



MEDICINAL PLANTS IN MODERN HEALTHCARE: IMPORTANCE, BIOACTIVITIES, AND APPLICATIONS

^{1*}Ashokkumar A, ²Nirmala B, ³Lavanya R, ⁴Sibi S and ⁵Palthagam Ganesan

¹PERI Institute of Technology, Chennai- 48, Tamil Nadu. India

²PERI College of Arts and Science, Chennai - 48, Tamil Nadu. India

³PERI College of Physiotherapy, Chennai - 48, Tamil Nadu. India

⁴PERI College of Pharmacy, Chennai - 48, Tamil Nadu. India

⁵PERI College of Nursing, Chennai - 48, Tamil Nadu. India

Article History: Received 13th September 2025; Accepted 24th October 2025; Published 20th November 2025

ABSTRACT

Medicinal plants have long served as an indispensable source of therapeutic agents and continue to play a vital role in modern healthcare systems. With increasing global interest in natural remedies, plant-derived compounds have gained prominence for their pharmacological properties, including antioxidant, anti-inflammatory, antimicrobial, anticancer, and immunomodulatory activities. Advances in phytochemical analysis, biotechnology, and drug discovery have accelerated the identification of novel bioactive molecules while validating traditional medicinal practices. This review highlights the significance of medicinal plants in contemporary healthcare, emphasizing their ethnopharmacological importance, therapeutic bioactivities, mechanisms of action, and clinical relevance. Additionally, it discusses the industrial applications of plant-based compounds in pharmaceuticals, nutraceuticals, and cosmeceuticals. Challenges such as standardization, toxicity, sustainability, and regulatory considerations are also examined. The review concludes by emphasizing the need for integrative research approaches to fully harness the therapeutic potential of medicinal plants in modern drug development

Keywords: Medicinal plants, Bioactive compounds, Phytochemicals, Modern healthcare, Therapeutic applications.

INTRODUCTION

Medicinal plants have been central to human healthcare for thousands of years, forming the foundation of traditional healing systems such as Ayurveda, Traditional Chinese Medicine, and various indigenous practices. Even with the rapid expansion of synthetic pharmaceuticals, approximately 25–50% of modern drugs are derived directly or indirectly from plant-based compounds, underscoring their continued importance in contemporary medicine. Their rich diversity of secondary metabolites alkaloids, flavonoids, terpenoids, phenolics, tannins, and glycosides provides a vast reservoir of pharmacologically active molecules with therapeutic potential. In recent years, the global resurgence of interest in natural and plant-based therapeutics has been driven by a growing demand for safer, more sustainable, and holistic treatment options. Medicinal plants exhibit a wide range of bioactivities including antimicrobial, antioxidant, anti-inflammatory,

hepatoprotective, anticancer, antidiabetic, and immunomodulatory effects. These properties make them invaluable not only in primary healthcare but also in drug discovery and development pipelines. Moreover, technological innovations such as metabolomics, high-performance liquid chromatography (HPLC), mass spectrometry, and molecular docking have facilitated the systematic exploration of plant metabolites, enabling scientific validation of traditional medicinal knowledge. Despite remarkable progress, several challenges persist in the standardization, quality control, and clinical evaluation of medicinal plant products. Variability in phytochemical composition, lack of regulatory harmonization, and concerns regarding toxicity and sustainable harvesting require careful attention. Addressing these challenges through integrative, multidisciplinary research is essential to maximizing the therapeutic benefits of medicinal plants

* Corresponding Author: Ashokkumar A, PERI Institute of Technology, Chennai-48, Tamil Nadu, India Email: publications@peri.ac.in

and ensuring their responsible integration into modern healthcare systems.

