Pharmacology and Traditional Indications of Twenty Commonly Used Botanicals in Medicine

AARM
Association for the Advancement of Restorative Medicine

ALOE GEL – *ALOE VERA*

Traditionally used topically and orally to heal skin and mucous membrane tissue, i.e., burns, gastritis, gastric ulcers, vulvodynia, cesarean wounds, herpes and radiation-induced oral mucositis.

J Oral Pathol Med. 2010 Nov;39(10):735-40. doi: 10.1111/j.1600-0714.2010.00947.x. Epub 2010 Oct 4.

Efficacy of topical Aloe vera in patients with oral lichen planus: a randomized double-blind study.

Salazar-Sánchez N[1], López-Jornet P, Camacho-Alonso F, Sánchez-Siles M.

Author information

[1]Department of Oral Medicine, Faculty of Medicine and Odontology, University of Murcia, Avda. Marques de los Velez s/n, Murcia, Spain.

Abstract

BACKGROUND: Different treatments have been used in application to symptomatic oral lichen planus (OLP), with variable results, perhaps caused by the refractory nature of the disease. The objective of this study was to evaluate the efficacy of the topical application of aloe vera (AV) in OLP compared with placebo.

METHODS: A total of 64 patients with OLP were randomized in a double-blind study to either AV (32 patients) or placebo (32 patients), at a dose of 0.4 ml (70% concentration) three times a day. A Visual Analog Scale was used for rating pain, with the application of a clinical scale for scoring the lesions, the Oral Health Impact Profile 49 (OHIP-49), and the Hospital Anxiety-Depression (HAD) scale. The patients were evaluated after 6 and 12 weeks.

RESULTS: No statistically significant differences were recorded between both groups in relation to pain after 6 and 12 weeks. In the AV group, complete pain remission was achieved in 31.2% of the cases after 6 weeks, and in 61% after 12 weeks. In the placebo group, these percentages were 17.2% and 41.6%, respectively. There were no adverse effects in any of the groups. In relation to quality of life, significant differences were observed between the two groups in the psychological disability domain and total OHIP-49 score.

CONCLUSION: The topical application of AV improves the total quality of life score in patients with OLP.

Aliment Pharmacol Ther. 2004 Apr 1;19(7):739-47.

Randomized, double-blind, placebo-controlled trial of oral aloe vera gel for active ulcerative colitis.

Langmead L[1], Feakins RM, Goldthorpe S, Holt H, Tsironi E, De Silva A, Jewell DP, Rampton DS.

Author information

Abstract

BACKGROUND: The herbal preparation, aloe vera, has been claimed to have anti-inflammatory effects and, despite a lack of evidence of its therapeutic efficacy, is widely used by patients with inflammatory bowel disease.

AIM: To perform a double-blind, randomized, placebo-controlled trial of the efficacy and safety of aloe vera gel for the treatment of mildly to moderately active ulcerative colitis.

METHODS: Forty-four evaluable hospital out-patients were randomly given oral aloe vera gel or placebo, 100 mL twice daily for 4 weeks, in a 2 : 1 ratio. The primary outcome measures were clinical remission (Simple Clinical Colitis Activity Index </= 2), sigmoidoscopic remission (Baron score </= 1) and histological remission (Saverymuttu score </= 1). Secondary outcome measures included changes in the Simple Clinical Colitis Activity Index (improvement was defined as a decrease of >/= 3 points; response was defined as remission or improvement), Baron score, histology score, haemoglobin, platelet count, erythrocyte sedimentation rate, C-reactive protein and albumin.

RESULTS: Clinical remission, improvement and response occurred in nine (30%), 11 (37%) and 14 (47%), respectively, of 30 patients given aloe vera, compared with one (7%) [P = 0.09; odds ratio, 5.6 (0.6-49)], one (7%) [P = 0.06; odds ratio, 7.5 (0.9-66)] and two (14%) [P < 0.05; odds ratio, 5.3 (1.0-27)], respectively, of 14 patients taking placebo. The Simple Clinical Colitis Activity Index and histological scores decreased significantly during treatment with aloe vera (P = 0.01 and P = 0.03, respectively), but not with placebo. Sigmoidoscopic scores and laboratory variables showed no significant differences between aloe vera and placebo. Adverse events were minor and similar in both groups of patients.

