Volume: 12, No: 4, pp 1820-1840 ISSN: 2051-4883 (sPrint) | ISSN 2051-4891 (Online) www.KurdishStudies.net

DOI: 10.53555/ks.v12i4.3860

Use of medicinal Plants for (Covid-19) Management in Hangu District of Khyber Pakhtunkhwa, Pakistan

Tahira Batool¹, Tahira Bibi¹*, Safia Gul¹ and Ismail Mazhar²

- 1*Sardar Bahadur Khan Women's University Quetta
 2CMH Lahore Medical College and Institute of Dentistry
- *Corresponding Author: Tahira Bibi
- *Sardar Bahadur Khan Women's University Quetta

Abstract

Since ancient times contagious diseases has been affecting human health in terms of viral, bacterial and other, microbial infections. But to combat and fight against such infections human beings always keep themselves prepare most likely by using herbal remedies at their homes. Viral infection (COVID-19) caused by corona viruses, affected a huge population of human beings around the globe and also affected the socio-economic life of the people throughout the world. It affects the respiratory system of human beings mostly, symptoms related to (COVID-19) includes fever, cough, respiratory tract infection, flu and in severe cases pneumonia. This study was conducted in Hangu district of Khyber Pakhtunkhwa with the aim to document the ethnobotanical knowledge of the local residents for the treatment of (COVID 19). The study documented 100 plant species belonging to 52 families that were used by inhabitants of the area for (COVID-19) treatment. Family Asteraceae remained dominant family with 13 species followed by Lamiaceae with 10 species, Fabaceae with 6 species and rosaceae with 5 species. Leaves were the mostly plant part used (31%) for the preparation of herbal remedies. Medicinal plants were mostly used in the form of powder (41%). The quantitative analysis of the documented plants revealed the highest FC values for Citrus medica (35), and least was recorded for Funaria indica (6). Highest RFC value was reported for Cassia angustifolia (0.20) and lowest for Emblica officinalis (0.03). highest UR was reported for Canabis sativa, Ephedra intermedia, Adiantum capillus and nigella sativa (6) each, whereas 26 species were reported with (1) UR. Highest UV was documented for Adiantum capillus (0.35) and lowest for Calotropis procera (0.02). Highest FIV was reported for Cassia angustifolia (20.55) and least for Fumaria indica (3.33). Medicinal plants with 100% FL was *Piper nigram* (used for cough and chest congestion), *Curcuma longa* (used for respiratory tract infections and cough). The reported plants of the study should be tested clinically for their potential to fight against (COVID-19) and also be tested for their antiviral potential to use in synthetic drugs used for (COVID-19) treatment.

Introduction

The residents of many rural areas are mostly dependent on herbal remedies for treating various ailments, due to scarcity of commercial medicines local people possesses good knowledge of medicinal plants and their utilization as they mostly rely on them (Abbas et al. 2020; Qureshi. 2004). According to World Health Organization (WHO) report 3/4th of the world population are dependent on traditional use of medicinal plants (Sandhya et al. 2006). The effectiveness of the ethnobotanical plants has attracted business world towards its self as well (Tahir et al. 2020). In India and Pakistan, the knowledge of plants and their customary use as remedies is recognized as Ayurveda and Unani (Marwat & Rehman 2011). Medicinal plants are considered to be having chemical diversity in the form of flavonoids, alkaloids, terpenoids, steroids etc, which can serve to save human lives, when used to treat a disease. The action of plant chemicals may be in terms of antibacterial, antifungal or antiviral (Ben shabat et al. 2020; Rios & Recio. 2005).

Similarly, a disease broke out in Wuhan, city of China in December 2019, which caused a massive destruction in the form of human deaths. This disease was named as coronavirus (COVID-19) on 12th Feburary, 2020, also mentioned as SARS-CoV-2. This viral disease is assumed to be 5th lethal infection after influenza pandemic since 1918 (Liu & Shih 2020; Chan et al. 2020). On March 11th (COVID-19) was declared as pandemic by WHO due to its expeitidious outspread (Mackenzie & Smith. 2020). The estimated deaths caused by this viral infection are over 200,000 and 177 countries has been affected by this virus so far (Lai et al. 2020). The (COVID-19) proved to be one of the significant threat of 21st centuary to the world, there is not only an increase in mortality rate but also caused immense economic losses, unemployment and other social-economic crisis (Mckee & Stuckler 2020).

The novel corona virus was first identified by taking a throat swab of a patient on 7th of January 2020, followed by declaring health emergency by WHO on January 30th with no specific treatment available (WHO. 2020). (SARS-CoV-2) i.e severe acute respiratory syndrome belongs to class of coronaviruses, which is considered to be of the lethal viruses as it attacks the respiratory system, the molecular mechanism of this virus is yet under study so that their nature could be fully understood and a vaccine against this virus could be discovered (Xu et al. 2020; Tian et al. 2020). Coronavirus, is classified into order Nidovirales and family Coronaviridae, which further is divided into 4 genera namely, Alpha, Beta, Gamma and Deltacoronavirus. The alpha and betacoronavirus is assumed to be responsible for causing diseases in mammals and the rest of the two in birds (Gu & Wang 2020; Li et al. 2020; Zhang et al. 2020). According to Researchers the virus is transmitted from animals to human beings and it is originated from a seafood market in Wuhan China (Noor et al. 2020).

For this deadly virus where no authentic synthetic drug is available, investigators are concentrating on the use of herbal therapies and phytochemical agents (Jayawardena et al. 2020). As we know that from time immemorial people have been practicing traditional remedies for different ailments such that Greeks who used to cure infections by using different herbs namely, *Moschus moschiferus* L. (mushk), *Aloe vera* L. (sibr), *Paeonia emodi* Royle. (ood), *Crocus sativus* L. (zaafran), *Liquidambar acalyina* (amber) as these herbs contain antiviral, anti-inflammatory and antioxidant properties (Nikhat & Fazil 2020). Herbal compounds such as flavonoids (quercetin) found in vegetables and fruits represses replication of viruses and thus prevents its transmision as well because it has a property of binding towards the target viruses such as SARS-CoV-2 (Haung et al. 202; Mani et al. 2020; Mirzaie et al. 2020; Pandey et al. 2021).

Berberin, a Chinese medicine is effective against influenza related viral infections because it contains an alkaloid (isoquinoline) derived from medicinal plants (Haslberger. 2020). Chinese are struggling to combine synthetic and herbal medicines to treat this fatal disease and thus reduce the death rate and thus the studies has revealed that the combinations of these medicines has positive effects in reducing the harmful effects (Liu et al. 2020). There is a huge number of medicinal plants found worldwide with antiviral, antioxidant, anti-inflammatory properties which can be recommended to treat (COVID-19), some of these plants include *Nigella sativa* commonly known as black seeds (kalonji) which contain nigellimine, which prevents replication of virus like chloroquine and stimulates the entry of zinc ions into lungs to combat viral infection (Rahman. 2020; Islam et al. 2021).

Beside Nigella sativa, other plants such as Salvia officinale or sena have also been studied for various compounds such as flavonoids which helps in boosting up immune system, other soucres may also include turmeric, garlic, pomegranate, ginger and black pepper (Haslberger. 2020). Recently, the use of aromatic plants to treat various respiratory infections has been demonstrated. The chemical compounds of 5 aromatic plants such as Origanum syriacum, Eucalyptus globulus, Rosmarinus officinalis, Mentha piperita, and Eucalyptus citriodora, are used in the form of spray for curing respiratory diseases like cough, sore throat, and hoarseness (Ben et al. 2011).

In addition to above mentioned aromatic plants some species from the family Apiaceae such as Lomatium dissectum, Osmorhiza occidentalis and Ligusticum respectively, has also been reported to have antiviral properties against respiratory infections, moreover they also help in immune induction due to these characteristics these herbs have potential to reduce the severity of (COVID-19) (Yarnell. 2018). Similarly, white flowers of Sambucus cerulea, are used to cold and cough, the flowers are gathered and dried and taken in the form of tea to cure flu, and clearing nasal congestion. Another Chinese herb called Astragalus membranaceus, helps in increasing white blood cells as these cells are related to immune system so taking this herb as a capsule or in the form of tincture helps to boost the immunity. The seeds, flowers. Leaves and roots of the Echinaceae angustifolia and E.purpurea, can be used for their antimicrobial and antiviral properties against influenza (Krohn et al. 2020).

The recent reports and publications are loaded with the authentication of dietary therapy and medicinal plants to possess antiviral, antimicrobial, immunomodulatory potential against COVID-19. According to the latest literatures the ethnobotanical and dietary therapy could be incorporated in 4 ways i.e a: taking herbs as a supplement for inducing immunity and reducing or preventing viral attack, b:as a disinfectsants to clean and sanitize surfaces, c: to use masks coated with antiviral agents extracted from plants, d: using essential oils as aerosole sprays to prevent air transmission of this COVID-19 virus. As we know that wearing masks are best way to control transmission of viral agents into air and their transfer from human to human but after removing masks the virus gets back into the air so wearing a mask coated with antiviral agents reduces this risk (Greenhalgh et al. 2020; Leung et al. 2020).

India and Egypt has been practicing Aromatherapy since thousands of years to cure various ailments (Cooke & Ernst 2000). Several literatures and studies have assured the antiviral and antimicrobial potential of essential oils (Swamy et al. 2016). Whereas, research on the use of essential oils is only restricted to its liquid form where it is taken orally for any treatment however their vapourized form is quite more effective in case of airborne viruses and bacteria. The aromatic plants with antiviral and antimicrobial properties reported are *Pelargonium graveolens, Cinnamomum zeylanicum, Eucalyptus globulus, Citrus bergamia,* they inactivate the viral protenis and thus inhibit their action. The spread of (COVID-19) could be prevented by using essential oils vapours to sterilze air without any health hazard to human beings (Vimalanthan & Hudson, 2014).

Due to the speedy outspread of (COVID-19) people around the globe are anxious about this disease However, we can keep or self and family calm and safe by experiencing the guide lines provided by WHO, yet keeping a distance of 6 feet, washing hands, avoiding gatherings is not a complete solution for eradication of this disease. Herbal remedies and traditional knowledge of indigenous people is playing a key role in combating corona virus.

Therefore, in Hangu, a district of Khyber Pakhtunkhwa, due to increased number of (COVID-19) cases day by day and due to a fragile medical facility people of the area were engaged in following traditional remedies for the treatment of corona virus. This study was carried out to depict the variety of medicinal plants used in Hangu district during (COVID-19) pandemic.

Materials and methods Study site

The present study was conducted in five different areas (Hangu city, Darsamand, Naryab, Thal, and Samana) of district Hangu, Khyber Pakhtunkhwa Pakistan. The total calculated area of District Hangu is 1,097km². District Hangu lies 858m above the sea level and is situated between 33.53 North latitude, 71.06 East longitude. The total Population of District Hangu is about 512,794 according to the data from 2017 census. The local language spoken in the area is 98.8% Pashto (Murad et al. 2013; Govt of Pakistan. 2000).

District Hangu is a beautiful valley surrounded by green mountains, and a number of water springs and canals are found in the area. The climate of the area is moderate to rainy and the temperature rises from January till June. July and August are the hottest months of the year and temperature then gradually drops from October till December. Some of the major vegetation of the area are reported as *Melia azedarach*, *Accacia nilotica*, *Accacia modesta*, *Olea ferruginea* (Khan et al. 2014; Murad et al. 2013).

Data Collection

The traditional knowledge of the selected areas was collected from June 2021 till November 2021. A total of 9 visits were done to the study areas for data collection. The study involved 180 participants (75 men and 105 women) by purposive selection method in which people were asked to point out people with traditional medicinal knowledge but some randomly selected participants were also there from educational institutes. The participants were aged between 20-80 years, some educated but most illiterate. Semi structured interviews, standard questionnaire and group discussions were done in order to collect maximum data from participants. The study area was a rural area with strict customs and traditions therefore women participants were interviewed at their homes and men participants were interviewed by male representatives on my behalf. Each group of the respondents were briefed about the aims and objectives of this study to ensure their privacy and protection of knowledge. Interviews and group discussions were done in local language (Pashto) of the region. Questionnaire was prepared keeping in mind the vernicular names of the plants, part used for the treatment, demographic features, method of preparation and use, availability of plant and disease treated.



Fig 1 A local participant giving information on plants



Fig 2 A group of people being interviewed for plants for COVID treatment

Plants collection and identification

The plants reported during survey by participants were gathered from local vegetation of the area and from "pansars" and "hakeems" of the District Hangu. The specimens were mounted on herbarium sheet for preservation and identification from flora of Pakistan (Ali. 2008; Nasir & Ali 1971) and were also identified from taxonomists in University of Peshawar.

