families

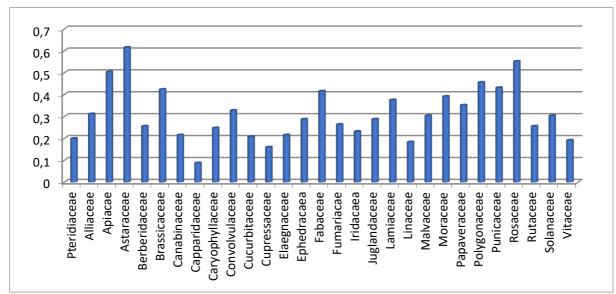


Figure 6. Family Importance Value of Various Families Based on Informants Reports

Indigenous species documented from the study area were grouped in 13 classes of remedial practices (as stated by informants) (Table 4 and Fig.7). Key classes and informant's consensus for the practice of therapeutic plants against various ailments were elucidated through the ICF a computed index. The range of ICF (informant consensus factor) was 0-1. Digestive disorders (0.93) have the highest ICF and the least value of ICF was obtained for Skin problems (0.53). ICF (informant consensus factor) has been calculated for each disease group, ranging from 0.53 to 0.93. Results concern to the digestive disorder are similar to results documented for digestive disorders from Pakistan by Shah et al. (2015) (from Tor Ghar); Murad et al. (2013) (from district Karak); Ishtiag et al. (2012) (from Leppa Valley Muzaffarabad) and Kayani et al. (2015) and from other parts of the world (Fakchich et al. 2014; Baydoun et al. 2015; Eddouks et al. 2016). The reason for the high value of ICF for digestive disorders might be that the people of rural areas use water from open streams and springs for their daily life needs without considering any hygienic protective measures (Ishtiag et al. 2006a, 2007a, 2010b). It is revealed from the literature that ethnomedicinal studies conducted in the different areas documented the use of therapeutic plants for the cure of digestive disorders (Keyani et al. 2015). The results documented about the use of plants for digestive disorders in terms of high agreement of informants show that the digestive system diseases are more common than others in the study area. It was observed that for most of the disease categories high ICF value was obtained, which shows that there was a high level of homogeneity in consensus among the members of the community regarding the use of a specific medicinal species.

Diseases Categories	Nur	Nt	ICF
Boils	18	3	0.62
Bones & Muscles Problems	21	9	0.60
Digestive Disorders	67	28	0.93
Endocrine and Liver Diseases	13	3	0.83
Eye disease	9	3	0.75
Fever, Typhoid & Malaria	26	7	0.76
Heart & Blood	19	7	0.66
Kidney & urinary problems	11	2	0.90
Mouth & Teeth Problems	7	2	0.83
Other diseases	29	8	0.75
Respiratory diseases	49	7	0.87
Skin problems	27	13	0.53
Insect bites	15	3	0.85

Table 4. ICF values of different diseases categories

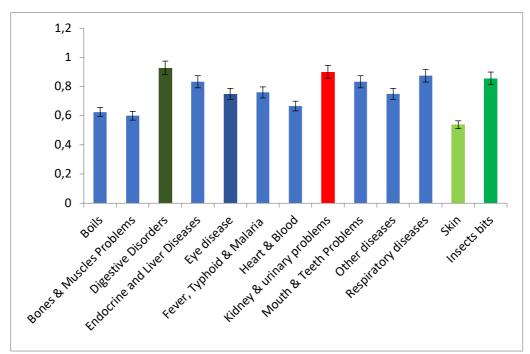


Figure 7. ICF for Diseases Categories based on Informant Reports

# Conclusion

This study emphasizes the importance of ethnobotanical uses of highly important wild plants and the vanishing treasure of traditional knowledge associated with their use. In the present work 48 plant species belonging to 31 families were collected. The study found that the highest number of plant species were herbs followed by trees (21 sp.). The Rosaceae and Asteraceae were found as the leading families in the studied area. The medicinal plant species with the highest FI values are *Rumex hastatus* (*FI* = 0.456), followed by *Punica granatum* (0.432), *Sisymbrium irio* (0.424) and *Foeniculum vulgare* (0.392). The highest FIV was calculated for Asteraceae (66.4), followed by Fumariaceae (62.4). A minimum value of FIV was documented for Capparidaceae (8.8). Even though, advanced healthcare services are accessible in the study area; however, the native people still use indigenous folk plants-based medicines to cure various diseases. Numerous imperative therapeutic plants are close to endangerment because of misuse. The risks for the loss of folk medicinal plants' information from the study area are constantly existent due to decreased forest area and adaptation of the modern healthcare system of local people. It is the need of time to record/document the treasured conventional information about the medicinal plants of the study area. Based on the present study results, we suggest that a research project should be designed to develop awareness in the local community about the conservation of medicinal plants.

