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ETHNOMEDICINAL PLANTS AS HERBAL MEDICINE FOR CURING GYNAECOLOGICAL DISORDERS : A REVIEW

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ABSTRACT

In recent years, many people have been selecting herbal medicines or product to improve their lives. Medicinal plants are an essential part of treating a wide range of human ailments. Some common gynaecological disorders treated by medicinal plants include abortion, menstrual irregularity, conception disorders, sterility, delivery problems, and other gynaecological disorders. Herbal medications are less expensive, easier to get, have fewer or no adverse effects and have better efficacy. These essential insights, however, have not been fully documented. As a result of this, traditional knowledge is rapidly disappearing due to modernisation. A dearth of knowledge regarding the healing properties of these natural materials has hampered their use in public health. Women's use of medicinal herbs in gynaecological treatment is the major focus of this review article. Plants are commonly used to treat gynaecological diseases. Many of them have been reported to have negative effects on female gynaecological illnesses, regardless of whether they were used for gynaecological or non-gynaecological problems.

Keywords : Women, Herbal, Treatment, Plants, Gynaecological

Introduction

Most of the people in rural India still seek traditional health treatment for a wide range of diseases. Traditional medicine is presently used by around 65 % of Indians (Badgujar and Patil, 2008). Women in India suffer from a lot of gynaecological problems. Traditional knowledge for medicinal plants must be documented in order to be conserved and used in a sustainable manner.

Because of abundance of herbal remedies, India is known as the "Botanical Garden" of the globe. The benefits of using plants, their parts, or plant compounds for health care have always been beneficial to humans (Richa Singh *et al.*, 2014). Plants have been used to heal a variety of human illnesses since the dawn of civilisation. The traditional knowledge of medical benefits of plants growing around them has been retained in significant part by India's ethnic and rural populations. This information is passed down the centuries by word of mouth and is widely utilised to heal common illnesses and ailments. Gynaecological issues are widespread among rural women in India, often during pregnancy, due to unsanitary living conditions, malnutrition, and heavy physical labour. Every community has a group of women known as 'Daiya' who specialise in using frequently accessible herbs to treat certain ailments and disorders. However, the number of these lady-healers is rapidly dwindling as the younger generation shows little interest in acquiring this important healing knowledge (Khan and Khan 2005).

Concept of ethnomedicine and its significance

Human cultures have been in intimate touch with their environs from their inception and have relied on the environment's elements for food and healing (Jamshidi *et al.*, 2018). Ayurveda or traditional herbal medicine has a lengthy history and a strong foundation in India. Herbal plants are useful in the prevention and treatment of illnesses in humans (Shakya, 2016). "Ethnobotany is made up of two Greek words: Ethnos and Botane. Botane means 'herb' and Ethnos means 'people.' It literally means 'study of people and plants.'" It is the study of humans as well as plants (trees, shrubs, and herbs). Ethnobotany is defined as "the study of the utilitarian interaction between human people and flora in their surroundings, including therapeutic benefits".

People and plants interact in ethnobotany, an interdisciplinary field of study. Plants and human societies have a long and symbiotic relationship that extends beyond food, clothing, and shelter to encompass religious rites, decoration and health treatment. An ethnobotanist is someone who studies the complex relationships between plants and people. This includes plants used for food, medicine, divination, cosmetics and dyes, textiles, building and tools. It also includes plants used for clothing and ceremonies, social life and music. Furthermore, such research are frequently useful in uncovering locally important plant species, and in some cases, crude medications are discovered (Yadav *et al.*, 2010). Ethnobotanical study used to be mostly a survey of the plants that communities utilised. As one of the world's twelve mega-diversity countries, India is one of the eight important centres of domesticated taxa's origination and

diversification (Bharat Bhushan and Mukesh Kumar, 2013). India has a rich biodiversity and a rich history of traditional medical systems and the use of numerous plants. There have been certain tribes and areas in the world where herbal treatments have been used for centuries that have largely lost touch with this tradition as modern society has increasingly relied on allopathic drugs. Even yet, the family is made up of a few indigenous members. In certain cases, herbal remedies are the sole or least expensive option for treating a wide range of ailments. A skilled botanist recognised and documented the plants' uses. There were times when an anthropologist was there, but a physician was seldom present to identify the illness. This has become a big issue due of the rapid growth in market demand for herbal medications and continuous disputes concerning access, benefit sharing and biopiracy (Lewis and Lewis, 2003).

