

**The Vernacular Names of the 140 Medicinal Plants
Preserved in the Actual Speech of the Region of
Mascara – Algeria**

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Abstract:

A lot has been said about the medicinal plants in the region of Mascara, both from the therapeutic side and the phytochemical one, but little or almost nothing has been written about the vernacular names of these plants. This paper is divided into two parts: an ethnobotanical and an ethnolinguistic study. The survey was carried out using a questionnaire addressed to the local population to gather data about the vernacular names of these plants as they are manifested in this part of Algeria. The information collected was faithfully transliterated and allowed us to identify 140 plant species belonging to 50 families bearing Tamazight names, or Arabic names, and even local neologisms belonging to the Mascarian dialect. All these results could constitute a database for further studies, and even to preserve this

intangible cultural heritage especially that the survey reveals that this ancestral knowledge is essentially based on oral tradition.

Keywords: ethnobotanical survey; ethnolinguistic study; Mascara; medicinal plants; vernacular names

الأسماء العامية لـ 140 نبتة طبية محفوظة في منطوق سكان ولاية معسكر الجزائر

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الملخص:

لقد كتب الكثير عن النباتات الطبية في منطقة معسكر، من الناحية العلاجية والكيميائية النباتية، ولكن لم يُكتب سوى القليل أو لا شيء تقريباً عن الأسماء العامية المتداولة لهذه النباتات. ينقسم مقالنا إلى قسمين: دراسة في علم النبات ودراسة في علم اللغة العرقي. تم جمع مدونة البحث باستخدام استبيان موجه إلى السكان المحليين للولاية معسكر من بينهم معالجون تقليديون وأخصائيون أعشاب وصيادلة وكبار السن لتحديد التنوع من حيث العمر والجنس والمستوى العلمي بين أصحاب المعرفة الدوائية. كان الهدف هو جمع البيانات عن الأسماء العامية لهذه النباتات كما تُستعمل لهجياً في منطوق سكان هذا الجزء من الجزائر. قمنا بالتحويل الصوتي للكلمات التي تم جمعها وأناحت لنا التعرف على 140 نوعاً نباتياً ينتمون إلى 50 عائلة تحمل أسماء أمازيغية أو أسماء عربية أو حتى مصطلحات محلية جديدة تنتمي إلى المنطوق المَعْسَكِرِي. ستمكن هذه النتائج من تشكيل قاعدة بيانات موثوقة للدراسات اللاحقة، والحفاظ على هذا الموروث الثقافي غير المادي.

الكلمات المفتاحية: دراسة عرقية نباتية؛ دراسة عرقية لغوية؛ مَعْسَكِرِي؛ النباتات الطبية؛ الأسماء العامية

Introduction

Almost all the countries of the world are interested in the study of medicinal plants on the fact that the vegetable kingdom constitutes an important and indispensable source of medicines. We are currently witnessing a return to nature, a pronounced taste for everything 'of natural origin'. However, these medicinal plants are very little studied from the ethnolinguisticside.

The paper under hand will try to make an inventory of the vernacular names of the medicinal plants in the region of Mascara where medicinal plants have never been completely abandoned and people have never stopped using traditional medicine, which has led to maintaining a living therapeutic tradition despite the spectacular development of modern medicine.

Our research will explore the different facets of the medicinal plants vernacular names as they are manifested in the region of Mascara. It will evaluate people's knowledge about the medicinal plants, and list the vernacular names in order to compile a database of vernacular names of the medicinal plants in order to over generalize the study to the whole Algeria by the elaboration of an application and preserve this ancestral knowledge which is essentially based on oral tradition.

To deal with this problematic situation, the following research questions have been proposed:

- Do all the inhabitants of Mascara share the same linguistic knowledge about the medicinal plants?
- Will it be possible to draw a linguistic map about the vernacular names distribution?

This work tries to explain to which extent ‘having no sufficient specific amount of knowledge’ means as a difficulty faced by local ethnobotanists; it has also tried to identify the diversity of vernacular names of the medicinal plants.

Regarding the general layout, this research work comprises three distinctive parts:

The first part is a review of literature that provides previous studies as to theories and approaches in the same vein of the topic. This includes traditional medicine, medicinal plants, and the all the terminology revolving around the subject matter. Definitions are exposed along with the underlying the context of ethnobotanics and ethnolinguistics.

