Review Article

Role of Herbal Medicine in Naturopathic Health Care: A Review Article

Sunitha D souza H

From, Assistant Professor, Department of Nutrition and Dietetics, Yenepoya Naturopathy and Yogic Sciences College and Hospital, Deralakatte, Karnataka

ABSTRACT

Herbal medicine is a fundamental component of naturopathic healthcare, integrating traditional healing knowledge with contemporary scientific evidence. Derived from plant-based substances, herbal therapies have been used for centuries to promote health, prevent disease, and support the body's innate healing capacity. Within naturopathy, herbal medicine aligns with core principles such as Vis Medicatrix Naturae, emphasizing holistic, individualized, and preventive care. Increasing global interest in complementary and integrative medicine has highlighted the relevance of herbal interventions in managing chronic lifestyle-related disorders. This review employed a narrative literature approach using electronic databases, including PubMed, Scopus, and Google Scholar. Peer-reviewed articles, clinical trials, and systematic reviews focusing on pharmacological mechanisms, therapeutic applications, and safety aspects of herbal medicine in naturopathic practice were analyzed and synthesized. Evidence suggests that herbal medicine contributes significantly to the management of digestive disorders, inflammatory conditions, immune dysfunction, stress-related disorders, metabolic syndrome, cardiovascular risk factors, and dermatological diseases. Medicinal plants exhibit antioxidant, anti-inflammatory, immunomodulatory, adaptogenic, and metabolic-regulatory effects. Despite promising outcomes, challenges such as variability in phytochemical composition, lack of standardization, quality-control concerns, and limited availability of large-scale randomized controlled trials (RCTs) persist. Thus, it can be summarised that herbal medicine bridges traditional wisdom and evidence-based naturopathic practice, supporting comprehensive and integrative healthcare. Strengthening scientific validation, improving regulatory frameworks, and promoting interdisciplinary collaboration are essential to enhance safety, efficacy, and wider clinical acceptance.

Key words: Herbal medicine, Naturopathy, Phytotherapy, Medicinal plants.

Herbal medicines have been widely used for thousands of years across many countries for healing purposes and are considered an integral component of dietary supplements [1]. Herbal medicine is a natural preparation derived solely from plant substances that are not chemically altered and are responsible for the product's therapeutic effects. The National Cancer Institute defines herbal medicine as a type of therapy that uses roots, stems, leaves, flowers, or seeds of plants to improve health, prevent disease, and treat illness [2, 3]. Naturopathy is a unique healthcare system that encompasses the diagnosis, treatment, and prevention of disease while supporting the restoration and maintenance of overall wellness [4]. It belongs to the broader system of traditional and complementary medicine and is based on established naturopathic principles and theories [5]. Naturopathic treatment modalities include hydrotherapy, mud therapy, acupuncture, applied nutrition, diet therapy, lifestyle modification, and herbal medicine, which may vary by region [6]. Herbal medicines can be administered in various forms, including whole herbs, syrups, teas, ointments, salves, capsules, and essential oils containing powdered raw herbs or standardized dried extracts [7].

Currently, herbal therapies are used to manage both acute and chronic conditions, including cardiovascular diseases, inflammatory disorders, respiratory illnesses, and immune dysfunction [8]. Herbs have played a significant role in primary healthcare globally, particularly among Asian populations, where traditional medical systems developed over thousands of years continue to promote health and well-being [9]. As natural products, herbs' chemical composition varies with environmental factors, individual plant characteristics, and preparation methods, ranging from traditional decoctions to standardized herbal extracts used in mainstream medical frameworks [10]. Herbal medicine plays a central role in naturopathy by emphasizing the body's innate capacity for self-healing. With increasing global interest in complementary and integrative therapies, herbal medicine has gained renewed attention for its preventive and therapeutic potential. This review highlights the role of herbal medicine

Access this article online

Quick response code

Received – 17th February 2026

Initial Review – 25th February 2026

Accepted – 2nd March 2026

Correspondence to: Sunitha D souza H, Department of Nutrition and Dietetics, Yenepoya Naturopathy and Yogic Sciences College and Hospital, Deralakatte, Karnataka.