According to the Ministry of Environment and Forest, New Delhi's All India Coordinated Project, 40% of India's 16,000 known blooming plants have Ethnomedicinal potential, whereas only 10% are utilised in the pharmaceuticals and pharmaceutical industry. The inherent value of these therapeutic plants might potentially serve as a source of novel medications.

As a result, ethnobotany has become a well-known area of botany in industrialised nations such as America and Europe. Charaka Samhita seems to be the most significant source of ethnobotanical information in Indian Vedic literature. Various sections of India were blanketed in lush woods with a plethora of medicinal plants. Locals were quite knowledgeable about a wide range of plant uses. As a consequence, researchers in various sections of the nation have been looking into therapeutic plants (Panghal *et al.*, 2010).

Gynaecological disorders among women

Women's reproductive health is the focus of the speciality of gynaecology, which is more often known as gynaecology (uterus, vagina and ovaries). Medical gynaecology focuses on rural women's health concerns, including abortion, menstrual abnormalities (menopause and menopause), morning sickness (leucorrhoea), infertility and delivery complications. Many women are compelled to get an abortion as a result of their financial situation. Self-inflicted abortions are common in countries where abortion is prohibited or the health care system is unable to offer adequate treatment. During the 1816 creation of the Indian Penal Code of 1816, induced abortions were declared illegal throughout the country. The term "induced abortion" refers to the intentional induction of a miscarriage during the course of an abortion procedure. Women's reproductive organs, such as the uterus, vagina, vulva and fallopian tubes, are affected by gynaecological ailments. As a result, the phrase covers a wide range of conditions that might impact female fertility, including pelvic inflammatory illnesses and endometriosis (Nikolajsen *et al.*, 2011).

'Women's health care is crucial,' according to the WHO, Women in hamlets are economically and educationally disadvantaged. In general, pregnant women in rural areas prefer to have their babies delivered by a qualified village midwife rather than a gynaecologist. They are unable to access healthcare and multispecialty facilities due to location and financial constraints. Traditional birth attendants (TBAs) are the primary providers of basic maternity care in many

developing countries. As a result of their extensive experience and expertise gained from the customs and practises of the communities they come from, the TBA has been able to offer basic healthcare, support and counselling to expectant mothers and new mothers throughout India. They tend to practise medicine in rural, isolated and underserved locations.

Prevalence use of traditional herbal medicines

Nature has given all that its living components require, such as food, fodder, fuel, medications, and so on. Medicines for all human illnesses are available in this environment. Plants have been used to relieve human pain for as long as man has been on our planet. Plants having therapeutic characteristics have the greatest regard in traditional medicine systems all across the world. The holy Vedas of India, which date from 3500 to 800 B.C., include numerous allusions to therapeutic herbs. "Viriksh ayurveda, one of the oldest works in traditional herbal medicine, it was gathered before the Christian period and laid the groundwork for medical studies in ancient India." The Rig Veda, which dates from 3500 to 1800 B.C., appears to be the first account of therapeutic herbs. The knowledge of how to use medicinally essential plants has been passed down through the generations, leading to the development of a vast spectrum of plant-based medications (Yadav and Bhandoria, 2013).

Plants and plant-based medicines are the source of many of the pharmaceuticals we use today, and this is true for around 80% of the world's population. Wild-harvested plants are the primary source of most medicinal ingredients in India's ancient systems of Ayurveda, Homeopathy, Siddha and Unani.

People in urban and rural areas alike are increasingly turning to herbal medications because of their safety, potency and affordability, making them more popular in rising countries like India and China. More than 8,000 plant species are known to have therapeutic properties and traditional formulations based on indigenous traditional medicine have played a major role in the development of innovative plant-based healthcare solutions (Katewa, 2009).

Despite significant ethnobotanical study into the therapeutic characteristics of herbal plants, few quantitative studies have evaluated the use of traditional medicines for gynaecological care. That traditional cures for women's health issues are still being used is something for which we should be thankful. On the other hand, the effectiveness of traditional therapies has not been adequately supported by scientific evidence. Many causes are contributing to the erosion of traditional medical expertise, including migration to cities, the availability of synthetic medications, and the loss of traditional knowledge about traditional cures. In this study, we acquired traditional knowledge on plants used to treat gynaecological problems.