The second part is the empirical phase of the study where it describes the research design, approaches, data collection and analysis procedures. It does so by giving the rationale behind using the case study. Then, it presents an overview of the quantitative and qualitative approaches. In this regard, a checklist, a questionnaire, and observation methods have been used as research instruments. It concerns an ethnobotanical and an ethnolinguistic study carried out in the region Mascara. In order to determine the most popular plants, the survey was based on two questionnaires, the first is intended for herbalists and plant traders in this region and the second is intended for the laymen that uses traditional medicine

The third part reviews the process of data analysis and interpretation. This involves the methodology followed in this research work, to expose the results of each rubric the questionnaire as to the checklist. By the end, a detailed account of data discussion and interpretation is given to reflect upon the research questions, objectives, and test the hypotheses.

Finally, the paper ends with a conclusion and perspective part followed by a list of the bibliography used in this study.

1. Literature review

1.1. Introduction

This part aims to provide an outlook on the traditional medicinal plants used in the region of Mascara – Algeria. It seeks to demonstrate the position of the medicinal plants in folk tradition in the Mascarian context. In this part, the lack of documentation regarding herbal remedies is highlighted. It relies on using secondary sources in the literature reviewing. The plan of this latter was to collect all what scholars and researchers have said, conducted, and taken scientifically about the variability of the presented work.

1.2. Bird eye view on the traditional medicine

1.2.1. A brief historical background

Tracing back the history of the traditional medicine, it is worth mentioning the fact that modern history teaches us that “the art of healing with plants, also called “the simples”, is as old as humanity itself” (Oullai, L. & Chamek, C., 2018: 4). Medicinal plants like other therapeutics have always been integrated into the culture of an era, or a given civilization, “their use and effects have therefore been thoroughly studied,

documented and developed” (Grünwald, J. & Jänicke, C, 2006). Man has always used plants for therapeutic purposes. The use of these plants is highly valued in all medical traditions. Thus, this confirms that “healing with medicinal plants is as old as mankind itself” (Bijana-Bauer, P., 2012). Phytotherapy and other pharmaceuticals were ubiquitously used tools by physicians in ancient Mesopotamia.

For its part, the flourishing of Arab culture (7th-15th centuries) favoured the preservation and development of the achievements of Greek and then Roman culture. This is particularly due to “the work of Al-Biruni (973-1048), who is one of the greatest Arab scholars; [...] immense pharmacologist whose fame earned him the title of father of the Arab Pharmacopoeia in the medieval world” (Chabrier, J. Y., 2010: 14). The Middle East, especially the Arab-Muslim era, also had its letters of nobility in the practice of phytotherapy. We can cite a few names of famous scholars such as the Persian by origin Abu Bakr Al-Razi or Rhazes (865-925), who was one of the great doctors of his time and also the precursor of psychotherapy. He was followed by Ibn-Sina or Avicenna (980-1037) who wrote a work in Tehran entitled ‘Canon of Medicine’. But the greatest of them was undoubtedly Ibn Al-Baytar (1197-1248) who wrote, in the East, the very complete ‘Sum of the Simples’, containing a list of 1400 preparations and medicinal plants. (D’Hennezel-Whitechurch, M., *et al.*, 2007)

1.2.2. Traditional medicines in the Maghreb

As previously mentioned traditional medicine is the sum total of knowledge, skills and practices which are based on the theories, beliefs and experiences specific to each culture and which are used to maintain human beings in good health as well as to prevent, diagnose, treat and cure diseases, both physical and mental. In Morocco, Algeria and Tunisia, traditional medicine was born long before the arrival of the Arabs; the Berbers used therapies that are still practiced today. The regional pharmacopoeias are mainly inspired by the local experiences of the populations in terms of care, popular culture as well as classical Arab medicine. They reflect both the history of the North Africans and the specificities of their natural environment. Today plants still play a very important role in the medical traditions and the lives of the inhabitants of this region of the world (Bellakhdar, J., 2007: préface).

