

**ETHNOPHARMACOLOGICAL STUDY OF ANTIHYPERLIPIDEMIC IN THE BOJONG
REGION, PURWAKARTA, WEST JAVA, INDONESIA**

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ABSTRACT

Hyperlipidaemia is an ailment characterised by an expansion in at least one of the plasma lipids, including cholesterol, triglycerides, plasma lipoproteins such as LDL and VLDL alongside diminished HDL levels. Research is continuous to find more current medications and a few novel helpful targets are being investigated for hyperlipidemia. This research aims to document and preserve the use of ethnomedicinal to treat hyperlipidemia by communities in the Bojong Region, Purwakarta, West Java, Indonesia. Fieldwork was carried out from October to December 2024 using direct interviews, questionnaires, and discussions. Plant species are identified based on standard taxonomic methods, flower morphological characteristics, and where possible, using samples for comparison, as well as consultation with experts and the literature. The plant types obtained were grouped into families according to the Cronquist classification system. Plant names were checked against the Plant List (www.plantlist.org) and the International Plant Name Index (www.ipni.org). This research reports that 30 plant species are commonly used by people in the Bojong Region to treat hyperlipidemia. Among the various plant parts used, leaves (50.0%) are most frequently used in making medicines, followed by rhizomes (13.3%), fruit (13.3%), flowers, stem, and seed (respectively 6.7%) and rind (3.3%). Meanwhile, the most frequently used preparation methods were decoction (76.7%) and infusion (23.3%). The results of this research confirm that people in the Bojong Region still rely heavily on medicinal plants for their health care system, especially for the treatment of hyperlipidemia with the most frequently used parts of the leaves and their use in decoctions and infusions.

KEYWORD:- Traditional medicine, Ethnomedicinal plants, Bojong Region, Antihyperlipidemic.

INTRODUCTION

The disorder known as hyperlipidemia is one of important risk factor involved in the development of cardiovascular disease.^[1,2] Hyperlipidemia is characterised by elevated or abnormally high levels of lipids and/or lipoproteins in the blood.^[3] It is also known as hyperlipoproteinemia because these fatty molecules can only travel through the bloodstream when they are attached to proteins and stay dissolved while moving through the body.^[4] Low levels of HDL-C (high density lipoprotein cholesterol), high levels of TG (triglycerides), LDL-C (low density lipoprotein cholesterol), and VLDL-C (very low density lipoprotein cholesterol) are all indicators of hyperlipidemia.^[5] An extensive data has confirmed the crucial role of hyperlipidemia in the pathogenesis of cardiovascular disease such as atherosclerotic coronary heart disease (CHD).^[6] The manifestation of the disorder is considerably influenced by factors such as (central) obesity, saturated fat intake, and the cholesterol content within a person's diet. Another mechanism involves

elevated levels of "apo B-100" lipoproteins within the plasma, which may lead to atherosclerotic disease, even when the patient has no other risk factors. For most patients, hyperlipidemia is polygenic in inheritance, and it is often a combination of genetic and environmental factors at play that ultimately contributes to a person's risk of developing hyperlipidemia and cardiovascular disease.^[7] Currently available hypolipidemic drugs have been reported to have several worrying side effects including hyperuricemia, muscle damage, impotence, memory loss, peripheral neuropathy, body aches, gynecomastia, skin rashes, and others. In addition, there is also an increased risk of myopathy and rhabdomyolysis which commonly occurs when used in combination with other drugs.^[8] Most hypolipidemic drugs can be effective if used for several weeks but may result in worsening side effects such as liver damage.^[9] Therefore, it is necessary to search for new antihyperlipidemic agents derived from natural ingredients in the form of medicinal plants. Medicinal plants have been widely used in traditional practices by

different ethnic populations throughout the world for the prevention and/or treatment of several chronic diseases. Despite the development of newer technologies and advances in modern medicine, most of the world's population still relies on traditional systems of medicine to fulfill their medical care, especially in Indonesia.^[10]

One of the Region in Indonesia that still uses herbal plants as an alternative treatment, especially to treat hyperlipidemia, is the Bojong Region. This research aims to obtain detailed information about the use of herbal plants for alternative therapy for hyperlipidemia in Bojong Region, Purwakarta, West Java, Indonesia using a field survey method.

MATERIALS AND METHODS

Study area

Bojong is located in Purwakarta Regency, West Java, Indonesia, with an area of 68.69 km². This area has an altitude of 650 meters above sea level with an average maximum air temperature of 34°C and a minimum of 18°C. Moreover, it is located between 06°42'5.3" South Latitude and 107°29'46.3" East Longitude. This area is a tropical climate area that is mostly inhabited by Sundanese tribes (98%) and other tribes (2%). Vegetation in the study area is in humid conditions with an average rainfall of 4,500 mm/year.

Data collection

An extensive field survey was carried out to obtain information about medicinal plants from the Sundanese tribe in the study area. To document existing information about medicinal plants from tribal practitioners, several field visits were conducted from October to December 2024 in the Bojong Region, Purwakarta, West Java, Indonesia. During the research, ethnomedicinal information was collected from middle-aged and older tribal practitioners in their local language (Sundanese), through direct interviews, questionnaires, and discussions. Information on local names of plants, plant

parts used, preparation methods and administration routes (e.g., infusion, paste, juice and decoction) of all ethnomedicinal plants collected were recorded during the survey period.

