



Patterns of Medicinal Plant Use in Traditional Healing Practices in Semerap, Kerinci Regency

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Abstract: This study aimed to identify the medicinal plant species utilized by the community, describe the plant parts used along with their processing techniques, and examine the implications for preserving the associated local wisdom. The study employed a descriptive qualitative approach using observation and in-depth interviews with five key informants selected purposively, including community leaders and traditional practitioners. The sample size was determined based on the principle of data saturation, which was reached when interviews no longer generated new information or themes relevant to the research focus. Data were analyzed using thematic procedures consisting of data reduction, data display, and conclusion drawing. The findings showed that the people of Semerap Village use a variety of medicinal plant species, with a clear preference for leaves over other parts such as rhizomes, fruits, and bark. The most commonly applied preparation method was decoction (boiling) for oral consumption, followed by topical application through pounding. In addition, traditional healing practices integrated herbal remedies with spiritual modalities, such as prayer or *ruqyah*, reflecting the local belief system. These plants were used to treat a wide range of health conditions, from minor ailments to chronic diseases. This study provides crucial documentation of local ethnobotanical knowledge, enriching regional data while supporting community-based efforts to conserve traditional knowledge.

Keywords: Medicinal plants; traditional medicine; local wisdom; Semerap Village; ethnobotany

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INTRODUCTION

Ethnobotany is a branch of science that examines the complex interactions between plants and humans, which have historically formed the foundation of traditional medicinal systems based on empirical knowledge transmitted across generations (Awan et al., 2021). Local knowledge occupies a strategic position amid the dominance of modern pharmacology, serving as a bioprospecting database in the search for new active compounds for future drug development (Manzoor et al., 2023). Therefore, plants should not be viewed merely as sources of food, but also as repositories of knowledge with significant medicinal potential.

Plants possess diverse potential as biological resources and play an important role in sustaining community livelihoods (Fazriah et al., 2025). They are utilized for food, herbal beverages, and various cultural practices (Hamzah et al., 2023). In addition, plants are widely used as traditional medicines in many communities. This knowledge has long been embedded in community health systems and has been passed down across generations (Fanisah et al., 2023). Although modern healthcare systems continue to advance, plant-based traditional medicine remains in practice, particularly among rural communities that maintain close relationships with natural resources.

The continued existence of traditional medicine in the modern era remains strategically important because of its role as a foundation for new drug discovery through bioprospecting. This local knowledge often serves as the starting point for scientists in identifying novel active compounds for future pharmacological development. Moreover, plant-based medicine offers advantages in terms of accessibility and affordability, especially for communities with limited access to formal healthcare facilities (Wiradana et al., 2023). Its holistic approach, which emphasizes natural balance, further strengthens public trust in local wisdom as a pillar of health resilience (Saswita et al., 2023).

One area where plants are still actively used for medicinal purposes is Semerap Village, Kerinci Regency, Jambi Province. This region possesses significant biological richness and ecological conditions that support the growth of various potentially medicinal plant species. The local community continues to maintain traditional healing practices as part of their local wisdom, which is orally transmitted from one generation to the next (Faridawaty et al., 2025). This process of knowledge transmission generally occurs within families and communities, making its continuity highly dependent on social practices and dynamic intergenerational interactions (Lestari, 2022).

Studies on the utilization of medicinal plants have been conducted in various regions of Indonesia. Maretta et al. (2023), for example, reported various medicinal plant species used by the community of Sabah Balau Village, South Lampung, including the plant parts utilized and methods of preparation in traditional medicine. Similarly, Nurotuljannah et al. (2024) documented the diversity of medicinal plants and the associated local knowledge in Sungai Dungun Village, West Kalimantan. In addition, Putri et al. (2025) investigated the use of medicinal plants by communities in Maro Sebo District, Muaro Jambi Regency, showing that local people continue to use a wide variety of plant species as traditional remedies for various illnesses. A more recent study by Karim (2025) in Balla Tumuka Village, Mamasa Regency, also emphasized the identification of medicinal plant species used by the community and the plant parts utilized. However, most of these previous studies have primarily focused on the inventory of medicinal plant species and their general uses (Karim, 2025). A significant gap remains in the integrated examination of plant species identification, specific preparation techniques, and in-depth usage patterns in Semerap Village. The absence of systematic written documentation makes this local knowledge vulnerable to loss as a result of social change and the increasing preference for modern medicine (Henri, 2021).