1.2.3. Traditional medicine in Algeria

In Algeria, plants occupy an important place in traditional medicine, which itself is widely used in various health fields. Old and recent publications reveal that a large number of medicinal plants are used for the curative and preventive treatment of many diseases. In recent years, traditional phytotherapy has spread in the country. Figures collected from the National Trade Register Center show that at the end of 2018, Algeria had 1,926 sellers specialized in the sale of medicinal herbs, including 1,393 sedentary and 533 itinerant. The capital alone housed the largest number with 199 stores, followed by the wilaya of Sétif (107), Béchar (100) and El Oued with 60 stores. (Oullai, L. & Chamek, C., 2018: 8); therefore, for centuries, “traditional and complementary medicine has been an integral resource for health in households and communities” (OMS, 2023).

1.2.4. Traditional medicine in Mascara

In Mascara, traditional knowledge relating to plants and their properties is still sufficiently well understood. The ancient uses of medicinal plants have been reported by the traditional healers. Traditional treatment in Mascara is mainly based on the use of simples and drugs or *leʿšub* (literally, the medicinal herbs). Some species are recognized by the population as useful medicine or, on the contrary, as toxic. Many

women know how to recognize medicinal plants and use them wisely. They use them in herbal teas, in plasters, by expressing the juice, according to the virtues attributed to them. Among the communities of Mascara, “medicinal plants are a sacred heritage; these populations are well known for the use of plants as remedies. It is added to this local know-how, the richness of the different geomorphological forms around the valley in medicinal plants” (Ould Yerrou, K. *et al.*, 2018: 817).

1.2.5. Different types of phytotherapy

One has to make the distinction between the ‘traditional’ practice of phytotherapy, sometimes very old which uses aromatic and medicinal plants in fresh or dried form, and the ‘modern’ phytotherapy which uses phytomedicines made from the active compounds extracted from these plants.

1.2.5.1. Traditional phytotherapy

According to the World Health Organization (WHO) “traditional medicine as comprising various health practices, approaches, knowledge and beliefs incorporating herbal, animal and/or mineral medicines, spiritual treatments, manual techniques and exercises, applied alone or in combination to maintain well-being and to treat, diagnose or prevent disease” (OMS, 2002: 7). Thus the traditional practice of phytotherapy is considered traditional medicine and still widely used in some countries, including developing countries. It is an unconventional medicine due to the absence of clinical studies.

1.2.5.2. The actors of phytotherapy

The actors involved in the field of phytotherapy, which is a multidisciplinary and multisectoral field, are divided into three groups: traditional healers, researchers, and finally partners. The first group is divided into spiritualists, healers, herbalists, psychotherapists, naturotherapists, manual therapy specialists, herbalists, medical druggists, traditional birth attendants, and bonesetters (Konan, V., 2022: 127). The spiritualist or *taleb* also called *Ifki>hor šiḥ* is a person who received a Koranic education. His reputation is based on his therapeutic successes guaranteeing a long professional practice and a perfect knowledge of medical texts. These traditional healers are almost endangered due to the scarcity and decline of their academic training. Then come the healers (most of the time charlatans) who can go to confirmed traditional healers, mastering their knowledge and practices, to charlatans who, driven by a pure mercantile spirit, abuse the credulity of users. Schematically, they can be represented in seven corporations (Claisse-Dauchy, R., 1986: 37). Then come *l'ešabi>n* (the herbalists) who are well established in all the main towns and villages. They sell products of plant origin, including “medicinal plants” (Hornby, A.S., 2000: 607) mainly, but there are also minerals and animals or parts of animals. Then comes the phytotherapist who is characterized by a competence for the practice of traditional medicine, He/she uses only the preventive and curative virtues of plants to cure diseases (Konan, A., 2012: 28); last but not least, *'eldjeba>r* (the bone-setter) who can be an herbalist or a cautery maker. The bonesetters are still quite numerous, they specialize in the treatment of sprains, dislocations (Little, W. *et al.*, 1980: 216) and the reduction of closed fractures. He does this by “tying pieces of wood or rods (like splints) with a fibrous plant (like rope), or even clay around the fractured bone and appropriately applying traditional medicines to the fracture point.” (Soffowora, A., 1982: 18)

The research refers to scientists and researchers from different faculties, IUCN (International Union for the Conservation of Nature), ERU (Education and Research

Unit – French UFR) and institutes (sciences, medicine, pharmacy, national institute of public health, etc.). Some researchers specialize in the field of traditional medicine among whom the sociologists, the ethnosociologists, the ethnobotanists, the anthropologists, the dialectologists, the jurists and the economists. All of these professionals “work to process the available information in a way that it can be assimilated and used by governments, medical services and traditional health care providers” (OMS, 2001: 34).