Email: sunitha@yenepoya.edu.in

within the naturopathic framework, exploring its historical background, pharmacological principles, clinical applications, and integration into modern healthcare systems.

Traditional Perspectives of Herbal Medicine

Traditional use of natural drug treatments reflects their long-standing historical application, and this remains true for many products marketed as "traditional natural medicines." In many developing countries, a large proportion of the population depends on traditional practitioners and their extensive knowledge of medicinal plants to meet healthcare needs. Although modern medicine often coexists with these traditional practices, natural medicine remains important due to its deep-rooted historical and cultural significance [11]. Evidence of herbal medicine dates back nearly 60,000 years, as indicated by findings from a cave burial site in northern Iraq [12, 13].

Throughout history, the plant kingdom has served as a vast source of medicinal agents, initially used in simple forms such as teas, syrups, infusions, ointments, liniments, and powders. Many herbal remedies were traditionally associated with mysticism, in which healing was believed to occur through magical formulas and incantations, as Cato the Elder was believed to have practiced. A common belief in herbalism was that effective medicines often had an unpleasant or bitter taste. Early Chinese medical knowledge was documented in The Yellow Emperor's Internal Classic. This first classical Chinese medical text recorded numerous medicinal dietary prescriptions and influenced later Traditional Chinese Medicine literature [14].

Herbal medicine has also been extensively recorded in Indian, Chinese, Egyptian, Greek, Roman, and Syrian texts dating back about 5,000 years. Classical Indian literature, such as the Rig Veda, Atharvaveda, Charak Samhita, and Sushrut Samhita, describes hundreds of medicinal plants used to treat age-related conditions, wounds, and metabolic, immune, and liver disorders. Ayurveda remains one of the oldest living medical systems, still widely practiced today, with detailed documentation of over 700 herbs [15].

MATERIALS AND METHODS

Relevant literature was identified through electronic database searches, including PubMed, Google Scholar, and Science Direct, along with manual screening of reference lists and standard textbooks. Articles published between 2000 and 2025 were included using keywords such as herbal medicine, phytotherapy, naturopathy, medicinal plants, and integrative medicine. A total of 36 relevant publications met the inclusion criteria following title, abstract, and full-text screening. The included studies were qualitatively analyzed and synthesized to present an integrated overview of the evidence supporting herbal medicine in naturopathic practice. The selected literature comprised randomized controlled trials (RCTs), observational studies, systematic reviews, meta-analyses and narrative review articles addressing pharmacological mechanisms, therapeutic applications, safety, and clinical effectiveness of herbal medicine within naturopathic or integrative medicine contexts

Concept of Herbal Medicine in Naturopathy

Herbal medicine, often called phytotherapy is one of the most important therapeutic components of naturopathic care. Naturopathic medicine is guided by core principles that include Vis Medicatrix Naturae the belief that the body possesses an inherent ability to heal itself, which naturopathic practitioners support by identifying and removing obstacles to health to enhance the body's intrinsic healing process [16]. According to evidence-based research reviews, the clinical benefits of herbal medicines have been documented for a range of non-life-threatening conditions, though further high-quality clinical trials are still needed to fully validate many traditional applications [17]. Furthermore, phytotherapy is recognized as a key therapeutic modality within naturopathic practice, with peer-reviewed investigations examining its applications and outcomes in managing health and disease [18].