This gap highlights the need for the present study, which aims to provide comprehensive ethnobotanical documentation of medicinal plant use by the people of Semerap Village. The study examines in depth the patterns of plant utilization in traditional healing practices, integrating local community knowledge in the preparation of herbal remedies. The analysis focuses on the identification of medicinal plant species, the plant parts used, methods of remedy preparation, and the types of diseases treated by the community, thereby providing a clear picture of medicinal plant use in local traditional healthcare practices. This research is expected to make a meaningful contribution to enriching the database of medicinal plant utilization in Indonesia while also supporting community-based biodiversity conservation efforts (Miharjo et al., 2025). Through systematic documentation, this study may also serve as an important effort to preserve the intellectual heritage of the Kerinci community so that it remains relevant in the future.

METHOD

This study employed a descriptive ethnobotanical design with a qualitative approach. This design was used to systematically describe the use of medicinal plants by the people of Semerap Village based on local knowledge transmitted across generations. A qualitative approach was chosen because the study was oriented toward exploring the meanings, experiences, and traditional healing practices embedded in the local social and cultural context. The research was conducted from August to September 2025 in Semerap Village, West Danau Kerinci District, Jambi Province.

The research procedure consisted of preliminary observation, instrument development, field data collection, and data processing and analysis. Preliminary observation was carried out to obtain a general understanding of the study site and the community's practices in using medicinal plants.

The research subjects were selected using purposive sampling, involving five informants (Lenaini, 2021). Informants were chosen based on the following criteria: (1) having knowledge of traditional medicine, (2) having used or prepared medicinal plants, and (3) being recognized by the community as a source of information regarding traditional healing practices (Lenaini, 2021). This study was an initial exploratory investigation aimed at obtaining a descriptive overview of medicinal plant use in the study area. Therefore, the limited number of participants was focused on key informants considered capable of providing in-depth, relevant, and contextual information.

Data were collected through in-depth interviews, limited participatory observation, and documentation using writing materials and a digital camera. The research instrument consisted of a semi-structured interview guide developed in accordance with the study objectives. Interviews were conducted face-to-face, with an average duration of 30–60 minutes per informant, to obtain information on the types of medicinal plants used, the plant parts utilized, processing techniques, dosage, and the diseases treated by the community (Syamsiah, 2021). All interviews were audio-recorded with the informants' consent and subsequently transcribed for data analysis. Observation was undertaken to verify the presence of plant species and their patterns of use in the field.

Plant species were identified through observation of morphological characteristics in the field, including leaf, stem, flower, and fruit features. The plant specimens encountered were documented through morphological notes and photographs to serve as reference materials during the identification process. Scientific names and taxonomic classifications were then verified with the assistance of a botanist from IAIN Kerinci and confirmed using the standard botanical reference *Flora of Java* by Cornelis A. Backer and R.C. Bakhuizen van den Brink (1963–1968) to ensure the accuracy of species identification.

Data obtained from observations and interviews were analyzed descriptively using a qualitative approach by classifying the findings according to type and supporting them with relevant literature. The study was conducted in two stages: documentation of the medicinal plants used by the community and further exploration of information related to the methods of use, processing, and benefits of traditional medicinal plants in Semerap Village.

RESULTS AND DISCUSSION

The people of Semerap Village have long utilized a wide variety of medicinal plants in traditional healing practices. The results of this study showed that numerous

