Chapter 4: Natural products and traditional medicines: integration with modern therapeutics

Manisha Raut^{*1}, Tejashri Dugaje^{1,3}, Prajwal R. Aher^{1,3}, Gauri R. Salave^{1,3}, Atul Bendale¹, Vaishali Naphade², Anil Jadhav¹

¹Mahavir Institute of Pharmacy, Nashik, India

²Sandip university, School of Pharmaceutical Science, Mahiravani, Nashik - 422213, India
³School of Pharmacy, P. P. Savani university, Surat, Gujarat 394125, India

Abstract

The assimilation of natural products and traditional medicine systems into present-day medicines represents a vital transformation in global health care. This chapter focuses on the use of bioactive substances derived from natural products that have medicinal properties which are validated through years of practice, and traditional medicine systems being reformulated and used in modern medicine. The application of technology using advanced nanotechnology, the application of omics sciences, artificial intelligence, and computational sciences have contributed to promising results for delivery of herbal formulations while contributing to challenges such as bioavailability, standardization, controlling safety issues, and administration into living systems. Through clinical evidence, mechanistic insights, and real-world case studies, this chapter illustrates the growing acceptance of integrative approaches in chronic disease management, preventive medicine, and personalized healthcare.

Keywords: Traditional Medicine Systems, Natural Products, Phytochemicals, Integrative Healthcare, Nanotechnology, Herbal Drug Delivery, Personalized Medicine, Ayurveda, TCM, Omics Technologies,



1. Introduction

Background and Scope

Nature has long served as an abundant reservoir of therapeutic agents, offering a diverse array of bioactive molecules with remarkable medicinal value. From the earliest days of civilization, humans have turned to plants, minerals, and animalderived substances to treat illness and promote well-being. As the world's healthcare systems struggle under the burden of increasing rates of chronic disease, antibiotic resistance and new pathogens, the world is once again turning to traditional and natural systems of medicine. Recent advances in drug discovery are leading to a growing appreciation, and even scientific validation of, ancient cures.[1]

This chapter will discuss the integration of natural products and traditional medicine into modern therapeutics: it will document their historical origins, track their resurgence in the 21st century, and consider how science and technology will be changing their use in mainstream healthcare. Drawing from evidence based practice, ethnopharmacology and new technologies we plan to summarize evidence relevant to the capability of natural systems to complement/complement and enhance modern medicine.[2]

Historical Perspective of Natural & Traditional Medicines

The use of natural remedies is thousands of years old, integrated into the culture and spirit of societies around the globe. In ancient Egypt, papyri dating back to 1500 BCE describe over 700 plant-based medicinal formulations. [3,4]

The foundations of Western medicine also trace back to herbalism. The works of Hippocrates and Galen included extensive references to botanical remedies, many of which laid the groundwork for early pharmacology. Despite the subsequent dominance of synthetic pharmaceuticals during the 20th century, many modern drugs—including aspirin, morphine, and paclitaxel—are derived from or inspired by natural products.

Importantly, traditional medicine systems are not static. They have evolved over centuries through empirical observations, cultural transmission, and adaptive innovation. Today, many of these systems remain in active use. [5]

Relevance in Modern Therapeutics

As healthcare shifts toward more personalized and preventive models, the integration of traditional medicine with contemporary clinical practices offers promising opportunities. Natural products serve as scaffolds for novel drug development due to their biochemical diversity, structural complexity, and specificity. Furthermore, modern techniques such as high-throughput screening, metabolomics, and network pharmacology are now being used to decode traditional formulations. These tools not only validate centuries-old practices but also uncover new therapeutic mechanisms, making traditional remedies more accessible to modern science.

The global pharmaceutical industry has begun to embrace this integrative approach. The World Health Organization's Traditional Medicine Strategy (2025) encourages the incorporation of traditional knowledge into universal healthcare systems, demonstrating the recognition of traditional medicine's potential by governmental and regulatory entities. In essence, the bridge between ancient wisdom and modern science is not just a philosophical one—it is a clinical imperative. The thoughtful integration of natural products and traditional medical systems into contemporary therapeutics holds the potential to address existing treatment gaps, foster innovation, and improve global health outcomes.

