



A REVIEW ON ETHNOPHARMACOLOGICAL ACTIVITIES OF MUSA PARADISIACA LINN

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Abstract

Musa paradisiaca Linn. (Plantain or cooking banana) is one of the main crops grown by farmers and is the primary source of sustenance for both animals and people in several regions of the world. It exhibits a number of advantageous traits. In traditional medicine, several human ailments are treated using both the fruits and other plant components such the stalk, peel, spathe, pulp, and leaf. Since ancient times, plants have been used in traditional medicine, and they provide a variety of biologically significant active metabolic products. Pharmaceutical businesses have recently shown a lot of interest in using these goods as an alternative to medications that are chemically synthesised. This is because studies on how individuals from many backgrounds use plants as a therapy and treatment for many ailments, as well as side effects of synthetic drugs, as well as the development of significant new medicines from plants. One of the valuable fruits with established pharmacological potentials is the banana, an edible fruit produced by various herbaceous flowering plants of the genus *Musa*. There are bananas practically everywhere in the world. In this article, we talk about the pharmacological properties of bananas, including their ability to treat atherosclerosis, treat ulcers, and fight cancer and other diseases.

Keywords: *Musa paradisiaca*, Pharmacological activity, Antidiabetic, Anti-ulcer, Anti-cancer

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Introduction

Musa paradisiaca Linn. is a herbaceous flowering plant commonly known as plantain or cooking banana. Although originally from India and the rest of southern Asia, it is now cultivated across the whole sub- and tropical African continent, including in Nigeria. Plantains, of which Nigeria produces about 2.11 million metric tonnes annually, are a major staple food for many indigenous peoples living in the subtropics[1]. Bananas, with an estimated yield of 10 million per hectare, are widely recognised as one of the cheapest, most widely available, and healthful foods in the entire humid and temperate region of the planet. *Musa paradisiaca* is a member of the family Musaceae, which consists of the genera *Musa*, *Ensete*, and *Musella*. The genus *Musa* contains the most species (about 35), including the well-known *Musa acumiata*, *Musa balbisiana*, and

Musa sapientum, among others. There are numerous classifications for *Musa* species. The most up-to-date DNA research classifies three subgroups: *Musa* (22 chromosomes), *Callimusa* (20 chromosomes), and *Ingenti musa* (14 chromosomes). Depending on the species and the soil conditions, *M. paradisiaca* can reach a height of 9 metres and produce a crop of moon-shaped fruits up to 7 centimetres in length[2]. *M. paradisiaca* relies on the wind to spread its seeds, which are carried aloft on blazing, long, slender spikes. When compared to other herbaceous plants, *M. paradisiaca* is the only one that thrives on soils that have been compacted. It grows in abundance next to paved walkways, roads, riverbanks, and other places with level ground. This plant occurs naturally both in savanna and as a weed in cropland. *M. paradisiaca* is a significant animal and human food source throughout South and Central America, Asia, and Africa due to its high starch

content. More than 600 million people in Africa rely on *M. paradisiaca* for their daily calorie intake. There have been promising recent developments suggesting that plants may become a significant primary source of medications. Many individuals in Nigeria, a developing country, seek relief from their health problems by using herbs or other plant-based remedies. Maybe it's because people have started using herbs and other natural remedies instead of manufactured pharmaceuticals and expensive medical care. To name just a few examples, digoxin is derived from the plant *Digitalis lanata*, quinidine and quinine are derived from *Chinchona officinalis*, vinblastine and vincristine are derived from *Catharanthus* spp., atropine is derived from *Atropa* spp., and codeine and morphine are derived from *Papaver* spp. Numerous ethno pharmacological and ethno botanical investigations have been prompted by the therapeutic and economic importance of *M. paradisiaca*, leading to the discovery of several intriguing qualities of plant components [3]. These qualities of the plants are based mostly on the traditional therapeutic uses to which they have been put by indigenous peoples. The bioactive compounds and minerals found in *Musa paradisiaca* have been put to use in the treatment and management of a wide range of medical conditions. Unripe *M. paradisiaca* peels and fruits, for instance, shown anti-ulcerogenic activity when fermented, followed by extraction with water. Additionally, hydroxyl anigorufone isolated from *M. paradisiaca* showed promise as a cancer chemopreventive agent [4]. The methanolic extract of plantain inflorescence also included 12 polyphenols, and its dietary fibre content was measured at 12.54 percent. There was evidence that these polyphenols could help prevent diabetes and cardiovascular disease. After being recognised as a matrix, the dietary fibre found in plantain inflorescence holds biologically active chemicals [5]. Beneficial effects on GI health and reduced colon cancer risk result from the constant production of these biologically active compounds during digestion, thanks to the probiotic bacteria that aid in fermentation. In this article, we will attempt to summarise the many different nutritional benefits, pharmacological processes that have been attributed to *M. paradisiaca* [6].

