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Herbal Remedies and Dermatological Health in Traditional Medicine Communities: A Review of Cultural Practices and Efficacy

Alejandra Sataray-Rodriguez[1], Hafsa Hassan[2], Damilola Oladinni[3], Donna Pham[4], Sarah Kazemeini[5], Zoee Castro-Ojeda[6], Nmesomachukwu Ukachi-Nwata[7]

[1]University of Nevada-Reno School of Medicine, Reno, NV, 89503
[2]Northeast Ohio Medical University, Rootstown, OH
[3]A.T. Still University School of Osteopathic Medicine Arizona, Mesa, AZ, 85206
[4]University of California, Riverside, Riverside, CA 92507
[5]Kirk Kerkorian School of Medicine at UNLV, Las Vegas, NV, USA, 89106
[6]University of Nevada-Reno School of Medicine, Reno, NV, 89503
[7]Nwata- University of Houston, Houston, TX, 77204

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Corresponding Author:** ***Alejandra Sataray-Rodriguez, *University of Nevada-Reno School of Medicine, Reno, NV, 89503*

Abstract

Herbal remedies have served as cornerstone therapies for dermatological conditions in traditional medicine, particularly within culturally rich communities around the world. These remedies, passed down through generations, reflect the deep connection between culture, nature, and health. This literature review seeks to examine the efficacy of herbal treatments in dermatological health and to explore the cultural practices that have shaped their use. By systematically reviewing academic studies, ethnobotanical literature, and clinical research, the paper investigates how traditional knowledge intersects with modern scientific validation of herbal remedies. It highlights the specific herbs commonly utilized for treating a range of dermatological conditions, including acne, eczema, psoriasis, and wound healing, among others. The review evaluates the therapeutic properties of these herbs, focusing on the active phytochemicals that contribute to their effectiveness, such as anti-inflammatory, antimicrobial, and antioxidant compounds. Furthermore, it discusses the potential risks and adverse effects that may arise from their use, including allergic reactions, toxicity, or interactions with conventional medications. In addition, the review identifies significant gaps in the current research landscape, such as the lack of large-scale clinical trials, insufficient standardization in herbal formulations, and the underrepresentation of traditional knowledge in modern dermatology. The review calls for a more rigorous, interdisciplinary approach to research that blends ethnobotanical wisdom with modern pharmacological and clinical methodologies. It emphasizes the need for controlled studies that validate the therapeutic potential of herbal remedies, while also considering safety and regulatory aspects in their use. By recognizing the cultural importance of herbal remedies and the value they hold within traditional communities, healthcare providers can offer more inclusive, culturally competent care. Integrating these remedies into contemporary dermatological practice has the potential to enrich treatment options, particularly for individuals in underserved populations who may prefer or rely on traditional healing practices. Ultimately, this review aims to foster a more comprehensive understanding of the role of herbal remedies in dermatological health and to encourage further exploration of their clinical utility in modern healthcare systems.

Keywords: *Herbal Remedies, Dermatological Health, Traditional Medicine, Cultural Practices*

1. Introduction

Traditional medicine—often referred to as alternative or complementary medicine—exists in nearly every culture worldwide.

Before the development of standardized modern medical practices, communities relied on traditional remedies as primary treatments for various health concerns. Herbal remedies, in particular, demanded precise selection, preparation, and harvesting to maximize their therapeutic effects. Dermatological uses of herbal preparations trace back to at least 3000 B.C.; for instance, ancient Egyptians crafted topical formulations using rosemary, thyme, cedar, and other botanicals for sun protection [1].