Finally, the group of the group of ‘the partners’ who, contrary to the idea that traditional medicine is reserved for the majority of poor communities in developing countries who depend on them for their primary health care and subsistence and where is considered as an “old-age tradition” (WHO, 1991: 21), today consists of many people (mostly young people) interested in traditional medicine. They are financiers, media specialists. Similarly, international and non-governmental organizations support the development of traditional medicine, for example: the Association for the Promotion of Traditional Medicines and the European Scientific Cooperative on Phytotherapy.

1.3. Historical background of the practice of phytotherapy in Algeria

Every culture has a history of using phytotherapy (phytotherapist) to treat their ailments. In Algeria the use of medicinal plants is a thousand years old. In fact, “While doctors and public opinion have been rediscovering, for several years, the value of therapy with plants and aromatic essences, the idea of using the virtues of plants to maintain or recover the state of health goes back to the Antiquity” (Valnet, J., 1984: 2)

The first writings on medicinal plants in Algeria and the Maghreb date back to the 9th century. Then the contribution of the Arab world from the 11th century came to enrich a medicine which until then had been tinged with a primitive mentality. Later, “Abdallah Ben Lounès, a very skilful doctor born in Oran [...] described the use of many medicinal plants” (Benhouhou, S., 2015). In Algeria, medicinal plants therefore occupy an important place in traditional medicine, which itself is widely used in various areas of health. Algerians are increasingly using medicinal herbs: demand has created supply, and herbal stores have multiplied in recent years in all cities of the country. Similarly, in each region of Algeria, there is also family self-medication, based on traditional healers (Messaoud, W., 2020).

1.4. Medicinal plants (MAPs)

1.4.1. Definition

Medicinal plants, as said beforehand, is any plant containing “one or more active substance responsible for a therapeutic action but also responsible for undesirable effects called toxicity, just like chemical drugs” (Limonier, A. S., 2018: 21). Unlike a ‘classic’ plant, a medicinal plant can prevent, relieve or cure a disease.

2. Methodology

2.1. Introduction

This paper stands upon quantitative primary sources, mainly surveys, observations, and checklists in collecting data in the firm of the research. It starts by clarifying the purpose behind conducting this research moving to identifying the hypothesis for which the research stands. It explains the choice of the research design as well as the selection of data sources. In fact, it is an attempt to detail the sample of the

The region of mascara is distinguished by the abundance of mountains, plains, forests and valleys and this has made it a region rich in many types of herbs and medicinal plants that are used in the treatment and the treatment of several diseases.

2.7. Sources of data

2.7.1. Primary sources

The data gathered by the research conductor himself is referred to as the primary sources meaning that these data have never been gathered before, whether in a particular way, or at a certain period. Researchers collect these resources at the time or during their working on an event. To achieve “primary data, different sources can be used such as experiments, surveys, interviews, and questionnaires” (Kabir, S. M. S., 2016: Preface, In Taherdoost, H., 2021: 12)

On the other hand, researchers collect the qualitative primary data using different methods such as “audiotapes, sketches, notes, and photographs to gather these data” (Taherdoost, H., 2021: 11), as well as observational studies.

2.7.2. Secondary sources

Unlike primary sources, secondary sources are sources of data collection. On the flip side, these external sources of data include: published printed sources, books, journals and periodicals, magazines and newspapers, published electronic sources, e-journals, general websites, weblogs, unpublished personal records, diaries, letters, government records, census data/population statistics, public sector records (Kabir, S. M. S., 2016: Preface, In Taherdoost, H., 2021: 33).

2.8. Population sample

According to Stevens R. E., *et al.*, sampling “consists of selecting some part of a population to observe, so that one may estimate something about the whole population”(2006: 01).

2.8.1. Gender of membership and target population

In the region of Mascara, men and women share this ancestral knowledge relating to traditional medicine. Even though the harvesting of medicinal plants is reserved to men while the drying, storage and preparation of recipes for the treatment of the family members are carried out by women.