Pharmacological activities of *Musa paradisiaca*

Antidiabetic activities of *Musa paradisiaca*:

In mice given *Musa paradisiaca* fruit extracts, extracted in methanol, chlorpropamide, an anti-diabetic medication, was evaluated in both non-

diabetic and Streptozocin-induced diabetic mice. In mice with diabetes and normal blood glucose levels, oral treatment of MEMP (100–800 mg/kg) significantly reduced blood glucose levels ($p < 0.05$ – 0.001). Chlorpropamide (250 mg/kg p.o.) significantly reduced the blood glucose levels of both normal and diabetic mice ($p < 0.01$ and $p < 0.001$) [7]. The impact of anti-hyperglycemia was examined by After 30 days of oral administration of a chloroform extract of *Musa sapientum* flowers at doses of 0.15, 0.20, and 0.25 g/kg body weight, blood glucose and glycosylated haemoglobin were dramatically reduced, and total haemoglobin was significantly raised [8]. It is exceedingly risky to have either form of diabetes, which can be treated with or without insulin. Banana is one of many plants whose potential to reduce blood glucose levels in people with diabetes has been explored. The anti-hyperglycemic properties of the peels of *Musa sapientum* (EMS), *Musa paradisiaca* (EMP), *Musa cavendish* (EMC), and *Musa acuminata* (EMA) were examined using an oral glucose tolerance test in rats that had been normoglycemic (had normal glucose concentrations) and had been given a glucose load of 2 g/kg p.o. of glucose [9]. In this investigation, it was discovered that the anti-hyperglycemic effects of EMC (500 and 1000 mg/kg, p.o.) and EMA (200 and 400 mg/kg, p.o.) treatment were significantly significant ($p < 0.01$). Both EMS (200 mg/kg, p.o.) and EMP (500 mg/kg, p.o.) caused a decrease in blood sugar levels ($p < 0.01$) [9]. A different study evaluated the in vitro antidiabetic activity of methanol extracts of three distinct fruit peels (lemon, pomegranate, and banana), and found that banana peel had the strongest alpha amylase inhibitory efficacy (80.87 percent at 1000 g/mL). Banana peel therefore has the highest hypoglycemic effect of the three [10]. As a result, it can be used as a substitute for the vitamin antidiabetic [9]. The hypoglycemic effects of a methanolic extract of mature green fruits of *M. paradisiaca* were examined in normal (normoglycemic) and streptozotocin-induced diabetic (hyperglycemic) mice [11]. The extract was discovered to have a hypoglycemic effect, which provides experimental support for the plant's traditional use in the treatment of type-2 diabetes mellitus [12].

The scientific basis for using plantains in traditional diabetes treatment has to be looked into because diabetes is a major global burden and is particularly bad in Africa, where health services are already under a lot of strain [13]. Aqueous extracts and methanolic fractions of *M. paradisiaca* flowers and bracts significantly

lowered blood sugar levels in male Wistar rats that had diabetes brought on by intravenous streptozotocin (STZ) [14]. The methanolic fractions of the flower had the largest impact on glucose tolerance after 15 days of therapy, although the aqueous extract of the bract had effects that were quite similar to those of insulin therapy [15]. However, all of the extracts and fractions indicated improvement in contrast to the untreated control group due to the presence of flavonol glycoside and anthocyanins in the fractions and extracts, each of which has been shown to contain anti-hyperglycaemic activity. This study supports the idea that inflorescence could be investigated as a potential functional food and/or nutraceutical with excellent nutritional and organoleptic properties [16]. This study validates the antidiabetic activity of methanolic flower extract due to the polyphenolic compound and dietary fibres present. Because aqueous extracts are simpler to obtain than methanolic fractions, the authors advise using them instead of the methanolic fraction [17].

