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**Research Article** 

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## ETHNOBOTANICAL SURVEY OF MEDICINAL PLANTS FOR BONE FRACTURE TREATMENT IN LINGMOO, SIKKIM

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Herbal plants, Sikkim Himalaya, Bone fracture, Traditional medicine, field survey

### ABSTRACT

Background: This study documents the use of herbal plants by traditional healers in Lingmoo, Namchi district, Sikkim, to treat bone fractures. Methodology: The methodology used were survey-based, prestructured questionnaire, field investigation and face to face interaction with one traditional healer. We have recorded about 29 ethno-medicinal plants naturally available in the selected area. Results: According to the survey results, a total of 29 numbers of ethnomedicinal plant species belonging to 23 different families (Rosaceae topped the list) were identified and summarized in Table 1. The study revealed that herbs (48%) are mainly used, followed by trees (24%), climbers (17%), and shrubs (11%). In case of frequency of use, these plants were highly cited during the interview: rivularis, Kaempferia rotunda, Viscum articulatum, Urtica dioica, Curcuma longa, Lepidium sativum, Beaumontia grandiflora, Bergenia ciliate, and Laportea bulbifera. The parts used were roots, stem barks, whole plants, and seeds. The most commonly used preparation was paste. According to gender-wise comparison, males (60%), females (25%), and children (15%) were getting the treatment. Out of 29 plant species, 12 species are abundant and, 1 is in threatened condition; only 3 species are cultivated in present days. Conclusion: Documentation of local plants used by a specific traditional healer will benefit the sustainable use of indigenous medicinal plant practices. It will also provide preliminary information for future biological resource management and research development, which will eventually help in the conservation of ethnomedicinal plants and the advancement of such ideas.

### **INTRODUCTION**

Sikkim is a small, beautiful (7096 square kilometers) Indian state located in the Eastern Himalayas with six districts. The three ethnic groups that constitute Sikkim—the Lepcha, Bhutia, and Nepali—have long relied on their traditional medical systems and firmly believed in the therapeutic potential of plants. Sikkim has 490 medicinal plants due to its wide range of elevations and climates [1]. Buddhist organizations have supported ancient medicinal systems in Sikkim for their traditional Tibetan Pharmacopeia, which are still used today [2]. Based on continual trial-and-error learning from the old generation to the newer generation, the tribal people of Sikkim have a great deal of faith in herbal therapy. The aim of traditional healers worldwide is to

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cure illnesses and maintain human health despite their diverse beliefs and practices. The primary healthcare method for almost 60% of the world's population is traditional medicine [3,4]. According to the World Health Organization, approximately 80% of the world's developing countries rely on traditional medicine for healthcare (WHO, [1978]). Complementary medicine is another term used to refer to traditional medicine [5]. Their customs differ from one nation to the next and from one region to another due to influences from philosophy, history, and culture [6]. Sushruta (500 BC) wrote about traction, manipulation, and immobilization using a splint and a unique type of clay to repair fractures. Hippocrates (400-335 BC) also mentioned this method. Similar to how the plaster of Paris is used today, the Egyptian doctor used to immobilize the damaged limbs with a bandage soaked with resin. Provided a thorough explanation of fracture by outlining the use of extension in fracture treatment. Bones are the forms of connective tissue that are strengthened by bone cells and calcium. The softer center of bones, also known as bone marrow, is where the blood cells are produced. The primary function of our skeleton is to support our body, allow for movement, and shield our interior organs. A fractured or shattered bone occurs when the force acting on it exceeds its capacity to bear it. This breakdown of the bone's strength and structure causes pain, loss of function, bleeding, and damage surrounding the location. In the emergency room, fractures are frequently seen [7]. The most frequent cause of these injuries continues to be traffic accidents (RTAs). One of the most excruciating emergencies is a fracture. Planning to treat fracture pain requires careful consideration of the patient's medical history and the location of the fracture. Numerous drugs have been used in fracture reduction, according to studies. These consist of tramadol, ketamine, propofol, fentanyl, pethidine alone, and pethidine with diazepam. Vitamin D, which is received from diet and cutaneous production by ultraviolet B