2. Traditional Medicine Systems Around the World

Traditional medicine systems are cultural expressions that document thousands of years of experiential knowledge. While situated in cultural paradigms that differ from conventional Traditional and Western medical systems have demonstrated their therapeutic value, particularly in places where access to contemporary medical treatment is scarce.. It is important to recognize that traditional medicine systems, even as they are preserved as cultural practice worldwide, are being actively documented, standardized and incorporated into evidence-based medical systems.

Ayurveda

Ayurveda is a holistic healing system founded in India over 3,000 years ago which seeks to promote health by balancing energies in the body known as doshas- Vata, Pitta, and Kapha. Ayurvedic practice includes herbal mixtures, dietary advice, lifestyle changes, detox procedures (Panchakarma), and mind/body techniques which include yoga and meditation. [6]

Ayurveda's pharmacopoeia contains thousands of different plant species as well as mined minerals and animal products. Several of Ayurveda's interventions have been validated through rigorous scientific research. For example, Triphala, a mixture of three medicinal herbs, has shown in preclinical and clinical studies to exhibit antioxidant effects and protective effects on the gastrointestinal tract.[7]

In order to understand the workings of Ayurvedic treatments, contemporary research is using phytochemistry, molecular docking, and clinical trials.In recent years, Ayurveda has also been integrated with personalized medicine approaches, considering individual constitution (*Prakriti*) as a determinant of treatment response.

Traditional Chinese Medicine (TCM)

It employs diagnostic techniques such as pulse reading and tongue analysis and incorporates herbal therapy, acupuncture, cupping, moxibustion, and Tai Chi. [8] TCM herbal prescriptions are often multi-component formulations, targeting multiple organs or systems simultaneously. A classical example is *Huang Lian Jie Du Tang*, traditionally used for inflammation and infections, which has demonstrated antimicrobial and hepatoprotective activity in modern pharmacological studies. One of the most profound examples of TCM's global impact Artemisinin was discovered in Artemisia annua by Dr. Tu Youyou, which revolutionized malaria treatment and earned her a Nobel Prize in 2015.

Modern TCM research utilizes network pharmacology and systems biology to map herb-compound-target interactions. This multi-target therapeutic strategy aligns well with the management of long-term, complicated illnesses such cancer and metabolic problems.[9]

Unani and Siddha Systems

The origins of unani medicine can be found in the Greco-Arabic traditions of Hippocrates and Galen, and it was further developed by Avicenna and other Persian philosophers. Treatment involves dietary regulations, herbal prescriptions, physical therapies, and regimens such as cupping (*hijama*) and massage (*dalak*).

Siddha, a South Indian system of medicine, shares some common principles with Ayurveda but emphasizes alchemical formulations and spiritual practices. It includes therapies based on metals, minerals, and rare herbs, often combined into complex polyherbal-mineral compounds called *parpam* and *chendooram*. Many Siddha formulations are being explored for their antioxidant, immunomodulatory, and anti-inflammatory properties. [10]

Despite the lack of widespread global recognition compared to Ayurveda or TCM, both Unani and Siddha are being integrated into India's AYUSH system (Ayurveda, Yoga, Unani, Siddha, and Homeopathy), with increasing efforts toward standardization and clinical validation.

Indigenous and Folk Healing Practices

Indigenous communities across Africa, Latin America, Southeast Asia, and Oceania possess extensive traditional medical knowledge passed down orally through generations. These systems are often deeply intertwined with spiritual beliefs, ecological awareness, and communal practices.

African Traditional Medicine (ATM), for instancecomprises a wide variety of herbal, mineral, spiritual therapies. Plants such as *Harpagophytum procumbens* (devil's claw) and *Prunus africana* have undergone anti-inflammatory research. and prostatic benefits. Similarly, Amazonian tribes use decoctions of *Banisteriopsis caapi with Uncaria tomentosa (cat's claw) for psychological and spiritual healing and immune support*.