Despite the lack of scientific evidence supporting the safety and efficacy of herbal treatments for gynaecological disorders, female fertility and pregnancy-related issues, they are becoming more popular in developing nations like Jordan. Most infertile couples seeking IVF treatment use herbs as part of their infertility treatment plan, according to a study by Bardaweel *et al.* (2013). Pregnant women used herbs to alleviate nausea, vomiting, and heartburn, according to a study. In 2003, Abu-Irmaileh and Afifi (2013)

discovered many plant species that were utilised to cure various gynaecological ailments.

Ethnomedicine Impact on Women's Health

Aside from being antibacterial and anticancer, these herbs also have an anti-inflammatory effect on these ladies. As part of this study, researchers gathered information on the medicinal plant kinds and components used to treat gynaecological diseases. In the treatment of gynaecological problems, the most widely used medicinal herbs by women, according to Lans *et al.* (2018), were: Herbs that have recently been shown to be effective in treating dysmenorrhea among native Americans include black cohosh and black haw (pain during menstruation). Several clinical studies have demonstrated that black cohosh may be used to treat menopausal symptoms as a supplement or alternative to hormone replacement therapy. Multicomponents for treating infertility are found in the Apiaceae family, which includes the biennial or short-lived perennial plants *Angelica sinensis* and Nakai (also known as Korean angelica, gigantic angelica, and purple parsnip). "Women's herb" in Traditional Chinese Medicine (TCM), it is used to treat several gynaecological disorders (TCM). Treatment of Polycystic Ovarian Syndrome (PCOS) in TCM involves using a plant from the Rutaceae family called *Ruta graveolens*. Many novel plants used to treat gynaecological diseases were discovered as a result of ethnobotany results in women's health care. In addition, these researches investigate the key plants utilised in women's health care, as well as which plant components were used in the plant's treatment (Flor and Barbosa, 2015)

According to Kankara *et al.* (2015), Gynaecological problems in South Africa are most typically treated using Fabaceae plants, which include the Euphorbiaceae family, as well as Asteraceae, in the region of northern Maputaland, South Africa. The Euphorbiaceae family of plants is the most often utilised in the treatment of women's reproductive health in Tana River County in Kenya. The investigation by Fernandes *et al.* (2018) also included medicinal plants that are often used by Quilombola women for the prevention and treatment of gynaecological issues. These plants' barks are traditionally used by old women to alleviate inflammation and "heat in the womb" and prevent cervical cancer. It was determined that 32 plant species were used to cure different problems of gynaecology and pregnancy by, wet and Ngubane (2014). Dysmenorrhea, infertility and menorrhagia were among the issues mentioned. Twenty one plant species have dysmenorrhea, 14 have sterility and 14 have menorrhagia. One of the most often cited herbs by women for gynaecological and obstetric concerns was *Bridelia cathartica* (Phyllanthaceae). For the most part, the plants were consumed in the form of a mixture that was swallowed. Adnan *et al.* (2015) focuses on the most popular species used in women's health to treat gynaecological diseases using medicinal plants. There were 19 anti-menstrual herbs detected, 11 of which were both anti-gonorrhoea and anti-pregnancy. For ethnomedicinal formulations in the area of gynaecology, women's use of plant components, such as whole plants (33 %) and leaves (31 %), were emphasised as well. This research indicated that rural Pakistani women have the most traditional knowledge of herbal remedies for reproductive health. More studies shows that medicinal plants may be used to treat women's health issues.

Messias *et al.* (2015), gynaecological therapy, she agrees with the other writers on a number of current species. In their research, the species "*Alternanthera brasiliensis* L, *Alternanthera sp*, *Apium graveolens* L, *Artemisia vulgaris* L, *Tagetes minuta* L, *Impatiens balsamina* L, *Bryophyllum pinnatum* L, and *Piptadenia gonoacantha*" were the most commonly mentioned. As previously mentioned, these surveys identified a number of novel plants, many of which were aimed at treating gynaecological issues. Women's health and ethnobotany categories have a large number of studies on the use of traditional Chinese medicine and phytotherapy for gynaecological disorders. In order to grasp the significance of medicinal plants in women's health care across cultures, it is necessary to know these things. The species *Ruta graveolens*, used by teens in abortion attempts as infusion teas, was also given in Silva *et al.* (2012) research, supporting the results of Lans, Swanson and Westfall (2018). *Ruta graveolens*, for example, is often used in women's health care, but since it is occasionally used to induce abortions, it may have a negative impact on women's health. It's a good idea to remember this. Menstrual pains, uterine inflammation, menstrual regulation, haemorrhage and ovarian enlargement were all treated with the Lamiaceae, Leguminaceae, Malvaceae and Rubiaceae families.(Castillo; 2015).