For instance, according to research by Shodehinde et al., the polyphenolic content of the unripe pulp of *M. paradisiaca* reduced blood

glucose levels in experimentally diabetic adult male Wistar rats by inhibiting intestinal glucosidase, pancreatic amylase, and angiotensin-I-converting enzyme (ACE) after 14 days of oral administration [18]. In experimentally diabetic rats, diabetes indices were recovered after 30 days of oral administration of syringin (50 mg/kg body weight), which is derived from the ethanolic extract of plantain flowers. Syringin, a phenylpropanoid glucoside with the chemical formula 4-[(1E)-3-hydroxyprop-1-en-1-yl], is thought to possess antibacterial effects. 2, 6-dimethoxyphenyl-D-glucopyranoside acts to maintain glucose and C-peptide homeostasis. A plantain-based diet combined with chemotherapy may help manage the condition, but any potential interactions must be considered. Dietary therapy using plantain-based dough meals supplemented with cassava fibre and soybean cake has been shown to lower blood glucose levels. It has been proposed that the high micronutrient content of plantains is what causes this effect because potassium and salt are so crucial to metabolism, bodily fluids, and the composition of structural tissues [19].

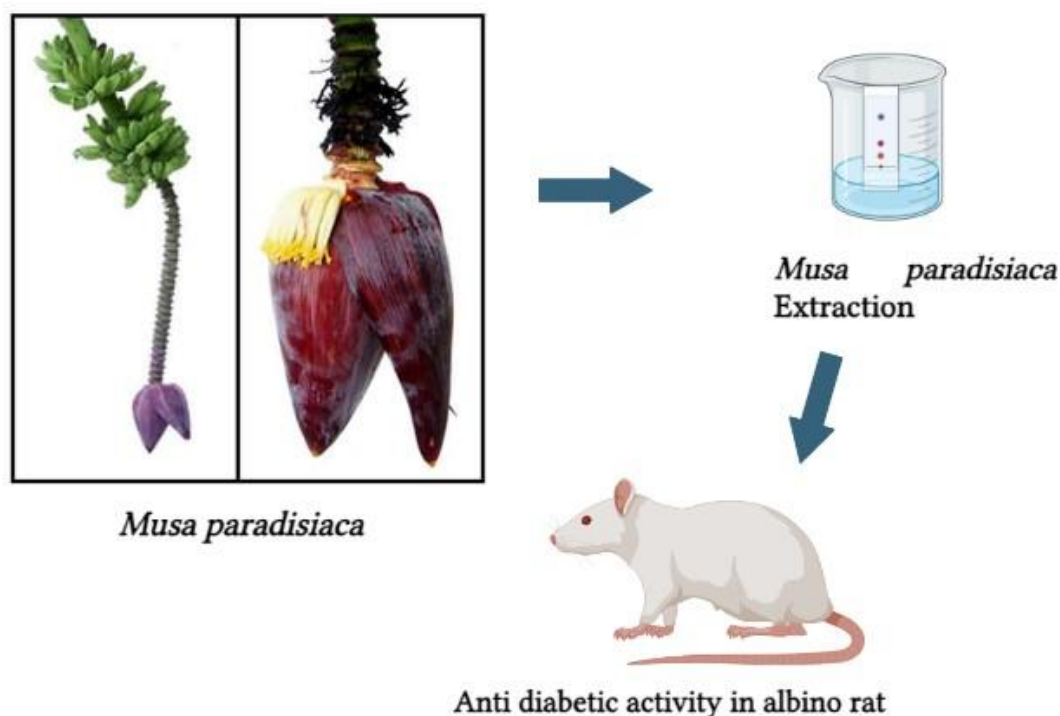


Figure 1. *Musa paradisiaca* Diabetic activity

Anti-ulcer activity of *Musa paradisiaca*

Banana is a common ingredient in herbal remedies for gastric ulcers. *M. sapientum* has been studied and proven to be useful in the treatment of peptic ulcers as a herbal supplement. It has been stated that the stomach mucosa protective function of the banana is attributed to a number of active components, including the pectin and phosphatidylcholine found in green bananas, which reinforce the mucous phospholipid layer that protects the gastric mucosa [20]. Leucocyanidin, a natural flavonoid found in the pulp of unripe bananas (*M. sapientum* var. *paradisiaca*), helps to prevent erosions of the gastrointestinal mucosa. Gastric mucosa was reported to be protected by leucocyanidin and its synthetic counterparts, hydroxyethylated leucocyanidin and tetraallyl leucocyanidin, in aspirin-induced erosions in rats [21]. When tested on rats and guinea pigs with gastric ulcers caused by aspirin, indomethacin, phenylbutazone, and prednisolone, as well as duodenal ulcers induced by cysteamine and histamine, banana pulp powder (*M. Sapientum* var. *paradisiaca*) demonstrated considerable antiulcerogenic efficacy, as described by Goelet et al. (1986). The authors hypothesised that this was due to an increase in mucosal thickness and [3H] thymidine incorporation into mucosal DNA, both of which promote mucosal cellular proliferation and repair. Oral administration of banana pulp powder as an aqueous suspension at a dose of 0.5 g/kg twice daily for 3 days produced the same results in rats as reported by Goel et al., (1986). They also noted a marked decline in the amount of DNA found in stomach juice following therapy. According to a 2001 study by Pannangpetchet et al., the antiulcerative efficacy of bananas may differ between cultivars. Both *M. sapientum* and *M. paradisiaca* ethanolic extracts were shown to have a considerable gastroprotective effect, but only *M. paradisiaca* promoted ulcer healing by a mechanism similar to that of prostaglandins [22]. Ash from *M. sapientum* fruit peel has been shown to have acid neutralising properties in rats, according to a study by Jain et al., 2007.