Although these practices are often marginalized in formal healthcare systems, they are gaining scientific interest due to their ecological sustainability, cultural relevance, and untapped pharmacological potential. 11]

3. Phytochemicals and Bioactive Natural Compounds

Classification and Sources

Herbs are composed of chemical substances called phytochemicals that often serve as the plant's defense mechanisms against pathogens, predators, and environmental stress. In human health, these compounds offer a extensive variety of biotic actions and have been pivotal in the development of many therapeutic agents. Unlike essential nutrients, phytochemicals are not required for basic survival but provide a number of health advantages, including as antioxidants and against inflammation, antimicrobial, anticancer properties. [12] Classification of Phytochemicals Based on Chemical Structure and Biosynthetic Origin shown in table 1. Phytochemicals are broadly classified based on their chemical structures and biosynthetic origins:

The source of these compounds spans across roots, stems, bark, leaves, seeds, and fruits. For instance, *Curcuma longa* rhizome is rich in curcuminoids, while *Ginkgo biloba* leaves are known for terpene trilactones and flavonol glycosides. The diversity in phytochemical composition depends on multiple factors such as plant part used, harvest time, geographical location, and post-harvest processing.

Table 3Table: Classification of Phytochemicals Based on Chemical Structure and	l
Biosynthetic Origin [13]	

Class	Example Compounds	Natural Sources	Key Biological Activities
Alkaloids	Morphine, Berberine, Quinine	Papaver somniferum, Berberis aristata	Analgesic, antimicrobial, antimalarial
Flavonoids	Quercetin, Kaempferol, Catechins	Camellia sinensis, Citrus spp., Onion	Antioxidant, anti- inflammatory, cardioprotective
Phenolic Acids	Gallic,Caffeic & Ferulic acid	Emblica officinalis, Coffee, Berries	Antioxidant, neuroprotective, hepatoprotective
Terpenoids	Artemisinin, Menthol, Limonene	Artemisia annua, Mentha, Citrus spp.	Antimalarial, antimicrobial, anticancer
Glycosides	Digoxin, Stevioside, Saponins	Digitalis, Stevia rebaudiana, Dioscorea	Cardiotonic, sweetening agent, anti-inflammatory
Tannins	Ellagitannins, Proanthocyanidins	Terminalia chebula, Tea, Grapes	Antioxidant, antimicrobial, anti- diarrheal
Lignans	Secoisolariciresinol, Podophyllotoxin	Flaxseeds, Sesame, Podophyllum spp.	Estrogenic, anticancer, antioxidant
Saponins	Diosgenin, Ginsenosides	Dioscorea, Ginseng, Fenugreek	Immunomodulatory, hypocholesterolemic, adaptogenic
Coumarins	Umbelliferone, Psoralen	Citrus spp., Psoralea corylifolia	Anticoagulant, anti- inflammatory, phototherapeutic

Mechanisms of Action

Bioactive phytochemicals exert their pharmacological actions through multiple, often interconnected mechanisms. Their multi-target nature makes them highly valuable for treating complex and chronic conditions .

Some key mechanisms include [14]:

- Antioxidant activity: Many polyphenols, such as flavonoids and tannins, absorb free radicals
- Enzyme inhibition/modulation: Alkaloids and terpenoids often modulate enzymes such as COX-2 (in inflammation), α -glucosidase (in diabetes), or acetylcholinesterase (in Alzheimer's disease).
- Anti-inflammatory signaling: Phytochemicals like curcumin and resveratrol inhibit pro-inflammatory cytokines
- **Apoptosis induction:** Several phytochemicals, especially in cancer therapy, induce programmed cell death via intrinsic or extrinsic pathways, often involving mitochondrial dysfunction or caspase activation.
- **Modulation of gene expression:** Many plant-derived compounds influence epigenetic regulators, including DNA methylation, histone modification, and microRNA expression, thereby impacting gene transcription.