Data Analysis

Various statistical indices were used to analyze the collected data such as use value (UV), fidelity level (FL), relative frequency of citation (RFC), use report (UR), and family importance value (FIV).

Use Value (UV)

The relative significance of the plant species used was determined by use value using the following formula (Phillips et al. 1994).

 $UV = \Sigma U/n$

Where U represents the number of plants cited by each respondent and n is the total number of respondents.

Frequency of citation (FC)

Frequency citation for the plant species was calculated using formula

FC= (no of times a particular plant species was cited/ total number of all the species cited) (Tardio & Santayana 2008).

Fidelity level (FL)

Fidelity level was used to determine the most cited species to treat a disease using a formula (Friedman et al. 1986). Fl (%) = $Np/N \times 100$

Where Np is the total number of respondents who cited the particular species and N is the total number of participants citing plant species for any disease.

Relative frequency of citation (RFC)

Medicinal plant species with highest therapeutic values were demonstrated using relative frequency of citation (RFC). It determines the value of each species and is calculated by frequency of citation (FC) to total no of respondants N (Yaseen et al. 2015; Vitalini et al. 2013).

RFC = FC / N where $(0 \le RFC \le 1)$

Family index value (FIV)

The relative significance of each family was determined by family importance value which was calculated by %age of respondents referring family to the total number of participants (Vitalini et al. 2013).

 $FIV = FC/N \times 100$

Significance of the study

The aim of the study was to document the different sources and status of medicinal plants used for the prevention of COVID-19 and to document the species diversity of the area and more preferably to file up the ethnobotanical knowledge of the inhabitants regarding different remedies which they prepare locally for the treatment of viral diseases and for the treatment of COVID-19 related symptoms.

Results and discussion

Demography of the area

The study conducted in District Hangu, of Khyber Pakhtunkhwa with the aim to document the medicinal plants used by the local people during (COVID-19) pandemic for the treatment of corona virus. A total of 180 participants were interviewed (53%) women and (47%) men. The informants were placed into different age categories i.e between (20-40), (40-60) and (60-80) however mostly (40%) were from (40-60) age group. The informants of the study belonged to different occupations and educational backgrounds,

The female informants were (15%) housewives, primary (7%) and (11%) high school teachers, few (3%) lady doctors, and mostly (16%) students. Whereas, the male participants were (10%) shopkeepers, (9%) hakeem and pansars, (5%) farmers, (6%) labours, (8%) primary and secondary school teachers. (1%) Law students, (3%) doctors and (5%) students.

Demographic table:

Table 1 Demographic data of the District Hangu

| Gender | Total | percentage |
|---------------------------------|----------|------------|
| Male | 84 | 47% |
| Female | 96 | 53% |
| Age groups | 20-40=40 | 22% |
| | 40-60=72 | 40% |
| | 60-80=68 | 37% |
| Education attainment | | |
| Illiterate | 28 | 15% |
| Primary | 33 | 18% |
| Middle | 39 | 21% |
| Secondary | 44 | 24% |
| University | 36 | 22% |
| Occupation | | |
| Female | | |
| Housewives | 28 | 15% |
| Primary school teachers | 13 | 7% |
| High school teachers | 20 | 11% |
| Lady health workers and doctors | 5 | 3% |
| Students | 30 | 16% |
| Male | | |
| Shopkeepers | 18 | 10% |
| Hakeem/pansar | 17 | 9% |
| Farmers | 9 | 5% |
| Labours | 11 | 6% |
| Primary teachers | 5 | 3% |
| High school teachers | 6 | 3% |
| Law students | 3 | 1% |
| Doctors | 5 | 3% |
| Students | 9 | 5% |

Medicinal plants documented

The study documented a total of 100 plant species belonging to 52 families along their local names, family names, plant part used, disease treated and mode of preparation of the particular plant for the treatment of symptoms related to (COVID-19). The study preferred to document those plants that were used to treat the symptoms like fever, cold, cough, asthma and flue. The frequency citation (FC), use value (UV), use report (UR), relative frequency of citation (RFC), family importance value (FIV) and fidelity level (FL) of all the documented species are also listed in Table. Among the documented plants most were member of family Asteraceae (13 spp), followed by family Lamiaceae (10spp), Fabaceae (6spp), Rosaceae (5spp), Amarathaceae, Apiaceae, Amaryllidaceae and Rutaceae (3spp) each, Solanaceae, Malvaceae, Euphorbaceae, Zingiberaceae, Anacardiaceae, Asparagaceae, Myrataceae, Moraceae, Meliaceae, Papveraceae with (2spp) each, while rest of the 34 families were recorded with single plant species.

Table 2 Medicinal Plants name with their local names, family name, life form, part used, Mode of preparation and quantitative analysis

| S.no | Taxonomic name | Family name | Local name | Life form | Part used | Disease treated | Mode of preparation | FC | RFC | UR | FIV | UV |
|------|-------------------------------------|----------------|-------------------|-----------|-------------------|--|---------------------------------|----|------|----|-------|------|
| 1 | Aacia nilotica L. | Fabaceae | Kiker | Tree | Flowers, Fruit | Fever, Cough, Throat Infection, flue | Powder | 25 | 0.13 | 4 | 13.88 | 0.16 |
| 2 | Abelmoschus esculentus L. | Malvaceae | Bindi | Herb | Leaves, Fruit | Cough, Fever | Decoction | 21 | 0.11 | 2 | 11.66 | 0.09 |
| 3 | Acacia modesta WalL. | Mimosaceae | Palosa | Tree | Bark, Gum | Cough, Chest Problem, backache, gynea problems | Powder | 34 | 0.18 | 4 | 18.88 | 0.11 |
| 4 | Achyranthes aspera L. | Amaranthaceae | Ghishkey | Herb | Leaves, Roots | Asthma, diarrhea, Cold, Cough, Bronchitis, Pneamonia | Decoction | 12 | 0.06 | 6 | 6.66 | 0.5 |
| 5 | Acorus calamus L. | Aceraceae | Skhwaja | Herb | Whole Plant | Fever, Cold Cough | Decoction and powder | 11 | 0.06 | 3 | 6.11 | 0.27 |
| 6 | Adiantum capillus L. | Pteridaceae | Sumbal | Herb | Whole Plant | Cough, Fever, Toothache, eye diseases, hepatitis, immunity regulator | Decoction | 17 | 0.09 | 6 | 9.44 | 0.35 |
| 7 | Ajuga bracteosa Wall Ex Benth | Lamiaceae | Boti | Herb | Shoot | Chest, Throat Pain, Nassal Infection | Extract | 22 | 0.12 | 3 | 12.22 | 0.13 |
| 8 | Ajuga parviflora Benth. | Lamiaceae | Bhutey | Herb | Whole Plant | Fever, Throat | Decoction and leaf powder | 29 | 0.16 | 2 | 16.11 | 0.06 |
| 9 | Allium cepa. L. | Amaryllidaceae | Piyaz | Herb | Bulb | Increasing Immunity, antiviral | Paste with honey | 32 | 0.17 | 2 | 17.77 | 0.06 |
| 10 | Allium griffithianum Boiss. | Amaryllidaceae | Da Ghara Piyaz | Herb | Leaves, Bulb | Cough | Decoction | 17 | 0.09 | 1 | 9.44 | 0.05 |
| 11 | Allium sativum L. | Amaryllidaceae | Ooga | Herb | Bulb | Antibacterial, Antiviral | Paste added to soups | 26 | 0.14 | 2 | 14.44 | 0.07 |
| 12 | Artemisia absinthium L | Asteraceae | Dhada Tarkha | Herb | Leaves | Abdominal Pain, Fever, Typhoid | Decoction and powder | 34 | 0.18 | 3 | 18.88 | 0.08 |
| 13 | Artemisia vulgaris L. | Asteraceae | Tarkha | Herb | Leaves | Fever | Decoction | 31 | 0.17 | 1 | 17.22 | 0.03 |
| 14 | Asparagus officinalis L. | Asparagaceae | Tandorey | Herb | Root, Shoot | Fever | Juice | 27 | 0.15 | 1 | 15 | 0.03 |
| 15 | Asparagus racemosus (Willd.) Oberm. | Asparagaceae | Shagrardak | Shrub | Stem, Leaves | Diarrhea, Inflammation, Cough | powder | 19 | 0.10 | 4 | 10.55 | 0.21 |
| 16 | Aster trinervius Roxburgh | Asteraceae | Tarkha | Herb | Root | Cough, Cold, Fever | Extract | 18 | 0.1 | 3 | 10 | 0.16 |
| 17 | Azadirachta indica A.Juss. | Meliaceae | Neem/Shandai | Tree | Leaves | For Malaria Fever, antibacterial | Decoction | 17 | 0.09 | 2 | 9.44 | 0.11 |

| 18 | Berberis lyceum L. | Berberidaceae | Kwarey | Shrubs | Root, Bark | Throat infection, Asthma | Root | 22 | 0.12 | 2 | 12.22 | 0.09 |
|----|---|---------------|-------------|--------|---------------------------|---|---|----|------|---|-------|------|
| | | | | | | | decoction and root powder | | | | | |
| 19 | Bergenia ciliate (Haw.) Sternb | Saxifragaceae | Kamar Panra | Herb | Root | Fever, Cough, Cold, Pulmonay Infection | powder | 23 | 0.12 | 4 | 12.77 | 0.17 |
| 20 | Bryophyllum pinnatum (Lam.) Pers. | Crassulaceae | Kamar Gul | Herb | Leave | Cough, Astimah, Anti- septic | Decoction | 19 | 0.10 | 3 | 10.55 | 0.15 |
| 21 | Calotropis procera (Aiton) W.T.Aiton | Apocynaceae | Spalmaey | Shrub | Latex milk | Respiratory problem, Cough, Toothache, Ear pain | Powder | 20 | 0.11 | 4 | 11.11 | 0.02 |
| 22 | Cannabis sativa L. | Cannabaceae | Bhang | Herb | Leaves | Fever, Cough, Colic Pain, Digestion problem, immunity, diarrhea | Extract | 30 | 0.16 | 6 | 16.66 | 0.2 |
| 23 | Carthamus oxyacantha L. | Asteraceae | Ghazanka | Herb | Stem, Flower, Seeds | Fever | Powder | 11 | 0.06 | 1 | 6.11 | 0.09 |
| 24 | Cassia angustifolia MilL. | Fabaceae | Sana makhi | Shrub | Leaves | Constipation but widely Used for Covid-19 | Powder | 37 | 0.20 | 2 | 20.55 | 0.05 |
| 25 | Cassia fistula L. | Fabaceae | Amaltas | Tree | Fruit | Chest infection, weight lose | Decoction | 14 | 0.07 | 2 | 7.77 | 0.14 |
| 26 | Cedrela serrate L. | Meliaceae | Shnai | Tree | Leaves | Fever, nerve tonic | Powder | 18 | 0.1 | 2 | 10 | 0.11 |
| 27 | Cedrus deodara Roxb. | Pinaceae | Ranzhra | Tree | Stem, Bark | Asthma, skin infection, blood purification | Stem decoction and bark powder | 14 | 0.07 | 3 | 7.77 | 0.21 |
| 28 | Chenopodiastrum murale L. | Amaranthaceae | Kharawa | Herb | Whole Plant | Colic Pain, Cough | Powder or decoction | 30 | 0.16 | 2 | 16.66 | 0.06 |
| 29 | Chenopodium ambrosioides L. | Amaranthaceae | Skha Botey | Shrub | Shoot | Common fever, Malaria Fever | Juice of shoot | 18 | 0.1 | 2 | 10 | 0.11 |
| 30 | Cicer arietinum L. | Fabaceae | Cholay | Herb | Fruit | Flue, Cough | Decoction | 12 | 0.06 | 2 | 6.66% | 0.16 |
| 31 | Cichorium intybus L. | Asteraceae | Kasni botay | Herb | Leaves, Flower | Asthma, Cough, Flue | Decoction | 18 | 0.1 | 3 | 10 | 0.16 |
| 32 | Cinchona officinalis L. | Rubiaceae | Quenine | Shrub | Stem, Bark | For Malaria Fever | Powder | 28 | 0.15 | 1 | 15.55 | 0.03 |
| 33 | Cinnamomum zeylanicum L. | Lauraceae | Darchini | Tree | Bark | Cough, Cold, Flu, Immunity | Powder | 33 | 0.18 | 4 | 18.33 | 0.12 |
| 34 | Citrus medica L | Rutaceae | Narang | Shrub | Fruit, Leaves | Pain, Digestion, Stomach Problem, Dry cough | Decoction of leaves and fruit | 35 | 0.19 | 4 | 19.44 | 0.11 |