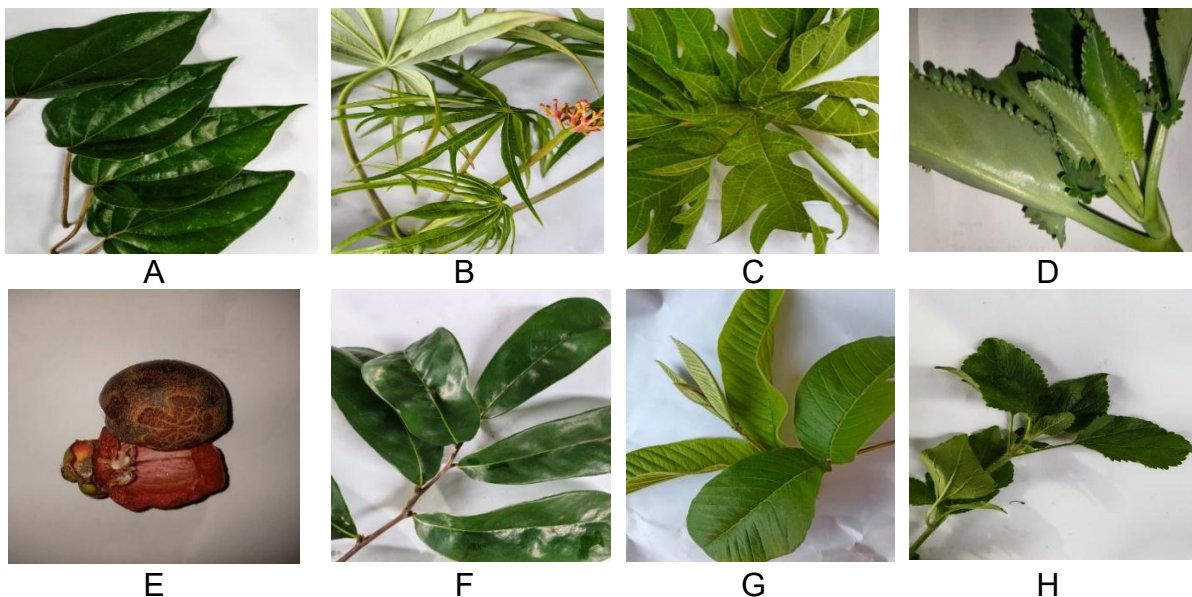
medicinal plant species are used by the community (Table 1), each of which is believed to possess specific therapeutic properties for treating various ailments. This practice also reflects the community’s close relationship with its cultural traditions and surrounding natural environment.

The Semerap community also cultivates traditional medicinal plants around their homes to ensure the continuous availability of natural remedies. These plants are grown in home gardens or small plots surrounding the house, allowing easy access whenever they are needed for daily treatment. This practice is not only practical, but also reflects local knowledge that has been passed down from generation to generation.

Table 1. Medicinal plants used in Semerap Village

Local name	Indonesian name	Scientific name	Family	Part used
Jerangia	Jeringau	<i>Acorus celamus</i> L.	Acoraceae	Rhizome
Daun siheh	Daun sirih	<i>Piper betle</i> L.	Piperaceae	Petiole, leaves
Gambia	Gambir	<i>Uncaria gambir</i> Roxb.	Rubiaceae	Leaves
Pinoang	Pinang	<i>Areca catechu</i> L.	Arecaceae	Fruit
Daing dien ngre	Daun sirsak	<i>Annona muricata</i> L.	Annonaceae	Leaves
Manggah	Manggis	<i>Garcinia mangostana</i> L.	Clusiaceae	Peel
Umpeang Betadin	Jarak tintir	<i>Jatropha multifida</i> L.	Euphorbiaceae	Leaves
Daing silo	Daun papaya	<i>Carica papaya</i> L.	Caricaceae	Leaves
Isai ngean	Cocor bebek	<i>Kalanchoe pinnata</i>	Crassulaceae	Leaves
Pardui angak	Bandotan	<i>Ageratum conyzoides</i> L.	Asteraceae	Leaves
Daing jambea	Daun jambu	<i>Psidium guajava</i> L.	Myrtaceae	Leaves

Based on the identification results, more than ten medicinal plant species belonging to various plant families were found to be used by the people of Semerap Village. This diversity indicates that the community possesses extensive local knowledge in utilizing biological resources in the surrounding environment as an alternative form of traditional medicine. The dominance of plants that are easily found in household yards also suggests that the availability of local natural resources is an important factor influencing patterns of medicinal plant use. In addition, several medicinal plant species identified during the study were visually documented to support species identification and strengthen the validity of the field data. Several medicinal plants used by the Semerap community are shown in Figure 1.