radiation, is a necessary nutrient that can act as a hormone. Patients experience significant agony during fracture reduction operations. Successful fracture management is made possible by the effective management of fracture pain and anxiety, which also lessens patient discomfort. The most often recommended analgesic for kids was ibuprofen. This might be because of its safety and effectiveness [8]. A direct association between vitamin D and childhood rickets indicates that vitamin D is necessary for bone formation and remodeling [9-10].

### **METHODOLOGY**

### Study area and consent for the study:

The study area was Namchi districts in Sikkim-India, i.e., Lingmoo villages/towns, which were covered under this present Geographically, Sikkim is the smallest and least survey. populated state but ecologically most diversified of India's Himalayan states, located between 27°05' and 28°07' N latitude and 88°31' and 56' E longitude. During the monsoon season, the region experiences heavy rains and a tropical environment. The area has mostly clay loam soil texture [11]. We have obtained the institutional approval letter for conducting a field visit study: Memo No. 96/GPC/2024, dated 24th April 2024. It was part of undergoing a Bachelor of Pharmacy, 8th Sem, 6-month report from March 2024 to August 2024. We conducted a field-based study by developing the pre-prepared questionnaires and collecting information from traditional healer belongings, particularly from Lingmoo, Namchi district of Sikkim. The survey was conducted from March 2024 to July 2024, employing face-to-face questions, field visits, etc. The concern of the traditional healer was taken to publish the traditional healer's collected data on medicinal plants and their traditional knowledge for scientific communication in the future. The participation of the people was entirely cooperative, and by answering the questionnaires [12-15].



Figure 1: Study area Lingmoo, Namchi district of Sikkim

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## Table 1: Pre-structured survey Questionnaires:

1.	Detail of the traditional healer (Name, age, gender, education, occupation, etc.) for easy identification for future information.
2.	Traditional healer is 1 <sup>st</sup> , 2 <sup>nd</sup> or 3rd generation practitioner?
3.	How long have you been a traditional healer?
4.	What are the local medicinal names, habitats, and portions of the plant used?
5.	List of Endangered, cultivated, abundant, Sparse, common & threaten species for bone fracture treatment?
6.	What are the herbal plants that treat bone fracture are available in the South Sikkim area?
7.	What are the herbal plants practically used to treat bone fracture in South Sikkim area?
8.	Can you explain the procedure to prepare the herbal medicine?
9.	Could you kindly clarify the proper dosage, timing, and route for using herbal plants?
10.	What is the patient's feedback regarding the traditional treatment?
11.	Which herbal plants have faster recovery time?
12.	Is there any patient who felt any side effects? If yes, then what are the problems?
13.	Which age group and gender mostly came here for treatment of bone fracture?

## 14. What is the procedure to do follow up of the patient's case?

## Statistics

The scientific ethnobotanical data from the field survey on locally available medicinal plants used for the bone fracture treatment were collected from the selected area and the *RESULTS* 

traditional data obtained during the survey were analyzed and presented in the tabular and graphical presentation within the manuscript by using the software-Microsoft Excel 2013.

## Table 2: Medicinal Plants claimed to have bone fracture treatment found in Lingmoo, Namchi district-Sikkim

S No.	Botanical name	Family	Local name (Nepali name)	Habit	Parts used	Present status
1.	Astilbe rivularis D.Don	Saxifragaceae	Buro Okhoti	Herb	Roots	Abundant
2.	Curcuma longa L.	Zingiberaceae	Hardi	Herb	Rhizome	Cultivated
3.	Lepidium sativum L.	Brassicaceae	Chamsur	Herb	Seeds	Cultivated
4.	Rubus ellipticus Smith.	Rosaceae	Aiselu	Shrub	Roots	Abundant
5.	Beaumontia grandiflora Wall.	Apocynaceae	Gothale Lahara	Climber	Roots	Abundant
6.	Rheum palmatum Linn	Polygonaceae	Padamchal	Herb	Roots	Cultivated
7.	Aleuritopteris anceps (Blanf.)	Pteridaceae	Rani Sinka	Herb	Rhizome	Abundant
8.	Fraxinus floribunda Wall.	Oleaceae	Lakuri	Tree	Stem bark	Sparse
9.	Nyctanthes arbor-tristis L.	Oleaceae	Parijat	Tree	Stem bark	Sparse