- **Gender:** Both sexes
- **Age range and means:** They are between 23 and 87 years-old, no matter if they are literate or illiterate.
- **Ethnicity:** All of them are living in the region of Mascara (not obligatory natives of this part of Algeria)

2.9. Data collection methods

It is worthy to mention that researchers do not use the mentioned methods strictly to the approach they are under-cited; yet, they can use them interchangeably. Accordingly, the fulfilment of this work required the use of one qualitative method that is of observations with two quantitative data collection methods that are questionnaires and checklists.

2.9.1. Questionnaires (Surveys)

Questionnaires are “any written instruments that present respondents with a series of questions or statements to which they are to react either by writing out their

answers or selecting from among existing answers” (Brown, J. D., 2001: 6). They are a set of predetermined questions serving as a primary research instrument in survey research used to collect information consisting of a series of questions. Questionnaires aim to describe the samples’ personal profile (age, sex, marital status, occupation, income, political affiliation, religious affiliation... etc...), and measure the samples ‘changeable variables (attitude, opinion, traits and habits of persons). According to Hague, P., *et al.* (2004), a questionnaire can be conducted either by phone, by face-to-face meetings.

2.9.2. Procedure

The survey was carried out during the period which runs between December 2022 and April 2023 during which an inventory of plant species of medicinal interest was carried out. The ethnobotanical survey was carried out using a questionnaire sheets from, since “formulating the questionnaire is thought to be the easiest part of survey research and often receives too little effort” (Bradburn, N., M., *et al.*, 2004: 4). It contains specific questions about the informant and the medicinal plant used by him/her. The questionnaire was adapted from an existing model belonging to Boumediou, A. and Addoun, S., (2017: 110-111) according to our needs and presented in a simplified language.

The information was obtained through ethnobotanical interviews with people born and/or having lived for a long time in the region of Mascara, composed of healers, herbalists, midwives, and mere informants, all of them sharing a real cultural knowledge in the field of medicinal plants. The first actors surveyed were the people who have a close relationship with medicinal plants, the most recognized, respected, and experienced in the community, since they are the most consulted. The survey ends when there was a repetition of the medicinal species and their uses were repeated by the informant. In this case, the place must be changed and the list of people subject to the survey will be closed. The survey was conducted in the Mascarian dialect.

2.10. Methodology limitation

All scientific works encounter certain situations, circumstances, shortcomings, conditions or influences making them imperfect. It is worth mentioning that some of the informants are not natives of Mascara and thus bear a knowledge which is true in their hometown, beside the time constraints. This has compressed the size of the sample worked with.

3. The vernacular names of the medicinal plants

Because the dialect (speech) of Mascara resemble that of Classical Arabic, a system of transliteration symbols which consists of “the action or process of translating, i.e., to replace (letters or characters of one language) by those of another used to represent the same sounds; to write (a word, etc.) in the character of another alphabet” (Little, W., *et al.*, 1980: 2347). These symbols aim to help non-Arabic speaking readers to read the vernacular names of the medicinal plants used in this paper. Hence, all vernacular names of the medicinal plants used in this paper have been transcribed using the symbols in the table below. The three long vowels (a, i, u) are followed by the symbol >.

Table 1: Transliteration symbols

ط	ض	ص	ش	س	ز	ر	ذ	د	خ	ح	ج	ث	ت	ب	ء
t	d	s	š	s	z	r	ḏ	d	ḥ	h	j	t̤	t	b	ʔ
v	p	f	č	y	w	h	n	m	l	k	q	f	g	c	ṭ
v	p	f	č	y	w	h	n	m	l	k	q	f	g	c	ṭ

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Source: (Holes, C., 2018: viv-xv)

The collection of the vernacular names of the medicinal plants was carried out with the population, certain bearers of knowledge and local specialists in order to transcribe the way in which the latter conceives its cultural heritage and envisages its future. All the informants brought their knowledge with great precision. Because, in the absence of written sources, the study was based essentially on oral sources (popular etymologies, legends, etc.)

