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Fidelity Level and Knowledge of Medicinal Plants Used to Make Therapeutic Turkish Baths

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ABSTRACT The value and importance of indigenous knowledge are now being increasingly acknowledged all over the world. For this reason, the aims of this study is not only to identify the medicinal plants used for Therapeutic Turkish Baths by local people of various areas in Turkey, but also to draw attention to the traditional knowledge that is in danger of being lost. In this study, a total of 105 people from twenty-one provinces (N=5) were interviewed. Information was gathered through scientifically guided questionnaires, interviews and general conversations and fidelity level (FL) of species were determined. According to the results of the identification, 42 plants are being used to make Therapeutic Turkish Baths for medicinal purposes in Turkey. Among them 29 plants are wild and 13 plants are cultivated plants. Most used families were Lamiaceae, Asteraceae, Fabaceae, Malvaceae and Poaceae. The category that has the highest FL value is Cucumis sativus (100%) followed by Rosmarinus officinalis (93%). The lowest is Thymus vulgaris (32%). The data obtained from our informants and analyses in the present paper clearly show that folk knowledge on medicinal plants and plant uses is still alive in the studied region.

INTRODUCTION

For centuries, medicinal plants have been used throughout the world for the treatment and prevention of various diseases, particularly in developing countries where infectious ailments are indigenous and modern health facilities and services are inadequate (Kisangau et al. 2009). Herbal medicine is still the mainstay of about 75 - 80% of the world population, mainly in the developing countries, for primary health care because of better cultural acceptability, better compatibility with the human body and lesser side effects besides being cheap and locally available (Kamboj 2000; Pal and Shukla 2003). Therefore, many conventional drugs originated from plant sources and so, a century ago, most of the few effective drugs were plant based. Examples include digoxin (from foxglove), quinine (from cinchona bark), and morphine (from the opium poppy) (Vickers and Zollman 1999; Pal and Shukla 2003).

Phytopreparations for external use such as salves, gels, creams, baths and liniments (liquid ointments) contain biologically active substances that are for the most part non-toxic, produce no irritation, and induce no allergic reactions (Ugulu and Baslar 2010). In addition, these preparations provide highly effective treatment

of many strains of microbes and viruses, including those having acquired resistance to many antibiotics and synthetic drugs (Semkina 2005). The search for new forms of phytopreparations requires more detailed characterization of the components of such mixtures. The therapeutic and antiviral effects of many medicinal plant therapies are related to the presence of biologically active substances such as alkaloids, cardenolides, flavonoids, triterpene and steroidal saponins, anthraquinones, polysaccharides, coumarins, chromones, carotenoids, fatty and ethereal oils, organic acids, etc. (Sizova and Popova 2006).

In recent years, there has been a substantial increase in the popularity of plant-based medicine for a variety of illnesses and symptoms, as well as for preventive health practices and general self-care (Johnson and Blanchard 2006). According to the World Health Organization (WHO 1998), the use of medicinal phytopreparations all over the world exceeds that of the conventional drugs by two to three times (Pal and Shukla 2003). Some studies related to usage of herbal medicine showed that 42% of the North American population (Eisenberg et al. 1998), 48% of the population in Australia (WHO 1998), 39% of the population in Canada (Erci 2007), 31% of the population in Belgium, and

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49% of the population in France (Fisher and Ward 1994) has used complementary and alternative medicine (CAM) at least once. In this connection, many studies about type of CAM used have been conducted in Turkey (Erci 2007). These studies indicated that herbal (40.6%) and diets (26.6%) therapies have been used most frequently (Tan et al. 2004; Isikhan et al. 2005). Another study found that patients were mostly using herbal products (72.5% and prayer (44.9%) in Turkey (Oguz and Pinar 2000).