Dealing Gynaecological issues with herbal remedies

Herbal remedies with female antifertility and abortifacient effects

The bulk of evidence-based female fertility pharmacologies come from pre-clinical studies on rats. This situation is also the most plausible in the absence of ethical concerns about the use of pharmaceutical medicines during pregnancy. Plants such as *Artemisia monosperma*, *Artemisia herba-alba*, *Ricinus communis*, and *Inula viscosa* L. Aiton (*Syn. Dittrichia viscosa* (L.)Greuter) *Ballota undulate* (Fresen.) Bentham [Labiatae (Lamiaceae)], *Citrullus colocynthis* (L.)Schrad (Cucurbitaceae), *Globularia arabica* (Astraceae), (In experimental rats, Jaub. & Spach (Globulariaceae), *Carum carvi* L. (Umbelliferae), and *Verbana officinalis* L. (Verbanaceae) were discovered to have antifertility effects (Benariba, 2013)."Although the antifertility effects were the same in all species, the mechanisms by which they were achieved varied. "Additionally, ethanolic extracts of *A. monosperma* leaves had an influence on the number of viable fetuses implanted, the number of locations with midterm abortion, the delay in delivery and failure of spontaneous parturition in pregnant. Oxytocin (Hijazi and Salhab 2010), when administered to rat ovaries and embryos, however, *Artemisia herba-alba* has a considerable impact on ovarian and embryo weights as well as pregnancy rates, the number of implantation sites and the viability of fetuses (Priya *et al.*, 2014). Luteinizing Hormone (LH)and Follicle-Stimulating Hormone (FSH)decrease significantly, as well as a blockade of the estrus phase and an increase in ovaries, uterus and body weight, are the major reasons of *Carum carvi*. Pregnant women and those trying to become pregnant should stay away from these plants.

In folklore, a wide range of Lamiaceae plant species such as *Ballota undulata* and *Salvia fruticosa* Mill. are used for a variety of reasons. It seems that the aforementioned plant species may harm female fertility and potentially result

in abortions, according to early study. Gynaecological problems have never been treated with *B. undulata*, for example. *B. undulata* may have a variety of negative effects on fertility and pregnancy in female rats, including a decrease of the number and weights of viable pregnancies, a significant reduction in pregnancies and implantation sites, ovarian degeneration at both primary and secondary stages and contraceptive properties in the long run (Pradhan *et al.*, 2012). In female rats, chronic treatment with *Citrullus colocynthis* may reduce ovarian weights, decrease the number and weight of viable foetuses and reduce the %age of pregnancies as well as the number of implantation sites. These effects could all lead to an increased mortality rate in pregnant mice and this mortality rate would be dose-dependent (Dehghani *et al.*, 2008). Its abortifacient properties have been established (Pravin *et al.*, 2013). Essential oils are found in *Salvia officinalis* L., a plant from the Lamiaceae family. As a traditional remedy for stomach and intestinal ailments, Jordanians have long utilised the decoction of this plant. It is said that the pharmacological effects of Herbal salvia and its preparations are extensive. In situations of gingivitis and oral irritation, it may be used as an antiseptic and an antihydrotic. Europe has a large market for it in the cosmetics and food sectors. Research was conducted to determine the herb's reproductive toxicity. Female rats' fertility was shown to be negatively impacted by ingesting different preparations of *S. fruticosa* L. (Labiatae). For 30 days, mature female rats were given an ethanolic extract of *S. fruticosa*; however this had no effect on the frequency of pregnancies. As a result, the number of viable foetuses in pregnant rats decreased, while the frequency of resorptions went up significantly.