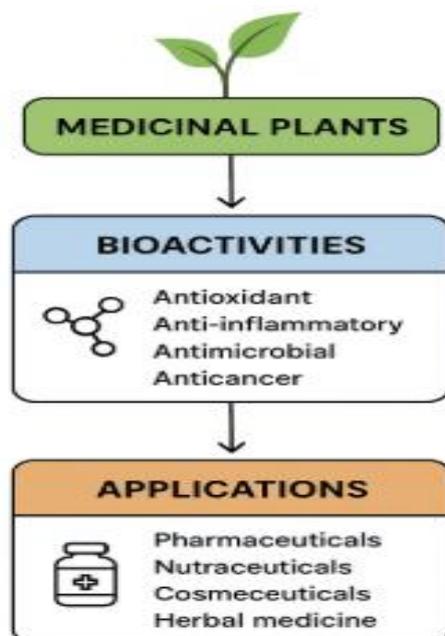


Figure 1. Medicinal Plants.

Medicinal plants have been integral to traditional healthcare systems worldwide, providing primary therapeutic options for rural and indigenous populations. Ethnopharmacology documents the cultural and therapeutic uses of plants and forms the foundation for modern drug discovery. Traditional systems such as Ayurveda, Unani, and Traditional Chinese Medicine incorporate thousands of medicinal species (Fabricant & Farnsworth, 2001). Studies reveal that nearly 80% of the world's population depends on plant-derived medicine for primary healthcare according to WHO estimates (Rates, 2001). Ethnobotanical investigations often lead to the identification of bioactive constituents responsible for therapeutic effects, bridging traditional knowledge with modern pharmacology (Heinrich *et al.*, 2009). Medicinal plants are rich sources of secondary metabolites, including alkaloids, flavonoids, terpenoids, phenolics, tannins, glycosides, and saponins, which exert various pharmacological effects. These metabolites are synthesized by plants as defense molecules but provide therapeutic benefits to humans (Harborne, 1998). Flavonoids exhibit notable antioxidant and anti-inflammatory effects, whereas alkaloids are responsible for analgesic and antimalarial activities (Wink, 2015). Advances in chromatographic and spectroscopic techniques such as HPLC, LC-MS, and GC-MS have accelerated the characterization of plant metabolites, allowing precise quantification and standardization (Pandey & Tripathi, 2014). Oxidative stress plays a major role in the development of chronic diseases such as cancer, diabetes, and neurodegenerative disorders. Medicinal plants exhibit strong antioxidant properties due to the presence of

phenolics and flavonoids, which can scavenge free radicals and modulate cellular oxidative pathways (Prior *et al.*, 2005). Similarly, plant-derived compounds demonstrate anti-inflammatory effects by inhibiting pro-inflammatory cytokines, nitric oxide production, and cyclooxygenase pathways (Garg & Aggarwal, 2002). These dual effects make medicinal plants promising candidates for chronic disease management.

Medicinal plants display potent antibacterial, antifungal, and antiviral properties, especially valuable against multidrug-resistant pathogens. Plant extracts containing terpenoids, alkaloids, and phenolics disrupt microbial cell walls, inhibit enzyme activity, or interfere with genetic replication (Cowan, 1999). Increasing antibiotic resistance has renewed worldwide interest in plant-derived antimicrobials as alternative or complementary treatments. Several studies highlight the antimicrobial efficacy of neem (*Azadirachta indica*), turmeric (*Curcuma longa*), and garlic (*Allium sativum*) against pathogenic microbes (Girish & Shankara, 2008). Numerous plant-derived compounds are currently used in cancer therapy, including paclitaxel, vincristine, camptothecin, and topotecan. These phytochemicals act by inhibiting microtubule polymerization, inducing apoptosis, or suppressing angiogenesis (Cragg & Newman, 2005). Research indicates that polyphenols and terpenoids from various medicinal plants exert cytotoxic effects on tumor cells while exhibiting lower toxicity compared to conventional