The antiulcer effect of the siddha medicine ripe fruit *Musa paradisiaca* bhasma was investigated by Elango et al. in rats with an acute ulcer model induced by ethanol (80%) and a chronic ulcer model induced by acetic acid. Both 10 and 20 mg/kg of bhasma were orally provided to the animals 1 hour before the formation of ulcers in the acute model, and the same dosage was given once daily for 10 days in the chronic type. A drop in the ulcer index and an increase in mucin

content both point to the bhasma's efficacy as an antiulcer agent [23]. Lipid peroxidation, catalase, and superoxide dismutase levels were also found to be significantly decreased, indicating strong antioxidant activity. *Musa paradisiaca* methanol extract was studied for its cytoprotective effects against indomethacin-induced peptic ulcer in conjunction with catecholamines by Herbert et al. The extract was tested for its cytoprotective and anti-secretory effects using the pylorus ligation method. According to the findings, *Musa paradisiaca* methanolic extract has cytoprotective action against indomethacin-induced ulceration [24].

Antihypertensive Activity

High blood pressure is a physiological condition known as hypertension (35). Stroke, heart attack, and heart failure are only few of the CVD that have been linked to long-term hypertension. Similarly, oxidative stress-induced cardiac inflammation is a primary contributor to cardiovascular disease [25]. In the pathophysiology of cardiovascular diseases such as congestive heart failure (CHF), hypertension, and heart attack, the renin-angiotensin system (RAS) plays a crucial role in the regulation of fluid balance, blood pressure (BP), and salt. From angiotensinogen, renin creates angiotensin-I, which is transformed by angiotensin-I converting enzyme (ACE) into angiotensin-II, a powerful vasoconstrictor. There is a lack of data on whether the peels (unripe, ripe, and over-ripe) constituting a waste problem may exert anti-hypertensive property, but *M. paradisiaca* have reportedly been used in folkmedicine for the management or prevention of hypertension [26]. Characterising the interaction of the aqueous extract of the peels with ACE, which is thought to be effective in therapeutic strategy for management or treatment of high BP, allowed us to assess the extracts' antihypertensive potential. The reported therapeutic benefits of the peels may have been enhanced by the significant inhibitory effects of the water-extractable phytochemicals [27]. In addition, the hypotensive effects of ripe banana pulp (50 gm/rat/day) were tested in rats whose blood pressure was artificially raised by deoxycorticosterone enanthate (DOC, 25 mg/rat). The high tryptophan and carbohydrate content of ripe banana pulp causes an increase in serotonin levels, which in turn mediates natriuretic effects. The impact of plantain aqueous extract was also documented by Orie, who found that it had a concentration-dependent hypotensive (CDH) effect on rat aortic rings and portal veins that had been contracted with

norepinephrine and potassium chloride (KCl). After this is accomplished, *M. paradisiaca* could be used in the creation of hypertension management and/or preventive nutraceuticals [28].