Due to these diverse mechanisms, phytochemicals often exhibit synergistic effects when combined, either with other plant compounds

Advances in Phytochemical Profiling Techniques

Modern science has significantly enhanced our ability to identify, quantify, and characterize phytochemicals with greater precision and speed. [15-17]:

- HPLC: High-Performance Liquid Chromatography: Often employed for sensitive routine analysis and quantification of plant metabolites.
- Ultra-Performance Liquid Chromatography (UPLC): Provides faster analytical times and higher resolution than traditional HPLC. The Gas Chromatography-Mass Spectrometry (GC-MS) method is perfect for volatile substances like alkaloids and essential oils.
- High-accuracy structural elucidation of complex phytochemicals is provided by nuclear magnetic resonance (NMR) spectroscopy.
- Metabolomics and Chemometrics: Advanced data processing and modeling tools that enable comprehensive profiling of complex herbal mixtures, facilitating correlation between specific phytochemicals and biological activities.

4. Scientific Validation of Traditional Medicines

Traditional medicine has long been used for healing and wellness based on experiential knowledge, but in recent decades, the demand for empirical validation has grown. In

order to transition from anecdotal application to evidence-based integration with modern healthcare, it is essential to evaluate traditional therapies through rigorous scientific protocols. This involves preclinical and clinical research, pharmacological profiling, and standardization, ensuring that such remedies are safe, efficacious, and reproducible. [18]

Preclinical and Clinical Evidence

For instance, *Withania somnifera* (Ashwagandha), widely used in Ayurveda for its adaptogenic properties, has demonstrated anxiolytic and neuroprotective effects in rodent models. Similarly, *Berberis aristata*, a component of Unani and Siddha systems, has shown hypoglycemic and antimicrobial activity in laboratory studies. [19]

Clinical trials follow preclinical research and are critical for confirming safety and efficacy in humans. Phases I–III of clinical testing focus on dosage, side effects, and therapeutic outcomes in controlled environments. One notable success is the development of **artemisinin** from *Artemisia annua* (used in TCM), which was validated through a series of trials and is now a WHO-approved treatment for malaria.

Meta-analyses and systematic reviews of clinical data have further bolstered confidence in certain traditional medicines. For example, *Triphala*, a classical Ayurvedic formulation, has demonstrated beneficial effects in gastrointestinal health, lipid metabolism, and oxidative stress management in human trials.[20]

Case Studies of Successful Integrations

Several traditional medicines have successfully transitioned into globally accepted therapies after scientific validation[21,22]:

- Artemisinin: Isolated from *Artemisia annua*, this compound revolutionized malaria treatment, especially in drug-resistant strains. It represents one of the most successful integrations of TCM into mainstream medicine.
- **Paclitaxel**: (*Taxus brevifolia*), this phytochemical, while not traditionally used in ethnomedicine, was discovered through a natural product screening program influenced by traditional plant use, and is now widely used in cancer chemotherapy.
- **Silymarin**: Extracted from *Silybum marianum* (milk thistle), a traditional European liver tonic, silymarin is now standardized and used in the treatment of liver disorders including cirrhosis
- **Mucuna pruriens:** Previously applied in Ayurveda for neurological diseases, this leguminous plant containing L-DOPA is now included as adjunct therapy to manage Parkinson's disease.

These instances demonstrate that when traditional knowledge is reinforced with scientific evidence, it can help produce important therapeutic outcomes for global medicine.

Safety, Efficacy and Standardisation [23]

One of the major issues surrounding the integration of traditional medicine in a conventional therapeutic framework is that of harmonisation of therapies and quality. While synthetics are based on a single active component, traditional medicines are multi-component systems utilizing innate and preserved constituents that can show synergistic or antagonistic effects.

Safety profiling across traditional medicinal compounds is assessing acute and chronic toxicity, reproductive and developmental toxicity, genotoxicity, and potential for herbdrug interactions. Herbal pharmacovigilance databases have been on the rise in countries such as India and China to document risk of harm although it is still at an early stage of literature useful to better monitor harm.

The assessment of efficacy is hindered because of the disparities in sourcing, processing and doses of raw materials. Quality markers (aka phytochemistry markers) are a first step to establish batch-to-batch fidelity.

Technologies such as UPLC-MS/MS, DNA barcoding, and metabolomic fingerprinting can now provide the rigorous identifications and quantifications of phytoconstituents that allow anthropologists to have some confidence in the reliability of traditional medicine products.