# Declarations

**Ethicas approval: and Consent to participate:** This ethnomedicinal study was approved by the ethical committees of the Department of Botany, Islamia College Peshawar, Pakistan, and Biodiversity Action Plan (BAP-2010-2020) for Pakistan. Prior permission was sought from the Forest Department of the study area for the collection of plants and ethnomedicinal data in the area. All participants were asked for their Prior Informed Consent before interviews were conducted. All participants shown in images agreed to have their images published.

Funding: No funding body for this research work.

**Availability of data and materials:** The raw data without names of participants are available from the authors. **Author's contributions:** SW and HAJ designed the study; SW and FR conducted the fieldwork, SMH, UY, and GA conducted the main statistical analysis and wrote the manuscript, HAJ, and RB revised the data analysis and the manuscript; all authors read, corrected, and approved the manuscript. All data was generated in-house, and no paper mill was used. All authors agree to be accountable for all aspects of work ensuring integrity and accuracy.

**Conflict of interests**: The authors declare that they have no competing interests, and it is certified that we have no commercial associations (e.g, consultancies, stock ownership, equity interest, patent/licensing arrangements, etc.) that might pose a conflict of interest in connection with the submitted article.

# Literature cited

Abbasi AM, Khan MA, Ahmed M, Zafar M. 2010. Herbal medicines used to cure various ailments by the inhabitants of Abbottabad district, North West Frontier Province, Pakistan. Indian Journal of Traditional Knowledge. 9(1):175-183.

Abbasi AM, Khan MA, Khan N, Shah MH. 2013. Ethnobotanical survey of medicinally important wild edible fruits species used by tribal communities of Lesser Himalayas-Pakistan. Journal of Ethnopharmacology. 148(2):528-536.

Adnan M, Ullah I, Tariq A, Murad W, Azizullah A, Khan AL, Ali N. 2014. Ethnomedicine use in the war affected region of northwest Pakistan. Journal Ethnobiology & Ethnomedicine. 10(1):1-16.

Ahmad H, Khan SM, Ghafoor S, Ali N. 2009. Ethnobotanical study of upper Siran. Journal of herbs, spices & medicinal Plants. 15(1):86-97.

Ahmad M, Khan MA, Arshad M, Zafar M. 2004. Ethnophytotherapical approaches for the treatment of diabetes by the local inhabitants of district Attock (Pakistan). Ethnobotany Leaflets. 2004(1):7.

Ahmad M, Qureshi R, Arshad M, Khan MA, Zafar M. 2009. Traditional herbal remedies used for the treatment of diabetes from district Attock (Pakistan). Pakistan Journal of Botany. 41(6):2777-2782.

Ahmad M, Sultana S, Fazl-i-Hadi S, Ben Hadda T, Rashid S, Zafar M, Yaseen G. 2014. An Ethnobotanical study of Medicinal Plants in high mountainous region of Chail valley (District Swat-Pakistan). Journal of Ethnobiology & Ethnomedicine. 10(1):1-18.

Albuquerque UP, de Lucena RFP, Neto EMDFL. 2014. Selection of research participants. In Methods and techniques in ethnobiology and ethnoecology (pp. 1-13). Humana Press, New York, NY.

Ali H, Qaiser M. 2009. The ethnobotany of Chitral valley, Pakistan with particular reference to medicinal plants. Pakistan Journal of Botany. 41(4):2009-2041.

Ali H, Qaiser M, Marwat KB. 2012. Contribution to the red list of Pakistan: a case study of *Delphinium nordhagenii* (Ranunculaceae). Pakistan Journal of Botany. 44(1):27-31.