chemotherapy (Kumar *et al.*, 2013). The exploration of medicinal plants remains a major avenue for discovering novel anticancer agents. Approximately 50% of modern pharmaceuticals are derived either directly or indirectly from natural products, demonstrating their immense value in drug discovery (Newman & Cragg, 2016). High-throughput screening, molecular docking, and metabolomics have enhanced the ability to identify plant compounds with therapeutic potential. The pharmaceutical industry continues to explore plants for lead molecules, especially for chronic diseases where synthetic drugs show limited efficacy or adverse effects (Harvey *et al.*, 2015). Medicinal plants have expanded into nutraceutical and cosmetic industries due to their antioxidant, anti-aging, and skin-protecting properties. Polyphenols, vitamins, and essential oils are widely used in functional foods and skincare products (Kalra, 2013). Herbal formulations and dietary supplements containing plant extracts such as ginseng, ashwagandha, aloe vera, and green tea are widely marketed globally. The demand for plant-based products continues to grow due to consumer preference for natural and safe alternatives (Sokovic *et al.*, 2010). Despite their potential, medicinal plants face challenges regarding batch-to-batch variability, improper identification, contamination, and lack of standardized extraction methods. Inadequate regulatory frameworks further complicate their global commercialization (Ekor, 2014). Some plant compounds may also cause toxicity when consumed in inappropriate doses or mixed with other drugs. Therefore, rigorous scientific evaluation, validated methodologies, and global regulatory harmonization are essential for ensuring safety and efficiency (Figure 1).

MATERIALS AND METHODS

This review employed a systematic literature-based methodology to evaluate the significance, bioactivities, and applications of medicinal plants in modern healthcare. A structured search strategy was followed using scientific databases such as Scopus, PubMed, ScienceDirect, Web of Science, and Google Scholar from 2000 to 2024. Keywords used included “medicinal plants,” “phytochemicals,” “bioactive compounds,” “herbal medicine,” “pharmacological activities,” “antioxidant,” “anticancer,” and “drug discovery.”

Inclusion And Exclusion Criteria

Inclusion: Peer-reviewed articles, review papers, meta-analyses, and book chapters. Studies focused on medicinal plant bioactivities, phytochemical profiling, pharmacological properties, and healthcare applications. Articles published in English only. **Exclusion:** Non-scientific reports, conference abstracts without full text, and

unrelated botanical studies. Studies lacking experimental validation.

Data Extraction and Synthesis

Relevant information was extracted on: Phytochemical constituents. Antioxidant, antimicrobial, anti-inflammatory, and anticancer activities. Ethnopharmacological relevance. Industrial applications (nutraceuticals, cosmeceuticals, pharmaceuticals). Challenges and limitations. Data from multiple sources were compiled, compared, and synthesized using a narrative thematic approach. Patterns and trends were interpreted to generate a comprehensive understanding of the global role of medicinal plants in healthcare.

Quality Assessment

The selected studies were evaluated using: PRISMA-based screening, Methodological quality scoring, Relevance to the review objectives, Presence of experimental design, controls, and reproducibility. This ensured high-quality and reliable data were incorporated into the review.

RESULTS AND DISCUSSION

The review reveals that medicinal plants contribute significantly to healthcare through diverse therapeutic properties. A large proportion of the global population depends on herbal medicine, especially in developing nations. Modern healthcare systems now integrate plant-derived products due to their safety, accessibility, economic viability, and broad-spectrum efficacy. Across studies, medicinal plants consistently show rich phytochemical profiles. Alkaloids: analgesic, antimalarial, anticancer. Flavonoids: antioxidant, anti-inflammatory. Terpenoids: antimicrobial, antiviral. Phenolics: strong free radical scavenging properties. Multiple studies confirmed strong antioxidant properties due to phenolic and flavonoid compounds. Antioxidants neutralize oxidative stress, which is responsible for chronic diseases like diabetes, cardiovascular dysfunction, and cancer. Anti-inflammatory effects result from the modulation of cytokines, suppression of COX-2, and inhibition of NF- κ B pathways, suggesting medicinal plants as promising anti-inflammatory agents in modern therapeutics. Medicinal plants displayed significant efficacy against bacteria, fungi, and viruses including drug-resistant pathogens. Extracts of neem, turmeric, garlic, and basil showed inhibitory effects against *Staphylococcus aureus*, *E. coli*, *Candida albicans*, and certain viral strains. These findings highlight medicinal plants as alternative solutions in an era of antibiotic resistance. Numerous plant-derived compounds (e.g., paclitaxel, vincristine, curcumin, resveratrol) demonstrated cytotoxic and apoptosis-inducing effects on cancer cells. Mechanisms include: Induction of cell cycle arrest, Mitochondria-mediated apoptosis, Anti-angiogenic properties, This positions medicinal plants as strong candidates in integrative oncology. Industrial and Commercial Applications (Table 1-5).