Herbal remedies of fertility, pregnancy-related issues, and breastfeeding

Mannion and Mansell (2012) reported that *Citrullus carvi*, Antispasmodic qualities of a plant often connected with galactagogue features make it very dangerous during pregnancy or breastfeeding. Caraway, on the other hand, may expedite the recovery of post-operative intestinal motility following a C-section. Due to the risk of miscarriage or early labour during pregnancy, this is not advised. Pregnancy and breastfeeding should be avoided if at all possible owing to the uterine stimulating properties of the galactagogue *Trigonella foenum-graecum* (Fenugreek). For many new moms, *Cinnamomum zeylanecum*, the botanical name for Cinnamon, is an effective postpartum remedy. Cinnamon is the most often prescribed Chinese herbal combination for endometriosis-related clinical pain because of its soothing and anti-inflammatory properties (Fang *et al.*, 2012). It has the potential to drastically reduce muscular soreness in female athletes without influencing exercise-related oxidative stress. It can also be used to relieve perineal discomfort and improve episiotomy incision healing, resulting in fewer vaginal tears during delivery (Mohammadi *et al.*, 2014). In women with polycystic ovarian syndrome, Cinnamon supplementation reduces insulin resistance and improves menstrual cyclicity. Menstrual cramps and abnormalities were previously treated with it (Flores and Quinlan, 2014). According to scientific investigations, *Matricaria aurea* (Chamomile) may be used to treat nausea and vomiting in early pregnancy (Matthews *et al.*, 2014) or throughout the pregnancy. Regular chamomile users were shown to have a greater rate of threatening miscarriages and premature

labours (Cuzzolin *et al.*, 2010). It is said that chamomile lowers the duration of pregnancy and birth weight. *Nigella sativa* L. (Ranunculaceae) (Black seed) reduced cyclophosphamide-induced declines in primary and secondary follicles, as well as ovarian diameters, in female mice (Kamarzaman *et al.*, 2014). It stimulated milk supply in nursing rats, which boosted pup weights throughout the sucking stage. In diabetic mice, thymoquinone therapy during pregnancy reduced embryo abnormalities and boosted embryo growth and maturation (Al-Enazi, 2007).

There is insufficient proof on the safety and efficacy of chamomile and black seed during pregnancy, based on clinical trials. According to Khreshesh (2011), pregnant Jordanian women used mixed herbs, cucumber, lentil seeds, or dried tea leaves to alleviate heartburn. Despite this, ethnopharmacology's usage has never been supported by research. It is especially important that midwives, who are the primary caregivers for pregnant women, offer evidence-based advice on the safe use of herbs during pregnancy. 'Conventional use' information should be made accessible to the pregnant woman so that she may make an informed choice regarding its use in the future (Holst *et al.*, 2011).

Role of Medicinal plants in improving women's gynaecological status

Medicinal plants have been used for centuries by many different civilisations. Traditional, complementary and alternative medicine in Brazil has long depended on medicinal plants and their derivatives as one of the most significant resources for healing. When the Alma Ata Declaration was issued in 1978, it marked an important turning point in the history of medical plant usage across the globe by recognising "the use of herbal and phytotherapeutic plants for prevention" cure, and palliation. There is now a worldwide recognition of medicinal plants and phytotherapy by the "World Health Organization" (WHO), (Ibiapina *et al.*, 2014).

The high expense of industrialised pharmaceuticals and the population's limited access to health care are two of the reasons given by WHO for utilising herbal therapies. However, knowledge and autonomy in health care are thought to be strong justifications for their use. The rising usage of medicinal herbs may be to blame for the rise in the frequency of adverse responses. Prior to 1996, WHO received more than 5,000 reports of possible adverse effects to herbal usage. Non-notification is a result of physicians who fail to detect undesirable consequences associated to the use of herbal remedies, as well as patients who fail to report the use of plants during the consultations. In terms of gynaecological disorders, Sexually Transmitted Infections (STIs) are projected to afflict 340 million individuals globally, making them the second leading cause of morbidity in women (Luppi *et al.*, 2011). Because they aren't among the top 10 killers in Brazil, gynaecological infections may be prevented almost always (92 % of the time).

There have been very few studies conducted in North America, notably in Brazil, on the use of medicinal plants to treat disorders associated with women's health, according to worldwide reviews (Yazbek *et al.*, 2016). The plant families Fabaceae and Asteraceae are the most widely utilised in Brazil for the treatment of gynaecological issues and vaginal infection. It's important to remember that the most common methods of administration are by ingestion, tea and leaves,

depending on the amount, preparation technique, and route of administration. Research on women from other nations, such as Iran and Africa, has shown similar results. However, the species picked is influenced by local phytodiversity, plant availability and cultural significance. Treatments for gynaecological illnesses are most usually administered by the following species, as per Silva *et al.* (2016) mastruz (*Chenopodium ambrosioides*) and malvarisco (*Plectranthus amboinicus* (Lour.) Spreng.), followed by aroeira (*Myracrodruon urundeuva*). Females used aroeira (*Myracrodruon urundeuva*- 86%) the most, followed by mackerel (*Luffa operculata* L. - 70%), corama (*Bryophyllum calycinum*- 56%), mastruz (*Chenopodium ambrosioides*-48%), (*Plectranthus amboinicus*- 44 %), and plum (*Ximenia americana* L.-40%) . Due to their affordability and propensity to be seen as natural remedies for various ailments, notably gynaecological issues, medicinal plants are becoming more popular among women.

