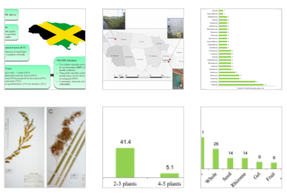

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TRAMIL ethnomedicinal survey in Jamaica

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Abstract

Ethnopharmacological relevance

A survey was undertaken in Jamaica to document medicinal plants frequently used in the treatment or prophylaxis of illness and trends in their use, following the methodology established by the TRAMIL network. TRAMIL, a Caribbean-wide applied research programme, scientifically evaluates and documents the efficacy and safety of medicinal plant remedies used for primary health care. Initial results from this survey, on an aspect of safety, focusing on the concomitant use and prevalence of medicinal plant use in combination with pharmaceutical drugs in Jamaica, were published in an earlier paper in 2011. This paper now reports survey results on the ethnobotanical use of medicinal plants by Jamaicans.

Materials and methods

A survey using a structured and modified TRAMIL questionnaire was administered to 407 adults selected randomly from systematically selected households within randomly selected clusters. The clusters were selected from each of the three areas that were purposefully selected.

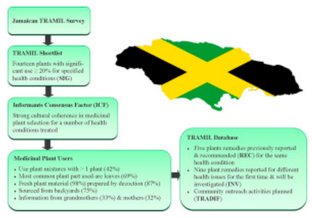
Key findings

Respondents identified their use of 107 botanically identified medicinal plants distributed in 51 plant families to treat illnesses or maintain health in the previous twelve months. Fourteen plants, with significant use equal to or greater than 20% for a specified health issue were shortlisted, representing Jamaica's first submission to the TRAMIL database. *Andrographis paniculata* (Burm. f.) Nees (Rice Bitters) was reported as a plant remedy with significant use for the first time in a TRAMIL survey. Informant consensus factor (ICF) values were high for a number of health issues such as mental health (nerves, insomnia, etc.), respiratory system (cold/flu/cough etc.) and for health maintenance with tonics (washout and blood cleanse), indicating strong cultural coherence in medicinal plant selection for these categories. Forty two per cent (113/270) of medicinal plant users utilised mixtures, combining more than one plant. Leaf material was the most commonly used plant part (69%), with fresh material (98%) most commonly prepared as a tea for internal use by decoction (87%). The majority of medicinal plant respondents sourced plants from their backyards (75%) and cited grandmothers (33%) and mothers (32%) as their main sources of information. Jamaicans reported limited use of complementary and alternative medicine (CAM), supporting the assertion that a significant number of citizens in developing countries continue to rely on the use of medicinal plants for primary healthcare.

Conclusions

Medicinal plant use continues to play an important role in primary healthcare in Jamaica. Fourteen plant remedies with significant use are reported, five previously reported elsewhere and recommended (REC) for the same health condition. Eight plant remedies, including one Jamaican endemic, are reported for different health issues for the first time to TRAMIL and will be investigated (INV) for the new health conditions, together with one plant remedy reported for the first time. This latest survey will be followed by literature reviews, appropriate laboratory screens (TRIG) and community outreach activities (TRADIF) in Jamaica.

Graphical abstract



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Jel classification

Ethnomedicinal field studies; Quality traditional medicines

Keywords

Biodiversity hotspot; Ethnomedicine; Informant consensus factor; Jamaica; TRAMIL; Traditional knowledge