Current frameworks are also developing. The WHO initiated a Traditional Medicine Strategy (2025) entreating nations to develop safe, evidence-based policies for the use of traditional medicine.

5. The Modern Technologies driving Traditional Medicines

Indigenous medicine's incorporation into contemporary health systems is not simply a philosophical idea; it is technological. There are numerous contemporary innovations beyond the development of theoretical cures for single ailments..[24]

Role of Nanotechnology in Herbal Drug Delivery

Nanotechnology, through the design of **nano-sized drug carriers**, has opened new avenues to overcome these barriers. Nano- compositions improve stability, solubility, and permeability, and controlled release of bioactive compounds derived from plants.

Common nanocarrier systems for herbal delivery include [25]:

- **Liposomes**: Spherical vesicles used for encapsulating hydrophilic and lipophilic plant compounds (e.g., curcumin-loaded liposomes for anti-inflammatory therapy).
- Solid Lipid Nanoparticles (SLNs): Useful for regulated drug distribution and enhanced stability of polyphenols like resveratrol and quercetin.
- **Polymeric Nanoparticles**: Biodegradable systems using polymers such as chitosan or PLGA to deliver herbal constituents with site specificity (e.g., silymarin for hepatoprotection).
- **Nanoemulsions and Micelles**: Improve the gastrointestinal absorption of poorly soluble herbal extracts like *Andrographis paniculata*.

Several studies have shown that nano-herbal formulations exhibit **improved pharmacokinetics**, greater therapeutic effectiveness and cellular absorption in comparison to traditional forms. For example, nano-curcumin has shown enhanced bioavailability (up to 40 times) and better anti-inflammatory effects in clinical settings.

Omics and AI in Natural Product Research

The advent of **genomics**, **proteomics**, **metabolomics**, **and transcriptomics** collectively known as **omics technologies**—has transformed the study of traditional medicine. These tools enable researchers to explore how herbal drugs interact with cellular pathways at the molecular level and identify biomarkers associated with efficacy or toxicity [26].

- Genomics and Transcriptomics help in identifying plant genes responsible for producing specific bioactive compounds and in understanding gene expression patterns in response to herbal treatment.
- **Metabolomics** enables comprehensive profiling of plant metabolites, allowing researchers to capture the "metabolic fingerprint" of complex herbal formulations.
- **Proteomics** can assess how traditional remedies affect protein expression in disease models, particularly in inflammation, cancer, and neurodegenerative disorders.

Machine learning (ML) and artificial intelligence (AI) have developed into effective instruments for drug discovery and predictive modeling. Artificial intelligence algorithms are utilized to-

- Predict herb-drug interactions
- Model bioactivity from phytochemical structures
- Optimize polyherbal formulations

• Identify new leads from large natural product libraries

For instance, AI-driven platforms have been used to analyze thousands of compounds from *TCM* databases to identify novel antivirals and anti-inflammatory agents. These technologies have also accelerated the development of "digital twins" for herbal medicines—virtual simulations of how plant compounds behave in the human body.

High-Throughput Screening and Computational Approaches [27]

This technology is particularly useful for traditional medicines that contain a wide array of phytochemicals whose synergistic actions are often unknown.

HTS is complemented by computational approaches, such as:

- Molecular docking to predict how phytochemicals bind to specific protein targets
- **Pharmacophore modeling** to identify the essential features responsible for biological activity
- **Network pharmacology**, which maps the multi-target, multi-pathway interactions characteristic of polyherbal systems

These techniques have been employed to discover new uses for traditional plants, uncover active ingredients in complex mixtures, and predict possible side effects or toxicity.

For example, network pharmacology applied to *Triphala* has identified its immunomodulatory and anti-cancer properties through the modulation of cytokine and MAPK signaling pathways.

The combination of HTS and **in silico** tools not only reduces the time and cost of natural product research but also enhances reproducibility and clinical translatability [28].