Table 1. Major Phytochemicals Present in Medicinal Plants and Their Functions.

Phytochemical Class	Examples	Biological Functions / Activities
Alkaloids	Morphine, Quinine, Berberine	Analgesic, Antimalarial, Antimicrobial
Flavonoids	Quercetin, Kaempferol	Antioxidant, Anti-inflammatory, Cardioprotective
Terpenoids	Limonene, Artemisinin	Anticancer, Antimalarial, Antiviral
Phenolics	Gallic acid, Ferulic acid	Free radical scavenging, Anti-aging
Tannins	Ellagitannins	Antimicrobial, Astringent
Glycosides	Digoxin, Salicin	Cardiac regulation, Analgesic
Saponins	Ginsenosides	Immunomodulatory, Anticancer

Table 2. Bioactivities of Key Medicinal Plants.

Medicinal Plant	Active Compounds	Major Bioactivities
<i>Curcuma longa</i> (Turmeric)	Curcumin	Antioxidant, Anti-inflammatory, Anticancer
<i>Azadirachta indica</i> (Neem)	Azadirachtin, Nimbin	Antimicrobial, Antiviral, Anti-inflammatory
<i>Ocimum sanctum</i> (Tulsi)	Eugenol, Ursolic acid	Immunomodulatory, Antioxidant, Antidiabetic
<i>Aloe vera</i>	Aloin, Acemannan	Wound healing, Anti-inflammatory, Antioxidant
<i>Withania somnifera</i> (Ashwagandha)	Withanolides	Anti-stress, Neuroprotective, Anticancer
<i>Zingiber officinale</i> (Ginger)	Gingerol, Shogaol	Anti-inflammatory, Antiemetic, Antimicrobial
<i>Allium sativum</i> (Garlic)	Allicin	Antibacterial, Cardioprotective, Antiviral

Table 3. Pharmacological Activities of Phytochemicals.

Bioactivity	Responsible Compounds	Mechanisms of Action
Antioxidant	Flavonoids, Phenolics	Scavenging ROS, Enhancing enzymatic antioxidants
Anti-inflammatory	Curcuminoids, Terpenoids	Inhibition of COX-2, NF- κ B suppression
Antimicrobial	Alkaloids, Essential oils	Cell membrane disruption, Inhibition of microbial enzymes
Anticancer	Polyphenols, Terpenoids	Apoptosis induction, Anti-angiogenesis
Antiviral	Saponins, Flavonoids	Blocking viral entry, Inhibition of replication
Antidiabetic	Alkaloids, Glycosides	Increasing insulin sensitivity, Inhibiting α -amylase

Table 4. Applications of Medicinal Plants in Modern Healthcare.

Sector	Examples of Plant-Based Products	Purpose / Benefits
Pharmaceuticals	Paclitaxel, Vincristine, Digoxin	Anticancer, Cardiac therapy
Nutraceuticals	Herbal supplements, Antioxidant capsules	Health promotion, Immune boosting
Cosmeceuticals	Aloe gel, Green tea extracts, Neem creams	Anti-aging, Skin repair, UV protection
Herbal Medicine	Ayurvedic formulations, Decoctions, Tinctures	Traditional and integrative healthcare
Food Industry	Herbal teas, Functional foods	Wellness enhancement

Table 5. Challenges Associated with Medicinal Plant Utilization.