10.	Smilax elegans Wall. Ex. Kunth	Smilacaceae	Kukurdaino	Climber	Stem bark	Sparse
11.	Acacia pennata L. Wild.	Fabaceae	Areri	Climber	Roots	Abundant
12.	Ampelocissus sikkimenis (Lour.) Planch	Vitaceae	Macha Joday	Climber	Whole plant	Sparse
13.	Artocarpus lacucha Wall. Ex Roxb.	Moraceae	Barhar	Tree	Stem bark	Abundant
14.	Asparagus racemose Willd.	Asparagaceae	Kurilo	Herb	Aerial roots	Sparse
15.	Bergenia ciliate (Haworth.) Sternberg.	Saxifragaceae	Pakhanbet	Herb	Whole plant	Threatened
16.	Datura metel L.	Solanaceae	Dhatura	Herb	Seeds	Sparse
17.	7. <i>Equisetum debile</i> Roxb. Ex Equisetaceae Kurkure jhar Vaucher		Herb	Roots	Abundant	
18.	Laportea bulbifera Siebold & Zucc.	Urticaeae	Patle Sisnu	Herb	Roots	Common
19.	Kaempferia rotunda L.	Zingiberaceae	Bhui Champa	Herb	Roots	Abundant
20.	Pouzolzia hirta Blume ex. Hassk.	Urticaceae	Chipley Jhar	Herb	Roots	Common
21.	Spermadictyon suaveolens Roxb.	Rubiacea	Ban Champa	Shrub	Stem bark	Abundant
22.	Tinospora sinesis (Lour.) Merr.	Menispermaceae	Gurjo Lahara	Climber	Roots and stem bark	Sparse
23.	Urtica dioica L.	Urticacaea	Ghaira Sisnu	Herb	Roots	Common
24.	Oxalis corniculate L. Oxalidaceae Chari amilo H		Herb	Whole plant	Common	
25.	Betula alnoides Buch. Ham. ex. D. Don.	Betulaceae	Saur	Tree	Stem bark	Abundant
26.	Engelhardia spicata Lesch. Ex Blume	Juglandacaea	Mauwa	Tree	Stem bark	Common
27.	Schima wallichii (DC.) Kort.	Theaceae	Chilaune	Tree	Stem bark	Sparse
28.	Pranus cerasoides D. Don	Rosaceae	Painyung	Tree	Stem bark	Abundant
29.	Woodfordia fruticosa (L.) Kurz.	Dhainyaro	Shrub	Flower	Abundant	

\*NN=Nepali Name

## Table 3: Medicinal plants practically used for bone fracture treatment in Lingmoo, Namchi district-Sikkim

SNo	Botanical	Local	Parts	Method of preparation	Uses	ROA
•	name/ Family	name	used			
1.	Astilbe	Buro	Roots	Boil 1-2 teaspoons of dried	a. Inhibition of osteoclast	Oral
	rivularis D.	Okhoti		Astilbe rivularis roots in two cups	activity	
	Don			of water for 10-15 minutes. Strain	b. Antioxidant properties.	
	Saxifragaceae			and drink 2-3 times a day.		
2.	Curcuma	Hardi	Rhizomes	Mix turmeric powder with warm	a. Reduce inflammation	Topical
	longa L.			water to form smooth paste. Add	and pain	
	Zingiberaceae			coconut oil or ghee to enhance	b. Promote bone healing	
				absorption and anti-inflammatory	and density	