6. Integrative and Complementary Therapies in Clinical Practice

In modern healthcare, the incorporation of **integrative and complementary therapies** has gained considerable traction due to their potential to enhance therapeutic outcomes, improve quality of life, and minimize adverse drug reactions. Traditional medicines, once regarded as "alternative," are now recognized as valuable adjuncts to conventional treatment, especially in chronic, multifactorial conditions. The emphasis has shifted from disease-centric to **patient-centered care**, where both evidence-based traditional practices and modern medicine collaborate synergistically.[29]

7. Synergistic Use with Conventional Drugs

One of the most promising dimensions of integrative medicine is the **synergistic use of natural products with conventional pharmaceuticals**. Many plant-derived compounds not only exhibit intrinsic pharmacological activity but also modulate the bioavailability, metabolism, and action of synthetic drugs.

For example [30]:

- Curcumin (from *Curcuma longa*) has been shown to potentiate the effects of chemotherapy agents like doxorubicin while minimizing their cardiotoxicity.
- **Berberine**, used in traditional Chinese and Ayurvedic medicine for metabolic disorders, enhances insulin sensitivity and shows additive effects when combined with metformin in type 2 diabetes.
- **Ginkgo biloba** extract, known for neuroprotective properties, has been coadministered with acetylcholinesterase inhibitors in dementia patients, improving cognitive outcomes.
- **Silymarin** from *Silybum marianum* is frequently used alongside hepatotoxic drugs such as antitubercular agents to mitigate liver damage.

However, such combinations require careful assessment due to potential **herb-drug interactions**, especially those involving cytochrome P450 enzymes or P-glycoprotein transporters. Thus, clinical integration demands not only pharmacodynamic synergy but also pharmacokinetic compatibility. [31]

Personalized and Preventive Medicine [32]

The integration of traditional medicine aligns seamlessly with the **paradigm of personalized medicine**, which considers individual variability in genetics, environment, lifestyle, and constitution. Traditional systems like **Ayurveda** and **TCM** inherently follow a personalized approach through concepts such as *Prakriti* (body constitution) and *Zheng* (pattern differentiation), respectively.

Modern pharmacogenomics now supports these traditional insights by identifying **genetic polymorphisms** that influence an individual's response to specific herbs or phytochemicals. For instance, **variations in CYP2C9** can affect how patients metabolize curcuminoids or flavonoids, influencing both efficacy and toxicity.

In preventive medicine, adaptogenic herbs like **Ashwagandha**, **Rhodiola**, and **Tulsi** are used to strengthen the body's resilience to stress, thereby reducing the risk of chronic disease onset. Nutraceuticals and herbal tonics have been increasingly employed to **modulate immune function**, **balance metabolic profiles**, and **enhance gut microbiota**, serving as prophylactic interventions.

By integrating traditional diagnostic systems with modern biomarker analysis, healthcare can move toward **truly individualized treatment regimens** that optimize therapeutic outcomes and reduce trial-and-error prescribing.

Holistic Approaches to Chronic Disease Management [33]

Chronic illnesses, including diabetes, arthritis, cardiovascular problems, and cancer needs multi-dimensional care. Conventional systems are often a good fit here as they look at the whole human body, not just symptoms, and work to restore balance from physical, emotional, and spiritual perspectives. Holistic practices usually involve:

• Diet and lifestyle education/changes (i.e. Dinacharya in Ayurveda, seasonal use of foods in TCM)

• Polypharmacy of herbal medicines to affect multiple biochemical pathways - helpful in chronic conditions such as metabolic syndrome or with autoimmune mechanisms

• Cleansing / detoxification therapies like Panchakarma, doesn't seem to 'normalize' from an allopathic perspective but is purposed to limit the burden of toxins and goal include homeostasis

In my practice, we've used the above strategies and proposed the use them as add-on therapies to improve adherence, limit polypharmacy, and address adverse effects. There's clear evidence showing benefits of yoga and mindfulness, especially to help mitigate high blood pressure and depression, and shown to help limit NSAID consumption in osteoarthritis.

As well, with integrative care I've noticed that patient satisfaction and perceived quality of care, often increases, because the patients feel empowered and take an active role in their healing process.

8. Future Directions and Opportunities

Currently, the integration of natural products and traditional medicines into mainstream therapeutics is not an idealistic vision, but a fast approaching reality. However, for this desire to be fully realized, a multi-disciplinary approach that incorporates scientific validation, technological development, international regulatory harmonization, and cross-cultural collaboration must be established.