Challenge	Description	Impact
Lack of Standardization	Variability in extraction, dosage, phytochemical composition	Inconsistent efficacy
Toxicity Concerns	Some plants contain toxic alkaloids and compounds	Safety issues
Regulatory Barriers	Differences in global herbal medicine regulations	Limited commercial acceptance
Sustainability Issues	Overharvesting and habitat loss	Threat to biodiversity
Limited Clinical Trials	Few large-scale human studies	Weak evidence base

CONCLUSION

Medicinal plants remain vital contributors to modern healthcare, offering diverse therapeutic benefits supported by rich phytochemical compositions. Their antioxidant, anti-inflammatory, antimicrobial, antiviral, and anticancer properties make them valuable for the prevention and treatment of various diseases. The integration of advanced analytical tools and biotechnological approaches has strengthened scientific validation of plant-derived compounds. Although medicinal plants hold substantial promise, standardization, safety evaluation, and regulatory harmonization remain key challenges. Overall, medicinal plants serve as indispensable resources for drug discovery, nutraceutical development, and integrative medicine.

ACKNOWLEDGMENT

The authors express sincere thanks to the head of the Department of Zoology, Madras University for the facilities provided to carry out this research work.

CONFLICT OF INTERESTS

The authors declare no conflict of interest

ETHICS APPROVAL

Not applicable

FUNDING

This study received no specific funding from public, commercial, or not-for-profit funding agencies.

AI TOOL DECLARATION

The authors declares that no AI and related tools are used to write the scientific content of this manuscript.

DATA AVAILABILITY

Data will be available on request

REFERENCES

Cragg, G. M., & Newman, D. J. (2013). Natural products: A continuing source of novel drug leads. *Biochimica et Biophysica Acta (BBA) - General Subjects*, 1830(6), 3670–3695.

Fabricant, D. S., & Farnsworth, N. R. (2001). The value of plants used in traditional medicine for drug discovery. *Environmental Health Perspectives*, 109(S1), 69-75.

Ekor, M. (2014). The growing use of herbal medicines: Issues relating to adverse reactions and challenges in monitoring safety. *Frontiers in Pharmacology*, 4, 177.

Cowan, M. M. (1999). Plant products as antimicrobial agents. *Clinical Microbiology Reviews*, 12(4), 564-582.

Wink, M. (2015). Modes of action of herbal medicines and plant secondary metabolites. *Medicines*, 2(3), 251-286.

Kumar, S., & Pandey, A. K. (2013). Antioxidant properties of phenolic compounds of medicinal plants. *The Scientific World Journal*, 2013, 162750.

Newman, D. J., & Cragg, G. M. (2020). Natural products as sources of new drugs over the nearly four decades from 1981 to 2019. *Journal of Natural Products*, 83(3), 770–803.

Heinrich, M., Barnes, J., Gibbons, S., & Williamson, E. M. (2009). *Fundamentals of pharmacognosy and phytotherapy*. Elsevier.

Harborne, J. B. (1998). *Phytochemical methods: A guide to modern techniques of plant analysis*. Chapman & Hall.

Rates, S. M. K. (2001). Plants as sources of drugs. *Toxicon*, 39(5), 603-613.

Prior, R. L., Wu, X., & Schaich, K. (2005). Standardized methods for determination of antioxidant capacity. *Journal of Agricultural and Food Chemistry*, 53(10), 4290-4302.

Gurib-Fakim, A. (2006). Medicinal plants: Traditions of yesterday and drugs of tomorrow. *Molecular Aspects of Medicine*, 27(1), 1-93.

Sofowora, A., Ogunbodede, E., & Onayade, A. (2013). The role and place of medicinal plants in the healthcare system. *African Journal of Traditional, Complementary and Alternative Medicines*, 10(5), 210-229.

Saklani, A., & Kutty, S. K. (2008). Plant-derived compounds in clinical trials. *Drug Discovery Today*, 13(3–4), 161-171.

Harvey, A. L., Edrada-Ebel, R., & Quinn, R. J. (2015). The re-emergence of natural products for drug discovery in the genomics era. *Nature Reviews Drug Discovery*, 14(2), 111-129.