Botanical identification

Plant species are identified based on standard taxonomic methods, flower morphological characteristics, and where possible, using samples for comparison, as well as consultation with experts and the literature.^[11] The plant types obtained were grouped into families according to the Cronquist classification system, except for Pteridophyta and Gymnospermae.^[12] Plant names were checked against the Plant List (www.plantlist.org) and the International Plant Name Index (www.ipni.org).

Ethics statement

All participants provided verbal consent before the interview and gave consent to publish the information they provided.

RESULTS AND DISCUSSION

This research revealed that 30 plant species are commonly used by local people to treat hyperlipidemia (Table 1). This shows that the study location is affordable in terms of biodiversity. Among the various plant parts used, leaves (50.0%) are most frequently used in making medicines, followed by rhizomes (13.3%), fruit (13.3%), flowers, stem, and seed (respectively 6.7%), and rind (3.3%). The use of leaves is reported to be easier to prepare and easier to extract active substances from them for treatment. At the same time, leaves have less effect on the mother plant.^[13] Meanwhile, the most frequently used preparation methods were decoction (76.7%) and infusion (23.3%). These results are in line with previous research which reported that the forms of traditional medicine most widely used by the community were decoctions and infusions.^[11]

Table 1: Ethnomedicinal plants, local name, part used, mode of administration, and dosage uses in Bojong, Purwakarta, West Java, Indonesia.

No	Species	Family	Local name	Parts used	Mode of administration	Dosage of use
1	<i>Adenanthera pavonine</i> L.	Fabaceae	Saga	Leaf	Decoction	100 grams once a day
2	<i>Allium sativum</i> L.	Alliaceae	Bawang Putih	Rhizome	Infusion	20 grams once a day
3	<i>Aloe vera</i> Burm.f.,	Asphodelaceae	Lidah Buaya	Stem	Decoction	150 grams once a day
4	<i>Andrographis paniculata</i> Nees	Acanthaceae	Sambiloto	Leaf	Decoction	50 grams once a day
5	<i>Annona muricata</i> L.	Annonaceae	Sirsak	Leaf	Infusion	250 grams once a day
6	<i>Averrhoa carambola</i> L.	Oxalidaceae	Belimbing	Leaf	Infusion	50 grams once a day
7	<i>Carica papaya</i> L.	Caricaceae	Pepaya	Leaf	Decoction	250 grams once a day
8	<i>Cinnamomum verum</i> J.Presl	Lauraceae	Kayu Manis	Stem	Decoction	100 grams once a day

9	<i>Citrus aurantifolia</i> (Christm) Swingle	Rutaceae	Jeruk Nipis	Fruit	Decoction	100 grams once a day
10	<i>Clitoria ternatea</i> L.	Fabaceae	Bunga Telang	Flower	Decoction	100 grams once a day
11	<i>Cosmos caudatus</i> Kunth	Asteraceae	Kenikir	Leaf	Decoction	100 grams once a day
12	<i>Curcuma longa</i> L.	Zingiberaceae	Kunyit	Rhizome	Infusion	150 grams once a day
13	<i>Garcinia mangostana</i> L.	Clusiaceae	Manggis	Rind	Infusion	150 grams once a day
14	<i>Hibiscus sabdariffa</i> L.	Malvaceae	Rosela	Flower	Decoction	300 grams once a day
15	<i>Kaempferia galanga</i> L.	Zingiberaceae	Kencur	Rhizome	Infusion	100 grams once a day
16	<i>Mangifera indica</i> L.	Anacardiaceae	Mangga	Leaf	Decoction	100 grams once a day
17	<i>Momordica charantia</i> L.	Cucurbitaceae	Pare	Leaf	Decoction	150 grams once a day
18	<i>Morinda citrifolia</i> L.	Rubiaceae	Mengkudu	Fruit	Infusion	10 grams once a day
19	<i>Moringa oleifera</i> Lamk.	Moringaceae	Kelor	Leaf	Decoction	100 grams once a day
20	<i>Nigella sativa</i> L.	Ranunculaceae	Jinten Hitam	Seed	Decoction	200 grams once a day
21	<i>Pandanus amaryllifolius</i> Roxb.	Pandanaceae	Pandan Wangi	Leaf	Decoction	100 grams once a day
22	<i>Persea americana</i> Mill.	Lauraceae	Alpukat	Seed	Decoction	100 grams once a day
23	<i>Phaleria macrocarpa</i> (Scheff.) Boerl)	Thymelaceae	Mahkota Dewa	Fruit	Decoction	250 grams once a day
24	<i>Phyllanthus niruri</i> L.	Phyllanthaceae	Meniran	Leaf	Decoction	35 grams once a day
25	<i>Piper betle</i> L.	Piperaceae	Sirih	Leaf	Decoction	80 grams once a day
26	<i>Psidium guajava</i> L.	Myrtaceae	Jambu Biji	Leaf	Decoction	50 grams once a day
27	<i>Solanum torvum</i> Sw.	Solanaceae	Tokakak	Fruit	Decoction	70 grams once a day
28	<i>Syzygium polyanthum</i> (Wight) Walpers	Myrtaceae	Salam	Leaf	Decoction	150 grams once a day
29	<i>Tinospora crispa</i> L.	Menispermaceae	Baratawali	Leaf	Decoction	150 grams once a day
30	<i>Zingiber officinale</i> Rosc.	Zingiberaceae	Jahe	Rhizome	Decoction	100 grams once a day

CONCLUSIONS

The results of this research confirm that people in the Bojong Region still rely heavily on medicinal plants for their health care system, especially for the treatment of hyperlipidemia with the most frequently used parts of the leaves and their use in decoctions and infusions.

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