AI and big data analytics can play a huge role in identifying therapeutic leads from large volumes of ethnopharmacology databases, drug interaction prediction and synergistic characteristics of polyherbals. As personalized medicine advance, we can see a combination of systems considering personalized aspects of tradition i.e., prakriti or zhen with genetic profile, while addressing discomforts of drug interactions, enhancing efficacy, and reducing chances for adverse events (in particular adverse drug interactions). Eco-friendly extraction protocols and technologies (examples supercritical CO₂ extraction, green solvents), along with sustainable practice of wild harvesting of medicinal plants will be highlighted, particularly as it pertains to biodiversity conservation in response to a changing climate. International collaborations like those led by WHO, EMA, and AYUSH will be essential for developing unified regulatory standards for herbal drugs, ensuring safety, efficacy, and consistency across borders. Traditional medicine will increasingly be incorporated into community health centers and national health systems, particularly for chronic disease prevention, palliative care, and mental wellness. The future will see enhanced partnerships between academia, traditional healers, and pharmaceutical companies to co-develop validated products that respect both scientific rigor and cultural heritage. In summary, the next frontier in drug discovery and public health lies in effectively

marrying the wisdom of the past with the tools of the future.

9. Conclusion

Being a scientific project, their integration into modern medicine is also a cultural and ethical project and a global health project. Many exciting prospects for collaboration between ancient healing systems (and medicines) and modern science exist, and they stretch from phytochemical research and nano technology-based delivery protocols, to potent AI-assisted drug discovery and customized pharmaceutical prescriptions. The ability to build on ancient healing systems and medicines, complemented by contemporary science, offers new opportunities for safer, more accessible and holistic healthcare.

However, that does not mean that the integration of traditional medicine and modern medicine should be done blindly and without due thoughtfulness. For example, the rigorous scientific validation, standardization, and collaboration across disciplines to harness the positive attributes of traditional medicine will help avoid having the safety and efficacy of existing medicines jeopardised. Additionally, issues of sustainable and ethical sourcing of plant materials, the protection of Indigenous knowledge, and democratic policymaking will determine the sustainability of the field.

As the line continues to blur between traditional and conventional medicine to create an integrative form of healthcare, one that invests not only in treating disease but in nurturing a state of wellness, there is an amazing opportunity to converge traditions and innovations, paving a new path for the future of global health.

References:

- World Health Organization. WHO Global Report on Traditional and Complementary Medicine 2019. Geneva: World Health Organization; 2019.
- Patwardhan B, Chavan-Gautam P, Tillu G. Ayurveda and natural products drug discovery. *Curr Sci.* 2022;122(6):635–644. doi:10.18520/cs/v122/i6/635-644
- Cragg GM, Newman DJ. Natural products: a continuing source of novel drug leads. *Biochim Biophys Acta*. 2013;1830(6):3670–3695. doi:10.1016/j.bbagen.2013.02.008
- Li S, Zhang B. Traditional Chinese medicine network pharmacology: theory, methodology and application. *Chin J Nat Med.* 2013;11(2):110-120. doi:10.1016/S1875-5364(13)60037-0
- Sahoo N, Manchikanti P, Dey S. Herbal drugs: standards and regulation. *Fitoterapia*. 2010;81(6):462-471. doi:10.1016/j.fitote.2010.02.001
- Bodeker G, Ong CK, Grundy C, Burford G, Shein K. *WHO Global Atlas of Traditional, Complementary and Alternative Medicine*. World Health Organization; 2005.
- Vaidya ADB. The status and scope of Indian medicinal plants acting on central nervous system. *Indian J Pharmacol.* 2010;42(5):341–343. doi:10.4103/0253-7613.70601
- Tu Y. The discovery of artemisinin (qinghaosu) and gifts from Chinese medicine. *Nat Med.* 2011;17(10):1217-1220. doi:10.1038/nm.2471
- Atanasov AG, Zotchev SB, Dirsch VM, et al. Natural products in drug discovery: advances and opportunities. *Nat Rev Drug Discov.* 2021;20(3):200-216. doi:10.1038/s41573-020-00114-z
- Panche AN, Diwan AD, Chandra SR. Flavonoids: an overview. J Nutr Sci. 2016;5:e47. doi:10.1017/jns.2016.41
- Sarker SD, Nahar L. Chemistry for Pharmacy Students: General, Organic and Natural Product Chemistry. 2nd ed. Chichester: Wiley; 2020.
- Li Y, Kong D, Wang Z, et al. Phytochemical composition and pharmacological activities of *Curcuma longa L*.: A review update. *Food Funct*. 2022;13(2):2033–2051. doi:10.1039/D1FO03729F
- Silva NCC, Fernandes Júnior A. Biological properties of medicinal plants: a review of their antimicrobial activity. *J Venom Anim Toxins Incl Trop Dis.* 2010;16(3):402-413. doi:10.1590/S1678-91992010000300006
- Wolfender JL, Queiroz EF, Hostettmann K. Phytochemistry in the microgram-scale: GC-MS, LC-MS and NMR technologies for the rapid and complete structural elucidation of natural products. *Phytochem Rev.* 2019;18(3):507–522. doi:10.1007/s11101-018-9561-3