Diverse global examples highlight the cultural specificity of dermatologic herbal practices. In Hispanic communities, aloe vera is used for wound healing and burns, garlic for alopecia areata and skin aging, and chamomile for atopic dermatitis [2] Russian traditions incorporate St. John's Wort for vitiligo due to its photosensitizing effects [3], while Persian medicine leverages lemon and honey for their antiseptic and anti-inflammatory properties in wound care [4]. These examples underscore the enduring relevance of herbal remedies alongside conventional dermatological treatments. More than just pharmacologic interventions, these remedies are deeply rooted in cultural heritage and intergenerational knowledge. Passed down through families and communities, traditional remedies reinforce cultural identity and historical continuity. However, despite their widespread use, scientific evaluation remains inconsistent. In a survey conducted by Howell et al. (2006), only 41.8% of Hispanic respondents believed their physician would understand their use of herbs, pointing to a gap in culturally competent care [5]. Given the potential for herb-drug interactions in dermatology, open dialogue and cultural sensitivity are essential in delivering safe, integrated care.

2. METHODOLOGY

A comprehensive literature review was conducted to evaluate the efficacy, cultural relevance, and clinical integration of herbal remedies in dermatology. Key biomedical and interdisciplinary databases—PubMed, Scopus, Web of Science, and the Cochrane Library—were searched to ensure broad and rigorous coverage. The search strategy employed a mix of controlled vocabulary (MeSH terms) and free-text terms, enhancing specificity and sensitivity across platforms. Search terms included: "herbal remedies," "traditional medicine," "ethnobotany," "dermatology," "skin disease," "cutaneous," "cultural practices," "integration," and "clinical efficacy." Boolean operators (e.g., AND, OR) were used to construct queries such as: ("herbal medicine" OR "ethnobotanical" OR "traditional remedies") AND ("skin health" OR "dermatology") AND ("efficacy" OR "cultural practices"). Filters were applied to prioritize peer-reviewed literature, human studies, and high-quality methodologies. Systematic reviews, randomized controlled trials (RCTs), meta-analyses, and ethnographic studies were emphasized.

2.1. Inclusion Criteria

- Peer-reviewed journal articles
- Studies involving human participants, in vitro/ex vivo skin models, or ethnobotanical surveys
- Articles on efficacy, safety, mechanisms of action, or cultural context of herbal remedies in dermatology
- Quantitative or qualitative studies with defined methodologies

2.2. Exclusion Criteria

- Non-English language articles
- Editorials or abstracts without primary data
- Small sample sizes or insufficient methodological transparency

2.3. Biases Within Herbal Dermatology Research Include

- **Selection Bias**: Underrepresentation of specific communities or traditions
- **Measurement Bias**: Inconsistent documentation of plant species and preparation techniques
- **Confounding**: Simultaneous use of conventional therapies or environmental factors
- **Publication Bias**: Favoring positive findings over negative or neutral ones

Standardized data extraction frameworks were used to synthesize herbal types, preparation methods, demographics, and clinical outcomes. Where applicable, data from meta-analyses were aggregated, while narrative synthesis was used to address study heterogeneity. Results were stratified by cultural context, remedy type, and dermatologic indication.

3. CULTURAL PRACTICES AND BELIEFS SURROUNDING HERBAL REMEDIES

Herbal medicine has been an integral part of human health for at least 60,000 years, as evidenced by archaeological findings [1]. Diverse civilizations developed intricate plant-based healing systems such as Traditional Chinese Medicine (TCM), Ayurveda, Unani, and Indigenous practices. These systems were refined over centuries through empirical observation, adaptation, and cultural transmission. The Chinese pharmacopeia, for instance, evolved through detailed documentation of plant types, dosing, and harvesting practices [6]. Similar traditions are evident in Arabic and North

American Indigenous herbalism, reinforcing the global relevance of natural remedies [6]. Even today, increased interest in natural products highlights a shift back toward holistic, culturally grounded medicine [1]. Cultural perceptions of skin diseases often reflect deeper spiritual and symbolic beliefs. In many traditions, skin conditions are viewed as external manifestations of internal or ancestral imbalances [7]. Among the Māori in New Zealand, the healing system *rongoā Māori* emphasizes holistic wellness, integrating land (whenua), plants (rākau), family (whānau), and spirit (wairua) [8]. Historical interpretations of conditions like leprosy in religious texts highlight their dual symbolic and physical meaning [7]. Rituals involving herbs often include prayer or sacred symbolism, underscoring the psychosocial role of traditional medicine alongside its therapeutic effects.

