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From General Ethnobotany to Disease-Oriented Ethnobotany

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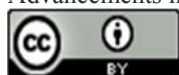
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Over the past several decades, ethnobotanical research has largely focused on documenting traditional knowledge, identifying medicinal plants, and recording their uses across a broad spectrum of diseases and health conditions (Mahmand et al., 2025). This approach remains essential for preserving local and indigenous knowledge and for providing a broad understanding of traditional healthcare systems (Abbasi et al., 2025b). Nevertheless, the continued growth of multi-disease, inventory-based studies have, in some cases, led to the accumulation of repetitive descriptive information, fragmented datasets, and relatively limited analytical interpretation (Rusinko et al., 1999). Against this background, a gradual shift from broad ethnobotanical surveys toward more specialized, disease-oriented investigations may offer a useful

direction for the methodological development of the field.

In a disease-oriented framework, rather than examining numerous diseases simultaneously, a clearly defined disease or health condition such as diabetes, hypertension, prostate disorders, wounds, gastric ulcers, anxiety, headache, knee pain, heel spurs, dyslipidemia, diarrhea, or infectious diseases serves as the central focus of the investigation. This focused design allows the associated traditional knowledge to be explored in greater depth, including local perceptions and definitions of the condition, patterns of species selection, plant parts utilized, preparation methods, modes of administration, and the degree of agreement among informants (Abbasi et al., 2024, Advay et al., 2026). Such an approach shifts the emphasis of ethnobotanical inquiry from the

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broad question, “Which plants are used for which diseases?” toward a more specific question: “Which plants are considered important within traditional knowledge for a particular disease or health condition, and what scientifically testable hypotheses can be generated from these reported uses?” (Jahangiri et al., 2025).

Within this framework, quantitative ethnobotanical indices, including frequency of citation (FC), use value (UV), fidelity level (FL), and informant consensus factor (ICF), need not be confined to describing patterns within a plant inventory. When interpreted in conjunction with qualitative information and contextual data, these measures can contribute to the comparative assessment and prioritization of species for subsequent phytochemical, pharmacological, and preclinical research (Abbasi et al., 2025a, Advay et al., 2026). A disease-oriented perspective may also facilitate comparisons among communities and geographical regions, encourage the development of more targeted comparative studies, and provide a useful foundation for evidence synthesis and systematic reviews. In this way, ethnobotanical findings may be more effectively connected with existing biomedical evidence, while retaining their cultural and contextual dimensions (Ghasemi Pirbalouti et al., 2013).

Accordingly, the value of an ethnobotanical study should not be assessed solely by the number of plant species recorded. Greater attention may increasingly need to be given to the depth and quality of the information collected, the internal consistency of the documented knowledge, comparability across studies, methodological reproducibility, and the potential research relevance of the findings (Ghasemi Pirbalouti et al., 2013). Importantly, a disease-oriented approach should not be regarded as a substitute for comprehensive ethnobotanical surveys. Rather, the two approaches can serve complementary purposes. Broad surveys are particularly valuable for exploration, documentation, and the initial identification of patterns of plant use, whereas disease-focused investigations can examine selected patterns in considerably greater detail.

Ultimately, the further development of ethnobotany may involve a gradual movement from simply “cataloguing the diversity of medicinal plants” toward “explaining patterns of use,

prioritizing promising species, and generating hypotheses for subsequent investigation.” Such a transition could help broaden the methodological scope of ethnobotany beyond predominantly descriptive documentation toward a more focused, comparative, hypothesis-driven, and potentially translational discipline. Importantly, this does not imply that traditional use constitutes evidence of clinical efficacy. Rather, disease-oriented ethnobotany can provide a structured framework for identifying culturally significant patterns of plant use and generating research questions that can subsequently be examined through phytochemical, pharmacological, toxicological, and, where appropriate, clinical research.

Declarations Conflict of Interest

The authors declare no conflicts of interest.

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Authors' Contributions

The author conceived and developed the idea, drafted and critically revised the manuscript, and approved the final version.

AI Use Disclosure

None.

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