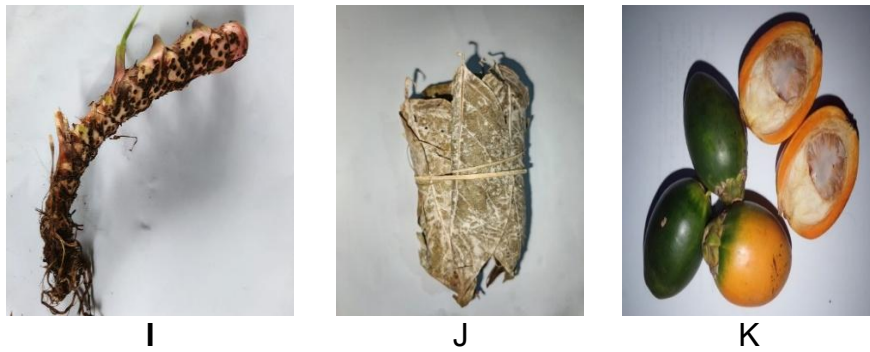


Figure 1. A. betel leaf, B. *Jatropha multifida* leaf, C. papaya leaf, D. *Kalanchoe pinnata*, E. mangosteen peel, F. soursop leaf, G. guava leaf, H. bandotan leaf, I. jeringau, J. gambir, K. areca nut.

Plant parts most commonly used by the Semerap community

Figure 2 presents the percentage analysis of the plant parts most commonly used by the Semerap community.

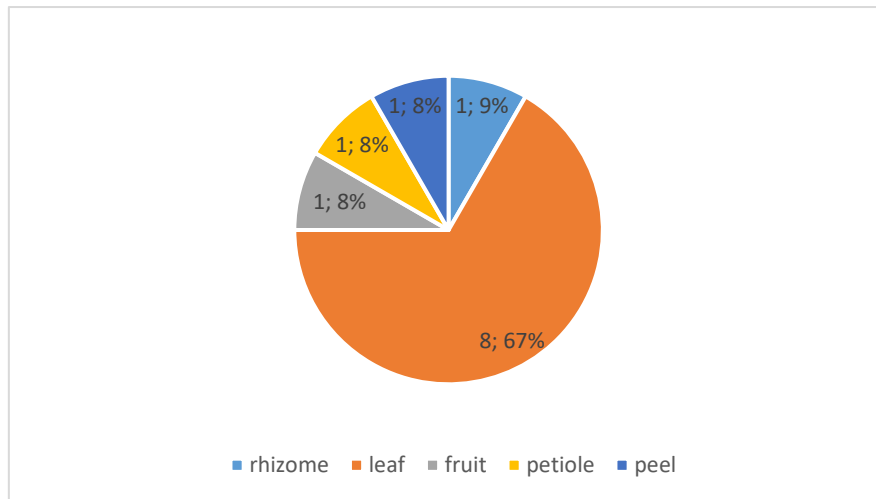


Figure 2. Utilization based on plant organs

Based on field data, the people of Semerap Village utilize various plant parts as traditional medicine. Medicinal plants are plants whose organs can be used to treat diseases (Alang et al., 2022), including leaves, fruits, rhizomes, roots, and bark. However, leaves were the most frequently used plant part. This finding is consistent with Hastuti et al. (2022), who stated that differences in bioactive compound content among plant organs affect their therapeutic effectiveness. The predominance of leaf use is evident from its frequency across nearly all medicinal plant species identified, both for the treatment of internal and external diseases. This pattern is illustrated in Figure 2, which shows the percentage distribution of plant organs most commonly used by the community.

Patterns of medicinal plant use and types of diseases treated

Based on the analysis of interview data, knowledge regarding the use of medicinal plants in Semerap Village is transmitted orally and passed down from generation to generation within families, especially from parents to children. This transmission process is informal and practice-based, involving direct participation in medicine preparation, collection of materials from gardens, and observation of treatments performed by parents or traditional healers. This pattern of transmission

indicates that traditional healing practices constitute an integral part of local knowledge systems embedded in the social life of the community. Table 2 summarizes the types of diseases treated and the plants used as remedies.