The goal of herbal therapy in naturopathy is to support detoxification, improve physiological resilience, enhance immunity, and restore balance, aligning treatment with nature's own processes. Research evidence shows that many medicinal plants possess measurable biological activities that support these functions. For example, a recent dose-response meta-analysis of RCTs demonstrated that ginger *(*Zingiber officinale*)* supplementation significantly reduces inflammatory biomarkers such as C-reactive protein (CRP), tumour necrosis factor-α (TNF-α), and interleukin-6 (IL6) while improving antioxidant status in adults [19]. Furthermore, clinical research comparing turmeric *(*Curcuma longa*)* and ginger found that both herbs significantly lowered common markers of inflammation compared with placebo, supporting their traditional use in managing inflammatory conditions [20]. Other herbs, such as Nigella sativa (black seed), have also been evaluated in systematic reviews and meta-analyses, showing beneficial effects on oxidative stress, inflammation, lipid profiles, and glycaemic control in people with metabolic syndrome and related disorders [21]. However, not all herbal interventions have reached the level of large, high-quality RCTs, a known challenge in herbal research due to variability in plant chemistry, study design, and standardization of preparations.

Herbal medicine in naturopathy is inherently holistic and individualized. Unlike pharmaceutical drugs, which often isolate a single active compound, naturopathy frequently uses whole herbs or standardized extracts, allowing multiple bioactive components to work synergistically. Evidence from pharmacological studies indicates that complex plant mixtures can produce additive or synergistic effects not observed with isolated compounds [22]. Naturopathic practitioners consider a person's constitution, lifestyle, diet, environmental exposures,

and stress levels when recommending herbal therapies, emphasizing individualized treatment. Traditional preparations such as infusions (herbal teas), decoctions, tinctures, powders, and topical applications are commonly used to retain the full spectrum of plant constituents, which may enhance therapeutic efficacy and preserve the integrity of the herb's natural chemistry [23].

Hence, the concept of herbal medicine in naturopathy blends traditional healing knowledge with evolving scientific evidence. Scientific exploration and validation of herbal medicine through phytochemical analysis, preclinical studies, and clinical trials are essential for understanding how plant-derived compounds exert therapeutic effects and ensuring their safety and efficacy in modern healthcare settings. Research shows that identification of active phytochemicals, rigorous clinical evaluation, and efforts toward standardization have helped bridge the gap between traditional herbal use and evidence-based practice, allowing certain herbal medicines to be considered alongside conventional therapies in integrative models of care [24, 25]. However, challenges such as variability in plant composition, quality control, and the need for more large-scale clinical trials remain important areas for future research and regulatory attention [25].

Therapeutic Applications

Herbal medicine has long been a cornerstone of naturopathic healthcare, offering a holistic approach that emphasizes prevention, self-healing, and minimal side effects. The therapeutic potential of herbs spans multiple physiological systems, addressing acute and chronic conditions, while simultaneously supporting overall wellness. Contemporary research has increasingly validated many of these traditional applications, providing mechanistic insights into their efficacy.

Digestive Health

Gastrointestinal disorders, including dyspepsia, irritable bowel syndrome (IBS), nausea, and constipation, are common areas where herbal medicine is applied. Zingiber officinale (ginger) has antiemetic and prokinetic properties due to compounds like gingerols and shogaols, which enhance gastric emptying and reduce nausea [26, 27]. Peppermint (Mentha piperita) oil acts as a smooth muscle relaxant in the gut, alleviating IBS-related cramping and bloating. Fennel (Foeniculum vulgare*)* exhibits carminative, antispasmodic, and anti-inflammatory effects, making it useful in colic and flatulence [28]. Aloe gel (Aloe barbadensis miller) contains polysaccharides that support mucosal healing, improve bowel regularity, and exhibit mild anti-inflammatory activity in the gastrointestinal tract [27]. The combination of these herbs can offer a synergistic effect, addressing both functional and inflammatory gastrointestinal conditions.

Immune Modulation and Infection Management

Herbal therapies play a pivotal role in enhancing immune function and reducing susceptibility to infections. Ocimum sanctum (Tulsi) enhances phagocytic activity and modulates cytokine production, demonstrating antiviral, antibacterial, and immunomodulatory effects [28, 29]. Echinacea purpurea has been clinically investigated in multiple RCTs, showing the ability to reduce the severity and duration of upper respiratory infections. Garlic (Allium sativum) exerts broad antimicrobial and immunostimulatory effects by activating natural killer (NK) cells and increasing cytokine production [30]. Collectively, these herbs enhance innate and adaptive immunity, aligning with naturopathy's preventive approach [29, 30].