Usage and prevalence of medicinal plants, traditional ethno-botanical knowledge about herbal remedies and CAM therapies have been investigated in different areas of Turkey (Dogan et al. 2005; Kultur 2007; Kargioglu et al. 2008; Ugurlu and Secmen 2008; Ugulu et al. 2009a; Ugulu et al. 2009b; Cakilcioglu and Turkoglu 2010; Ugulu and Baslar 2010; Dogan et al. 2011). Although there have been many investigations about medicinal plants used in Turkey, few of them are related to medicinal preparations for external use. In this perspective, this study attempted to look into traditional baths that are used by Turkish people for curing various ailments. Objectives of the study were: (1) to identify and document Therapeutic Turkish Baths, (2) medicinal plant species used to make Therapeutic Turkish Baths and usage by Turkish people and (3) to record traditional knowledge of the use of these baths.

MATERIALS AND METHODS

Study Area

Turkey is a country that has a wide variety of topographical and climatic conditions, which form the basis of seven different regions, namely, Marmara, Aegean, Mediterranean, Central Anatolian, Black Sea, Eastern Anatolian and South Eastern Anatolian. The study was carried out by interviewing resource persons in three provinces from every region of Turkey. The provinces chosen are shown in Table 1.

Data Collection

The information includes various data such as bath names and therapeutic effects of baths, plants in baths and local names of plants, parts of plants used, methods of preparation. Interviews were done elderly people of the provinces and districts, experienced adults and patients in various places between the periods 2007-2008. Five inhabitants were selected from provinces based on one of the following criteria: that they have been living in the region for more than 10 years, used plants as the main medicine or identified as medicinal plant extractors or traditional healers. The information was checked with other areas, neighboring provinces and districts, to verify the accuracy. During the step of identifying plants, the preparers of baths from different cities of Turkey were asked questions about the baths they have prepared and which plants they have used. Information was gathered through scientifically guided questionnaires, interviews and general conversations.

After conducting interviews with preparers, it is shown in the table which plant is used in which bath (Table 2). The taxonomic determination of the plants was carried out according to Davis (1988) and Guner et al. (2001) and compared to the specimens kept in the Herbarium of Buca Educational Faculty, Dokuz Eylul University (DEBB). Voucher herbarium specimens were prepared and deposited in the DEBB Herbarium. The specific names of the identified plants are also shown in the table.

Data Analysis

The fidelity level (FL), the percentage of informants claiming the use of a certain plant for the same major purpose, was calculated for the most frequently reported diseases or ailments as:

 $FL(\%) = (N_p/N) \times 100$

where N_p is the number of informants that claim a use of a plant species to treat a particu-

Table 1: The selected provinces for study

Regions of Turkey	Aegean	Black Sea	Central Anatolian	Eastern Anatolian	Marmara	Mediterranean	South Eastern Anatolian
Provinces	Izmir	Trabzon	Ankara	Erzurum	Istanbul	Antalya	Gaziantep
	Denizli	Zonguldak	Konya	Malatya	Bursa	Isparta	Diyarbakir
	Mugla	Sinop	Kayseri	Agri	Edirne	Adana	Adiyaman