A wide range of gynaecological conditions may be treated using medicinal plants. There are a number of gynaecological conditions that may be treated with medicinal plants in Baramulla, Jammu & Kashmir. There has been no ethno-gynecological research in this region to yet. Interviews with tribal people, traditional healers and midwives as well as focus groups were used to gather ethnogynecological data on 73 distinct plant species between September 2019 and August 2020. The data was statistically analysed using the fidelity level (FL), utilisation value (UV), relative frequency of citation (RFC) and informant consensus factor (ICF). The most often utilised plant component was leaves (29 %). When it came to making medicine, decoction was the most common approach (40 %). Postpartum difficulties had the highest ICF score (87 %). *Centaurea iberica* and *Notholirion thomsonianum*, both used for uterine tonic and contraception, got the highest FL scores, followed by *Cuscuta reflexa* and *Notholirion* (100 %). This list includes *Taraxacum officinale*, *Artemisia absinthium*, *Cannabis sativa* and *Foeniculum vulgare* as well as *Punica granatum*. Finding novel remedies for women's reproductive health issues may be made possible by phytochemical and pharmacological research on plants with high UV, RFC, and FL values, as we have shown here (Jan *et al.*, 2022).

There will be a comprehensive analysis of the medicinal plant usage by women in gynaecological care. When it comes to treating gynaecological issues, what medicinal herbs do women use? There were six different databases that were utilised to choose the sample studies from: Medical Literature Analysis and Retrieval System Online, COCHRANE, and SCOPUS. Medicinal plants were used as descriptors (DeCS / MeSH) Women's health and well-being. Between the years 2014 and 2018, the research was conducted. Using the database, researchers were able to look up a qualis magazine's title, author, year of publication, scope of study, level of evidence and methodology, as well as the most important results. Phytotherapy studies focused on women's health and ethnobotany studies focused on women's health, with both emphasising the significance of medicinal plants in women's health care. The studies were classified into two categories: As a final point, women are increasingly turning to medicinal plants for their inexpensive cost and because they are considered natural remedies for several ailments, notably gynaecological issues (Charlianne *et al.*, 2019).

Conclusion

Studying the use of medicinal plants for gynaecological health is the objective of this review article. The conclusions from the papers selected emphasised the need for more research while also acknowledged the widespread understanding of the subject. For gynaecological disorders, there are few scientific studies on therapeutic herbs and further research and study is urgently required. Medical gynaecology (uterus, vagina and ovaries) focuses on rural women's health concerns. The term 'induced abortion' refers to the intentional induction of a miscarriage during the course of an abortion procedure. Traditional birth attendants (TBAs) are the primary providers of basic maternity care in developing countries.

The World Health Organization recognises the use of medicinal plants and phytotherapy. Fabaceae and Asteraceae are the most widely utilised in Brazil for the treatment of gynaecological issues and vaginal infection. Sexually Transmitted Infections are projected to affect 340 million individuals globally, making them the second leading cause of morbidity in women. There are a number of gynaecological issues that may be treated with medicinal plants in Baramulla, Jammu & Kashmir. *Centaurea iberica* and *Notholirion thomsonianum* got the highest FL scores. This list includes *Taraxacum officinale*, *Artemisia absinthium*, *Cannabis sativa* and *Foeniculum vulgare*. Women are increasingly turning to medicinal plants for their inexpensive cost and because they are considered natural remedies for several ailments, notably gynaecological issues. Nature provides all that man needs - food, fodder, fuel, medications, and so on.

Plants have been used to relieve human pain for as long as man has been on our planet. The knowledge of how to use medicinally essential plants has been passed down through the generations. More than 8,000 plant species are known to have therapeutic properties. Few quantitative studies have evaluated the use of traditional medicines for gynaecological care. Reduced health care expenses, sickness prevention, health promotion, scientifically proven effectiveness, and the union of popular knowledge and science are only few of the advantages of utilising medicinal plants for the general people. As a consequence, research on medicinal plants for women's health was able to be examined in this study. Women's usage of medicinal herbs to address gynaecological issues was also shown to be important in the research. It was possible to determine which plant species are most often used by women in alternative medicine for health treatment.

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