The effects of plantains on the mean arterial blood pressure of albino rats treated with deoxycorticosterone acetate (DOCA) have been studied. A plantain-based meal brought the mean arterial blood pressure of DOCA-treated rats down to normal values. In addition, DOCA-treated rats whose diets included plantain did not exhibit any clinically significant changes in arterial BP compared to controls. Plantain consumption has been shown to attenuate DOCA-induced hypertension in rats and to postpone its onset in those animals [29].

Anticancer Activity shown by *Musa paradisiaca*

According to a study by Vijayakumar et al., gold nanoparticles synthesised using plantain peel aqueous extract significantly suppressed in vitro A549 lung cancer cells at a concentration between 25 and 100 $\mu\text{g/mL}$ compared to DMSO, saline, peel extract, and H₂AuCl₄. The apoptotic route was hypothesised to be responsible for the cytotoxic activity, and the IC₅₀ was calculated to be 58 $\mu\text{g/mL}$. Traditional treatments for cancer and related inflammatory disorders often involve the use of *M. paradisiaca*, and our study lends scientific credibility to that practice [30]. American Type Culture Collection (ATCC, Rockville, MD) strains of hepatocellular (HepG-2) and human colon (HCT-116) carcinomas have been demonstrated to be inhibited by plantain pseudostem exudates, which constitute roughly 31% of the plant mass. HepG-2 carcinoma was the most sensitive, with an IC₅₀ of 29.4 μL and the maximum cytotoxic effect on the cell lines at 100 L [31]. As a related activity, the exudate of plantain pseudostem induced protective action against free radicals at a concentration-dependent rate (IC₅₀ = 2.2 μL) as measured by the DPPH scavenging experiment [32]. This finding indicates that the extract of the pseudostem, which contains tannins and polyphenols, can act as a prooxidant and antioxidant. Antioxidants such as gallic acid, catechin, dopamine, gentisic acid, cinnamic acid, protocatechuic acid, ferulic acid, and caffeic acid have been reported in *M. paradisiaca*'s peels, pseudostem, gallic acid, syringic acid, coumaric acid, and ferulic acid, and catechol in the inflorescence. Antioxidant effects are known to lessen the risk of cardiovascular disease, degenerative disease, and cancer, in addition to

mitigating illnesses caused by reactive oxygen species. This provides a preliminary rationale for investigating *M. paradisiaca* for bioactive compounds [33].

Anti-microbial Activity of *Musa paradisiaca*

Some banana species, particularly *Musa paradisiaca*, have had their leaf extracts studied for their antibacterial properties. *E. coli*, *P. aeruginosa*, *Citrobacter* species, and other bacteria linked to hospital-acquired infections were utilised as test organisms to determine their antibacterial activity [34]. Based on the results of the study, ethyl acetate extracts are more effective than methanolic extracts, which are superior to hexane extracts. However, the effectiveness of ethyl acetate extracts differed from that of chloramphenicol [35]. Hexane extracts failed to kill off *P. mirabilis* and *E. aerogenes*. The MIC values for the various solvent extracts were as follows: hexane, 125.00–250.00 g/mL; methanolic, 15.63–250.00 g/mL; ethyl acetate, last, 156.3–125.00 g/mL. The bactericidal concentration ranged from 31.25 g/mL in ethyl acetate and methanolic extracts to 250.00 g/mL in hexane extract. The main pattern of bactericidal concentration was as follows: *Escherichia coli* < *Pseudomonas aeruginosa* < *Enterobacter aerogenes* < *Klebsiella pneumoniae* < *Shigella flexneri* < *Citrobacter* sp. < *Enterococcus faecalis* < *Staphylococcus aureus*. The authors conclude that the presence of phenolic compounds is responsible for the observed activity, a conclusion supported by the data on the antioxidant activity of these compounds. Antioxidant activity was highest in *M. paradisiaca*, followed by *M. acuminata*, *M. sapientum*, and *M. troglodytarum*. The sole caveat of this research is that a toxicity investigation would be needed to prove safety because certain extracts required rather high concentrations to achieve inhibitory or bactericidal action [36]. The acute toxicity LD₅₀ recorded by Asuquo and Udobi was 489.9 mg/kg for ethanolic extract, indicating that an effective dose may be harmful. Similar results were found in a research conducted by Amutha and Selvakumari, who reported a MIC of 0.5 mg/mL for *P. aeruginosa* and 1.0 mg/mL for *S. aureus*, with an inhibition zone (mm) that ranked third for *P. aeruginosa* after gentamicin and second for *S. aureus* after chloramphenicol and novobiocin.