Ethnobotanical and clinical research has documented numerous herbal applications in dermatology. In Saudi Arabia, over 40 plant species—including Aloe vera, Nigella sativa, and henna—are used for inflammatory and infectious skin conditions [9]. Chinese Herbal Medicine (CHM) has demonstrated clinical efficacy, with a meta-analysis of eight RCTs confirming improvement in atopic dermatitis symptoms and quality of life [10]. Other herbs like psoralen (for vitiligo), green tea extract (for warts), and birch bark-derived oleogel-S10 (for wound healing) have transitioned from traditional use to FDA-approved applications [11].

Beyond clinical relevance, herbal remedies serve essential social functions. In underserved communities, traditional healers are often more accessible and culturally aligned than formal healthcare providers [12]. In the U.S. Latine population, *curanderos* and *yerberos* offer spiritual and botanical treatments that align with patients' lived experiences [12]. In Sudan, nearly 89% of residents cited culture, affordability, and family tradition as primary reasons for using herbal medicine [13]. These practices not only support healthcare access but reinforce cultural resilience. Integrating traditional remedies into modern dermatologic care can foster trust and equity while honoring cultural knowledge.

4. Efficacy of Herbal Remedies in Dermatological Health

Numerous studies provide substantial clinical and preclinical evidence supporting herbal remedies' dermatological efficacy. Aloe vera has robust evidence across randomized control trials (RCTs) and systematic reviews for promoting wound healing. A double-blind RCT (n=12 donor sites) demonstrated significantly faster epithelialization with topical aloe gel (11.5 ± 1.45 vs. 13.7 ± 1.6 days; $p<0.05$) compared to placebo [14]. Aloe vera has been predominantly utilized for wound healing and inflammatory conditions like psoriasis.

A meta-analysis of 14 RCTs (1,572 patients) found that aloe significantly reduced incidence and severity of radiation-induced dermatitis (RR = 0.76) [15]. Chamomile (Matricaria chamomilla) has clinical support for managing mild atopic dermatitis. In a randomized study with 72 patients, a chamomile extract cream significantly reduced pruritus compared to 0.5% hydrocortisone over 2 weeks [16]. Preclinical models confirm its topical anti-inflammatory effects. Similarly, turmeric (Curcuma longa) extracts, used traditionally in South Asian communities, exhibited marked effectiveness in psoriasis due to its potent anti-inflammatory action mediated through the inhibition of cytokines like TNF-α and IL-1[17]. Curcumin, the active compound in turmeric, has been shown to reduce inflammation and improve psoriasis by affecting the levels of inflammatory factors and the IL-23/IL-17 axis, which plays a key role in psoriasis development [18,19].

The dermatological benefits of herbal remedies are attributed primarily to their bioactive phytochemicals. Polysaccharides such as acemannan, are known for their anti-inflammatory and immunomodulatory activities. Aloe vera is rich in polysaccharides like acemannan and glucomannan, which stimulate fibroblast proliferation, enhance collagen (especially type III) formation, and regulate inflammation [20,21]. Chamomile's therapeutic effects primarily stem from its bioactive compounds, including flavonoids like apigenin and sesquiterpenes such as α-bisabolol. These components contribute to its potent anti-inflammatory, antioxidant, and antimicrobial properties [22]. Chamomile inhibit pro-inflammatory cytokines, stabilize mast cells, and reduce histamine release. Turmeric's active compound, curcumin, is known for its antioxidant and anti-inflammatory capabilities and significantly influences skin health by modulating key inflammatory pathways like NF-κB, MAPK, and activator protein 1 (AP-1) [23]. These inflammatory pathways are crucial in managing various dermatological conditions. Studies report that both topical and ingested

forms of curcumin can effectively contribute to improving skin health by protecting against UV radiation-induced photoaging and reducing inflammation associated with chronic skin conditions [24, 25]. Curcumin's ability to reduce inflammation and oxidative stress makes it a promising agent in skincare formulations aimed at combating aging and inflammatory skin disorders.