Table 2: Plants which are used to make Therapeutic Turkish Baths

Baths	Plants in bath	Local names of the plants	Families of the plants	Plant part used	Other substances in bath	Preparation of bath	
Bath for Backaches	Jasminum officinale L. (1)	Yasemin	Oleaceae	Flowers		• 1 and 2 are boiled.	
	(DEBB. 562) Spinacia oleracea L. (2) (DEBB. 468)	Ispanak	Chenopodiaceae	Leaves	Almond oil (4)	 The boiled mixture is strained. 3 and 4 are added to filtrate. The mixture is diluted and applied as body or local bath. 	
Bath for Backaches	Peganum harmala L. (1) (DEBB. 534)	Uzerlik	Zygophyllaceae	Leaves	Carnation oil (4)	• 1, 2 and 3 are waited in hot water about 15 minutes.	
	Rosmarinus officinalis L. (2) (DEBB. 526)	Biberiye	Lamiaceae	Flowers		The waited mixture is strained.4 is added to filtrate.	
	Citrus x limon (L.) Burm.f. (3) (DEBB. 523)	Limon	Rutaceae	Fruits		 The mixture is diluted and applied as body or local bath. 	
Bath for Dry Skin	Rosmarinus officinalis L. (1) (DEBB. 526)	Biberiye	Lamiaceae	Flowers	Viola oil (4)	• 1, 2 and 3 are waited in hot water about 30 minutes.	
	Calendula officinalis L. (2) (DEBB. 564)	Aynisafa	Asteraceae	Flowers		The waited mixture is strained.4 is added to filtrate.	
	Punica granatum L. (3) (DEBB. 525)	Nar	Punicaceae	Fruits (Juice)		•The mixture is diluted and applied as body or local bath.	
Bath for Eczema	Platanus orientalis L. (1) (DEBB. 567)	Çýnar	Platanaceae	Bark	Vinegar (4) Pine oil (5)	1 or 2 is boiled.3 is waited in hot water about 15 minutes.	
	Quercus coccifera L. (2) (DEBB. 555)	Mese	Fagaceae	Bark	(4)	 The boiled bark and waited thyme is strained The filtrates are mixed. 	
	Thymus vulgaris L. (3) (DEBB. 565)	Kekik	Lamiaceae	Leaves		 4 and 5 are added to this mixture. The last mixture is diluted and applied as body or local bath. 	
Bath for Hair Care	Salvadora persica Wall. (1) (DEBB, 568)	Misvak	Salvadoraceae	Seeds	Vinegar (4)	• 1 and 2 are waited in hot water about 15 minutes.	
	Viola sp. L. (2) (DEBB. 570)	Menekse	Violaceae	Leaves		• 3 is boiled.	
	Camellia sinensis (L.) Kuntze (3) (DEBB. 574)	Çay	Theaceae	Leaves		 The waited mixture and boiled tea (3) is strained. The filtrates are mixed and 4 is added to this mixture. 	
						 The last mixture is diluted and applied as head bath. 	
Bath for Itch and Skin Diseases	Triticum durum L. (1) (DEBB.575)	Durum Bugday	Poaceae	Seeds	Corn oil (4)	1, 2 and 3 are boiled.The boiled mixture is strained.	
	Secale cereale L. (2) (DEBB. 578)	Çavdar	Poaceae	Seeds		4 is added to filtrate.The mixture is diluted and applied as body or	
	Juniperus oxycedrus L. (3) (DEBB. 579)	Ardiç	Cupressaceae	Leaves		local bath.	
Bath for Muscle Aches	Linum usitatissimum L. (1) (DEBB. 478)	Keten	Linaceae	Seeds	Lavender oil (3) Mentha oil (4)	1 and 2 are boiled.The boiled mixture is strained.	
	Althaea officinalis L. (2) (DEBB. 531)	Hatmi	Malvaceae	Fruits		• According to preference, 3 or 4 is added to filtrate.	

Table 2: Contd.....