Table 2. Types of diseases and medicinal plants used in Semerap Village

Disease	Materials used	Preparation method	Mode of application	Treatment duration
Herpes	Jeringau, temulawak, betel leaf, gambir, areca nut, lime, 1 <i>canting</i> of rice	The ingredients are chewed and accompanied by incantation	Applied topically	3 times a week for 1 week
Mite infestation	Betel leaf	Crushed	Applied topically	Twice daily
Wounds	Betadine plant	–	Applied topically	Twice daily
Wounds	Bandotan leaves	Crushed	Applied topically	Twice daily
Hypertension	Papaya leaves	Boiled	Taken orally	Twice daily
High fever	<i>Kalanchoe pinnata</i>	Accompanied by incantation	Treated with <i>ruqiyah</i>	3 times a week
Bruising	<i>Kalanchoe pinnata</i>	Roasted	Applied and pressed onto the affected area	3 times daily
Cancer	Mangosteen peel	Boiled	Taken orally	Twice daily
Cancer	Soursop leaves	Boiled	Taken orally	Twice daily
Diarrhea	Guava leaves	Boiled	Taken orally	Twice daily

The people of Semerap Village use medicinal plants to treat a wide range of diseases, from mild to severe conditions. These include herpes, high fever, diarrhea, wounds, skin diseases, hypertension, and the relief of cancer-related symptoms. Treatment is administered through various methods, such as boiling and drinking, crushing and topical application, and combining remedies with incantations or *ruqiyah* in accordance with local beliefs. Details on disease types, materials used, preparation methods, and modes of administration are presented in Table 2.

The Semerap community more commonly uses traditional medicine orally because it is considered more practical and effective for healing. This finding is in line with Tahoangako (2023), who reported that the people of Uelalu Village use traditional medicines orally to help eliminate toxins and treat internal illnesses. In addition, traditional medicine is also applied topically to affected body parts, especially for wounds and skin diseases. Some respondents also mentioned other methods, such as chewing, boiling, or mixing ingredients into specific herbal formulations, depending on the type of medicinal plant and its intended use. The use of traditional medicine is generally inherited from parents and ancestors, allowing these practices to be preserved and continuously applied to the present day.

The Semerap community also cultivates traditional medicinal plants around their homes to maintain the availability of natural medicinal resources. This cultivation is carried out in yards or small gardens near their houses, making these plants easily accessible whenever needed for daily treatment. This practice is not only practical, but also reflects local knowledge that has been inherited across generations.

Therapeutic properties of medicinal plants used in Semerap Village

In general, the people of Semerap Village predominantly use leaves as traditional medicinal materials, including betel leaf, *Jatropha multifida* leaf, papaya leaf, *Kalanchoe pinnata*, mangosteen, soursop leaf, guava leaf, and bandotan leaf. In addition, they also use roots, fruits, and rhizomes, such as jeringau rhizome, gambir, and areca nut. According to the informants, these plants have been used for generations as part of traditional healing practices in Semerap Village.

These findings demonstrate consistency between the local knowledge of the Semerap community and modern pharmacological evidence. This alignment suggests that traditional healing practices within the community are not based solely on belief, but also have empirical rationality that can be explained through phytochemical and pharmacological approaches. The therapeutic properties of these plants are described below.

Betel leaf (*Piper betle*) contains essential oils, phenolic compounds, and various other bioactive constituents (Tarmale et al., 2024). Ali et al. (2018) emphasized that the essential oils of betel leaf, particularly eugenol and chavicol, play an important role in producing antimicrobial effects. Zahra (2024) also showed that the ethanol extract of green betel leaf tested positive for these secondary metabolites and exhibited antibacterial activity. These chemical constituents support its use by the people of Semerap Village in traditional medicine for wound treatment, herpes, and microbial infections such as mite infestation.

Jatropha multifida leaves contain various bioactive compounds, including alkaloids, flavonoids, saponins, tannins, phenols, and steroids (Aryantini et al., 2021). Farid et al. (2020) reported that *Jatropha* leaves, locally known as betadine leaves, contain flavonoids, phenols, and tannins that function as antibacterial, antioxidant, and anti-inflammatory agents, thereby accelerating the healing of incision wounds. Liana et al. (2018) also reported that betadine leaf extract increased granulation tissue thickness and accelerated wound edge closure in white rats. These bioactive compounds support the traditional use of betadine leaves by the people of Semerap Village for wound healing.