				activity. Apply the paste topically to the affected area, covering the fracture site. Use a bandage or cloth to secure the paste in place. Leave it for 2-3 hours or overnight before washing off with warm water.	с.	Enhance wound repair.	
3.	Bergenia ciliate (Haworth.) Sternberg Saxifragaceae	Pakhanbet	Whole plants	Grind the dried root into fine powder. Mix powder with ghee to form paste and add honey and mixed well. Apply the paste topically on the injured/affected area 2-3 times a day (4-6 weeks). Mix 1 teaspoon of the paste with warm water or milk to make decoction. Drink 2-3 time a day for 4-6 weeks.	a. b. c.	Enhance bone density and strength Reduce inflammation Promote fracture healing and repair.	Topical Oral
4.	Kaempferia rotunda L. Zingiberaceae	Bhui Champa	Rhizomes	Boil 1-2 teaspoons of dried rhizomes in a cup of water for 10- 15 minutes. Strain and drink 2-3 times a day. Grind fresh rhizome into paste and apply it to the affected area 2- 3 times a day.	a. b. c.	Anti-inflammatory properties Osteoprotective effects Antioxidants properties	Oral Topical
5.	<i>Tinospora</i> <i>cordifolia</i> (Lour.) Roxb Menispermace ae	Gurjo lahara	Roots and stem	Steep 1 teaspoons of dried stem in 1 cup of boiling water for 5-7 minutes. Strain and drink 2-3 times a day. Grind fresh stem along with paste and apply it to the injured/affected area 2-3 times a day.	a. b.	Bone regeneration Pain relief	Oral Topical
6.	<i>Lepidium</i> sativum L. Brassicaceae	Chamsur	Seeds	Grind fresh seeds into a paste and apply to the affected area, 2-3 times a day. Boil 1-2 teaspoons of dried seeds in 2 cups of water for 10-15 minutes. Strain and drink 2-3 times a day.	a. b. c.	Enhance bone mineralization and density. Anti-inflammatory effects Antioxidants	Topical Oral
7.	Pouzolzia hirta Blume ex. Hassk. Urticacaea	Chipley jhar	Roots	Plants roots paste is applied topically to reduce swelling and associates with bone fractures.	a. b. c.	Reduce pain and inflammation Promoting bone healing Antioxidants	Topical
8.	<i>Oxalis</i> <i>corniculate</i> L. Oxalidaceae	Chari amilo	Whole plants	A paste made from the plant's leaves and roots is applied topically to reduce swelling and pain associated with bone fractures. The juice of plant's leaves is mixed with milk or water and consumed to aid in bone healing.	a. b. c.	Improve calcium deposition Enhance bone density Reduce inflammation and pain.	Topical Oral
9.	<i>Datura metel</i> L. Solanaceae	Dhatura	Seeds	Oil made from the plant's seeds is applied topically to reduce pain and inflammations. A paste made from the plant's leaves and roots is applied topically to reduce the swelling and pain.	a. b. c.	Relax muscles and reduce spasms. Reduce pain and inflammation. Enhance bone density.	Topical

10.	Viscum	Harchur	Whole	Stem paste or decoction. A paste	a.	Nourish the bones and	Topical
	articulatum		part	made from the root's epidermal		tendons.	
	Burm.f.			layer peelings is administered to	b.	Reduce pain &	Oral
	Loranthaceae			the afflicted area. The entire		inflammation.	
				plant's dried powder is consumed			
				orally.			