Baths	Plants in bath	Local names of the plants	Families of the plants	Plant part used	Other substances in bath	Preparation of bath
	Petroselinum crispum (Miller)	Maydanoz	Apiaceae	Seeds	Violet oil (5)	• The crushed material is boiled.
	A. W. Hill (2) (DEBB. 543) Cucumis sativus L. (3) (DEBB. 471)	Salatalik	Cucurbitaceae	Seeds		 The boiled mixture is strained. 4 and 5 are added to filtrate. The mixture is diluted and applied as body or local bath.
Recreative Bath	Calendula officinalis L. (1) (DEBB. 581)	Aynisafa	Asteraceae	Flowers	Lavender oil (3)	 1 and 2 are boiled. The boiled mixture is strained.
	Melissa officinalis L. (2) (DEBB. 577)	Melisa	Lamiaceae	Leaves		 3 is added to filtrate. The mixture is diluted and applied as body bath.
Recreative Bath	Pelargonium sp. L'her (1) (DEBB. 573)	Sardunya	Geraniaceae	Leaves	Mentha oil (4)	• 1, 2 and 3 are waited in hot water about 15 minutes.
	Lavandula angustifolia Miller (2) (DEBB. 560)	Lavanta	Lamiaceae	Flowers		The waited mixture is strained.4 is added to filtrate.
	Abies nordmanniana (Steven) Spach (3) (DEBB. 576)	Köknar	Pinaceae	Leaves		 The mixture is diluted and applied as body bath.
Recreative Bath	Salvia officinalis L. (1) (DEBB. 572)	Adaçayi	Lamiaceae	Leaves	Milk (7) Honey (8)	• 1, 2, 3, 4, 5 and 6 are waited in hot water about 15 minutes.
	Laurus nobilis L. (2) (DEBB. 566)	Defne	Lauraceae	Leaves	• • • • • • • • • • • • • • • • • • • •	The waited mixture is strained.According to preference, 7 or 8 is added to
	Thymus vulgaris L. (3) (DEBB. 565)	Kekik	Lamiaceae	Leaves		filtrate. • The mixture is diluted and applied as body
	Mentha x piperita L. (4) (DEBB, 571)	Nane	Lamiaceae	Leaves		bath.
	Lavandula angustifolia Miller (5) (DEBB. 560)	Lavanta	Lamiaceae	Flowers		
	Rosmarinus officinalis L. (6) (DEBB. 526)	Biberiye	Lamiaceae	Flowers		
Recreative Bath	Ocimum basilicum L. (1) (DEBB. 569)	Feslegen	Lamiaceae	Seeds	Milk (4)	• 1, 2 and 3 are waited in hot water about two hour.
	Laurus nobilis L. (2) (DEBB. 566)	Defne	Lauraceae	Leaves		The waited mixture is strained.The filtrate is mixed with 4.
	Medicago sativa L. (3) (DEBB.563)	Yonca	Fabaceae	Leaves		 The mixture is diluted and applied as body bath.
Sedative Bath	Papaver rhoeas L. (1) (DEBB. 493)	Gelincik	Papaveraceae	Flowers	Olive oil (3) Vinegar (4)	1 and 2 are crushed.The crushed materials are waited in hot water
	Morus nigra L. (2) (DEBB. 492)	Karadut	Moraceae	Fruits		about two hour. The boiled materials are strained. and 4 are added to filtrate. The mixture is diluted and applied as body bath.

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Table 2: Confu						
Baths	Plants in bath	Local names Families of of the plants	Families of the plants	Plant part used	Local names Families of the Plant part Other substances of the plants used in bath	Preparation of bath
Skin Emollient Bath	kin Emollient Bath Matricaria chamomilla L. (1) Papatya (DEBB. 561)		Asteraceae	Flowers	Honey (4) Lavender oil (5)	• 1, 2 and 3 are waited in hot water about 15 minutes.
	Althaea officinalis L. (2) (DEBB. 531)	Hatmi	Malvaceae	Flowers	Milk (6)	 The waited mixture is strained. According to preference, 4, 5 or 6 is added and a strain or strain
	Rosa damescena L. (3) (DEBB. 489)	Gül	Rosaceae	Flowers		filtrate. • The mixture is diluted and applied as body
						local bath.

lar disease, and N is the number of informants that use the plants as a medicine to treat any given disease (Alexiades 1996).

RESULTS

One hundred five people were interviewed in this study and at the end of these interviews the plants which are used to make Therapeutic Turkish Baths are presented in Table 2 arranged in alphabetical order of the names of baths, with the relevant information. According to the results of the identification, 42 plants are being used to make Therapeutic Turkish Baths for medicinal purposes in Turkey (Table 2). Among them 29 plants are wild and 13 plants are cultivated plants.

Some species were recorded as being used for more than one purpose. Among the recorded species, *Rosmarinus officinalis, Lavandula angustifolia, Mentha x piperita* and *Cucumis sativus* are the most popular plants used to make traditional Turkish baths in the treatment of many ailments. The usage numbers of these species: *Rosmarinus officinalis* (4 different usages), *Lavandula angustifolia* (3 different usages), *Mentha x piperita* (3 different usages) and *Cucumis sativus* (3 different usages).

Further analysis on the families has shown that family Lamiaceae is represented by highest number of species (7 species). Asteraceae, Fabaceae, Malvaceae and Poaceae are represented by two species, respectively. The rest are represented by one species each (27 families). In a study carried out in Izmir, it was seen that plants belonging to the families of Lamiaceae, Asteraceae, Fabaceae (Ugulu et al. 2009), Asteraceae, Liliaceae in Alasehir (Ugulu 2011), Asteraceae, Fabaceae, Lamiaceae in Catalca (Genc and Ozhatay 2006), Rosaceae, Asteraceae, Lamiaceae in Merzifon (Ezer and Arisan 2006), Asteraceae, Rosaceae, Lamiaceae in Sivrice (Cakilcioglu and Turkoglu 2010) are used commonly by the people of the regions. The results of these studies showed that the plants belonging to Asteraceae and Lamiaceae families are the most used species in Turkey.