Ali SI, Qaiser M. 1986. A phytogeographical analysis of the phanerogams of Pakistan and Kashmir. Proceedings of the Royal Society of Edinburgh, Section B: Biological Science. 89:89-101.

Amjad MS, Arshad M, Qureshi R. 2015. Ethnobotanical inventory and folk uses of indigenous plants from Pir Nasoora National Park, Azad Jammu and Kashmir. Asian Pacific Journal of Tropical Biomedicine. 5(3):234-241.

Ashraf M, Hayat MQ, Jabeen S, Shaheen N, Khan MA, Yasmin G. 2010. Artemisia L. species recognized by the local community of the northern areas of Pakistan as folk therapeutic plants. Journal of Medicine Plants Research. 4(2):112-119.

Asif M, Haq SM, Yaqoob U, Hassan M, Jan HA. 2021. A preliminary study on the ethno-traditional medicinal plant usage in tehsil "Karnah" of District Kupwara (Jammu and Kashmir) India. Ethnobotany Research and Applications. 21:1-14.

Awas T, Demissew S. 2009. Ethnobotanical study of medicinal plants in Kafficho people, southwestern Ethiopia. In Proceedings of the 16th International Conference of Ethiopian Studies (Vol. 3, pp. 711-726). Trondheim, Norway: NTNU-Trykk Press.

Bano A, Ahmad M, Hadda TB, Saboor A, Sultana S, Zafar M, Ashraf MA. 2014. Quantitative ethnomedicinal study of plants used in the skardu valley at high altitude of Karakoram-Himalayan range, Pakistan. Journal of Ethnobioliology & Ethnomedicine. 10(1):1-18.

Berkes F, Colding J, Folke C. 2008. Navigating social-ecological systems: building resilience for complexity and change. Cambridge University Press.

Bussmann RW. 2006. Ethnobotany of the Samburu of Mt. Nyiru, South Turkana, Kenya. Journal of Ethnobiology & Ethnomedicine. 2(1):1-10.

Chaudhary MI, He Q, Cheng YY, Xiao PG. 2006. Ethnobotany of medicinal plants from tian mu Shan biosphere reserve, Zhejiang-province, China. Asian Journal of Plant Science. 5(4):646-653.

Comerford SC. 1996. Medicinal plants of two mayan healers from San Andrés, Petén, Guatemala. Economic Botany. 50(3):327-336.

Das AK, Tag H. 2006. Ethnomedicinal studies of the Khamti tribe of Arunachal Pradesh. Indian Journal of Traditional Knowledge. 5(3):317-322.

Dey S, Das D, Chakraborty A, Roychoudhury S, Choudhury BP, Choudhury AP, Mandal SC. 2021. Plant-Based Traditional Herbal Contraceptive Use in India: Safety and Regulatory Issues. In Evidence Based Validation of Traditional Medicines (pp. 659-675). Springer, Singapore.

Dilshad SMR, Iqbal Z, Muhammad G, Iqbal A, Ahmed N. 2008. An inventory of the ethnoveterinary practices for reproductive disorders in cattle and buffaloes, Sargodha district of Pakistan. Journal of Ethnopharmacology. 117(3):393-402.

Durrani MJ, Razaq A, Muhammad SG, Hussain F. 2010. Floristic Diversity, Ecological, Characteristics and Ethnobotanical Profile of Plants of Aghberg Rangelands Balochistan, Pakistan. Pakistan Journal of Plant Science. 16(1):26-33.

Fabricant DS, Farnsworth NR. 2001. The value of plants used in traditional medicine for drug discovery. Environmental Health Perspective. 109(suppl 1):69-75.

García-Alvarado JS, Verde-Star MJ, Heredia NL. 2001. Traditional uses and scientific knowledge of medicinal plants from Mexico and Central America. Journal of Herbs, Spices & Medicinal Plants. 8(2-3):37-89.

Gilani SA, Qureshi RA, Gilani SJ. 2006. Indigenous uses of some important ethnomedicinal herbs of Ayubia National Park, Abbottabad, Pakistan. Ethnobotany Leaflets. 2006(1):32.

Gras A, Garnatje T, Bonet MA, Carrió E, Mayans M, Parada M, Vallès J. 2016. Beyond food and medicine, but necessary for life, too: other folk plant uses in several territories of Catalonia and the Balearic Islands. Journal of Ethnobiology & Ethnomedicine. 12(1):1-53.