Figure 2: Gender-wise distribution of patients receiving herbal treatment for bone fractures

S No	Family	Number of plant species
1.	Zingiberaceae	2
2.	Saxifragaceae	2
3.	Pteridaceae	1
4.	Solanaceae	1
5.	Equisetaceae	1
6.	Oleaceae	2
7.	Apocynaceae	1
8.	Betulaceae	1
9.	Polygonaceae	1
10.	Brassicaceae	1
11.	Smilacaceae	1
12.	Fabaceae	1
13.	Vitaceae	1
14.	Urticaceae	2
15.	Menispermaceae	1
16.	Rubiacea	1
17.	Theaceae	1
18.	Lythraceae	1
19.	Rosaceae	3
20.	Asparagaceae	1
21.	Moraceae	1
22.	Juglandaceae	1
23.	Oxalidaceae	1

shrub, 11% • herb • shrub • climber • tree Figure 3: Habit wise distribution of the species

## DISCUSSION

From the above survey findings, A single traditional healer participated in the study, he was a male, and a herbalist; literate, done middle level of education. The traditional healer age was 51 years. The main occupation of the informant was traditional healer for bone fracture as a full time and farming as a part time job. A Total of 29 numbers of local medicinal flora species belonging to 23 different families were presented in this work (Table 1) for the management of fissure (bone fracture) by the traditional healer from Lingmoo, Namchi districts of Sikkim (Figure 1). As compared to previous investigation (Tamang et al., 2020), 41 medicinal plants were documented that are used by indigenous people for treatment of bone fracture (fissure) in the whole selected district (west-Sikkim). Also highlighted the demographic studies, such as plant names, families, local names, habits, distribution, part used, used by ethnic people and medicinal flora status.

However, in our present survey, along with above parameters, we have unveiled the preparation of ethno-medicinal plants, how to apply, general uses and route of administration, which were not highlighted in earlier studies. Another case study done in Pakyong district-Sikkim (Tamang *et al.*, 2023) also discussed only six medicinal plants used for bone fracture treatment from Pakyong-Sikkim which includes *Astilbe rivularis*-Buriokhati

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(Nepali), *Cuscuta reflexa-* Akashveli, Binajarhi (Nepali), *Dendrobium densiflorum-* Ghogay sunakhari (Nepali), *Dendrobium nobile* - Sunakhari (Nepali), *Fraxinus paxiana-*Lakuri (Nepali), *Kaempferia rotunda-* Bhuichampha (Nepali), etc, In our study, the majority of plant parts were employed; either as root and stem bark to create pastes that were applied externally. These types of traditional practices were supported by numerous studies.

Most possible mechanism of action of the key plants are highlighted for the better understanding of the therapeutic application. Viscum articulatum, commonly referred to as mistletoe, is thought to help treat bone fractures. Its possible mechanisms of action are probably connected to its antioxidant and anti-inflammatory qualities, which may hasten tissue regeneration and healing at the fracture site [16]. Through the inhibition of osteoblast apoptosis, curcumin was able to ameliorate glucocorticoid-induced osteoporosis. In an ovariectomized rat model, another study found that curcumin could boost osteoblast counts and prevent bone loss [17-18]. Kaempferol's osteogenic effect was caused by persistent phosphorylation of SMAD1 and upregulation of BMP-2. High expression levels of ALP, Runx-2, OSX, COL1, and OCN in dexamethasone-induced rat calvarial osteoblasts demonstrated enhanced osteoblast proliferation due to kaempferol treatment's activation of SMAD1/5/8 via BMP-2 signaling [19]. Preclinical investigation of B. ciliata extract (IIIM-160; 9.1% w/w; BER as principal ingredient). IIIM-160 selectively inhibited the production of proinflammatory cytokines by lipopolysaccharide in THP-1 (human leukemia monocytic) cells, and it demonstrated an exceptional safety index. In multiple animal models, it demonstrated antinociceptive, anti-arthritic, and antiinflammatory properties. In Swiss albino mice, it was found to be safer up to 2 g/kg (oral dose) [20]. New bone formation and the number of capillaries were significantly higher in the Stinging Nettle (Urtica dioica) groups than in the other groups. The statistical analysis also showed that the numbers of osteoblasts, osteoclasts, and capillaries were highest in the N + Stinging Nettle group [21].