Using the agar well disc diffusion method, Karadi et al. found that an extract of *M. paradisiaca* fruit peels in a dichloromethane and methanol (1:1) mixture was antibacterial against

Escherichia coli, *Staphylococcus aureus*, *Bacillus subtilis*, *Pseudomonas aeruginosa*, *Candida albicans*, *Candida tropicalis*, and *A. niger*. The test isolates were more vulnerable to the *M. paradisiaca* extract than the *Cocos nucifera* one, according to the results [37].

Okorondu et al. tested the effectiveness of methanolic and ethanolic extracts of plantain peel and stalk against *Aspergillus niger*, *Aspergillus oryzae*, and *Rhizopus stolonifer* at various doses (1.00, 0.50, 0.25, 0.125, 0.0625 mg/mL). After *A. niger* and *A. oryzae*, *R. stolonifer* showed the most sensitivity to the extracts from the peel and stalk. The activity of the methanolic extracts was higher than that of the ethanolic extract [38]. The MICs for *A. niger* were 0.125 mg/mL, 0.25 mg/mL, and 0.5 mg/mL for both ethanol and methanol, whereas the MICs for *A. oryzae* and *R. stolonifera* were 0.5 mg/mL and 125 mg/mL, respectively [39]. The methanolic minimum inhibitory concentration (MIC) for *A. niger* and *A. oryzae* was 0.25 mg/mL, while the MIC for *R. stolonifera* was 0.125 mg/mL, showing a distinct trend. The MICs for *A. niger* were 0.0625 mg/mL, *A. oryzae* was 0.125 mg/mL, and *R. stolonifera* was 0.25 mg/mL. All of the isolates had a MIC of 0.25 mg/mL for ethanolic extracts [40].

***Musa paradisiaca* wound healing Activity**

As a result of its primary effects on mucosal defence factor, which boosts DNA synthesis and increases mucosal cell proliferation, banana peel has been credited with wound healing activity. Plantain banana (*Musa sapientum* var. *paradisiaca*) methanol and water extracts were tested for their ability to promote wound healing in rats. Both extracts improved wound tensile strength and elevated levels of hydroxyproline, hexuronic acid, hexosamine, and superoxide dismutase. Lipid peroxidation and wound/scar sizes were also reduced by the extracts. The plantain's antioxidant properties were blamed for these outcomes [41].

Amutha and Selvakumari used a red hot steel rod to make a burn wound above the hind limb region of wistar albino rats, and then observed the wound's progress towards healing every day while they applied a methanolic extract of *Musa paradisiaca* Linn. stem to it. Histopathological analysis was used to determine the pace of wound contraction [42]. *Musa paradisiaca* Linn. methanol extract was found to have more curative activity than the control in Wistar albino rats.

Atherosclerosis activities

The formation of plaque inside the arteries is the hallmark of atherosclerosis, an arterial disease. Ambon (*Musa paradisiaca*) peel was employed in an immunohistochemistry investigation on atherogenic rats to determine whether or not it acts as an anti-atherosclerotic agent by inhibiting NF-kappa B and boosting endothelial nitric oxide synthase expression. In a dose-dependent way, the extract was found to reduce NF- activity while simultaneously increasing e-NOS activity. The extract has been shown to reduce NF- activity by 82.1% by linear regression analysis, while simultaneously increasing e-NOS expression by around 95.2%. As a result, it is clear that the use of banana peel extract from the island of Ambon can help reduce the risk of atherosclerosis. This finding demonstrated that the peel extract is helpful in preventing atherosclerosis by slowing the atherosclerotic process by decreasing the expression of chemo-attractant molecules and monocyte adherence. In a similar vein, looked at how the Kepok banana peel compounds saponin, tannin, and flavonoid affected total cholesterol level in obese male mice. Twenty obese male mice (*Mus musculus* L.) were randomly assigned to one of four treatment groups and observed for 14 days. Spectrophotometer readings revealed the groups' respective total cholesterol levels [43]. Researchers found that giving rats either 8.4 or 16.8 milligrammes per day of an extract from the Kepok banana peel reduced their overall cholesterol levels. The anti-atherosclerotic action of banana peel extract was confirmed by its ability to reduce total cholesterol levels in obese mice. Based on the conversion of the effective doses of banana peel extract for rats, the researchers obtained 8.4 and 16.8 mg/day. The total cholesterol level in rats can be lowered by 200 mg/kg by administering banana peel extract.