Han J, Ye M, Guo H, Yang M, Wang BR, Guo DA. 2007. Analysis of multiple constituents in a Chinese herbal preparation Shuang-Huang-Lian oral liquid by HPLC-DAD-ESI-MSn. Journal of Pharmaceutical & Biomedical Analysis. 44(2):430-438.

Haq SM, Calixto ES, Singh B. 2020a. Investigation of the traditional knowledge of economically important plants in proper Neelum Valley, District Bandipora, Jammu & Kashmir, North-Western Himalaya, India. -In Singh, B. and Sharma, Y.P. (eds), Plants of Novel drug molecules Ethnobotany to ethnopharmacology. New India Publishing Agency. 287-302.

Haq SM, Malik ZA, Rahman IU. 2019. Quantification and characterization of vegetation and functional trait diversity of the riparian zones in protected forest of Kashmir Himalaya, India. Nordic Journal of Botany. 37(11).

Haq SM, Singh B. 2020. Ethnobotany as a Science of Preserving Traditional Knowledge: Traditional Uses of Wild Medicinal Plants from District Reasi, J&K (Northwestern Himalaya), India. In Botanical Leads for Drug Discovery (pp. 277-293). Springer, Singapore.

Haq F, Ahmad H, Alam M. 2011. Traditional uses of medicinal plants of Nandiar Khuwarr catchment (District Battagram), Pakistan. Journal of Medicinal Plants Research. 5(1):39-48.

Haq FU, Ahmad H, Alam M. 2010. Species diversity of vascular plants of Nandiar valley western Himalaya, Pakistan. Pakistan Journal of Botany Special Issue (S.I. Ali Festschrift) 42:213-229.

Haq SM, Calixto ES, Yaqoob U, Ahmed R, Mahmoud AH, Bussmann RW, Abbasi AM. 2020. Traditional Usage of Wild Fauna among the Local Inhabitants of Ladakh, Trans-Himalayan Region. Animals. 10(12):2317.

Hassan M, Haq SM, Rasool A, Fatima S, Ashraf A, Zulfajri M, Hanafiah MM. 2021. Ethnobotanical properties and traditional uses of medicinal plant *Abutilon theophrasti* Medik. Medicinal and Aromatic Plants: Healthcare and Industrial Applications. 271.

Hayat MQ, Khan MA, Ashraf M, Jabeen S. 2009. Ethnobotany of the genus *Artemisia* L.( Asteraceae) in Pakistan. Ethnobotany Research and Applications. 7:147-162.

Heinrich M, Gibbons S. 2001. Ethnopharmacology in drug discovery: an analysis of its role and potential contribution. Journal of Pharmacy & Pharmacology. 53(4):425-432.

http://www.theplantlist.org

Hussain K, Nisar MF, Majeed A, Nawaz K, Bhatti KH. 2010. Ethnomedicinal survey for important plants of Jalalpur Jattan, district Gujrat, Punjab, Pakistan. Ethnobotany Leaflets. 2010(7):11.

Hussain K, Shahazad A, Zia-ul-Hussnain S. 2008. An ethnobotanical survey of important wild medicinal plants of Hattar district Haripur, Pakistan. Ethnobotany Leaflets. 2008(1):5.

Hussain M, Shah GM, Khan MA. 2006. Traditional medicinal and economic uses of Gymnosperms of Kaghan valley, Pakistan. Ethnobotany Leaflets. 2006(1):7.

Ibrar M, Hussain F. 2009. Ethnobotanical studies of plants of Charkotli hills, Batkhela district, Malakand, Pakistan. Frontiers of Biology in China. 4(4):539-548.

Ibrar M, Rauf A, Hadda TB, Mubarak MS, Patel S. 2015. Quantitative ethnobotanical survey of medicinal flora thriving in Malakand Pass Hills, Khyber Pakhtunkhwa, Pakistan. Journal of Ethnopharmacology. 169:335-346.

Ijaz F, Iqbal Z, Rahman IU, Alam J, Khan SM, Shah GM, Afzal A. 2016. Investigation of traditional medicinal floral knowledge of Sarban Hills, Abbottabad, KP, Pakistan. Journal of Ethnopharmacology. 179:208-233.