Local people used different part of the plant species to prepare herbal medicine. All parts of various plants are used in the traditional medication of different diseases, however, the most frequently used parts are leaves. These results are in agreement with Ugulu and Baslar (2010),

Table 3: Most commonly used medicinal plants and their major uses with their fidelity level (0 = The Least, 100 = The Highest Efficiency)

Species and family	Local name	Uses	Fidelity Level (FL)
Cucumis sativus L.	Salatalik	Moisturizer, pimples	100%
Rosmarinus officinalis L.	Biberiye	Muscle aches, moisturizer	93.3%
Rosa damescena L.	Gül	Skin emollient	87.6%
Matricaria chamomilla L.	Papatya	Skin emollient, skin wrinkles	80.9%
Lavandula angustifolia Miller	Lavanta	Muscle aches, recreative	74.2%
Mentha x piperita L.	Nane	Recreative, pimples	63.8%
Ocimum basilicum L.	Feslegen	Recreative	59.0%

where leaves are found to be the most frequently used parts. The local people also used other ingredients, such as flour, honey, oil to prepare the remedies.

The category that has the highest FL value is *Cucumis sativus* (100%) followed by *Rosmarinus officinalis* (93%). The lowest is *Thymus vulgaris* (32%). The fidelity level calculated for medicinal plants showed (Table 3).

It is revealed that some of the plants are collected for commercial purposes by local people: Camellia sinensis, Hypericum perforatum, Dianthus caryophyllus, Laurus nobilis, Rosmarinus officinalis, Malva sylvestris, Mentha x piperita, Morus nigra, Juglans regia, Spinacia oleraceae, Punica granatum, Rosa damescena, Petroselinum crispum, Salvia officinalis, Thymus vulgaris, Tilia rubra, Cucumis sativus, Citrus x limon. These plants have great economic importance in Turkey and, Laurus nobilis and Tilia rubra are also exported abroad. Hypericum perforatum and Malva sylvestris are wild harvested and these plants are sold bazaars and markets.

DISCUSSION

The data obtained from our informants and analyses in the present paper clearly show that although modern pharmaceuticals have taken the place of folk cures in many parts of the world, the use of herbs for the making of home remedies and folk knowledge on medicinal plants still remains of some importance in the studied region. In the present study, it was found that most people (72%) continue to use traditional systems of health care including medicinal plants alone or in combination with other ingredients, such as flour, honey, oil. This indicates that ethno-botanical studies constitute a valuable first step in the bio-prospection process, which may lead to the development of

new plant-based medicines. However, phytopreparations such as salves, gels, creams, baths and liniments are complex mixtures. In addition to the pharmacologically active components, they contain other chemical compounds that can influence their activity (for example by modulating either their bioavailability or stability), as well as inactive or inert materials, and sometimes allergenic or toxic compounds (Canigueral 2002).

The baths reported by the informants usually contain a range of pharmacologically active compounds; in some cases, it is not known which ingredients are important for the therapeutic effect (Schulz et al. 2001). For example, bath for muscle aches in this study consists of five medicinal plants: Rosmarinus officinalis, Lavandula angustifolia, Origanum majorata, Capsella bursa-pastoris and Dianthus caryophyllus. One of these five medicinal plants may be the remedy for evil eye and the rest are for masking and keeping the knowledge secret. On the other hand, many herbalists believe that the poly-herbal treatment increases healing power than the use of a single medicinal plant although each medicinal plant is used as a remedy (Teklehaymanot et al. 2006).