As part of this study, our investigations have identified 123 species and subspecies used for medicinal purposes. These medicinal species belong to 120 genera and fifty four botanical families which are summarized in the following tables. The survey made it possible to draw up the list of medicinal plants used based on data collected from herbalists and the local population and completed with sources on the medicinal plants (Baba Aissa, F., 2000; Iserin, *et al.*, 2001; Quézel, Pierre, *et al.*, 1962). For each listed plant, the scientific name, the family, the transliterated Arabic names are mentioned (See table 2 below.).

Common name in English	Transliterated Vernacular name in the Mascarian dialect	The spelling equivalents in Arabic	Common name in English	Transliterated Vernacular name in the Mascarian dialect	The spelling equivalents in Arabic
bear's breeches	šabuniya	صَبْنِيَا	onion	bešla	بَصْلَا
garlic	tu>m	تُوم	leek	lporro	لُپُورُورُو
fynbos aloe	šeba>r	صَبَارْ	maritime squill	bšel lber	بَصْلَا لُبُرْ
bishop's flower	tillen	تِلَانْ	dill	nuha	نُوحْ
celery	krafez / krafes	كُرَافُزْ / كُرَافِصْ	fool's watercress	ziyeta	زَيْتَا
caraway	kerwiya	كَرْوِيَا	coriander	qešber / qešbu>r	قَصْبُورْ / قَصْبُورْ
cumin	kemu>n	كَمُونْ	carrot	zrudiya	زُرُودِيَا
fennel	lbesbe>s	لُبْسَبَاسْ	parsley	ma'ednu>s	مَعْدَنُوسْ
anise, aniseed	hebethlawwa	حَبَثْ خَلَاوَهْ	toothpick-plant	senariya	سَنَرِيَا
saxaul	'ermet	أَرْمَطْ	great pignut	terguda	تَرْغُودَهْ
lentisk or mastic	qerw	قِرْوْ	oleander	defla	دَفْلَهْ
European fan palm	'edu>m	أَدُومْ	dates	tmer	تَمَرْ
absinthe	šiba	شَيْبَهْ	white wormwood	ši>h	شَيْحْ

glue thistle	lada>d	لُدَادُ	cardo	ħurşef	خُرْشَفْ
false yellowhead	magrame>n	مَقْرَمَانْ	common golden thistle	gernina	قُرْنِينَه
chamomile	ba>bunj	بَابُونِجْ	Mediterranean saltbush	legtef	لَقْطَفْ
common barberry	gri>s	غَرِيسْ	the cabbage	krum / krumb	كُرْمْ / كُرْمُبْ
the turnip	left	لَفْتْ	cress, garden cress	ħeb'elkete>n	حَبْ الكَتَانْ
Indian fig opuntia	neşraniya	نُصْرَانِيَّة	Indian fig opuntia	kermuşnşara	كَرْمُوصْ النُصَارَه
Alexandrian senna	sane'lmekiya	سَنَاءُ الْمَكِّي	carob	heru>b	لُخْرُوبْ
red sandspurry	fetetleħjar	فَتَاتْ لُحْجَرْ	Phoenician juniper	l'ar'a>r	لُعْرَاعَرْ
strawberry tree	lenj	لَنْجْ	chickpea, chick peas	lħomoş	لُحْمُصْ
beet, beetroot	lbarba	لُبْرَبْ	spinach	selq	سَلَقْ
squirting cucumber	fegu>sleħmi>r	لَفْقُوسْ لُحْمِرِي	bitter apple	lħendel / lħenţel	لُحْنَضَلْ / لُحْنَطَلْ
liquorice, licorice	erquesu>s	عَرْقُصُوصْ	bean	lfu>l	لُفُولْ
lentil	le'des	لُعْدَسْ	pea	djelbana	دَجْلَبَانَه
fenugreek	lħelba	لُحْلَبَه	cork oak	belu>ţ	لُبْلُوطْ
common walnut	lmeswek	لِمَسْوَاكْ	southern bugle	şendgura	شَنْ قُدُورَه
lesser calamint	nabţa	نَبْطْ	lavender	leħzama	لُخْزَامَه