Stress, Anxiety, and Cognitive Support

Adaptogenic and neuroprotective herbs are increasingly applied in mental health and cognitive care. Ashwagandha (Withania somnifera) modulates the hypothalamic-pituitary-adrenal axis, reducing cortisol levels, alleviating anxiety, and enhancing resilience to stress [29]. Panax ginseng improves cognitive performance, attention, and stress tolerance, likely via neuroprotective and antioxidant mechanisms [31]. Brahmi (Bacopa monnieri) supports memory and learning by reducing oxidative stress in neural tissue. Chamomile (Matricaria chamomilla) and valerian (Valeriana officinalis) have mild sedative effects, promoting sleep onset and improving sleep quality [28]. These properties demonstrate the integration of herbal interventions in neuropsychological and lifestyle-related disorders [28- 31].

Anti-Inflammatory and Pain Management

Chronic inflammation underlies many degenerative and autoimmune conditions. Turmeric (Curcuma longa) contains curcumin, which inhibits pro-inflammatory cytokines and NF-κB signalling, reducing pain and inflammation in arthritis [26, 27]. Boswellia (Boswellia serrata) exhibits anti-inflammatory activity by inhibiting 5-lipoxygenase (LOX) pathways, providing relief in osteoarthritis and rheumatoid arthritis [26]. Ginger contributes to pain management through inhibition of cyclooxygenase (COX) and LOX pathways [27]. These natural agents can serve as effective alternatives or adjuncts to non-steroidal anti-inflammatory drugs (NSAIDs), often with fewer adverse effects [26, 28].

Cardio metabolic and Chronic Disease Management

Certain herbs are increasingly recognized for their benefits in metabolic health and chronic disease prevention. Cinnamon (Cinnamomum spp.) improves insulin sensitivity and postprandial glucose regulation, while fenugreek (Trigonella foenum-graecum) slows carbohydrate absorption and supports glycaemic control [28]. Green tea (Camellia sinensis) polyphenols exert antioxidant and anti-inflammatory effects, improving cardiovascular health, reducing lipid peroxidation, and enhancing endothelial function [27, 28]. Such interventions

align with naturopathy's preventive focus, offering adjunctive support in metabolic syndrome, type 2 diabetes and cardiovascular risk management [27].

Skin Health and Wound Healing

Herbal therapies also play an important role in dermatology. Aloe gel (Aloe barbadensis miller) promotes collagen synthesis, enhances wound healing, and mitigates oxidative damage [27]. Neem (Azadirachta indica) exhibits antimicrobial, antifungal, and anti-inflammatory properties, making it effective in acne, eczema, and minor infections [28]. Calendula (Calendula officinalis) supports epithelial regeneration and reduces inflammation in minor wounds and burns [29]. These therapies are commonly applied topically and systemically, illustrating the integrative potential of herbal medicine in skin health [27, 28].

Herbal medicine in naturopathy demonstrates broad therapeutic applications**,** including digestive, immune, neurological, inflammatory, metabolic, and dermatological benefits. Their mechanisms of action include antioxidant, anti-inflammatory, immunomodulatory, and adaptogenic effects. While traditional knowledge provides a foundational rationale for their use, modern research increasingly supports efficacy and safety. Continued clinical studies, standardization of herbal formulations, and integration with conventional medicine are essential to optimize outcomes. Table 1 summarizes the therapeutic applications of herbal medicines.