Herbal products are used through developed and developing countries as home remedies, numerous drug products and raw materials for the pharmaceutical industry, and represent a substantial proportion of the global drug market (Pal and Shukla 2003). Increasing requirements on the quality of drugs, including those based on plant raw materials, lead to the need for developing methods of standardization of herbal products. The establishment of pharmaco-vigilance programmes for herbal products is the main tool to reach this objective, and the WHO has issued a guideline addressing this topic (WHO 2004). The pharmaco-vigilance of herbal products faces specific challenges, inc-

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luding those related to the incorrect or missing description of ingredients in herbal preparations and to how herbal medicines are perceived, sourced and utilized (Barnes 2003).

The task related to developing methods of standardization of phytopreparations can be solved using the main classes of active substances contained both in ready-to-use medicinal forms and in the initial raw materials. These principal classes include polyphenols, tocopherols, flavonoids, ubiquinones, vitamins, and others (Dyachok et al. 2004). The rational combination of phytopreparations with appropriate supplementary substances and the use of optimum technological schemes in the production of medicinal forms for external use (salves, gels, creams, baths, and liniments) provide for a significant increase in the quality and therapeutic efficacy of phytopreparations intended for the treatment and prophylaxis of various disorders in dermatology, gynecology, dentistry, and cosmetology (Ugulu and Baslar 2010).

The category that has the highest FL value is *Cucumis sativus* (100%) followed by *Rosmarinus officinalis* (93%). The lowest is *Thymus vulgaris* (32%). Obviously, the remedies for frequently reported ailments have the highest FL value and those with low number of reports have lowest FL values. The remedies such as *Thymus vulgaris* (32%) have low FL value because the majority of the informants do not know the dosage and the methods of preparation of the remedies.

As a result, interest in herbal remedies and the studies about phytoremediation has gained momentum in recent years and largely effort is being made to prove the efficacy of plant extracts. In the studied region, the findings of this study clearly document that the use of plant based therapies is common and is more likely to be used by those with chronic diseases. It is hoped that the present study conducted in Turkey will provide new ideas for future work in this field.

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REFERENCES

- Alexiades MN 1996. Collecting ethnobotanical data: An introduction to basic concepts and techniques. In: MN Alexiades (Ed.): Selected Guidelines for Ethnobotanical Research: A Field Manual. New York: The New York Botanical Garden, pp. 53-94.
- Barnes J 2003. Quality, efficacy and safety of complementary medicines: Fashions, facts and the future: Part II. *Br J Clin Pharmacol*, 55(4): 331-340.
- Cakilcioglu U, Turkoglu I 2010. An ethno-botanical survey of medicinal plants in Sivrice (Elazig-Turkey). *J Ethnopharmacol*, 132: 165-175.
- Canigueral S 2002. La Fitoterapia: Una terapeutica para el tercer milenio? *Revista de Fitoterapia*, 2(2): 101-121.
- Davis PH 1988. Flora of Turkey and the East Aegean Islands. Vol. 10. Edinburgh: Edinburgh University Press.
- Dogan Y, Baslar S, Ay G, Aydin H, Yorek N, Mert HH 2005. Poisonous plants distributed naturally in Turkey. *Pharmacia*, 52: 50-55.
- Dogan Y, Ugulu I, Durkan N, Unver MC, Mert HH 2011. Determination of some ecological characteristics and economical importance of *Vitex agnus-castus. Eurasia I. Riosci.* 5: 10-18
- J Biosci, 5: 10-18.

 Dyachok VV, Kozharskaya IM, Lebedinets LA 2004.