### CONCLUSION

It came to our knowledge that traditional healer had been treating bone fractures for ages using various plant formulations in Lingmoo, South-Sikkim. Lots of local people were provided with traditional benefits of this practice of bone fracture treatment till date. Furthermore, we have to focus on sustainable use and documentation of traditional bone-healing practices can contribute to inform future pharmacological studies of these local medicinal plants, check the status and must adopt the conservation strategies for threatened and endangered species because these practices are slowly moving towards the edge of vanishing due to non-adoption by the new generation (modernization). Conservation of such traditional practices and knowledges and the selected plants species will definitely serve as a noble source for the researchers and drug development agencies to discover the lead molecules in the field of bone therapy.

### FINANCIAL ASSISTANCE NIL

### **CONFLICT OF INTEREST**

The authors declare no conflict of interest.

### **AUTHOR CONTRIBUTION**

Sonam Bhutia and Bhumika Chettri were responsible for selecting this survey and collecting the major data. Sonam Bhutia and Tiewlasubon Uriah Khar were responsible for guiding the project until its completion and contributed to designing, drafting, formatting, referencing, and communicating with the esteemed pharmacy journal with a reputed indexing system. All authors have thoroughly read and approved the manuscript.

### **REFERENCES**

- Yadav A, Avasthe RK, Dutta SK. Sikkim organic horticulture: Scope, challenges and prospects. *Progressive Horticulture*, 50(1&2), 82-91 (2018) <u>https://doi.org/10.5958/2249-5258.2018.00024.6</u>.
- [2] Yeshi K, Wangdi T, Qusar N, Nettles J, Craig SR, Schrempf M, Wangchuk P. Geopharmaceuticals of Himalayan Sowa Rigpa medicine: Ethnopharmacological uses, mineral diversity, chemical identification and current utilization in Bhutan. *Journal* of ethnopharmacology, 223, 99-112 (2018) https://doi.org/10.1016/j.jep.2018.05.007.
- [3] Gupta P, Sharma VK, Sharma S, Gupta P, Sharma VK, Sharma, S. Health and folk medicine. *Healing Traditions of the Northwestern Himalayas*, 21-35 (2014)
   https://doi.org/10.1007/978-81-322-1925-5\_2
- [4] Che CT, George V, Ijinu TP, Pushpangadan P, Andrae-Marobela K. Traditional medicine. In *Pharmacognosy*, Academic Press, 11-28 (2024) <u>https://doi.org/10.1016/B978-0-443-18657-8.00037-2</u>.