Ishtiaq M, Hanif W, Khan MA, Ashraf M, Butt AM. 2007. An ethnomedicinal survey and documentation of important medicinal folklore food phytonims of flora of Samahni valley, (Azad Kashmir) Pakistan. Pakistan Journal of Biological Science. 10(13):2241-2256.

Ishtiaq M, Mahmood A, Maqbool M. 2015. Indigenous knowledge of medicinal plants from Sudhanoti district (AJK), Pakistan. Journal of Ethnopharmacology. 168:201-207.

Ishtiaq M, Qing H, Wang Y, Cheng Y. 2010. A comparative study using chemometric and numerical taxonomic approaches in the identification and classification of traditional Chinese medicines of the genus Clematis. Plant Biosystems. 144(2):288-297.

Jabbar A, Raza MA, Iqbal Z, Khan MN. 2006. An inventory of the ethnobotanicals used as anthelmintics in the southern Punjab (Pakistan). Journal of Ethnopharmacology. 108(1):152-154.

Jabeen N, Ajaib M, Siddiqui MF. 2015. A survey of ethnobotanically important plants of district Ghizer, Gilgit-Baltistan. FUUAST Journal of Biology. 5(1):153-160.

Jain SK, Saklani A. 1991. Observations on the ethnobotany of the Tons valley region in the Uttarkashi district of the northwest Himalaya, India. Mountain Research and Development. 11(2):157-161.

Jan G, Khan MA, Farhatullah JF, Ahmad M, Jan M, Zafar M. 2011. Ethnobotanical studies on some useful plants of Dir Kohistan valleys, KPK, Pakistan. Pakistan Journal of Botany. 43(4):1849-1852.

Jan HA, Jan S, Bussmann RW, Ahmad L, Wali S, Ahmad N. 2020. Ethnomedicinal survey of the plants used for gynecological disorders by the indigenous community of District Buner, Pakistan. Ethnobotany Research and Applications. 19:1-18.

Jan HA, Jan S, Wali S, Ahmad L, Sisto F, Bussmann RW, Romman M. 2021. Ethnomedicinal study of medicinal plants used to cure dental diseases by the indigenous population of district Buner, Pakistan. Indian Journal of Traditional Knowledge. 20(2):378-389.

Jan HA, Wali S, Ahmad L, Jan S, Ahmad N, Ullah N. 2017. Ethnomedicinal survey of medicinal plants of Chinglai valley, Buner district, Pakistan. European Journal of Integrative Medicine. 13:64-74.

Johnston M, Colquhoun A. 1996. Preliminary ethnobotanical survey of Kurupukari: an Amerindian settlement of Central Guyana. Economic Botany. 50(2):182-194.

Júnior WSF, da Silva TG, Menezes IRA, Albuquerque UP. 2016. The role of local disease perception in the selection of medicinal plants: A study of the structure of local medical systems. Journal of Ethnopharmacology. 181:146-157.

Kayani S, Ahmad M, Sultana S, Shinwari ZK, Zafar M, Yaseen G, Bibi T. 2015. Ethnobotany of medicinal plants among the communities of Alpine and Sub-alpine regions of Pakistan. Journal of Ethnopharmacology. 164:186-202.

Kayani S, Ahmad M, Zafar M, Sultana S, Khan MPZ, Ashraf MA, Yaseen G. 2014. Ethnobotanical uses of medicinal plants for respiratory disorders among the inhabitants of Gallies–Abbottabad, Northern Pakistan. Journal of Ethnopharmacology. 156:47-60.

Khan B, Abdukadir A, Qureshi R, Mustafa G. 2011. Medicinal uses of plants by the inhabitants of Khunjerab National Park, Gilgit, Pakistan. Pakistan Journal of Botany. 43(5):2301-2310.

Khan MICM, Hanif W. 2006. Ethno veterinary medicinal uses of plants from S am ali ni valley Dist. Bhimber, (Azad Kashmir) Pakistan. Asian Journal of Plant Science. 5(2):390-396.

Khan MPZ, Ahmad M. 2015. Traditional preference of Wild Edible Fruits (WEFs) for digestive disorders (DDs) among the indigenous communities of Swat Valley-Pakistan. Journal of Ethnopharmacology. 174:339-354.