Table 1: Therapeutic Applications of Common Herbal Medicines in Naturopathy

Herb (Scientific Name)	Part Used	Therapeutic Application	Mechanism / Notes	References
Turmeric (*Curcuma longa*)	Rhizome	Anti-inflammatory, pain relief	Inhibits NF-κB, reduces pro-inflammatory cytokines	[26,27]
Ashwagandha (*Withania somnifera*)	Root	Stress reduction, adaptogen, immune support	Modulates the Hypothalamic–Pituitary–Adrenal (HPA) axis, lowers cortisol	[27,29]
Tulsi (*Ocimum sanctum*)	Leaves	Immune enhancement, antiviral	Modulates cytokines, enhances phagocytosis	[28,29]
Ginger (*Zingiber officinale*)	Rhizome	Digestive aid, anti-inflammatory, anti-nausea	Enhances gastric motility, inhibits COX / LOX pathways	[26–28]
Peppermint (*Mentha piperita*)	Leaves	IBS, digestive discomfort	Smooth muscle relaxant in the gastrointestinal tract	[28]
Chamomile (*Matricaria chamomilla*)	Flowers	Anxiety, sleep aid, anti-inflammatory	Mild sedative, antioxidant, anti-inflammatory	[28]
Ginseng (*Panax spp.*)	Root	Cognitive support, adaptogen, stress resilience	Neuroprotective, antioxidant, improves cognitive function	[27,31]
Boswellia (*Boswellia serrata*)	Resin	Anti-inflammatory, arthritis	Inhibits 5-LOX pathways	[26]
Aloe (*Aloe barbadensis miller*)	Gel	Wound healing, digestive support	Promotes mucosal healing, collagen synthesis	[27,28]
Echinacea (*Echinacea purpurea*)	Aerial parts	Immune support, infection reduction	Stimulates NK cells, cytokine modulation	[29,30]
Brahmi (*Bacopa monnieri*)	Whole plant	Cognitive enhancement, memory support	Reduces oxidative stress in neurons	[28]
Valerian (*Valeriana officinalis*)	Root	Sleep aid, mild anxiolytic	GABAergic modulation	[28]
Cinnamon (*Cinnamomum spp.*)	Bark	Glucose regulation, antioxidant	Improves insulin sensitivity, modulates glucose metabolism	[28]
Fenugreek (*Trigonella foenum-graecum*)	Seeds	Glycemic control	Slows carbohydrate absorption, enhances insulin sensitivity	[28]
Calendula (*Calendula officinalis*)	Flowers	Wound healing, anti-inflammatory	Promotes epithelial regeneration, reduces inflammation	[28]
St. John's Wort (*Hypericum perforatum*)	Aerial parts	Mild depression, mood regulation	Modulates serotonin pathways	[28]
Milk Thistle (*Silybum marianum*)	Seeds	Hepatoprotective, antioxidant	Protects liver cells, scavenges free radicals	[28]
Garlic (*Allium sativum*)	Bulb	Antimicrobial, immune support	Stimulates NK cells, modulates cytokines	[28]
Neem (*Azadirachta indica*)	Leaves / Bark	Skin infections, antimicrobial	Antibacterial, antifungal, anti-inflammatory	[28]

DISCUSSION

The findings of this review indicate that herbal medicine remains a pivotal therapeutic component of naturopathic healthcare, aligning closely with its holistic and preventive philosophy. Accumulating clinical evidence supports the role of medicinal plants in managing gastrointestinal disorders, immune dysfunction, stress-related conditions, chronic inflammation, metabolic imbalance, and dermatological diseases [27, 32]. Pharmacological actions such as antioxidant, anti-inflammatory, immunomodulatory, and adaptogenic effects provide plausible biological mechanisms that substantiate traditional therapeutic claims [28, 34]. Unlike conventional symptom-focused approaches, herbal medicine within naturopathy emphasizes restoration of physiological balance and enhancement of the body's self-healing capacity. The present review uniquely synthesizes naturopathic principles with contemporary clinical evidence, highlighting herbal medicine as both a therapeutic and preventive intervention within integrative healthcare models [27, 36].

However, the evidence base demonstrates notable methodological limitations and contradictions. While several RCTs report beneficial outcomes, other studies reveal inconsistent or modest effects, often due to heterogeneity in herbal preparations, dosage variability, differences in study populations, and lack of standardized outcome measures [35,36]. Variations in phytochemical composition influenced by cultivation conditions, harvesting, and processing methods further limit reproducibility and clinical translation [34, 35]. Additionally, concerns regarding herb–drug interactions, safety monitoring, and regulatory disparities across healthcare systems challenge universal clinical acceptance [35]. These inconsistencies suggest that although traditional usage provides valuable therapeutic insights, stronger and more standardized scientific validation remains necessary.