| | 1 | | 1 | 1 | | | . 1 | 1 | | 1 | 1 | 1 |
|----|--|----------------|------------------|-------|----------------------|---|--|----|------|---|-------|------|
| | | | | | | | taken directly | | | | | |
| 35 | Cleome brachycarpa Vahl ex DC. | Capparaceae | Zachawa | Shrub | Leaves | Fever | Paste | 11 | 0.06 | 1 | 6.11 | 0.09 |
| 36 | Crocus sativus L. | Iridaceae | Zaafran | Herb | Stemens, Flower | Cold, Cough | Boiled in tea | 29 | 0.16 | 2 | 16.11 | 0.06 |
| 37 | Curcuma longa L. | Zingiberaceae | Kurkaman | Herb | Stem | Respiratory tract Infection, Cough, antiviral | Powder | 22 | 0.12 | 3 | 12.22 | 0.13 |
| 38 | Datura innoxia MilL | Solanaceae | Batora | Shrub | Seeds, Leaves | Asthma, Eyes Diseases, Antiseptic, cough | Powder | 17 | 0.09 | 4 | 9.44 | 0.23 |
| 39 | Diospyros lotus L. | Ebenaceae | Tor Amlok | Tree | Fruit, Leaf, Stem | Cough, Sore throat | Fruit taken directly, leaf powder and stem decoction | 23 | 0.12 | 2 | 12.77 | 0.08 |
| 40 | Duchesnea indica (Jacks) | Rosaceae | Zmakeen tooth | Herb | Fruit | Sour Throat, Cough | Fruit juice | 16 | 0.08 | 2 | 8.88 | 0.12 |
| 41 | Emblica officinalis Gaertn. | Phyllanthaceae | Amla | Tree | Fruit | Antibody formation | Raw fruit or juice | 7 | 0.03 | 1 | 3.88 | 0.14 |
| 42 | Ephedra intermedia Schrenk & C.A.Mey. | Ephedraceae | Mewa | Shrub | Stem | Nasal congestion, bronchitis, fever, Cough, Flu, Asthma | Decoction | 24 | 0.13 | 6 | 13.33 | 0.25 |
| 43 | Eucalyptus camaldulensis Dehnh. | Myrtaceae | Lachi | Tree | Seeds | Cough, Throat Infection, cold, flue, chest problems | Powder | 26 | 0.14 | 5 | 14.44 | 0.19 |
| 44 | Euphorbia helioscopia <u>L.</u> | Euphorbiaceae | Mandarro | Herb | Whole Plant | Cough, Chest infection, antibacterial | Powder | 29 | 0.16 | 3 | 16.11 | 0.10 |
| 45 | Ficus carica L. | Moraceae | Inzar | Tree | Fruit, Leaves | Immunity, Cough, Anti- bacterial | Decoction of leaves and fruit taken directly | 31 | 0.17 | 3 | 17.22 | 0.09 |
| 46 | Foeniculum vulgare Mill | Apiaceae | Soonf | Herb | Seeds | Cough, Cold, Fever, Urinary Problem | Seeds taken orally or boiled in tea | 33 | 0.18 | 4 | 18.33 | 0.12 |
| 47 | Fragaria nubicola. LindL. | Rosaceae | Strawberry | Herb | Fruit | Cough | Fruit taken direcly | 19 | 0.10 | 1 | 10.55 | 0.05 |
| 48 | Fumaria indica Hausskn. | Papaveraceae | Pugsley | Herb | Shoot | Fever | Decoction | 6 | 0.03 | 1 | 3.33 | 0.16 |
| 49 | Glycine max L. | Fabaceae | Soybean | herb | seeds | Fever | Decoction | 12 | 0.06 | 1 | 6.66 | 0.08 |
| 50 | Głycyrrhiza glabra L. | Fabaceae | Mulathi | Herb | Fruit | Cough, Respiratory, Sour throat | Powder | 19 | 0.10 | 3 | 10,55 | 0.15 |

| 51 | Helianthus tuberosus L. | Asteraceae | Topanium boux | Herb | Tubers | Cough, Fever, Asthma | Powder and decoction | 24 | 0.13 | 3 | 13.33 | 0.12 |
|----|------------------------------|----------------|------------------|-------|----------------------------|---|--|----|------|---|-------|------|
| 52 | Heracleum candicans WalL. | Apiaceae | Skhwara | Herb | Whole Plant | Cough, Throat, Infection | Decoction mixed with honey | 27 | 0.15 | 2 | 15 | 0.07 |
| 53 | Ipomoea carnea Jacq. | Convolvulaceae | Perwatha | Shrub | Leaves, Stem | Asthma | Milky extract | 09 | 0.05 | 1 | 5 | 0.11 |
| 54 | Justicia adhatoda L. | Acanthaceae | Baza | Shrub | Leaf, Stem | Asthma, Bronchititis, Cough | Decoction | 32 | 0.17 | 3 | 17.77 | 0.09 |
| 55 | Lactuca serriola L. | Asteraceae | Termirra | Herb | Whole Plant | Asthma, Cough | Taken directly as salad | 22 | 0.12 | 2 | 12.22 | 0.09 |
| 56 | Launaea nudicaulis L. | Asteraceae | Shodapal | Herb | Leaves | Fever | Poultice | 21 | 0.11 | 1 | 11.66 | 0.04 |
| 57 | Magnolia champaca L. | Magnoliaceae | Champa | Tree | Flower | Fever | Decoction | 9 | 0.05 | 1 | 5 | 0.11 |
| 58 | Malva neglecta Wallr. | Malvaceae | Pandirak | Herb | Seed, Leaves | Cough, bladder ulcer | Seed powder and cooked leaves | 24 | 0.13 | 2 | 13.33 | 0.06 |
| 59 | Mangifera indica L. | Anacardiaceae | Aam | Tree | Bark, Seed, Leaf, Fruit | Sore Throat | Decoction and seed powder | 10 | 0.05 | 1 | 5.55 | 0.1 |
| 60 | Mentha longifolia L. | Lamiaceae | Velaney | Herb | Leaves | Fever, Diarrhea | Leaf powder | 21 | 0.11 | 2 | 11.66 | 0.09 |
| 61 | Mentha spicata L. | Lamiaceae | Podina | Herb | Whole Plant | Diarrhea, cough, Flu. | Decoction and powder | 31 | 0.17 | 3 | 17.22 | 0.09 |
| 62 | Micromeria biflora Benth | Lamiaceae | Nari Shamakay | Herb | Leaves, Stem | Cold, Cough, gum strenthening | Decoction and powder | 14 | 0.07 | 3 | 7.77 | 0.21 |
| 63 | Morus nigra L. | Moraceae | Tor Toot | Tree | Fruit | Cough | Fruit juice | 28 | 0.15 | 1 | 15.55 | 0.03 |
| 64 | Nepeta cataria L. | Lamiaceae | Chamjan boti | Herb | Leaves | Cold, Cough | Leaf infusion and decoction | 12 | 0.06 | 2 | 6.66 | 0.16 |
| 65 | Nigella sativa L. | Ranunculaceae | Kalwanji | Herb | Seeds | Cough, Flu, Asthma, Fever, immunity, bronchitis | powder | 19 | 0.10 | 6 | 10.55 | 0.31 |
| 66 | Ocimum basilicum L. | Lamiaceae | Kashmalu | Herb | Leaves, Seeds | Throat Infection | Powder | 9 | 0.05 | 1 | 5 | 0.11 |
| 67 | Olea ferruginea L. | Oleaceae | Khawaan | Tree | Leaves, Stem | Throat Pain, Antidiabetic | Decoction | 32 | 0.17 | 2 | 17.77 | 0.06 |
| 68 | Origanum majorana L. | Lamiaceae | Sperkay | Shrub | Leaves | Cold, Cough, Asthma | Powder | 11 | 0.06 | 3 | 6.11 | 0.27 |
| 69 | Otostegia limbata Benth. | Lamiaceae | Spin Azghey | Shrub | Leaves | Throat Infection | Decction | 13 | 0.07 | 1 | 7.22 | 0.07 |

| 70 | Papaver dubium L. | Papaveraceae | Kashqash | Herb | Seeds | Cough, Chest Problem | Decoction with milk | 34 | 0.18 | 2 | 18.88 | 0.05 |
|----|-----------------------------|----------------|---------------------|-------|---|--|--|----|------|---|-------|------|
| 71 | Peganum harmala L. | Nitrariaceae | Spelani | Shrub | Fruit, Seeds | Seed Powder used against Fever | Powder mixed with honey | 13 | 0.07 | 1 | 7.22 | 0.07 |
| 72 | Pimpinella diversifolia DC. | Apiaceae | Tarpakai | Herb | Leaves | Fever | Decoction | 23 | 0.12 | 1 | 12.77 | 0.04 |
| 73 | Piper nigrum. L. | Piperaceae | Tor Mirch | Herb | Fruit | Cough, Chest congestion | Powder | 27 | 0.15 | 3 | 15 | 0.11 |
| 74 | Plantago lanceolate L. | Plantaginaceae | Ispaghol | Herbs | Leaves | Cough and bronchitis | Leaves infusion | 19 | 0.10 | 2 | 10.55 | 0.10 |
| 75 | Portulaca oleraceae | Portulaceae | warkhari | Herb | leaves | Asthma, bronchitis, diabetes, | Powder of dried leaves | 26 | 0.14 | 3 | 14.44 | 0.11 |
| 76 | Prunus domestica. L. | Rosaceae | Allocha | Shrub | Fruit | Viral Infection immunity | Eated as fruit | 21 | 0.11 | 2 | 11.66 | 0.09 |
| 77 | Psidium gujava | Myrataceae | Amrood | Tree | Fruit, shoot, leaves | Fever, Heart Problem, immunity booster | Decoction, fruit directly | 13 | 0.07 | 3 | 7,22 | 0.23 |
| 78 | Punica granatum L. | Lythraceae | Anar | Tree | Fruit, Seeds, Bark | Flu, Asthma immunity inducer, constipation | Fruit juice, decoction of bark | 26 | 0.14 | 4 | 14.44 | 0.15 |
| 79 | Pyrus pashia Linnaeus | Rosaceae | Tangy | Tree | Fruit | Cough and weakness | Decoction | 26 | 0.14 | 2 | 14.44 | 0.07 |
| 80 | Ricinus communis L. | Euphorbiaceae | Randa | Shrub | Leaves, Fruit | Asthma | Powder | 29 | 0.16 | 1 | 16.11 | 0.03 |
| 81 | Rubus fruticosus Agg. | Rosaceae | Karwarah | Shrub | Fruit, Leaves | Cough, Diarrhea | Fruit taken, directly, powder of leaves | 24 | 0.13 | 2 | 13.33 | 0.08 |
| 82 | Rumex dentatus L. | Polygonaceae | Sarkari Palak | Herb | Leaves | Cold, Cough, | Decoction | 16 | 0.08 | 2 | 8.88 | 0.12 |
| 83 | Saccharum spontaneous L. | Poaceae | Shaat | herb | Whole Plant | Cough, Chest Infection | Juice of plant with milk | 8 | 0.04 | 2 | 4.44 | 0.25 |
| 84 | Sisymbrium irio L. | Brassicaceae | Zangali Sharsham | Herb | Leaves, Seeds | To increase immunity | Cooked as food | 21 | 0.11 | 1 | 11.66 | 0.04 |
| 85 | Skimmia laureola Franch. | Rutaceae | Nazar Panrah | Shrub | Leaves | Fever | Powder | 13 | 0.07 | 1 | 7.22 | 0.07 |
| 86 | Solanum nigrum L. | Solanaceae | Makoh | Herb | Roots, Leaves, Barries, Flower | Cough, bronchitis | Decoction | 24 | 0.13 | 2 | 13.33 | 0.08 |