Khan N, Ahmed M, Ahmed A, Shaukat SS, Wahab M, Ajaib M, Nasir M. 2011. Important medicinal plants of chitral gol National park (cgnp) Pakistan. Pakistan Journal of Botany. 43(2):797-809.

Khan SW, Khatoon S. 2007. Ethnobotanical studies on useful trees and shrubs of Haramosh and Bugrote valleys in Gilgit northern areas of Pakistan. Pakistan Journal of Botany. 39(3):699-710.

Khan SW, Khatoon S. 2008. Ethnobotanical studies on some useful herbs of Haramosh and Bugrote valleys in Gilgit, northern areas of Pakistan. Pakistan Journal of Botany. 40(1):43.

Kidane B, Van der Maesen LJG, van Andel T, Asfaw Z, Sosef MSM. 2014. Ethnobotany of wild and semi-wild edible fruit species used by Maale and Ari ethnic communities in southern Ethiopia. Ethnobotany Research and Applications. 12:455-472.

Liu F, Gao C, Chen M, Tang G, Sun Y, Li K. 2021. The impacts of flowering phenology on the reproductive success of the narrow endemic Nouelia insignis Franch.(Asteraceae). Ecology & Evolution. 1-14.

Logan MH. 1986. Informant consensus: a new approach for identifying potentially effective medicinal plants. Plants in indigenous medicine and diet pp 91-112.

Manandhar NP. 1992. Folklore medicine of Dhading district, Nepal. Fitoterapia. 63(2):163-177.

Matin A, Khan MA, Ashraf M, Qureshi RA. 2001. Traditional use of herbs, shrubs and trees of Shogran valley, Mansehra, Pakistan. Pakistan Journal of Biological Science. 4(9):1101-1107.

Menendez-Baceta G, Aceituno-Mata L, Reyes-García V, Tardío J, Salpeteur M, Pardo-de-Santayana M. 2015. The importance of cultural factors in the distribution of medicinal plant knowledge: a case study in four Basque regions. Journal of Ethnopharmacology. 161:116-127.

Mesfin F, Demissew S, Teklehaymanot T. 2009. An ethnobotanical study of medicinal plants in Wonago Woreda, SNNPR, Ethiopia. Journal of Ethnobiology & Ethnomedicine. 5(1):1-18.

Milliken W, Albert B. 1996. The use of medicinal plants by the Yanomami Indians of Brazil. Economic Botany. 50(1):10-25.

Muthu C, Ayyanar M, Raja N, Ignacimuthu S. 2006. Medicinal plants used by traditional healers in Kancheepuram District of Tamil Nadu, India. Journal of Ethnobiology & Ethnomedicine. 2(1):1-10.

Akhtar N, Rashid A, Murad W, Bergmeier E. 2013. Diversity and use of ethno-medicinal plants in the region of Swat, North Pakistan. Journal of Ethnobiology & Ethnomedicine. 9(1):1-14.

Okoli RI, Aigbe O, Ohaju-Obodo JO, Mensah JK. 2007. Medicinal herbs used for managing some common ailments among Esan people of Edo State, Nigeria. Pakistan Journal of Nutrition. 6(5):490-496.

Omoruyi BE, Bradley G, Afolayan AJ. 2012. Ethnomedicinal survey of medicinal plants used for the management of HIV/AIDS infection among local communities of Nkonkobe Municipality, Eastern Cape, South Africa. Journal of Medicinal Plants Research. 6(19):3603-3608.

Ososki AL, Lohr P, Reiff M, Balick MJ, Kronenberg F, Fugh-Berman A, O'Connor B. 2002. Ethnobotanical literature survey of medicinal plants in the Dominican Republic used for women's health conditions. Journal of Ethnopharmacology 79(3):285-298.

Phillips OL, Hall P, Gentry AH, Sawyer SA, Vasquez R. 1994. Dynamics and species richness of tropical rain forests. Proceedings of the Natural Academics of Science. 91(7):2805-2809.

Qureshi R, Bhatti GR, Memon RA. 2010. Ethnomedicinal uses of herbs from northern part of Nara desert, Pakistan. Pakistan Journal of Botany. 42(2):839-851.