Traditional and herbal medicines are gaining increased recognition and scientific validation for their therapeutic properties and potential benefits. Traditional remedies using honey and lemon for wound healing align with modern findings on honey's antimicrobial properties and vitamin C's antioxidant effects in lemon. Traditional Persian medicine's use of honey and lemon as antiseptic wound care has been substantiated by modern research indicating that their antimicrobial and healing-promoting properties are due to bioactive flavonoids, vitamin C, and natural enzymes [26]. Similarly, Russian traditional medicine has employed St. John's Wort (Hypericum perforatum) for managing vitiligo, a condition characterized by skin depigmentation. Current scientific findings suggest that the photosensitizing effects of St. John's Wort's hypericin and hyperforin content are beneficial in vitiligo repigmentation therapies [27]. The alignment of scientific validation with traditional uses of herbal remedies signifies a growing recognition of the value of traditional knowledge and its potential contributions to global health and well-being.

Despite their therapeutic potential, herbal remedies pose risks requiring careful consideration. Topical herbal remedies, such as chamomile, garlic, and aloe vera, hold therapeutic promise but carry risks like allergic contact dermatitis, especially in sensitive or atopic individuals [28]. These reactions have been well-documented, highlighting the importance of cautious use and patch testing before application on damaged skin. Overall, topical application of aloe and chamomile is well tolerated with minor transient effects like redness and stinging in some users [20]. Systemic toxicity, though rare, remains possible with inappropriate dosing or chronic use. St. John's wort is a notable example of an herb with significant drug interaction potential. It induces the cytochrome P450 enzyme system, specifically CYP3A4, which is responsible for the metabolism of many medications [29]. Therefore, thorough patient education, controlled dosing, and clinical oversight are essential in integrating herbal remedies safely into dermatological care.

5. Gaps in Current Research

Herbal remedies require further scientific investigation, particularly due to the potential interactions between their active compounds and Western medications. There is a persistent lack of familiarity among dermatologists regarding the intersection of herbal remedies and dermatologic treatments, which can lead to misconceptions [30]. While traditional remedies are widely used, most supporting evidence is limited to anecdotal accounts, in vitro data, or small, non-randomized trials—lacking the rigor needed for clinical adoption [31]. As a result, standardization of dosing, assessment of long-term safety, and comparative effectiveness remain unresolved. Mechanistic studies are especially lacking, particularly for traditional Chinese medicine [30]. Additionally, inconsistencies in plant identification, harvesting, and preparation contribute to variable outcomes and limited reproducibility.

A significant gap also exists in translating ethnobotanical knowledge into pharmacological research. Ethnobotanical surveys may document traditional uses, but few advance to pharmacological or clinical investigation [31,32]. Valuable therapeutic agents may therefore remain undiscovered. Bridging this gap requires interdisciplinary collaboration between ethnobotanists, pharmacologists, and dermatologists. Future research should prioritize ethnopharmacological studies that integrate traditional knowledge with compound isolation, mechanistic investigation, and rigorous clinical trials to evaluate efficacy and safety in dermatological care.

6. Conclusion

Herbal remedies continue to play an important role in dermatological care, especially in communities where healing traditions are closely tied to cultural identity and passed down through generations. This review explored how these remedies are used to manage conditions such as eczema, acne, psoriasis, and wounds, and it examined the scientific evidence behind their effectiveness. Many herbs contain bioactive compounds with anti-inflammatory, antimicrobial, and antioxidant properties that contribute to their therapeutic potential. At the same time, significant research gaps remain.

There is a need for large clinical trials and clearer safety data to ensure reliable use in clinical settings. Integrating herbal medicine into modern dermatological care requires scientific validation and respect for the cultures that have long relied on these treatments. When researchers, clinicians, and traditional healers work together, herbal remedies can be better understood and more thoughtfully included in care. This collaboration has the potential to offer additional options to patients who may face barriers to conventional treatments.

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