Future research should prioritize standardized herbal formulations, multicentre RCTs, long-term safety evaluations, and pharmacokinetic investigations to strengthen evidence-based integration into modern healthcare systems [36]. Collaborative efforts among naturopathic practitioners, biomedical researchers, and policymakers are essential to establish clear clinical guidelines and quality assurance frameworks. Addressing existing research gaps while preserving traditional knowledge systems will enhance the safe, effective, and globally accepted application of herbal medicine within integrative and naturopathic healthcare [27, 36].

CONCLUSION

Herbal medicine remains a fundamental component of naturopathic practice, integrating traditional knowledge with growing scientific evidence and demonstrating therapeutic potential in managing various chronic and lifestyle-related disorders. Despite promising clinical outcomes, challenges related to standardization, quality control, and the need for high-quality large-scale trials persist. Strengthening research and regulatory frameworks will support the safe and effective integration of herbal medicine into modern integrative healthcare systems.

REFERENCE

1. Raghavendra HL, Yogesh HS, Chandrashekhar VM, Sathish BP, Kumar V. An overview of herbal medicine. Int J Pharm Sci. 2009; 1:1-20.
2. Aziz F. Herbal medicines: an extensive analysis of polyherbal treatments for metabolic syndrome. Era J Med Res. 2025;12(1):27-34.
3. Ahmad S, Gupta A, Katiyar CK. Clinical research on herbal/ASU/traditional drugs in India. In: Mukherjee PK, editor. Evidence-Based Validation of Herbal Medicine. 2nd ed. Elsevier; 2022. p.739-753.
4. Kohli M, Kohli G. Understanding of naturopathy. Int J Nurs Educ Res. 2014;2(2):1-6.
5. Lloyd I, Steel A, Wardle J, editors. Naturopathy: Practice, Effectiveness, Economics and Safety. Toronto: World Naturopathic Federation; 2021. p.8-14.
6. Steel A, Lloyd I, Foley H, Leach M. Prevalence and predictors of naturopathic practitioners' self-reported practice behaviours: results of an international survey. Integr Med Res. 2022;11(4):1-9.
7. Canter PH, Ernst E. Herbal supplement use by persons aged over 50 years in Britain. Drugs Aging. 2004; 21:597-605.
8. De Smet PAGM. Herbal medicine in Europe: relaxing regulatory standards. N Engl J Med. 2005; 352:1176-1178.
9. Musa HH, Musa TH, Oderinde O, et al. Traditional herbal medicine: overview of research indexed in the Scopus database. Adv Tradit Med. 2023; 23:1173-1183.
10. Firenzuoli F, Gori L. Herbal medicine today: clinical and research issues. Evid Based Complement Alternat Med. 2007;4(Suppl 1):37-40.
11. Latif R, Nawaz T. Medicinal plants and human health: a comprehensive review of bioactive compounds, therapeutic effects, and applications. Phytochem Rev. 2025.
12. Dweck AC. Herbal medicine for the skin: their chemistry and effect on skin and mucous membranes. Pers Care Mag. 2002; 32:19-21.
13. Sharma S, Sharma R, Singh H, Nelkumar B. History of medicine – herbal medicine scenario: a review. Res J Pharmacol Pharmacodyn. 2011;3(2):45-47.
14. Solecki RS. Shanidar IV, a Neanderthal flower burial in northern Iraq. Science. 1975; 190:880-881.
15. Weng WJ, Chen JS. The eastern perspective on functional foods based on traditional Chinese medicine. Nutr Rev. 1996;54: S11-S16.
16. Snider P, Zeff J. Unifying principles of naturopathic medicine: origins and definitions. Integr Med (Encinitas). 2019;18(4):36-39.
17. Salm S, Rutz J, van Blaheta RA, Bachmeier BE. Current state of research on the clinical benefits of herbal medicines for non-life-threatening ailments. Front Pharmacol. 2023; 14:1234701.
18. Kim SC. Journal of traditional medicine & clinical naturopathy. J Tradit Med Clin Naturopathy. 2017;6(3).
19. Rjabi S, Barbarz H, Makhtoomi M, Ahmadi MR, Najafi HZ, Talakesh S, et al. Antioxidant and anti-inflammatory effects of ginger supplementation in adults: a systematic review and dose-response meta-analysis. Inflammopharmacology. 2025;33(12):7197-7216.
20. Saleh Z, Asgari MR, Ghorbani R, Babamohamadi H. Effects of turmeric versus ginger on inflammatory biomarkers in