| 100 | Zingiber officinale Roscoe | Zingiberaceae | Adrak | Herb | Rhizome | Cough, Immunity | Powder | 23 | 0.12 | 2 | 12.77 | 0.08 |
|-----|---------------------------------|------------------|--------------------|-------|-----------------------------|--------------------------------------|--------------------------------------|----|------|---|-------|------|
| 99 | Zanthoxylum armatum DC. | Rutaceae | Dambara | Shrub | Seeds | Respiratory disorders | Seed powder | 13 | 0.07 | 1 | 7.22 | 0.07 |
| 98 | Xanthium strumarium L. | Asteraceae | Jishkey | Herb | Leaves | Fever, Cold, Infection | Powder | 11 | 0.6 | 3 | 6.11 | 0.27 |
| 97 | Viola odorata L. | Violaceae | banafasha | Herb | Leaves, Flower | Flue, Cough, Cold | Decoction | 17 | 0.09 | 3 | 9.44 | 0.17 |
| 96 | Verbascum Thapsus L. | Scrophulariaceae | Jarghai Tambaco | Herb | Roots, Seeds, Leaves | Diarrhea, Cough, Earache | Powder | 27 | 0.15 | 3 | 15 | 0.11 |
| 95 | Trianthema portulacastrum L. | Aizoaceae | Lamai | Shrub | Leaf, Stem, Root | Asthma, bronchitis | Stem and leaf powder, root decoction | 14 | 0.07 | 2 | 7.77 | 0.14 |
| 94 | Teucrium stocksianum Boiss | Lamiaceae | Kwandi bootey | Herb | Whole Plant | Throat Pain, Sore Throat | Decoction mixed with honey | 13 | 0.07 | 2 | 7.22 | 0.15 |
| 93 | Taxus wallichiana Zucc. | Taxaceae | Banray | Tree | Leaves, Fruit | Pneumonia, Asthma, Cough, bronchitis | powder | 16 | 0.08 | 4 | 8.88 | 0.25 |
| 92 | Taraxacum officinale L. | Asteraceae | Zyar guley | Herb | Leaves, Flower | Cough, Yellowness of Skin | Decoction | 12 | 0.06 | 2 | 6.66 | 0.16 |
| 91 | Syzygium aromaticum L. | Myrtaceae | Lawang | Tree | Fruit | Toothace, antiviral agent, Cold | Powder or chewing | 24 | 0.13 | 3 | 13.33 | 0.12 |
| 90 | Spondias mombin L | Anacardiaceae | Dhak Bair | Tree | Leaves | Respiratory tract infection | Extract or decoction | 13 | 0.7 | 1 | 7.22 | 0.07 |
| 89 | Sonchus asper L. | Asteraceae | Tariza | Herb | Stem, Root | Asthma | Decoction and powder | 17 | 0.09 | 1 | 9.44 | 0.05 |
| 88 | Sonchus arvensis L. | Asteraceae | Dodak | Herb | Whole Plant | Cough, Asthma | Powder and decoction | 17 | 0.09 | 2 | 9.44 | 0.18 |
| 87 | Solanum virginianum L. | Solanaceae | Markhundey | Herb | Leaf, Fruit, Root, Seeds | Fever | Fruit decoction, seed powder | 31 | 0.17 | 1 | 17.22 | 0.03 |

Plants parts mostly used and mode of preparation of the herbal remedies

The herbal remedies were prepared using some specific part of the medicinal plants. The results of the study reveals that leaves (31% with 44 species) are the most widely used part in the area for preparing herbal remedies either in the form of decoction, herbal tea, or as powder, followed by fruit of the plants (15% with 22 species), seeds (12% with 17 species), stem (7% with 11), roots and whole plant (11% (3% with 4 species), bulb (2% with 3 species), whereas berries, latex milk, gum, tuber, stamen, rhizome (1% with 1 species) each. While the mode of preparation of herbal remedies varies from Powder (41%), Decoction (38%), Juice and direct as fruit (6%), plant extract (3%), Infusion and paste (2%) to chewing and poultice (1%).

Table 3 Most used species of the studied area

| Family name | Number of species |
|----------------|-------------------|
| Asteraceae | 13 |
| Lamiaceae | 10 |
| Fabaceae | 6 |
| Rosaceae | 5 |
| Amaranthaceae | 3 |
| Apiacaeae | 3 |
| Amaryllidaceae | 3 |
| Rutaceae | 3 |

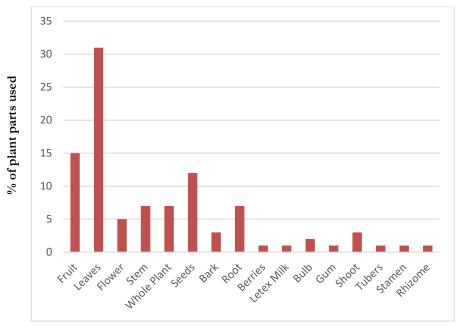


Fig 3 Percentage of plants parts used

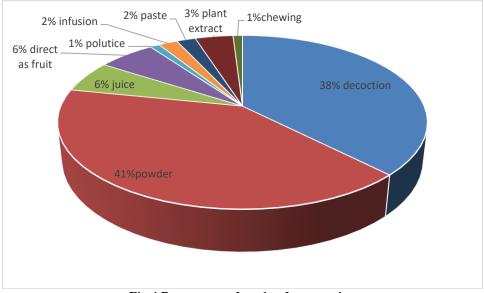


Fig 4 Percentage of mode of preparation



Fig 5 Percentage of plants life form

Quantitative Analysis

Analysis of frequency citation (FC), use report (UR)

In the present study highest frequency citation (FC) was reported for Citrus medica (35), Acacia modesta, Papaver dubium and Allium griffithianum (34), followed by Cinnamomum zeyanicum (33) and lowest (FC) was reported for Fumaria indica (6). Similarly, highest use report (UR) was reported for Canabis sativa, Ephedra intermedia, Adiantum capillus, Nigella sativa and Achyranthes aspera (6 UR each) and 26 species were reported with only (1 UR).

Use value (UV), relative frequency of citation (RFC) and family index value (FIV)

Highest use value (UV) was recorded for Adiantum capillus (0.35) followed by Nigella sativa (0.31) and Acorus calamus (0.27). whereas lowest (UV) recorded for Calotropis procera (0.02). Highest family index value (FIV) was reported for Cassia angustifolia (20.55) followed by Citrus medica (19.44) and Artemisia absinthium, Accacia modesta, and Papaver dubium (18.88) each whereas, least FIV was reported for Fumaria indica (3.33). Highest relative frequency of citation (RFC) was reported for Cassia angustifolia (0.20) followed by Citrus medica (0.19) and Foeniculum vulgare (0.18) whereas, lowest (RFC) was reported for Fumaria indica and Emblica officinalis (0.03 each).

Fidelity level (FL)

Fidelity level indicates ethnobotanical plants that have maximum potential to cure diseases, in this study the FL varied between 60 to 100 %. The Plant species with 100% fidelity level was *Piper nigram* used to treat diseases like cough, chest congestion. The other plant species with 100% fidelity level was *Curcuma longa* used to treat respiratory traack infection, and cough mostly. Whereas, lowest fidelity level was calculated for *Chenopodium murale* i.e 60% that was used to treat colic pain and cough.

Table 4 Fidelity level of the Medicinal plants of the studied area:

| S.no | Plant name | No. Of informants | No. Of | No. of use most frequently | FL |
|------|----------------------|-------------------|----------|----------------------------|-------|
| | | repeated the taxa | ailments | determined by informant | |
| | | _ | treated | • | |
| 1 | Citrus medica L | 35 | 4 | 31 | 88.57 |
| 2 | Cannabis Sativa | 30 | 6 | 28 | 93.33 |
| 3 | Euphorbia Heliscopia | 29 | 3 | 25 | 86.20 |
| | L | | | | |
| 4 | Piper Nigram L | 27 | 3 | 27 | 100 |
| 5 | Calotropis Porcera | 20 | 4 | 19 | 95 |
| 6 | Curcuma Lorga | 22 | 3 | 22 | 100 |
| 7 | Cinnamonum | 33 | 4 | 29 | 87.87 |
| | Zeylanicum | | | | |
| 8 | Glycyrrhiza Galbra | 19 | 3 | 15 | 78.94 |
| 9 | Borgenia Ciliata | 23 | 4 | 20 | 86.95 |
| 10 | Zphedra intermedia | 24 | 6 | 18 | 75 |
| 11 | Mentha Spicata | 31 | 3 | 25 | 80.64 |
| 12 | Acacia Modusta Wall | 34 | 4 | 32 | 94.11 |
| 13 | Eucalyptus | 26 | 5 | 20 | 76.92 |
| | Camaldulensis | | | | |
| 14 | Adiantum Cappilus | 17 | 6 | 14 | 82.35 |
| 15 | Ficus Carical | 31 | 3 | 26 | 83.87 |
| 16 | Nigella Sativa L | 19 | 6 | 14 | 73.68 |

| 17 | Punica granatum | 26 | 4 | 23 | 88.46 |
|----|----------------------------|----|---|----|-------|
| 18 | Justica Adnatoda | 32 | 3 | 23 | 71.87 |
| 19 | Syzygium aromaticum | 24 | 3 | 21 | 91.30 |
| 20 | Foeniculum Vulgare Mill | 33 | 4 | 29 | 87.87 |
| 21 | Papaver dubium | 34 | 2 | 27 | 79.41 |
| 22 | Artemisia absinthium | 34 | 3 | 22 | 64.70 |
| | L | | | | |
| 23 | Chenopodium Murale | 30 | 2 | 18 | 60 |
| 24 | Cassia Angustifolia | 37 | 2 | 35 | 94.59 |
| 25 | Olea Ferruginea Royre | 32 | 2 | 26 | 81.25 |
| 26 | Verbasum Thapsus L | 27 | 3 | 23 | 85.18 |
| 27 | Helianthus tuberosus | 24 | 3 | 16 | 66.66 |
| 28 | Portulaca Oleracea | 30 | 4 | 26 | 86.66 |

Discussion

The results of this study revealed that the local inhabitants of the area possess a valuable knowledge about the utilization of medicinal plants for various diseases. As this study focused on the treatment of symptoms related to the novel corona virus, yet the informants belonging to different educational backgrounds and different fields of services shared a valuable knowledge about a number of plants used during (COVID-19) pandemic. This indicates that the medical facilities of the area are fragile so the people are supposed to treat their common illness themselves, but here we can also admit the reality of the situation prevailing during corona virus where everyone was supposed to treat and take precautions themselves.

Source of medicinal plants used during pandemic

As we know that each and every medicinal plant is not available in every area, different areas around the world and even in Pakistan different regions have different flora. The study also Investigate the respondents about the sources of different medicinal plants that were utilized. The respondents obtained medicinal plants, from different sources such as kitchen garden, spice stores, different hakeem and pamsars and also from local flora of the studied area.

5.2 Consumption of medicinal plants for their Antiviral potential

As we know that the utilization of medicinal plants is common from ancient times for curing various virus related illness such as herpes, influenza, fever and cold. Active chemical compounds in the form of aspirin, digoxin, physostigmine, reserpine, and morphine present in these plants helps fight against biological agents causing disease (Phillipson, 2001). *Allium sativum* commonly called garlic contains Sulphur related chemical compounds such as vinyldithin and ajoene responsible for antiviral and anti-inflammatory activities during influenza virus and common cold (Mehrbod et al. 2009; Zhang et al. 2019).

Zingiber officinalis commonly called ginger contains certain volatile oils which serves as antiviral, antimicrobial agents against various bacteria, fungus and viruses. Ginger root contains an antioxidant that helps in immune-boosting (Pradhan et al. 2013). Piper nigrum know as black pepper is also considered to be a source of 600 phytochemicals including alkaloids, terpenes, and lignans. It has anti-bacterial, antiviral, anti-inflammatory, and anti-pyretic propertites due to which it was used as curative agent during pandemic (Ahmad et al. 2012).

Syzygium aromaticum widely known as clove is a good source of many vitamins including A,C,K and E. Beside this it also contain proteins and carbohydrates, but the thing of our interest is that it has antiviral propertires, a phytochemical named Eugeniin is considered to be an effective antiviral agent against herpes virus as it stops the production of DNA polymerase enzyme (Lee & Shibamoto 2001). Azadirachta indica commonly called as neem is widely used to treat and prevent diseases caused due to viruses, bacteria and parasites, the phytochemicals present in neem are terpenes and limonoids (Bhowmik et al. 2010). Curcuma domestica know as turmeric commonly used in every kitchen is a rich source of proteins, dietary fibers, carbohydrates and cleansing of respiratory track effected due to infections, its anti-inflammatory activity helps to give relief in flu and cold (Wachtel et al. 2011).

Plants based chemicals effective against COVID-19 Antiviral Flavonoids against COVID-19

Flavonoids are naturally occurring secondary metabolites present in plants. They have natural tendency to fight against many viruses, for example flavonoids present in ethnobotanical plants such as roots of *Scutellaria baicalensis* produces a flavonoid called scutellarein which inhibits the ATPase activity of SARS-Co-V-2 (Yu et al. 2012). Whereas, biacalein and baicalin are other flavone glycosides of the same species with potential to fight COVID-19 (Song et al. 2020). Similarly, medicinal plants like *Azadirachta indica*, *Hibiscus sabdariffa* and *Ocimum sanctum* contains flavonoids which can be used in the formation of compounds against corona viruses (Lu et al. 2020). Similarly, other flavonoids like quercetin, luteolin, and epigenin extracted from *Torreya nucifera* has inhibition activity against SARS-CoV3CLpro (Ryu et al. 2010).