Papaya leaves (*Carica papaya*) contain antibacterial compounds such as flavonoids, tannins, the alkaloid carpain, terpenoids, and saponins, which can inhibit the growth of pathogenic bacteria and thus strengthen their use in traditional medicine (Tuntun, 2016). Na'imah et al. (2024) showed that papaya leaf extract, particularly its flavonoid content, has anti-inflammatory and antibacterial effects. Maghfiroh et al. (2022) reported that Japanese papaya leaf extract contains bioactive compounds and has significant biological effects in reducing cholesterol levels and improving tissue damage. The presence of these bioactive compounds supports the use of papaya leaves by the people of Semerap Village as a traditional remedy for lowering cholesterol.

Kalanchoe pinnata contains flavonoids, terpenoids, tannins, saponins, steroids, and anti-inflammatory compounds (Reynaldi, 2021). Rezani et al. (2020) stated that *Kalanchoe pinnata* has long been used in traditional medicine as an antipyretic, for treating boils, as an expectorant, for tonsillitis, and for burns because it contains compounds such as flavonoids, tannins, and triterpenoids with anti-inflammatory and antipyretic activities. Sánchez et al. (2020) also showed that *Kalanchoe pinnata* is commonly used by communities in the treatment of fever and inflammatory diseases. These chemical constituents provide the basis for its use by the people of Semerap Village as a traditional remedy for reducing high fever.

Mangosteen peel (*Garcinia mangostana*) contains various secondary metabolites such as alkaloids, terpenoids, flavonoids, xanthenes (including α -mangostin and γ -mangostin), and coumarins, all of which have demonstrated anticancer activity (Banjarnahor, 2023). Nauman et al. (2022) reported that several xanthenes found in mangosteen peel have strong potential to inhibit cancer cell proliferation through apoptosis induction mechanisms. The presence of these bioactive compounds provides a scientific basis for the use of mangosteen peel in cancer treatment. The

people of Semerap Village have traditionally used mangosteen peel as a medicinal plant for cancer treatment.

Soursop leaves (*Annona muricata* L.) contain various bioactive compounds such as alkaloids, terpenoids, flavonoids, glycosides, carotenoids, polysaccharides, lactones, and essential oils that contribute to pharmacological activity, including anticancer effects (Wahab et al., 2018). Sahrianti et al. (2023) reported in a recent phytochemical study that soursop leaves contain bioactive compounds such as flavonoids, alkaloids, tannins, saponins, and terpenoids, which contribute to antioxidant activity and cytotoxic potential. In addition, in vivo tests using a mouse model of breast cancer reported that soursop leaf extract inhibited tumor development through reduced cancer cell proliferation and increased tumor cell apoptosis (Hussaana, 2015). These findings support the traditional use of soursop leaves by the community, including in Semerap Village, as an herbal preparation believed to aid in cancer treatment.

Guava leaves (*Psidium guajava*) contain various flavonoids, terpenoids, quinones, and saponins that have antidiabetic, antioxidant, antibacterial, and antidiarrheal properties (Fachriyah et al., 2023). Kurnia et al. (2020) stated that guava leaves have strong antidiarrheal effects due to their flavonoid, alkaloid, tannin, and essential oil contents, which inhibit intestinal motility and improve intestinal mucosal strength. Zulfiana (2022) showed that guava leaves are effective in the prevention and treatment of acute diarrhea, particularly in children under five years old. Yulisma (2018) also emphasized that guava has antibiotic properties and has long been used as an antidiarrheal remedy. These antidiarrheal effects are associated with the bioactive compounds present in guava leaves, which have been shown to alleviate digestive disorders. The people of Semerap Village use guava leaves as a traditional treatment for diarrhea by utilizing the leaves of this plant.

Bandotan leaves (*Ageratum conyzoides*) are known to contain various secondary metabolites, such as alkaloids, flavonoids, and saponins, in high concentrations. The alkaloid compounds found in this plant have antibacterial activity that can inhibit the growth of pathogenic microorganisms causing wound infection, thereby accelerating healing (Safari et al., 2019). Hutauruk et al. (2021) showed that ethanol extract of bandotan leaves contains phytochemical components such as phenolics, flavonoids, alkaloids, tannins, and terpenoids, which effectively accelerate burn wound healing in experimental animals, especially at a concentration of 15%, which produced the most significant reduction in wound diameter. These bioactive compounds support the use of bandotan leaves as a wound-healing agent, as has long been practiced by the people of Semerap Village in traditional medicine.