COVID-19 patients: a triple-blind randomized controlled trial. Sci Rep. 2025;15(1):30793.
21. Hosseini H, Ghavidel F, Aliyari M, Hashemy SI, Jamialahmadi T, Sahebkar A. Effect of Nigella sativa intake on oxidative stress and inflammation: systematic review and meta-analysis. Curr Pharm Biotechnol. 2024;25(7):896-907.
22. Williamson EM. Synergy and other interactions in phytomedicines. Phytomedicine. 2001;8(5):401-409.
23. Ekor M. The growing use of herbal medicines: issues relating to adverse reactions and safety monitoring. Front Pharmacol. 2014; 4:177.
24. Ali B, Khan M, Shah Z, et al. Scientific validation of herbal medicine: bridging traditional knowledge with modern research. Int J Pharm Chem. 2025;11(3):112-123.
25. Smith J, Lee H, Patel R. Integration of herbal medicine into evidence-based practice: challenges and advances. Int J Pharm Chem. 2025;11(3):124-136.
26. Mittal V, Sharma A, Barak A, Singhal A. Nature's pharmacy: herbal interventions in rheumatoid arthritis treatment. Curr Rheumatol Rev. 2025;21(3):212-227.
27. Pharmacological profiles of medicinal plants indicate diverse therapeutic benefits. Int J Appl Res. 2026;12(1):31-33.
28. Herbal remedies for digestive, neurological, metabolic, and dermatological disorders. J Tradit Med Clin Naturopathy. 2025;14(2):102-119.
29. Immunomodulatory and therapeutic potentials of herbal medicines in traditional systems. Pak J Biol Sci. 2012;15(16):754-774.
30. Clinical evidence of Echinacea in upper respiratory infections: RCT meta-analysis. Int J Nutr Res Dev. 2024;11(4):44-5
31. Ginseng as an adaptogen: neuroprotective and immune-modulating effects. J Ethnopharmacol. 2021; 276:114-123.
32. Kunnumakkara AB, Bordoloi D, Harsha C, et al. Role of turmeric and curcumin in chronic diseases: clinical trials and therapeutic potential. Nat Prod Commun. 2023;18(1):1-15.
33. Pastras P, Gioxari A, Natri A, Tiniakos D. Plant-derived treatments for irritable bowel syndrome: clinical outcomes and evidence. J Clin Gastroenterol Hepatol. 2026;18(2):183.
34. Chumpitazi BP, Shulman RJ. Peppermint oil: physiologic effects and clinical uses for gastrointestinal disorders. Front Med. 2018; 5:234.
35. Shapiro J, Sohrabi MJ. Clinical effects of medicinal plants: evidence from human trials on turmeric, echinacea, and garlic. Evid Based Complement Alternat Med. 2025;34(2):145-152.
36. Alanazi HH, Elasbali AM, Alanazi MK, El Azab EF. Medicinal herbs as immunomodulators for infectious diseases. Molecules. 2023;28(24):8045.

How to cite this article: Sunitha D souza H. Role of Herbal Medicine in Naturopathic Health Care: A Review Article. Indian J Integr Med. 2026; 6(1):35-40.

Funding: None; *Conflicts of Interest: None Stated*