Antiviral Terpenoids

Terpenoids are also plants based chemicals which proved to be effective against corona viruses. This group of secondary metabolites constitutes a broad spectrum of action in terms of effects and structures. Monoterpenes are simple whereas complex molecules are also identified from various plant species. The antiviral properties of saikosaponins were studied on

fetal lung of a human being which showed that these triterpenoids were active in early stages of viral infection and penetration (Cheng et al. 2006). The root extract of *Glycyrrhyza galbra* contains a triterpenoid saponin which has a potential to fight against viruses (Pompei et al. 1979). *Canabis sativa* contains a phytocannabinoid i.e canabidiol which is responsible for modulating the angiotensin- conversting enzyme expression in (COVID-19) effected tissues (Campos et al. 2012).

Antiviral Alkaloids

Alkaloids are considered to be a major group of secondary metabolites, effective against viruses or their antiviral properties. The alkaloids isolated from the roots of *Stephania tetrandra* like fangchinoline, tetrandrine and cepharanthine retards the action of human corona virus protein necleocapsid and spike (Liu et al. 2016; Kim et al. 2019). The alkaloid lycorine extracted from *Lycoris radiate* shows greater inhibition of corona viruses as compared to the other alkaloids isolated from plants (Jahan & Ahmet 2020).

General discussion about the relevance of present work with previous literatures on the utilization of medicinal plants

The incorporation of ethnobotanical plants as a drug or food supplement to cure or dignose coronavirus is not fully addressed to the world. China, the origin of this novel coronavirus is stricking hard to integrate the TCM i.e traditional Chinese medicine into modern synthetic drugs since the outbreak of SARS 2003. However, in 2019 the TCM has been incorporated to treat respiratory related discomforts during the coronavirus pandemic (Silveria et al. 2020; Leung. 2007).

Medicinal plants like Curcuma longa, Zingiber officinale, Foeniculum vulgare, Glycyrrhiza galbra and Ocimum basilicum, Piper nigrum, has been used in Ayurvedic medicines in India to treat (Covid-19) patients as first line defense in early stages of infection which has relevance to our work in terms of usage of these particular plants for specific disease symptoms (Rastogi et al. 2020). Maldonado et al. (2017) also reported the use of Cinchona sp. for the treatment of fever as it contains an alkaloid quinine, which is also used in antimalarial drugs. In our study Cinchona officinalis was reported to treat malarial fever and also fever in coronavirus which is supported by a recent work that proposes the antiviral mechanism of quinine, the previous literature investigated the effect of quinine sulphate on dengue viruses. As there is structural similarity between dengue virus and SARS-CoV-2 virus so it may also be effective against coronavirus (Malakar et al. 2018). The use of leaf infusion of Plantago lanceolate was reported by (Aziz et al. 2016; Sher et al. 2016; Kayani et al. 2014) for the treatment of fever, cough and bronchitis which are in parallel with our study. Further, more they also reported this plant as demulcent, expectorant and emollient.

The bulb of Zingiber officinale, and Allium sativum, leaves of Psidium guajava, the stem, bark and leaves of Mangifera indica, stem and bark of Cinnamomum zeylanicum are reported for immune boosting by (Gabadamosi et al. 2012) which again provides a back to our present study. Similarly, he also reported the leaf decoction of Bryophyllum pinnatum as cough remedy and the use of Calotropis procera for respiratory tract infection, Cassia fistula and Syzgium aromatic as antiviral agents in viral disease management that also correlates to our work.

The immunomodulatory and antiviral function of 20 different medicinal plants against (COVID-19) were reported in a review by (Yang et al. 2020). According to his review the immune responses of a human body plays a very vital role in defence mechanism to protect body from any viral, microbial or bacterial attack initially. The reported medicinal plants which are related to our study in this review are *Punica granatum*, *Allium sativum*, *Piper nigrum*, *Nigella sativa*, *Glycine max*, *Citrus aurantium*, *Prunus domestica* and *Ficus carica* that are responsible for immune induction against viral diseases. The oral intake of ethnolic leaf extract of *Ficus carica* has cell-mediated immune responses (Patil & Bhangale 2011).

Some relevance of our reported medicinal plants fighting against (COVID-19) in either immune induction, antiviral agents etc are also supported by Ayurvedic papers specifically reviewed by (Mittal & Chand 2020). This review describes the characteristics of *Emlica officinalis* also reported in our study that it is a source of vitamin C and the Ellagic acid present in this plant is an excellent antioxidant. It also serves as immunomodulator by formation of antibodies and cell mediated immune responses. Furthermore, they also have reviewed about *Asparagus race*mosus as an anti-inflammation agent, immunomodulatory, its root extract has antioxidants and also the extract has been used for cough and bronchitis which supports our study.

Some other medicinal plants not mentioned in our study but they prove significantly to be used for the treatment of various (COVID-19) related symptoms are *Withania somnifera* which is used for cough treatment and have even better results than codine (Nosalova et al. 2013; Kuang et al. 2018). Similarly, some other medicinal plants like *Sambucus nigra*, *Allium sativum*, and *Echinacea purpurea* are effectively used for upper respiratory viral infection. The mentioned plants are not directly used for the COVID-19 treatment but their antiviral action on various (COVID-19) symptoms in many researches make them suitable to be used against (COVID-19) treatment (Nantz et al. 2012; Krawitz et al. 2011; Sperber et al. 2004).

Other than the common (COVID-19) symptoms fever, cold, cough, flu, pneumonia, respiratory tract infection) some literatures have narrated some unique symptoms that are digestive system related symptoms and cardiac involvement as COVID-19 symptoms, Digestive system related symptoms include nausea, diarrhea, abdominal pain, and loss of appetite (Luo et al. 2020). Phytotherapy recommended for these symptoms refers to utilization of *Achillea millefolium*, as it contain active compounds like phenolic acids, alkaloids and flavonoids that are helpful against diarrhea (Applequist & Moerman 2011; Chandler et al. 1982). Whereas, *Curcuma longa* and *Zingiber officinalis*, are reported as anti-nausea and digestion aiding agents and *Allium sativum* and *Armoracia rusticana* as appetite stimulants (Dulbecco & Savarino 2013; Palatty et al. 2013; Charles. 2012).

The cardiac involment during (COVID-19) infection tends to be more injurious and deadly as compared to other factors such as age, diabetes etc. The myocardial malfunction is also recorded as a result of (COVID-19). Patients are observed to have subjected to thrombosis due to elevated levels of D-dimers from lab analysis therefore, heart patients need more care during infection (Akhmerov & Marban (2020). Medicinal plants used for such symptoms are *Terminalia arjuna* as a heart tonic (Kumar

et al. 1987). Cystus scoparius is also used due to the presence of quinolizdine alkaloids as it regulates artrial and ventricular fibrillation (Yarnell & Abascal (2003).

Conclusion and recommendation

From the study conducted in District Hangu, of Khyber Pkahtun Khawa regarding the phytotherapeutic treatment of COVID-19, it is concluded that the research area is rich in medicinal plants. The residents of the area posseses a valuable knowledge regarding the use of various medicinal plants either found locally or rarely exotic species which they buy from Haakims and Pansars. It also indicated the fragile medical system of the area where people are supposed for herbal treatment. During COVID-19 pandemic people used various plant species to cure symptoms related to the coronaviruses and also they got positive results from those remedies. This study suggests further investigation and lab assessment of the mentioned plant species for the treatment of COVID-19 and also the utilization of these species into synthetic drugs commercially developing for COVID-19 treatment.

References

- Abbas, W., Hussain, W., Hussain, W., Badshah, L., Hussain, K., & Pieroni, A. (2020). Traditional wild vegetables gathered by four religious groups in Kurram District, Khyber Pakhtunkhwa, North-West Pakistan. Genetic Resources and Crop Evolution, 67(6), 1521-1536.
- Abbasi, A. M., Khan, M. A., Ahmad, M., Zafar, M., Jahan, S., & Sultana, S. (2010). Ethnopharmacological application of medicinal plants to cure skin diseases and in folk cosmetics among the tribal communities of North-West Frontier Province, Pakistan. Journal of ethnopharmacology, 128(2), 322-335.
- 3. Adnan, M., Tariq, A., Mussarat, S., Begum, S., AbdEIsalam, N. M., & Ullah, R. (2015). Ethnogynaecological assessment of medicinal plants in Pashtun's Tribal Society. BioMed research international, 2015.
- 4. Afzal, S., Ahmad, H. I., Jabbar, A., Tolba, M. M., AbouZid, S., Irm, N., ... & Aslam, Z. (2021). Use of medicinal plants for respiratory diseases in Bahawalpur, Pakistan. BioMed Research International, 2021.
- 5. Ahmad, K., Weckerle, C. S., & Nazir, A. (2019). Ethnobotanical investigation of wild vegetables used among local communities in northwest Pakistan. Acta Societatis Botanicorum Poloniae, 88(1).
- 6. Ahmad, N., Fazal, H., Abbasi, B. H., Farooq, S., Ali, M., & Khan, M. A. (2012). Biological role of Piper nigrum L.(Black pepper): A review. Asian Pacific Journal of Tropical Biomedicine, 2(3), S1945-S1953.
- 7. Akhmerov, A., & Marbán, E. (2020). COVID-19 and the heart. Circulation research, 126(10), 1443-1455.
- 8. Ali, S. I. (2008). Significance of flora with special reference to Pakistan. Pak. J. Bot, 40(3), 967-971.
- 9. Alrasheid, A. A., Babiker, M. Y., & Awad, T. A. (2021). Evaluation of certain medicinal plants compounds as new potential inhibitors of novel corona virus (COVID-19) using molecular docking analysis. In Silico Pharmacology, 9(1), 1-7.
- Amjad, M. S., Zahoor, U., Bussmann, R. W., Altaf, M., Gardazi, S. M. H., & Abbasi, A. M. (2020). Ethnobotanical survey
 of the medicinal flora of Harighal, Azad Jammu & Kashmir, Pakistan. Journal of ethnobiology and ethnomedicine, 16(1),
 1-28.
- 11. Ang, L., Song, E., Lee, H. W., & Lee, M. S. (2020). Herbal medicine for the treatment of coronavirus disease 2019 (COVID-19): a systematic review and meta-analysis of randomized controlled trials. Journal of Clinical Medicine, 9(5), 1583.
- 12. Applequist, W. L., & Moerman, D. E. (2011). Yarrow (Achillea millefolium L.): a neglected panacea? a review of ethnobotany, bioactivity, and biomedical research1. Economic Botany, 65(2), 209-225.
- 13. Aziz, M. A., Adnan, M., Khan, A. H., Rehman, A. U., Jan, R., & Khan, J. (2016). Ethno-medicinal survey of important plants practiced by indigenous community at Ladha subdivision, South Waziristan agency, Pakistan. Journal of ethnobiology and ethnomedicine, 12(1), 1-14.
- 14. Aziz, M. A., Adnan, M., Khan, A. H., Shahat, A. A., Al-Said, M. S., & Ullah, R. (2018). Traditional uses of medicinal plants practiced by the indigenous communities at Mohmand Agency, FATA, Pakistan. Journal of ethnobiology and ethnomedicine, 14(1), 1-16.
- 15. Aziz, M. A., Khan, A. H., Adnan, M., & Izatullah, I. (2017). Traditional uses of medicinal plants reported by the indigenous communities and local herbal practitioners of Bajaur Agency, Federally Administrated Tribal Areas, Pakistan. Journal of ethnopharmacology, 198, 268-281.
- 16. Balachandar, V., Mahalaxmi, I., Kaavya, J., Vivekanandhan, G., Ajithkumar, S., Arul, N., ... & Devi, S. M. (2020). COVID-19: emerging protective measures. Eur Rev Med Pharmacol Sci, 24(6), 3422-3425.
- 17. Ben-Arye, E., Dudai, N., Eini, A., Torem, M., Schiff, E., & Rakover, Y. (2011). Treatment of upper respiratory tract infections in primary care: a randomized study using aromatic herbs. Evidence-based complementary and alternative medicine, 2011.
- 18. Ben-Shabat, S., Yarmolinsky, L., Porat, D., & Dahan, A. (2020). Antiviral effect of phytochemicals from medicinal plants: Applications and drug delivery strategies. Drug delivery and translational research, 10(2), 354-367.
- 19. Bibi, T., Ahmad, M., Tareen, R. B., Tareen, N. M., Jabeen, R., Rehman, S. U., ... & Yaseen, G. (2014). Ethnobotany of medicinal plants in district Mastung of Balochistan province-Pakistan. Journal of ethnopharmacology, 157, 79-89
- 20. Boone, H. A., Medunjanin, D., & Sijerčić, A. (2020). Review on Potential of Phytotherapeutics in Fight against COVID-19. Int J Innov Sci Res Technol, 5, 481-91.
- 21. Bouchentouf, S., & Missoum, N. (2020). Identification of Compounds from Nigella Sativa as New Potential Inhibitors of 2019 Novel Coronasvirus (Covid-19): Molecular Docking Study.
- 22. Boulos, M. N. K., & Geraghty, E. M. (2020). Geographical tracking and mapping of coronavirus disease COVID-19/severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) epidemic and associated events around the world:

- how 21st century GIS technologies are supporting the global fight against outbreaks and epidemics. International journal of health geographics, 19(1), 1-12.
- 23. Bousquet, J., Czarlewski, W., Zuberbier, T., Mullol, J., Blain, H., Cristol, J. P., ... & Anto, J. M. (2021). Spices to control COVID-19 symptoms: yes, but not only.... International archives of allergy and immunology, 182(6), 489-495.
- 24. Brevoort, P. (1998). booming US botanical market: a new overview. HerbalGram. vol. 44, pp. 33-46.
- 25. Bussmann, R. W., Sharon, D., & Ly, J. (2008). From Garden to Market? The cultivation of native and introduced medicinal plant species in Cajamarca, Peru and implications for habitat conservation. Ethnobot.Res.Appl.6, 351-361.
- 26. Bussmann, R. W., Sharon, D., Vandebroek, I., Jones, A., & Revene, Z. (2007). Health for sale: the medicinal plant markets in Trujillo and Chiclayo, Northern Peru. Journal of Ethnobiology and Ethnomedicine, 3(1), 1-9.
- 27. Campos, A. C., Moreira, F. A., Gomes, F. V., Del Bel, E. A., & Guimaraes, F. S. (2012). Multiple mechanisms involved in the large-spectrum therapeutic potential of cannabidiol in psychiatric disorders. Philosophical Transactions of the Royal Society B: Biological Sciences, 367(1607), 3364-3378.
- 28. Chan, J. F. W., Yuan, S., Kok, K. H., To, K. K. W., Chu, H., Yang, J., ... & Yuen, K. Y. (2020). A familial cluster of pneumonia associated with the 2019 novel coronavirus indicating person-to-person transmission: a study of a family cluster. The lancet, 395(10223), 514-523.
- 29. Chandler, R. F., Hooper, S. N., & Harvey, M. J. (1982). Ethnobotany and phytochemistry of yarrow, Achillea millefolium, Compositae. Economic botany, 36(2), 203-223.
- 30. Charles, D. J. (2012). Horseradish. In Antioxidant Properties of Spices, Herbs and Other Sources (pp. 347-351). Springer, New York, NY.
- 31. Cheng, P. W., Ng, L. T., Chiang, L. C., & Lin, C. C. (2006). Antiviral effects of saikosaponins on human coronavirus 229E in vitro. Clinical and Experimental Pharmacology and Physiology, 33(7), 612-616.
- 32. Cooke, B., & Ernst, E. (2000). Aromatherapy: a systematic review. British journal of general practice, 50(455), 493-496.
- 33. Das, A., Pandita, D., Jain, G. K., Agarwal, P., Grewal, A. S., Khar, R. K., & Lather, V. (2021). Role of phytoconstituents in the management of COVID-19. Chemico-biological interactions, 341, 109449.
- 34. Desai, A., Desai, C., Desai, H., Mansuri, A., & Desai, J. (2020). Possible role of medicinal plants in COVID-19-a brief review. International Journal of Scientific Development and Research, 5(4), 205-209.
- 35. Dudani, T., & Saraogi, A. (2020). Use of herbal medicines on coronavirus. Acta Scientific Pharmaceutical Sciences, 4(2020), 61-63.
- 36. Dulbecco, P., & Savarino, V. (2013). Therapeutic potential of curcumin in digestive diseases. World journal of gastroenterology: WJG, 19(48), 9256.
- 37. FEDOUNG, E. F., BIWOLE, A., BIYEGUE, C. F. N., NGANSOP, M., NTONGA, P. A., ESSONO, D. M., ... & YONKEU, J. N. (2020). Searching nature-based solutions to emerging diseases: a preliminary review of Cameroonian medicinal plants with potentials for the management of COVID-19 pandemic.
- 38. Gangal, N., Nagle, V., Pawar, Y., & Dasgupta, S. (2020). Reconsidering traditional medicinal plants to combat COVID-19. AIJR Preprints, 34, 1-6.
- 39. Gbadamosi, I. T., Moody, J. O., & OYekini, A. (2012). Nutritional composition of ten ethnobotanicals used for the treatment of anaemia in Southwest Nigeria. European Journal of Medicinal Plants, 2(2), 140.
- 40. Govt of Pakistan. 2000. District Census Report of Hangu. Population Census Org. Statistics. Div., Islamabad, Pakistan. pp.1-10.
- 41. Greenhalgh, T., Schmid, M. B., Czypionka, T., Bassler, D., & Gruer, L. (2020). Face masks for the public during the covid-19 crisis. Bmj, 369.
- 42. Gu, J., Han, B., & Wang, J. (2020). COVID-19: gastrointestinal manifestations and potential fecal-oral transmission. Gastroenterology, 158(6), 1518-1519.
- 43. Gulzar, H., Hazrat, A., Gulzar, K., Ali, F., Khan, N., Nisar, M., ... & Ullah, A. (2019). Medicinal plants and their traditional uses in thana village, district malakand, khyber pakhtunkhwa, Pakistan. Int J Endorsing Health Sci Res, 7(1), 11-21.
- 44. Hamayun, S., Qureshi, R. A., & Shinwari, Z. K. (2011). Structural diversity, vegetation dynamics and anthropogenic impact on lesser Himalayan subtropical forests of Bagh District, Kashmir. Pakistan Journal of Botany, 43(4), 1861-1866.
- 45. Haq, I. (2004). Safety of medicinal plants. Pak J Med Res, 43(4), 203-210.
- 46. Haslberger, A., Jacob, U., Hippe, B., & Karlic, H. (2020). Mechanisms of selected functional foods against viral infections with a view on COVID-19: Mini review. Functional Foods in Health and Disease, 10(5), 195-209.
- 47. Hossain, M. G., Paul, D., Ali, M. A., Huda, M. N., Alam, M. S., Mahmood, S., & Hamooh, B. T. (2020). The perspectives of medicinal plants for COVID-19 treatment: A review Journal of Agricultural Science & Engineering Innovation (JASEI)[US ISSN 2694-4812], 1(2), 10-17.
- 48. Huang, F., Li, Y., Leung, E. L. H., Liu, X., Liu, K., Wang, Q., ... & Luo, L. (2020). A review of therapeutic agents and Chinese herbal medicines against SARS-COV-2 (COVID-19). Pharmacological research, 158, 104929.
- 49. Hussain, S., Malik, F., Khalid, N., Qayyum, M. A., & Riaz, H. (2012). Alternative and traditional medicines systems in Pakistan: history, regulation, trends, usefulness, challenges, prospects and limitations. A compendium of essays on alternative therapy. London: InTech, 67.
- 50. Hussain, W., Ullah, M., Dastagir, G., & Badshah, L. A. L. (2018). Quantitative ethnobotanical appraisal of medicinal plants used by inhabitants of lower Kurram, Kurram agency, Pakistan. Avicenna journal of phytomedicine, 8(4), 313
- 51. Ibrahim, M., Khan, M. N., Ali, S., Razzaq, A., Zaman, A., Iqbal, M., & Jan, F. (2019). Floristic composition and species diversity of plant resources of rural area "Takht Bhai" district Mardan, Khyber Pakhtunkhwa, Pakistan. Medicinal and aromatic Plants (Los Angeles), 8(338), 2167-0412.

- 52. Islam, M. N., Hossain, K. S., Sarker, P. P., Ferdous, J., Hannan, M. A., Rahman, M. M., ... & Uddin, M. J. (2021). Revisiting pharmacological potentials of Nigella sativa seed: a promising option for COVID-19 prevention and cure. Phytotherapy Research, 35(3), 1329-1344.
- 53. Jahan, I., & Ahmet, O. N. A. Y. (2020). Potentials of plant-based substance to inhabit and probable cure for the COVID-19. Turkish Journal of Biology, 44(SI-1), 228-241.
- 54. Jalal, Z., Bakour, M., & Lyoussi, B. (2021). Medicinal Plants and Zinc: Impact on COVID-19 Pandemic. The Scientific World Journal, 2021, 9632034.
- 55. Jayawardena, R., Sooriyaarachchi, P., Chourdakis, M., Jeewandara, C., & Ranasinghe, P. (2020). Enhancing immunity in viral infections, with special emphasis on COVID-19: A review. Diabetes & Metabolic Syndrome: Clinical Research & Reviews, 14(4), 367-382.
- 56. Joppa, L. N., Roberts, D. L., & Pimm, S. L. (2010). How many species of flowering plants are there? Proceedings of the Royal Society B: Biological Sciences, 278(1705), 554-559.
- 57. Kanwal, H., & Sherazi, B. A. (2017). Herbal medicine: Trend of practice, perspective, and limitations in Pakistan. Asian Pacific Journal of Health Sciences, 4(4), 6-8.
- 58. Kayani, S., Ahmad, M., Zafar, M., Sultana, S., Khan, M. P. Z., Ashraf, M. A., ... & 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.
- 59. Khabour, O. F., & Hassanein, S. F. (2021). Use of vitamin/zinc supplements, medicinal plants, and immune boosting drinks during COVID-19 pandemic: A pilot study from Benha city, Egypt. Heliyon, 7(3), e06538.
- 60. Khadka, D., Dhamala, M. K., Li, F., Aryal, P. C., Magar, P. R., Bhatta, S., ... & Shi, S. (2021). The use of medicinal plants to prevent COVID-19 in Nepal. Journal of ethnobiology and ethnomedicine, 17(1), 1-17.
- 61. Khan, A. A., Ali, F., Ihsan, M., Hayat, K., & Nabi, G. (2015). Ethnobotanical study of the medicinal plants of Tehsil Charbagh, district Swat, Khyber Pakhtunkhwa, Pakistan. American Eurasian Journal of Agriculture and Environmental Sciences, 15, 1464-1474.
- 62. Khan, I., AbdElsalam, N. M., Fouad, H., Tariq, A., Ullah, R., & Adnan, M. (2014). Application of ethnobotanical indices on the use of traditional medicines against common diseases. Evidence-based complementary and alternative medicine, 2014.
- 63. Khan, M. N., Razzaq, A., Hadi, F., Khan, N., Basit, A., Jan, F., & Khan, N. (2018). Ethnobotanical profile of weed flora of district Charsadda, Khyber Pakhtunkhwa. RADS Journal of Biological Research & Applied Sciences, 9(1), 14-23.
- 64. Khan, M., & Hussain, F. (2013). Conservation status of plant species in Tehsil Takht-e-Nasrati, District Karak, Khyber Pakhtun Khawa, Pakistan. International Journal of Biodiversity and Conservation, 5(1), 20-26.
- 65. Khan, S. M., Din, N. U., Sohail, I. U., Rahman, F. I., Iqbal, Z., & Ali, Z. (2015). Ethnobotanical study of some medicinal plants of Tehsil Kabal, District Swat, KP, Pakistan. Med Aromatic Plants, 4(189), 2167-0412.
- 66. Khan, T., Khan, M. A., Ullah, N., & Nadhman, A. (2021). Therapeutic potential of medicinal plants against COVID-19: The role of antiviral medicinal metabolites. Biocatalysis and Agricultural Biotechnology, 31, 101890.
- 67. Khan, Z., Karataş, Y., Ceylan, A. F., & Rahman, H. (2021). COVID-19 and therapeutic drugs repurposing in hand: the need for collaborative efforts. Le Pharmacien Hospitalier et Clinicien, 56(1), 3-11.
- 68. Khanal, N. (2020). Impact of Corona Virus pandemic on Different sectors of Nepalese Economy. Management Dynamics, 23(2), 243-254.
- 69. Kim, D. E., Min, J. S., Jang, M. S., Lee, J. Y., Shin, Y. S., Park, C. M., ... & Kwon, S. (2019). Natural bis-benzylisoquinoline alkaloids-tetrandrine, fangchinoline, and cepharanthine, inhibit human coronavirus OC43 infection of MRC-5 human lung cells. Biomolecules, 9(11), 696.
- 70. Komolafe, K., Komolafe, T. R., Fatoki, T. H., Akinmoladun, A. C., Brai, B. I., Olaleye, M. T., & Akindahunsi, A. A. (2021). Coronavirus disease 2019 and herbal therapy: pertinent issues relating to toxicity and standardization of phytopharmaceuticals. Revista Brasileira de Farmacognosia, 31(2), 142-161.
- 71. Kordafshari, G., Kenari, H. M., Nazem, E., Moghimi, M., Ardakani, M. R. S., Keshavarz, M., & Zargaran, A. (2017). The role of nature (tabiat) in Persian medicine. Traditional and Integrative Medicine, 177-181.
- 72. Krawitz, C., Mraheil, M. A., Stein, M., Imirzalioglu, C., Domann, E., Pleschka, S., & Hain, T. (2011). Inhibitory activity of a standardized elderberry liquid extract against clinically-relevant human respiratory bacterial pathogens and influenza A and B viruses. BMC complementary and alternative medicine, 11(1), 1-6.
- 73. Krohn, E., Segrest, V., Davis, R., Grantham, R., & Geist, S. (2020). Immune & respiratory herbs A Resource for Tribal Communities During COVID-19. Garden Raised Botany, 2-4.
- 74. Kuang, Y., Li, B., Fan, J., Qiao, X., & Ye, M. (2018). Antitussive and expectorant activities of licorice and its major compounds. Bioorganic & medicinal chemistry, 26(1), 278-284.
- 75. Kumar, D. S., & Prabhakar, Y. S. (1987). On the ethnomedical significance of the arjun tree, Terminalia arjuna (Roxb.) Wight & Arnot. Journal of ethnopharmacology, 20(2), 173-190.
- 76. Lai, K. K. R., Wu, J., Harris, R., McCann, A., Collins, K., Watkins, D., & Patel, J. (2020). Coronavirus map: tracking the spread of the outbreak. The New York Times.
- 77. Lawal, I. O., Olufade, I. I., Rafiu, B. O., & Aremu, A. O. (2020). Ethnobotanical survey of plants used for treating cough associated with respiratory conditions in Ede South local government area of Osun State, Nigeria. Plants, 9(5), 647.
- 78. Lee, K. G., & Shibamoto, T. (2001). Antioxidant property of aroma extract isolated from clove buds [Syzygium aromaticum (L.) Merr. et Perry]. Food Chemistry, 74(4), 443-448.
- 79. Leung, C. C., Lam, T. H., & Cheng, K. K. (2020). Mass masking in the COVID-19 epidemic: people need guidance. Lancet, 395(10228), 945.

