

Traditional Herbal Remedies for Fever and Infections: An Ethnobotanical Survey

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Introduction

Traditional herbal remedies for fever and infections encompass a vast, culturally rooted pharmacopeia used across societies to reduce fever, alleviate symptoms, and combat microbial illness; an ethnobotanical survey of these remedies documents plant species, preparation methods (teas, decoctions, poultices, inhalations), modes of administration, and socio-cultural contexts of use, while highlighting patterns of empirical efficacy, safety concerns, and opportunities for scientific validation and responsible integration into primary healthcare [1].

Description

Ethnobotanical surveys typically identify a core set of actions attributed to fever- and infection-treating plants: antipyretic (fever-lowering), antimicrobial (antibacterial, antiviral, antifungal), anti-inflammatory, and immune-modulatory effects. Commonly cited families and genera across regions include Lamiaceae (aromatic antivirals and antiseptics used as infusions and steam inhalations), Asteraceae (antipyretic and wound-healing preparations), Fabaceae and Apiaceae (digestive and febrifuge herbs), and various ethnomedicinal trees and shrubs whose bark or leaves are boiled for systemic infections. Local knowledge often pairs symptom clusters with specific recipes—for example, bitter tonics for persistent low-grade fever, aromatic teas for respiratory infections, and topical pastes for skin lesions—reflecting generations of observation and trial.

Preparation and dosing practices vary widely and influence both efficacy and safety. Aqueous infusions and decoctions dominate where water-soluble constituents (tannins, flavonoids, glycosides) are desired;

Alcohol or oil extracts are used for lipophilic actives; inhalation of vapors from menthol- or eucalypt-containing plants is common for upper-respiratory symptoms; and poultices or pastes deliver topical antimicrobial effects. Ethnobotanical surveys must therefore record plant part used, collection season, processing steps, and co-ingredients, because these factors determine phytochemical profiles and potential toxicity [2].

Importantly, many communities employ combinatorial recipes—blending several plants to produce synergistic effects or to mitigate side effects—an empirical strategy that complicates reductionist pharmacological study but may hold real therapeutic value. Ethical, safety, and translational considerations are central to survey findings. While numerous plants demonstrate promising *in vitro* antimicrobial, antipyretic, or immunomodulatory activity, ethnobotanical data also reveal risks: dose variability, contamination, misidentification, organ-toxic species, and interactions with conventional drugs (notably antipyretics, antibiotics, and anticoagulants). Conservation concerns arise when high-demand species are wild-harvested unsustainably. For clinical translation, ethnobotanical leads require phytochemical standardization, mechanistic studies, toxicity profiling, and well-designed clinical trials—ideally performed in partnership with indigenous communities to ensure benefit-sharing, intellectual property respect, and culturally appropriate implementation. [3,5].

Conclusion

An ethnobotanical survey of traditional remedies for fever and infections captures rich, actionable knowledge: it identifies candidate species and practices with real therapeutic potential, maps preparation and cultural contexts that affect use and safety.

And underscores the need for systematic pharmacological validation and ethical partnerships to translate folk remedies into safe, standardized, and accessible treatments while conserving biodiversity and respecting traditional knowledge holders.

Acknowledgement

None.

Conflict of Interest

None.

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