- [5] Loi M. World Health Organization World Health Reports. In Encyclopedia of Quality of Life and Well-Being Research, Cham: Springer International Publishing. 7871-7873 (2024) <u>https://doi.org/10.1007/978-3-031-17299-1\_3285</u>.
- [6] Chan K. Chinese medicinal materials and their interface with Western medical concepts. *Journal of ethnopharmacology*, 96(1-2), 1-18. (2005) <u>https://doi.org/10.1016/j.jep.2004.09.019</u>
- [7] Das G, Sarma AK, Das NJ, Bhagawati P, Sharma RK.
   Indigenous Medicinal Plants of Tripura used by the Folklore Practitioners for the Treatment of Bone Fractures. *Int. J. Life Sci. Pharma Res*, 11(3), 17-22 (2021) https://doi.org/10.22376/ijpbs/lpr.2021.11.3.17-22.
- [8] Maier G. S, Weissenberger M, Rudert M, Roth KE, Horas K. The role of vitamin D and vitamin D deficiency in orthopaedics and traumatology—a narrative overview of the literature. *Annals of translational medicine*, 9(11) 942 (2021) https://doi.org/10.21037/atm-21-779
- [9] Pettifor JM, Thandrayen K, Thacher TD. Vitamin D deficiency and nutritional rickets in children. In *Vitamin D* Academic Press. 179-201 (2018) <u>https://doi.org/10.1016/B978-0-12-809963-6.00067-5</u>.
- Borode AS, Wadaskar D. Navigating Opioid Alternatives in Spine Surgery: A Comprehensive Review. *Cureus*, 16(7), e65144 (2024) <u>https://doi.org/10.7759/cureus.65144</u>
- [11] Tamang M, Pal K, Rai S K. Traditional Use of Plants for the Treatment of Bone Fracture by the Local People of West Sikkim, India. *Medicinal Plants: Biodiversity, Sustainable Utilization and Conservation*, 225-236 (2020) <u>https://doi.org/10.1007/978-981-15-1636-8\_12</u>.
- [12] Bignante E, Tecco N. Is Indigenous health knowledge converging to herbalism? healing practices among the Meru and the Maasai of the Ngarenyanyuki ward, Northern Tanzania. *Geoforum*, 48, 177-186 (2013) <u>https://doi.org/10.1016/j.geoforum.2013.04.026</u>
- [13] Pradhan P, Dasila K, Singh M. Uses of ethnomedicinal plants by the people living around Kitam Bird Wildlife Sanctuary, South Sikkim, India. Acta Ecologica Sinica, 42(4), 259-268 (2022) <u>https://doi.org/10.1016/j.chnaes.2021.09.020</u>.
- [14] Bhutia KN, Basnett D K, Bhattarai A, Bhutia S. Herbal Products Sold in Sikkim Himalaya Region–India: A Mini Survey. *Global Journal of Medical, Pharmaceutical, and Biomedical Update*, 18 (14) 1-5. (2023) <u>https://doi.org/10.25259/GJMPBU\_43\_2022</u>.
- [15] Green B, Colucci E. Traditional healers' and biomedical practitioners' perceptions of collaborative mental healthcare in low-and middle-income countries: A systematic review. *Transcultural psychiatry*, 57(1), 94-107 (2020) <u>https://doi.org/10.1177/1363461519894396</u>
- [16] Patel BP, Singh PK. Viscum articulatum Burm. f.: a review on its phytochemistry, pharmacology and traditional uses. *Journal of Pharmacy and Pharmacology*, **70(2)**, 159-177
  (2018) <u>https://doi.org/10.1111/jphp.12837</u>

- [17] Zhang L, Li X, Ying T, Wang T, Fu F. The use of herbal medicines for the prevention of glucocorticoid-induced osteoporosis. *Frontiers in Endocrinology*, 12, 744647 (2021) <u>https://doi.org/10.3389/fendo.2021.744647</u>
- [18] Hussan F, Ibraheem N G, Kamarudin TA, Shuid AN, Soelaiman IN, Othman F. Curcumin protects against ovariectomy-induced bone changes in rat model. *Evidence-Based Complementary and Alternative Medicine*, (1), 174916 (2012) https://doi.org/10.1155/2012/174916
- [19] Adhikary S, Choudhary D, Ahmad N, Karvande A, Kumar A, Banala VT, Trivedi R. Dietary flavonoid kaempferol inhibits glucocorticoid-induced bone loss by promoting osteoblast survival. *Nutrition*, 53,64-76 (2018) <u>https://doi.org/10.1016/j.nut.2017.12.003</u>
- [20] Bharate SB, Kumar V, Bharate SS, Singh B, Singh G, Singh A, Gupta M, Singh D, Kumar A, Singh S. Discovery and Preclinical Development of IIIM-160, a Bergenia Ciliata-Based Anti-Inflammatory and Anti-Arthritic Botanical Drug Candidate. J. Integr. Med. 17, 192–204 (2019) https://doi.org/10.1016/j.joim.2019.03.001
- [21] Irgin C, Corekci B, Ozan F, Halicioğlu K, Toptas O, Yildirim AB, Yilmaz F. Does stinging nettle (Urtica dioica) have an effect on bone formation in the expanded inter-premaxillary suture? *Archives of Oral Biology*, 69, 13-18 (2016) <u>https://doi.org/10.1016/j.archoralbio.2016.05.003</u>