The potential impact on atherosclerotic plaque and gallstones in vivo was reported by Saraswathi and Gnanam, who found that *M. paradisiaca* prevents cholesterol crystallisation in vitro. The peel extract of *M. paradisiaca* was studied by Parmar and Kar in rats with diet-induced atherosclerosis. Although not as effective as other plants studied, this study reports the extract's preventive impact in atherosclerosis and thyroid dysfunction. Additional research conducted by Yin et al. (2008) on the effects of bananas on humans revealed that even after only one banana meal, plasma oxidative stress was dramatically reduced and resistance to oxidative modification

of LDL was improved[44]. Bananas may have this impact because they contain dopamine,

ascorbic acid, and other antioxidants.

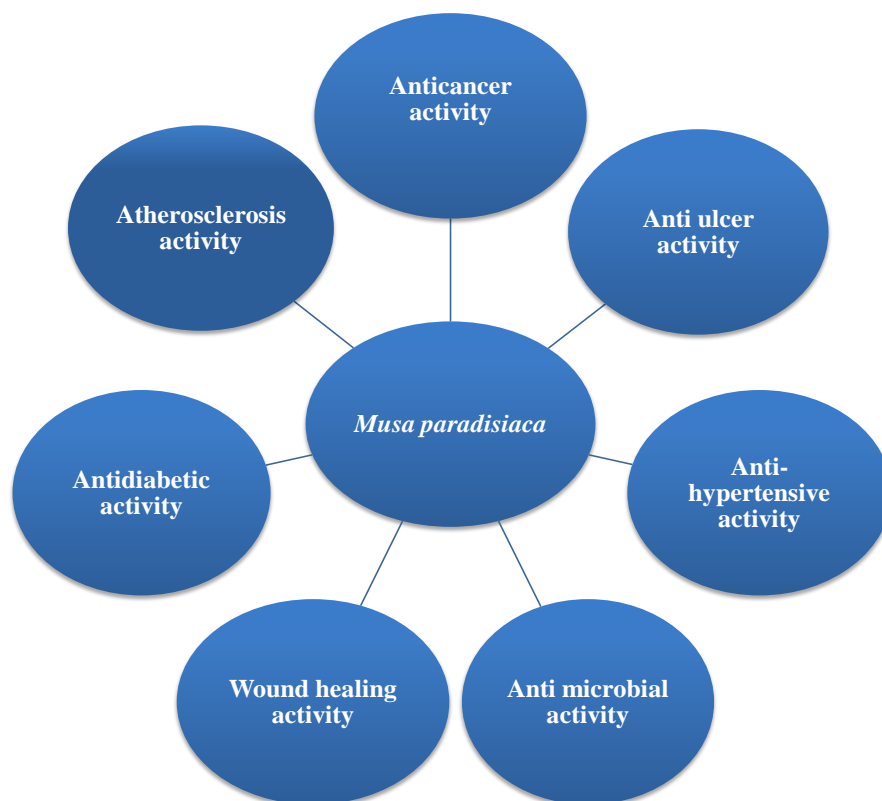


Figure 2. Different Pharmacological activity of *Musa paradisiaca*

Conclusion

Bananas have both nutritional and therapeutic value, making them a staple diet in many parts of the world. Because of their unique bioactive secondary metabolites, they are highly sought for. The pharmacological properties of *Musa paradisiaca* are discussed in depth in this article. Traditional applications of the plant in the treatment of diabetes, ulcers, cancer, high blood pressure, atherosclerosis, and wounds have been supported by a review of pharmacological research. Modality, quality control, efficacy, safety, and toxicity are only some of the preclinical and clinical concerns that need to be addressed to get there. Finally, ethnopharmacological studies will give the appropriate support needed for clinical usage of secondary metabolites of banana species in contemporary medicine by examining the

genetic diversity of banana species and its adaptation to varied environmental situations. The active components in various extracts of banana sections also need to be determined, which requires extensive phytochemical screening. As opposed to the existing dependence on empirical and anecdotal assumptions, this will enrich the literature and give a strong platform for scientific reasoning.

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