 Quantitative analysis of terpenoids in a complex phytopreparation. Pharmaceut Chem J, 38(9): 26-27.
- Eisenberg DM, Davis RB, Ettner SL 1998. Trends in alternative medicine use in the United States, 1990–1997: Results of a followup national survey. *JAMA*, 280: 1569-1575.
- Erci B 2007. Attitudes towards holistic complementary and alternative medicine: A sample of healthy people in Turkey. *J Clin Nurs*, 16: 761-768.
- Ezer N, Arisan OM 2006. Folk medicines in Merzifon (Amasya, Turkey). *Turk J Bot*, 30: 223–230.
- Fisher P, Ward A 1994. Complementary medicine in Europe. *Br Med J*, 309: 107-111.
- Genc GE, Ozhatay N 2006. An ethno-botanical study in Catalca (European part of Istanbul) II. *Turk J Pharm Sci.* 3: 73–89.
- Guner A, Ozhatay N, Ekim T, Baser KHC 2001. Flora of Turkey and the East Aegean Islands. Vol. 11. Edinburgh: Edinburgh University Press,
- Isikhan V, Komurcu S, Ozet A, Arpaci F, Ozturk B et al. 2005.
 The status of alternative treatment in cancer patients in Turkey. *Canc Nurs*, 28: 355–362.
- Johnson SK, Blanchard A 2006. Alternative medicine and herbal use among university students. *J Am Coll Health*, 55(3): 163-168.
- Kamboj VP 2000. Herbal Medicine. Curr Sci, 78: 35-39.
- Kargioglu M, Cenkci S, Serteser A, Evliyaoglu N, Konuk M et al. 2008. An ethno-botanical survey of Inner-West Anatolia, Turkey. *Hum Ecol*, 36: 763–777.
- Kisangau DP, Hosea KM, Lyaruu HVM, Joseph CC, Mbwambo ZH et al. 2009. Screening of traditionally used Tanzanian medicinal plants for antifungal activity. *Pharmaceut Biol*, 47(8): 708–716.
- Kultur S 2007. Medicinal plants used in Kýrklareli Province (Turkey). *J Ethnopharmacol*, 111: 341-364.
- Oguz S, Pinar R 2000. Mostly, Which Kind of Complementary Medical Methods are Preferred? Paper presented in 1st International and 3th National Nursing Congress in Akdeniz University, Antalya, 29 October-2 November, 2000
- Pal SK, Shukla Y 2003. Herbal medicine: Current status and the future. *Asian Pac J Cancer Prev*, 4: 281-288.

- Schulz V, Hansel R, Tyler VE 2001. *Rational Phytotherapy: A Physician's Guide to Herbal Medicine*. 4th Edition. Berlin: Springer-Verlag.
- Semkina OA 2005. Ointments, gels, liniments, and creams containing phytopreparations. *Pharmaceut Chem J*, 39 (7): 30-36
- Sizova NV, Popova I 2006. Content of antioxidants in plant extracts obtained by supercritical extraction. *Pharmaceut Chem J*, 40(4): 29-33.
- Tan M, Uzun O, Akcay F 2004. Trends in complementary and alternative medicine in Eastern Turkey. J Alternative Compl Med, 10: 861–865.
- Teklehaymanot T, Giday M, Medhin G, Mekonnen Y 2006. Knowledge and use of medicinal plants by people around Debre Libanos Monastery in Ethiopia. *J Ethno-pharmacol*, 111: 271–283. Ugulu I, Baslar S, Yorek N, Dogan Y 2009a. The investigation
- Ugulu I, Baslar S, Yorek N, Dogan Y 2009a. The investigation and quantitative ethnobotanical evaluation of medicinal plants used around Izmir Province, Turkey. *J Med Plants Res*, 3 (5): 345-367.

- Ugulu I, Baslar S, Dogan Y, Aydin H 2009b. The determination of color intensity of *Rubia tinctorum* and *Chrozophora tinctoria* distributed in Western Anatolia. *Biotechnol Biotechnol Equip*, 23 (2): 410–413.
- Ugulu I, Baslar S 2010. The determination and fidelity level of medicinal plants used to make Traditional Turkish Salves. *J Alternative Compl Med*, 16 (3): 313-322.
- Ugurlu E, Secmen O 2008. Medicinal plants popularly used in the villages of Yunt Mountain (Manisa-Turkey). *Fitoterapia*, 79: 126–131.
- WHO 1998. Report: Technical Briefing on Traditional Medicine. *Presented at the Forty-Ninth Regional Committee Meeting*. 18 September 1998, Manila, Philippines: World Health Organization.
- World Health Organization 2004. WHO Guidelines on Safety Monitoring of Herbal Medicines in Pharmaco-vigilance Systems. Geneva: World Health Organization.
- Vickers A, Zollman C 1999. ABC of complementary medicine: Herbal medicine. *BMJ*, 319: 1050 -1053.