- Srivastava S, Singh P, Mishra G, Jha KK, Khosa RL. Cost-effective strategies for production, purification and evaluation of curcumin and its nanoformulations. *Curr Pharm Biotechnol.* 2022;23(1):25-35. doi:10.2174/1389201022666210706153103
- Barnes J, Anderson LA, Phillipson JD. Herbal Medicines. 3rd ed. London: Pharmaceutical Press; 2007.
- World Health Organization. WHO Global Report on Traditional and Complementary Medicine 2019. Geneva: WHO; 2019.
- Kalepu S, Nekkanti V. Insoluble drug delivery strategies: review of recent advances and business prospects. Acta Pharm Sin B. 2015;5(5):442-453. doi:10.1016/j.apsb.2015.07.003
- Li S, Zhang B. Traditional Chinese medicine network pharmacology: theory, methodology and application. *Chin J Nat Med.* 2013;11(2):110-120. doi:10.1016/S1875-5364(13)60037-0
- Zhang RZ, Yu SJ, Bai H, Ning K. TCM-Mesh: The database and analytical system for network pharmacology analysis for TCM preparations. *Sci Rep.* 2017;7(1):2821. doi:10.1038/s41598-017-03000-5
- Atanasov AG, Zotchev SB, Dirsch VM, et al. Natural products in drug discovery: advances and opportunities. *Nat Rev Drug Discov.* 2021;20(3):200-216. doi:10.1038/s41573-020-00114-z
- Patra JK, Das G, Fraceto LF, et al. Nano based drug delivery systems: recent developments and future prospects. *J Nanobiotechnol.* 2018;16(1):71. doi:10.1186/s12951-018-0392-8
- Patwardhan B, Chavan-Gautam P, Tillu G. Ayurveda and natural products drug discovery. *Curr Sci.* 2022;122(6):635–644. doi:10.18520/cs/v122/i6/635-644
- Williamson EM. Interactions between herbal and conventional medicines: the role of cytochrome P450 enzymes and P-glycoprotein. *Clin Pharmacokinet*. 2003;42(15):1331–1351. doi:10.2165/00003088-200342150-00003
- Jaiswal YS, Williams LL. A glimpse of Ayurveda The forgotten history and principles of Indian traditional medicine. *J Tradit Complement Med*. 2017;7(1):50–53. doi:10.1016/j.jtcme.2016.02.002
- Posadzki P, Watson LK, Ernst E. Herb–drug interactions: an overview of systematic reviews. *Br J Clin Pharmacol.* 2013;75(3):603–618. doi:10.1111/j.1365-2125.2012.04350.x
- Balasubramanian S, Sharma RK, Vaidhya ADB, et al. An Ayurvedic personalized approach to prediabetes management: a randomized controlled trial. *J Altern Complement Med.* 2020;26(5):410–417. doi:10.1089/acm.2019.0467