Qureshi RA, Ghufran MA, Sultana KN, Ashraf M, Khan AG. 2007. Ethnomedicinal studies of medicinal plants of Gilgit District and surrounding areas. Ethnobotany Research and Applications. 5:115-122.

Qureshi R, Maqsood M, Arshad M, Chaudhry AK. 2011. Ethnomedicinal uses of plants by the people of Kadhi areas of Khushab, Punjab, Pakistan. Pakistan Journal of Botany. 43(1):121-33.

Shah AH, Khan SM, Shah AH, Mehmood A, Rahman IU, Ahmad H. 2015. Cultural uses of plants among Basikhel tribe of district Tor Ghar, Khyber Pakhtunkhwa, Pakistan. Pakistan Journal of Botany. 47:23-41.

Shah GM, Abbasi AM, Khan N, Guo X, Khan MA, Hussain M, Tahir AA. 2014. Traditional uses of medicinal plants against malarial disease by the tribal communities of Lesser Himalayas–Pakistan. Journal of Ethnopharmacology. 155(1):450-462.

Shah GM, Khan MA. 2006. Common medicinal folk recipes of Siran valley, Mansehra, Pakistan. Ethnobotany Leaflets. 2006(1):5.

Shah SA, Shah NA, Ullah S, Alam MM, Badshah H, Ullah S, Mumtaz AS. 2016. Documenting the indigenous knowledge on medicinal flora from communities residing near Swat River (Suvastu) and in high mountainous areas in Swat-Pakistan. Journal of Ethnopharmacology. 182:67-79.

Sher Z, Khan Z, Hussain F. 2011. Ethnobotanical studies of some plants of Chagharzai valley, district Buner, Pakistan. Pakistan Journal of Botany. 43(3), 1445-1452.

Shinwari MI, Khan MA. 2000. Folk use of medicinal herbs of Margalla hills national park, Islamabad. Journal of Ethnopharmacology. 69(1):45-56.

Shinwari ZK, Gilani SS. 2003. Sustainable harvest of medicinal plants at Bulashbar Nullah, Astore (northern Pakistan). Journal of Ethnopharmacology. 84(2-3):289-298.

Tabuti JRS, Dhillion SS, Lye KA. 2004. The status of wild food plants in Bulamogi County, Uganda. International Journal of Food Science and Nutrition. 55(6):485-498.

Tardío J, Pardo-de-Santayana M. 2008. Cultural importance indices: a comparative analysis based on the useful wild plants of Southern Cantabria (Northern Spain). Economic Botany. 62(1):24-39.

Ullah M, Khan MU, Mahmood A, Malik RN, Hussain M, Wazir SM, Shinwari ZK. 2013. An ethnobotanical survey of indigenous medicinal plants in Wana district south Waziristan agency, Pakistan. Journal of Ethnopharmacology. 150(3):918-924.

Wali S. 2017. Taxonomic Diversity and Phytosciological Dynamics of The Flora of Shishsi Koh Valley, Chitral, Pakistan (Doctoral dissertation, University of Peshawar, Pakistan).

Wali S, Jan HA, Bussmann RW. 2019. Quantitative ethnomedicinal study of indigenous medicinal plants used for digestive disorders of Laspur Valley, Chitral, Northern Pakistan. Ethnobotany Research and Applications. 18:1-18.

Yousuf S, Haq SM, Rasool A, Zulfajri M, Hanafiah MM, Nafees H, Mahboob M. 2020. Evaluation of antidepressant activity of methanolic and hydroalcoholic extracts of *Acorus calamus* L. rhizome through tail suspension test and forced swimming test of mice. Journal of Traditional Chinese Medical Science. 7(3):301-307.

Zabihullah Q, Rashid A, Akhtar N. 2006. Ethnobotanical survey in kot Manzaray Baba valley Malakand agency, Pakistan. Pakistan Journal of Plant Sciences. 12(2):115-121.

Zhang JL, Cui M, He Y, Yu HL, Guo DA. 2005. Chemical fingerprint and metabolic fingerprint analysis of Danshen injection by HPLC–UV and HPLC–MS methods. Journal of Pharmaceutical & Biomedical Analysis. 36(5):1029-1035.