Spanish lavender	lḥelḥe>l	لَحْلَحَان	peppermint	ne'ne>' tlemsa>n	نَعْنَاعْ تَلْمَسَان
white horehound	miramiya	مِرْمِيَه	pennyroyal	fliyu	فَلْيُ
apple mint	dumra>n	دُومْرَان	garden mint	ne'ne>'	نَعْنَاعْ
basil, sweet basil	leḥbek	لَحْبِقْ	oregano	z'itra	زُعَيْثَرَه
marjoram	lmerdeduš	لَمَرْدَدُوشْ	rosemary	lyazi>r / lḥelḥel	لَيَزِيرْ / لَحْلَحَان
the common sage	lmiramiya	لَمِرْمِي	garden thyme	za'ter	زَعْتَرْ
true cinnamon	lqerfa	لَقَرْفَه	laurel	rend	رَلْدْ
wild leek	bšell'efri>t	بُصَلْ لَعْفَرِيْتْ	garlic	tu>m	تُومْ
flax, common flax	zeri'et'elkettan	زُرِيْعَة الكَتَان	hina	lḥena	لَحْنَه
common mallow	lḥubi>z	لَحْبِيْزْ	pearl wattle	ṭalḥl mimoza	طَلْحْ لِمُزْ
fig	kermu>š	كَرْمُوصْ	white mulberry	tu>t	تُوتْ
common myrtle	reyḥa>n	رَيْحَانْ	black mulberry	tu>t	تُوتْ
clove	qranfel	قُرْنَفَلْ	clove	'u>d 'enuwa>r	عُودْ أَوَارْ
nutmeg	ljuza	لُجُوزَه	southern blue gum	kalitu>s	كَلِيْتُوسْ
ash, European ash	lsen'fi>r	لَسَا أَطِيرْ	olive	zitu>n / zi>t ' zitu>n	زَيْتُونْ / زَيْتْ اَزْثُونْ
common poppy	bene'me>n	بَنْعَمَانْ	sesame, benne	djeljle>n	دُجَلْجَلَانْ

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Aleppo pine	zququ	زُقُقُ	pine	śnober	صَنْبَرُ
barley	š'i>r	شَعِيرُ	rice	ru>z	رُوزُ
pearl millet	'illen	إِلَانُ	halfah grass	lhelfa	لَحْلَفُ
corn	ḍra	دَرُ	common sorrel	lhumaḍa	لَحْمِضُ
pomegranate	ruma>n	رُمانُ	pomegranate	jlu>f'eruma>n	جُلُوفُ أُرْمَانُ
fragrant virgin's bower	'na>r lberda	أَنَارُ لَبْرَدَه	lice-bane	ḥebet'erraš	حَبْتُ أَرَّاسُ
black caraway	sanu>j lḥebasuda	سَنُوجُ / لَحْبَه سُدَّ	Italian buckthorn	mli>les	مَلِيلَسُ
jujube	'esedr / nbeg	أَسْدَرُ / نَبَقُ	jujube	'erq'esedr	عَرَقُ سَدَرُ
red date	zfizef / sfizef	زَفِيزَفُ / سَفِيزَفُ	lady's mantle	'baya	عَبْيَ
quince	sferdjel	سَفَرْدَجَلُ	hawthorn	'eyn'elbegra	عَيْنُ لَبْقَرَه
the loquat	Nifla /	نِيفْلَه	the loquat	lemza>ḥ / bu'ḍima	لَمَزَّاحُ / بُغْضِمَه
tart cherry	ḥeblemlu>k	حَبُّ لَمْلُوكُ	the almond	qšu>r lu>z	قَشُورُ لُوزُ
bitter almond	'elu>z lmur	أَلُوزُ لَمُرُ	peach	wreglhu>ḥ	وَرْقَلْخُوحُ
common bramble	l'ali>g	لَعْلِيْفُ	common rue	lfijel	لَفِيَجَلُ
cinquefoil	lenjba>r	لَنْجَبَارُ	wild madder	'ešbetlquwa	عَشْبَتُ لَقْوَه
Bitter orange	ṭrenj	تَرْجُجُ	the lemon	'eli>m	أَلِيمُ