Jeringau rhizome (*Acorus calamus*) contains various active chemical compounds such as alkaloids, flavonoids, polyphenols, saponins, tannins, steroids, resins, and glycosides. In addition, this rhizome has antimicrobial activity (Salsabilla, 2024). Khotimah et al. (2014) confirmed that the compounds in jeringau rhizome act as antibacterial agents against *E. coli*. These bioactive compounds support the use of jeringau rhizome as a traditional remedy for herpes. This treatment practice has been carried out for generations by traditional healers in Semerap Village, with jeringau rhizome used as the main medicinal ingredient.

Gambir (*Uncaria gambir* Roxb.) contains secondary metabolites such as flavonoids, alkaloids, tannins, terpenoids, and saponins. In addition, gambir is used to treat wounds, gastric ulcers, asthma, headaches, gastrointestinal diseases, bacterial or fungal infections, gum disorders, toothache, cancer, cirrhosis, diabetes, rheumatism, dysentery, and urinary tract inflammation (Munggari, 2022). Isromarina et

al. (2019) confirmed that the secondary metabolites in gambir leaf extract include alkaloids, flavonoids, steroids, terpenoids, saponins, and phenolics, which play an important role in antibacterial activity. These secondary metabolites contribute to the use of gambir as a traditional medicinal ingredient by the people of Semerap Village, particularly for the treatment of wounds and herpes.

Areca nut (*Areca catechu*) contains alkaloids, flavonoids, tannins, saponins, and polyphenols, which are known to have important antibacterial properties (Fredison et al., 2023). Handayani (2016) emphasized that compounds in areca nut, such as tannins, function as antiseptics that can fight infection and are used to treat burns; saponins have cleansing properties that can help accelerate the formation of open wounds; flavonoids are known to have antiseptic activity; and alkaloids function as antibacterial agents. These chemical constituents support the use of areca nut as a traditional medicinal ingredient by the people of Semerap Village, particularly for the treatment of herpes.

Overall, this study shows that the use of medicinal plants by the people of Semerap Village is still maintained through local knowledge inherited from generation to generation, encompassing the selection of plant species, the plant parts used, and processing methods in traditional healing practices. The main findings of this study not only document the medicinal plant species used by the community, but also reveal patterns of plant utilization, the plant parts employed, and processing methods associated with local traditional healing practices. Unlike many ethnobotanical studies in Indonesia that primarily focus on the inventory of medicinal plant species, this study provides a more comprehensive overview by linking plant utilization practices with community local knowledge and the potential bioactive compounds supporting their traditional use. Therefore, the results of this study have important implications for medicinal plant conservation, preservation of local wisdom, and the development of traditional medicine as part of a sustainable public health system.

CONCLUSION

This study demonstrates that the people of Semerap Village continue to preserve a rich tradition of medicinal plant use as part of their local healthcare practices. More than ten medicinal plant species from various families were identified, with leaves being the most frequently utilized plant part. These plants are used to treat a wide range of conditions, including wounds, skin disorders, hypertension, fever, diarrhea, and symptoms associated with cancer, through both oral and topical applications. The community's preference for medicinal plants that are easily cultivated around the home also highlights the importance of local resource availability in sustaining traditional treatment practices. The findings further show that knowledge of medicinal plant use is transmitted orally and maintained across generations through everyday practice within families and the wider community. The observed consistency between local knowledge and reported pharmacological properties of several plant species suggests that these traditional practices are supported by empirical therapeutic potential. Overall, this study not only documents the diversity of medicinal plants used in Semerap Village, but also emphasizes the importance of conserving medicinal plant resources, preserving local knowledge, and supporting the continued role of traditional medicine in sustainable community health systems.

RECOMMENDATION

Further mixed-methods research is needed to assess trust, usage frequency, and socio-cultural factors influencing traditional medicinal plant use.

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