- 80. Leung, P. C. (2007). The efficacy of Chinese medicine for SARS: a review of Chinese publications after the crisis. The American journal of Chinese medicine, 35(04), 575-581.
- 81. Li, Y. C., Bai, W. Z., & Hashikawa, T. (2020). The neuroinvasive potential of SARS-CoV2 may play a role in the respiratory failure of COVID-19 patients. Journal of medical virology, 92(6), 552-555.
- 82. Liu, M., Gao, Y., Yuan, Y., Yang, K., Shi, S., Zhang, J., & Tian, J. (2020). Efficacy and safety of integrated traditional Chinese and western medicine for corona virus disease 2019 (COVID-19): a systematic review and meta-analysis. Pharmacological research, 158, 104896.
- 83. Liu, T., Liu, X., & Li, W. (2016). Tetrandrine, a Chinese plant-derived alkaloid, is a potential candidate for cancer chemotherapy. Oncotarget, 7(26), 40800.
- 84. Liu, Y. C., Kuo, R. L., & Shih, S. R. (2020). COVID-19: The first documented coronavirus pandemic in history. Biomedical journal, 43(4), 328-333.
- 85. Lu, H. (2020). Drug treatment options for the 2019-new coronavirus (2019-nCoV). Bioscience trends, 14(1), 69-71.
- 86. Luo, H., Tang, Q. L., Shang, Y. X., Liang, S. B., Yang, M., Robinson, N., & Liu, J. P. (2020). Can Chinese medicine be used for prevention of corona virus disease 2019 (COVID-19)? A review of historical classics, research evidence and current prevention programs. Chinese journal of integrative medicine, 26(4), 243-250.
- 87. Luo, L., Jiang, J., Wang, C., Fitzgerald, M., Hu, W., Zhou, Y., ... & Chen, S. (2020). Analysis on herbal medicines utilized for treatment of COVID-19. Acta Pharmaceutica Sinica B, 10(7), 1192-1204.
- 88. Luo, S., Zhang, X., & Xu, H. (2020). Don't overlook digestive symptoms in patients with 2019 novel coronavirus disease (COVID-19). Clinical Gastroenterology and Hepatology, 18(7), 1636-1637.
- 89. Mackenzie, J. S., and Smith, D. W. (2020). COVID-19: a novel zoonotic disease caused by a coronavirus from China: what we know and what we don't. Microbiol. Aust. 41 (1), 45–50.
- 90. Malakar, S., Sreelatha, L., Dechtawewat, T., Noisakran, S., Yenchitsomanus, P. T., Chu, J. J. H., & Limjindaporn, T. (2018). Drug repurposing of quinine as antiviral against dengue virus infection. Virus research, 255, 171-178.
- 91. Maldonado, C., Barnes, C. J., Cornett, C., Holmfred, E., Hansen, S. H., Persson, C., ... & Rønsted, N. (2017). Phylogeny predicts the quantity of antimalarial alkaloids within the iconic yellow Cinchona bark (Rubiaceae: Cinchona calisaya). Frontiers in Plant Science, 8, 391.
- 92. Mani, J. S., Johnson, J. B., Steel, J. C., Broszczak, D. A., Neilsen, P. M., Walsh, K. B., & Naiker, M. (2020). Natural product-derived phytochemicals as potential agents against coronaviruses: A review. Virus research, 284, 197989.
- 93. Marwat, S. K., & Rehman, F. U. (2011). Medicinal folk recipes used as traditional phytotherapies in district Dera Ismail Khan, KPK, Pakistan. Pak J Bot, 43(3), 1453-1462.
- 94. McKee, M., & Stuckler, D. (2020). If the world fails to protect the economy, COVID-19 will damage health not just now but also in the future. Nature Medicine, 26(5), 640-642.
- 95. Mehrbod, P., Amini, E., & Tavassoti-Kheiri, M. (2009). Antiviral activity of garlic extract on influenza virus. Iranian J Virol. 3(1), 19-23.
- 96. Mirzaie, A., Halaji, M., Dehkordi, F. S., Ranjbar, R., & Noorbazargan, H. (2020). A narrative literature review on traditional medicine options for treatment of corona virus disease 2019 (COVID-19). Complementary therapies in clinical practice, 40, 101214.
- 97. Mittal, B., & Chand, T. (2020). Global care through Ayurveda in pandemic of COVID-19. Int J Health Sci Res, 10(6), 165-172.
- 98. Mittal, B., & Chand, T. (2020). Global care through Ayurveda in pandemic of COVID-19. Int J Health Sci Res, 10(6), 165-172.
- 99. Mohammadi Kenari, H., Yousefsani, B. S., Eghbalian, F., Ghobadi, A., Jamshidi, A., & Mahroozade, S. (2021). Herbal recommendations for treatment of COVID-19 symptoms according to Persian medicine. Journal of Medicinal Plants, 20(77), 1-14.
- 100. Murad, W., Azizullah, A., Adnan, M., Tariq, A., Khan, K. U., Waheed, S., & Ahmad, A. (2013). Ethnobotanical assessment of plant resources of Banda Daud Shah, district Karak, Pakistan. Journal of ethnobiology and ethnomedicine, 9(1), 1-10.
- 101. Murugesan, S., Kottekad, S., Crasta, I., Sreevathsan, S., Usharani, D., Perumal, M. K., & Mudliar, S. N. (2021). Targeting COVID-19 (SARS-CoV-2) main protease through active phytocompounds of ayurvedic medicinal plants–Emblica officinalis (Amla), Phyllanthus niruri Linn.(Bhumi Amla) and Tinospora cordifolia (Giloy)–A molecular docking and simulation study. Computers in Biology and Medicine, 136, 104683.
- 102. Musharaf, K., Hussain, F., Shinwari, Z. K., & Musharaf, S. (2014). Ethnomedicinal and conservation status of herbs in tehsil Banda Daud Shah, District Karak, Pakistan. International Letters of Natural Sciences, 15(2), 191-197.
- 103. Nantz, M. P., Rowe, C. A., Muller, C. E., Creasy, R. A., Stanilka, J. M., & Percival, S. S. (2012). Supplementation with aged garlic extract improves both NK and γδ-T cell function and reduces the severity of cold and flu symptoms: a randomized, double-blind, placebo-controlled nutrition intervention. Clinical Nutrition, 31(3), 337-344.
- 104. Nasir, E., & Ali, S. I. (1971). 1991. Flora of west Pakistan. Tech. Rep. 1-190. Pakistan Agriculture Research Council, Islamabad, Pakistan.
- 105. Nazem, J. (2008). Exir Azam. Tehran: Iran University of Medical Sciences Institute of History of Medicine. Islamic and Complementary Medicine,115-121.
- 106. Nikhat, S., & Fazil, M. (2020). Overview of Covid-19; its prevention and management in the light of Unani medicine. Science of the total Environment, 728, 138859.
- 107. Noor, A. U., Maqbool, F., Bhatti, Z. A., & Khan, A. U. (2020). Epidemiology of CoViD-19 Pandemic: Recovery and mortality ratio around the globe. Pakistan journal of medical sciences, 36(COVID19-S4), S79.