The citron, cedrate	'atrej	أَثْرَجْ	spoon-leaved saxifrage	fettlehjar	فَتَاتْ لَحْجَرْ
wild tomatoes	tumates / omatiš	طُمْتِشْ / طُمْتِشْ	black nightshade	nuqnina	نُقْنِنْ
the potato	baṭaṭa	بَطَطْ	tea	latay	لَتَايْ
agarwood	'erqgris	عَضْرَقْ غَرِسْ	annual nettle	ḥuri>g	حُرِيْقْ
lemon beebrush	lwiza	لُوزْ	vitex, Chaste tree	'ešbetmeryem	عُشْبَتْ مَرِيَمْ
lesser galangal	lhudenjel	لَحْدَلْجَلْ	turmeric	kurkum	كُرْكُمْ
Ginger	skendjbi>r	سَكِنْجِيرْ	wild rue	lḥarmel	لَحْرْمَلْ

Table 2: The collected corpus

4. Discussion

This paper aims to collect and estimate the vernacular names of the plants used in herbal medicine in the region of Mascara and its surroundings and to establish a database about these names. The findings resulting from the data analysis of the study and their interpretations provided by the quantitative qualitative methods used to reflect on the research questions ensure the research's validity and reliability of findings. Marshall and Rossman (1990:111) in Niamh Desmond (2010: 41) define data analysis as “the process of bringing order, structure and meaning to the mass of collected data. It is a messy, ambiguous, time consuming, creative, and fascinating process”.

- ❖ First of all, it appears that the study area (Mascara and its surroundings) has a great biodiversity with a variety of medicinal plants which requires more exploration.
- ❖ The study reveal the presence of 140 medicinal plants bearing vernacular names from Arabic, Tamazight, French and even some neologisms.
- ❖ Ethnobotanical and ethnolinguistic studies should be carried out in all regions by developing a comprehensive database of the vernacular names of all the medicinal plants.
- ❖ We noted the lack of information among the respondents concerning the origin of the vernacular names.
- ❖ Even though the harvesting of medicinal plants is reserved to men, the drying, storage and preparation of recipes for the treatment of the family members are carried out by women.
- ❖ Old persons constitute the majority among bearers of knowledge and local specialists on what concerns the vernacular names of the medicinal plants.
- ❖ As demonstrated by previous studies, for financial reason (low income) to “the traditional medicine remains the main recourse for a large majority of populations to solve their health problems (Mecheri, R., *et al.*, 2023: 6).

The study, which provided a detailed picture of the results obtained in this research as their interpretations, will be fair enough to say that our investigation was fruitful as far as its results and illations are concerned. Whatever the vernacular name is, all the inhabitants of Mascara share the same knowledge about the plant; however, this knowledge is limited to the oral tradition even if the same plant may have different species and different vernacular names.

5. Conclusion

All scientific works encounter certain situations, circumstances, shortcomings, conditions or influences making them imperfect. Hence, researchers need to know and report these imperfection or weaknesses casting doubt in their findings as not to -appear as if they have ignored them. Pointing out the methodology limitations and delimitations opportunity to make suggestions for further research, an opportunity to demonstrate a critical thinking about the research problem, understanding of the related literature published about it, and correct assessing of the methods chosen for studying the problem.

Plants have always been the allies of man, first for food and also to relieve and cure his ailments. Plants were the basis of the pharmacopoeia and therapy of ancient civilizations. Despite the development of the drug industry of chemical origin, traditional medicine currently constitutes a source of remedy par excellence. The latter has a wide distribution among populations with confidence in popular medical use as well as those who do not have the means to bear the costs of modern medicine.

The ethnobotanical study carried out in the region of Mascara by the distribution of 130 questionnaires made it possible to highlight the importance of traditional herbal medicine in the areas studied. The survey revealed a multitude of findings on the use of medicinal plants by the local population.

The results show that people in the approximate age group of 60 predominate in the practice of herbal treatments. It brings light to the reality that women are those who use the most traditional herbal medicine.

The survey also reveals that among the population questioned, the people who use plants the most in their practice are the uneducated, those who live in rural areas and those who have no profession.

At the end of this work, it appears that herbal medicine remains a practice still widely used by the Algerian population, especially in the region of Mascara. In addition, this study shows that the Algerian flora is still rich and promising in the field of natural products.

This study, which is a contribution in the development of the phylogenetic heritage of Algeria (region of Mascara), needs to be enriched by other contributions, such as, the constitution of a herbarium of the listed plants and even a linguistic atlas of the vernacular names of the medicinal plants; hence contributing in the preservation of this oral intangible heritage.

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