- 108. Nosalova, G., Fleskova, D., Jurecek, L., Sadlonova, V., & Ray, B. (2013). Herbal polysaccharides and cough reflex. Respiratory physiology & neurobiology, 187(1), 47-51.
- 109. Nugraha, R. V., Ridwansyah, H., Ghozali, M., Khairani, A. F., & Atik, N. (2020). Traditional herbal medicine candidates as complementary treatments for COVID-19: a review of their mechanisms, pros and cons. Evidence-Based Complementary and Alternative Medicine, 2020.
- 110. Palatty, P. L., Haniadka, R., Valder, B., Arora, R., & Baliga, M. S. (2013). Ginger in the prevention of nausea and vomiting: a review. Critical reviews in food science and nutrition, 53(7), 659-669.
- 111. Pandey, P., Rane, J. S., Chatterjee, A., Kumar, A., Khan, R., Prakash, A., & Ray, S. (2021). Targeting SARS-CoV-2 spike protein of COVID-19 with naturally occurring phytochemicals: an in silico study for drug development. Journal of Biomolecular Structure and Dynamics, 39(16), 6306-6316.
- 112. Panyod, S., Ho, C. T., & Sheen, L. Y. (2020). Dietary therapy and herbal medicine for COVID-19 prevention: A review and perspective. Journal of traditional and complementary medicine, 10(4), 420-427.
- 113. Patel, B., Sharma, S., Nair, N., Majeed, J., Goyal, R. K., & Dhobi, M. (2021). Therapeutic opportunities of edible antiviral plants for COVID-19. Molecular and Cellular Biochemistry, 476(6), 2345-2364.
- 114. Patil, V. V., Bhangale, S. C., & Patil, V. R. (2011). Studies on immunomodulatory activity of Ficus carica. International Journal of Pharmacy and Pharmaceutical Sciences, 2, 97–99.
- 115. Paton, A. J., Brummitt, N., Govaerts, R., Harman, K., Hinchcliffe, S., Allkin, B., & Lughadha, E. N. (2008). Towards Target 1 of the Global Strategy for Plant Conservation: a working list of all known plant species—progress and prospects. Taxon, 57(2), 602-611.
- 116. Petrakou, K., Iatrou, G., & Lamari, F. N. (2020). Ethnopharmacological survey of medicinal plants traded in herbal markets in the Peloponnisos, Greece. Journal of Herbal Medicine, 19, 100305.
- 117. Phillips, O., Gentry, A. H., Reynel, C., Wilkin, P., & Gálvez-Durand B, C. (1994). Quantitative ethnobotany and Amazonian conservation. Conservation biology, 8(1), 225-248.
- 118. Phillipson, J. D. (2001). Phytochemistry and medicinal plants. Phytochemistry, 56(3), 237-243.
- 119. Pompei, R., Flore, O., Marccialis, M. A., Pani, A., & Loddo, B. (1979). Glycyrrhizic acid inhibits virus growth and inactivates virus particles. Nature, 281(5733), 689-690.
- 120. Pradhan, D., Suri, K. A., Pradhan, D. K., & Biswasroy, P. (2013). Golden heart of the nature: Piper betle L. Journal of Pharmacognosy and Phytochemistry, 1(6).
- 121. Qureshi, R. (2004). Floristic and Ethnobotanical Study of Desert Nara Region, Sindh, Pakistan Research Repository, Shah Abdul Latif University, Khairpur, 2004, pp. 1-454.
- 122. Rahman, M. T. (2020). Potential benefits of combination of Nigella sativa and Zn supplements to treat COVID-19. Journal of herbal medicine, 23, 100382.
- 123. Rana, D., Bhatt, A., & Lal, B. (2019). Ethnobotanical knowledge among the semi-pastoral Gujjar tribe in the high altitude (Adhwari's) of Churah subdivision, district Chamba, Western Himalaya. Journal of ethnobiology and ethnomedicine, 15(1), 1-21.
- 124. Rashid, M., Mah-e-Noor Zahra, N. Y., Piracha, M. I., & Khan, F. A. (2020). ROLE OF PHYTOCHEMICALS IN THE TREATMENT OF COVID 19: AN UPDATE. management, 2(2), 4.
- 125. Rastogi, S., Pandey, D. N., and Singh, R. H. (2020). COVID-19 Pandemic: A pragmatic plan for Ayurveda Intervention. J. Ayurveda Integr. Med. Res. doi: 10.1016/j.jaim.2020.1004.1002.
- 126. Rios, J. L., & Recio, M. C. (2005). Medicinal plants and antimicrobial activity. Journal of ethnopharmacology, 100(1-2), 80-84.
- 127. Ryu, Y. B., Jeong, H. J., Kim, J. H., Kim, Y. M., Park, J. Y., Kim, D., ... & Lee, W. S. (2010). Biflavonoids from Torreya nucifera displaying SARS-CoV 3CLpro inhibition. Bioorganic & medicinal chemistry, 18(22), 7940-7947.
- 128. Salman, S., Shah, F. H., Idrees, J., Idrees, F., Velagala, S., Ali, J., & Khan, A. A. (2020). Virtual screening of immunomodulatory medicinal compounds as promising anti-SARS-COV-2 inhibitors. Future Virology, 15(5), 267-275.
- 129. Sandhya, B., Thomas, S., Isabel, W., & Shenbagarathai, R. (2006). Ethnomedicinal plants used by the Valaiyan community of Piranmalai hills (reserved forest), Tamilnadu, India.-a pilot study. African Journal of Traditional, Complementary and Alternative Medicines, 3(1), 101-114.
- 130. Sengupta, P. S. (2019). Use of piper betel to combat COVID19. PREPARE@ u® | General Preprint Services.
- 131. Sengupta, P. S. (2019). Use of piper betel to combat COVID19. PREPARE@ u® | General Preprint Services.
- 132. Shah, A., Marwat, S. K., Gohar, F., Khan, A., Bhatti, K. H., Amin, M., ... & Zafar, M. (2013). Ethnobotanical study of medicinal plants of semi-tribal area of Makerwal & Gulla Khel (lying between Khyber Pakhtunkhwa and Punjab Provinces), Pakistan.
- 133. Shah, S., Khan, S., Bussmann, R. W., Ali, M., Hussain, D., & Hussain, W. (2020). Quantitative ethnobotanical study of Indigenous knowledge on medicinal plants used by the tribal communities of Gokand Valley, District Buner, Khyber Pakhtunkhwa, Pakistan. Plants, 9(8), 1001.
- 134. Shah, S., Khan, S., Sulaiman, S., Muhammad, M., Badshah, L., Bussmann, R. W., & Hussain, W. (2020). Quantitative study on medicinal plants traded in selected herbal markets of Khyber Pakhtunkhwa, Pakistan. Ethnobotany Research and Applications, 20, 1-36.
- 135. Sher, H., Aldosari, A., Ali, A., & de Boer, H. J. (2014). Economic benefits of high value medicinal plants to Pakistani communities: an analysis of current practice and potential. Journal of ethnobiology and ethnomedicine, 10(1), 1-16.
- 136. Sher, H., Bussmann, R. W., Hart, R., & de Boer, H. J. (2016). Traditional use of medicinal plants among Kalasha, Ismaeli and Sunni groups in Chitral District, Khyber Pakhtunkhwa province, Pakistan. Journal of ethnopharmacology, 188, 57-69.

- 137. Shinwari, Z. K. (2010). Medicinal plants research in Pakistan. Journal of medicinal plants research, 4(3), 161-176.
- 138. Siddique, A., Akhtar, N., Khan, M. S., Anwar, M., Samin, J., & Khan, W. M. (2016). Diversity, distribution and indigenous uses of the medicinal plants of district Karak, Khyber Pakhtunkhwa, Pakistan. Pakistan Journal of Weed Science Research, 22(2).
- 139. Silveira, D., Prieto-Garcia, J. M., Boylan, F., Estrada, O., Fonseca-Bazzo, Y. M., Jamal, C. M., ... & Heinrich, M. (2020). COVID-19: is there evidence for the use of herbal medicines as adjuvant symptomatic therapy? Frontiers in pharmacology, 1479.
- 140. Silveira, D., Prieto-Garcia, J. M., Boylan, F., Estrada, O., Fonseca-Bazzo, Y. M., Jamal, C. M., ... & Heinrich, M. (2020). COVID-19: is there evidence for the use of herbal medicines as adjuvant symptomatic therapy? Frontiers in pharmacology, 1479.
- 141. Song, J. W., Long, J. Y., Xie, L., Zhang, L. L., Xie, Q. X., Chen, H. J., ... & Li, X. F. (2020). Applications, phytochemistry, pharmacological effects, pharmacokinetics, toxicity of Scutellaria baicalensis Georgi. and its probably potential therapeutic effects on COVID-19: a review. Chinese Medicine, 15(1), 1-26.
- 142. Sperber, S. J., Shah, L. P., Gilbert, R. D., Ritchey, T. W., & Monto, A. S. (2004). Echinacea purpurea for prevention of experimental rhinovirus colds. Clinical Infectious Diseases, 38(10), 1367-1371.
- 143. Srivastava, A., Chaurasia, J., Khan, R., Dhand, C., & Verma, S. (2020). Role of medicinal plants of traditional use in recuperating devastating COVID-19 situation. Med Aromat Plants (Los Angeles), 9(359), 2167-0412.
- 144. Swamy, M. K., Akhtar, M. S., & Sinniah, U. R. (2016). Antimicrobial properties of plant essential oils against human pathogens and their mode of action: an updated review. Evidence-basedcomplementary and alternative medicine,5(4). 189-204
- 145. Sytar, O., Brestic, M., Hajihashemi, S., Skalicky, M., Kubeš, J., Lamilla-Tamayo, L., ... & Landi, M. (2021). COVID-19 prophylaxis efforts based on natural antiviral plant extracts and their compounds. Molecules, 26(3), 727.
- 146. Tahir ul Qamar, M., Shahid, F., Aslam, S., Ashfaq, U. A., Aslam, S., Fatima, I., ... & Chen, L. L. (2020). Reverse vaccinology assisted designing of multiepitope-based subunit vaccine against SARS-CoV-2. Infectious diseases of poverty, 9(1), 1-14.
- 147. 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.
- 148. Tegen, D., Dessie, K., & Damtie, D. (2021). Candidate anti-COVID-19 medicinal plants from Ethiopia: a review of plants traditionally used to treat viral diseases. Evidence-Based Complementary and Alternative Medicine, 2021, 6622410.
- 149. Tian, S., Hu, N., Lou, J., Chen, K., Kang, X., Xiang, Z., ... & Zhang, J. (2020). Characteristics of COVID-19 infection in Beijing. Journal of infection, 80(4), 401-406.
- 150. Tshibangu, D. S., Matondo, A., Lengbiye, E. M., Inkoto, C. L., Ngoyi, E. M., Kabengele, C. N., ... & Mpiana, P. T. (2020). Possible effect of aromatic plants and essential oils against COVID-19: Review of their antiviral activity. Journal of Complementary and Alternative Medical Research, 11(1), 10-22.
- 151. Ullah, S., Badshah, L., Ali, A., & Muhammad, N. (2020). Quantitative assessment and status of ethnomedicinal plants of Sheen Ghar Valley, Dir Lower, Khyber Pakhtunkhwa, Pakistan. Plant Science Today, 7(1), 17-22.
- 152. Vellingiri, B., Jayaramayya, K., Iyer, M., Narayanasamy, A., Govindasamy, V., Giridharan, B., ... & Subramaniam, M. D. (2020). COVID-19: A promising cure for the global panic. Science of the total environment, 725, 138277.
- 153. Vimalanathan S, Hudson J. (2014). Anti-influenza virus activity of essential oils and vapors. Amer J Essential Oil Nat Prod, 2(1):47e53.
- 154. Vitalini, S., Iriti, M., Puricelli, C., Ciuchi, D., Segale, A., & Fico, G. (2013). Traditional knowledge on medicinal and food plants used in Val San Giacomo (Sondrio, Italy)—An alpine ethnobotanical study. Journal of Ethnopharmacology, 145(2), 517-529.
- 155. Voeks, R. (2016). Ethnobotany. International Encyclopedia of Geography: People, the Earth, Environment and Technology. People, the Earth, Environment and Technology, 1-4.
- 156. Wabo Poné, J., Fossi Tankoua, O., Yondo, J., Komtangi, M. C., Mbida, M., & Bilong Bilong, C. F. (2011). The in vitro effects of aqueous and ethanolic extracts of the leaves of Ageratum conyzoides (Asteraceae) on three life cycle stages of the parasitic nematode Heligmosomoides bakeri (Nematoda: Heligmosomatidae). Veterinary medicine international, 2011.
- 157. Wachtel-Galor, S., Yuen, J., Buswell, J. A., & Benzie, I. F. (2011). Ganoderma lucidum (Lingzhi or Reishi). Herbal Medicine: Biomolecular and Clinical Aspects. 2nd edition.
- 158. Weng, J. K. (2020). Plant solutions for the COVID-19 pandemic and beyond: Historical reflections and future perspectives. Molecular plant, 13(6), 803-807.
- 159. World Health Organization. (2020). Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected: interim guidance, 13 March 2020 (No. WHO/2019-nCoV/clinical/2020.4). World Health Organization.
- 160. Xu, Z., Shi, L., Wang, Y., Zhang, J., Huang, L., Zhang, C., ... & Wang, F. S. (2020). Pathological findings of COVID-19 associated with acute respiratory distress syndrome. The Lancet respiratory medicine, 8(4), 420-422.
- 161. Yang, F., Zhang, Y., Tariq, A., Jiang, X., Ahmed, Z., Zhihao, Z., ... & Bussmann, R. W. (2020). Food as medicine: A possible preventive measure against coronavirus disease (COVID-19). Phytotherapy Research, 34(12), 3124-3136.
- 162. Yang, F., Zhang, Y., Tariq, A., Jiang, X., Ahmed, Z., Zhihao, Z., ... & Bussmann, R. W. (2020). Food as medicine: A possible preventive measure against coronavirus disease (COVID-19). Phytotherapy Research, 34(12), 3124-3136.
- 163. Yarnell, E. (2018). Herbs for viral respiratory infections. Alternative and Complementary Therapies, 24(1), 35-43.
- 164. Yarnell, E., & Abascal, K. (2003). Botanicals for regulating heart rhythms. Alternative & Complementary Therapies, 9(3), 125-129.

- 165. Yarnell, E., & Abascal, K. (2003). Botanicals for regulating heart rhythms. Alternative & Complementary Therapies, 9(3), 125-129.
- 166. Yaseen, G., Ahmad, M., Sultana, S., Alharrasi, A. S., Hussain, J., & Zafar, M. (2015). Ethnobotany of medicinal plants in the Thar Desert (Sindh) of Pakistan. Journal of ethnopharmacology, 163, 43-59.
- 167. Younis, W., Asif, H., Sharif, A., Riaz, H., Bukhari, I. A., & Assiri, A. M. (2018). Traditional medicinal plants used for respiratory disorders in Pakistan: a review of the ethno-medicinal and pharmacological evidence. Chinese medicine, 13(1), 1-29.
- 168. Yu, M. S., Lee, J., Lee, J. M., Kim, Y., Chin, Y. W., Jee, J. G., ... & Jeong, Y. J. (2012). Identification of myricetin and scutellarein as novel chemical inhibitors of the SARS coronavirus helicase, nsP13. Bioorganic & medicinal chemistry letters, 22(12), 4049-4054.
- 169. Zhang, C., Shi, L., & Wang, F. S. (2020). Liver injury in COVID-19: management and challenges. The lancet Gastroenterology & hepatology, 5(5), 428-430.
- 170. Zhang, D. H., Wu, K. L., Zhang, X., Deng, S. Q., & Peng, B. (2020). In silico screening of Chinese herbal medicines with the potential to directly inhibit 2019 novel coronavirus. Journal of integrative medicine, 18(2), 152-158.
- 171. Zheng, Z. Z., Ma, N. N., Li, L., & Jiang, D. (2021). Efficacy of traditional Chinese medicine on COVID-19: two case reports. Medical Acupuncture, 33(1), 92-102.