CONCLUSION: Oral aloe vera taken for 4 weeks produced a clinical response more often than placebo; it also reduced the histological disease activity and appeared to be safe. Further evaluation of the therapeutic potential of aloe vera gel in inflammatory bowel disease is needed.

Planta Med. 2012 Mar;78(4):311-6. doi: 10.1055/s-0031-1280474. Epub 2011 Dec 23.

Anti-hyperglycemic and anti-hypercholesterolemic effects of Aloe vera leaf gel in hyperlipidemic type 2 diabetic patients: a randomized double-blind placebo-controlled clinical trial.

Huseini HF[1], Kianbakht S, Hajiaghaee R, Dabaghian FH.

⊕ Author information

Abstract

Diabetes mellitus type 2 with dyslipidemia is a common disease. Previous studies suggest that aloe (Aloe vera L.) leaf gel may positively affect the blood glucose and lipid levels in dyslipidemic type 2 diabetic patients. Thus, in this randomized double-blind placebo-controlled clinical trial with hyperlipidemic (hypercholesterolemic and/or hypertriglyceridemic) type 2 diabetic patients aged 40 to 60 years not using other anti-hyperlipidemic agents and resistant to daily intake of two 5 mg glyburide tablets and two 500 mg metformin tablets, the efficacy and safety of taking aloe gel (one 300 mg capsule every 12 hours for 2 months) combined with the aforementioned drugs in treatment of 30 patients were evaluated and compared with the placebo group (n = 30). The aloe gel lowered the fasting blood glucose, HbA1c, total cholesterol, and LDL levels significantly ($p = 0.036$, $p = 0.036$, $p = 0.006$, and $p = 0.004$, respectively) without any significant effects on the other blood lipid levels and liver/kidney function tests ($p > 0.05$) compared with the placebo at the endpoint. No adverse effects were reported. The results suggest that aloe gel may be a safe anti-hyperglycemic and anti-hypercholesterolemic agent for hyperlipidemic type 2 diabetic patients.

A prospective, randomized clinical trial comparing topical aloe vera with 0.1% triamcinolone acetonide in mild to moderate plaque psoriasis

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[†]Divison of Dermatology, Department of Medicine, Srinagarind Hospital Medical School, Faculty of Medicine, [‡]Department of Pharmaceutical Chemistry, Faculty of Pharmaceutical Sciences, and [§]Department of Biostatistics and Demography, Faculty of Public Health, Khon Kaen University, Khon Kaen 40002, Thailand

*Correspondence: C Choonhakarn, E-mail: c_choonhakarn@yahoo.com

Abstract

Background Topical aloe vera (AV) has been used to treat various skin conditions, including psoriasis, with good results.

Objectives This study aims to compare the efficacy of AV and 0.1% triamcinolone acetonide (TA) in mild to moderate plaque psoriasis.

Methods A randomized, comparative, double-blind, 8-week study was designed. Eighty patients randomly received AV or 0.1% TA cream and their clinical response were evaluated using the Psoriasis Area Severity Index (PASI) and the Dermatology Life Quality Index (DLQI).

Results After 8 weeks of treatment, the mean PASI score decreased from 11.6 to 3.9 (−7.7) in the AV group and from 10.9 to 4.3 (−6.6) in the TA group. Between-group difference was 1.1 (95% confidence interval −2.13, −0.16, $P = 0.0237$). The mean DLQI score decreased from 8.6 to 2.5 (−6.1) in the AV group and from 8.1 to 2.3 (−5.8) in the TA group. Between-group difference was 0.3 (95% confidence interval −1.18, −0.64, $P = 0.5497$). There was no follow-up period after the 8-week treatment.

Conclusions AV cream may be more effective than 0.1% TA cream in reducing the clinical symptoms of psoriasis; however, both treatments have similar efficacy in improving the quality of life of patients with mild to moderate psoriasis.

Artichoke Leaf – *Cynara scolymus*

A cholagogue and mild hepatoprotective agent, it enhances digestion and liver function and is used to treat hepatitis and biliary insufficiency.

Phytomedicine. 2008 Sep;15(9):668-75. doi: 10.1016/j.phymed.2008.03.001.

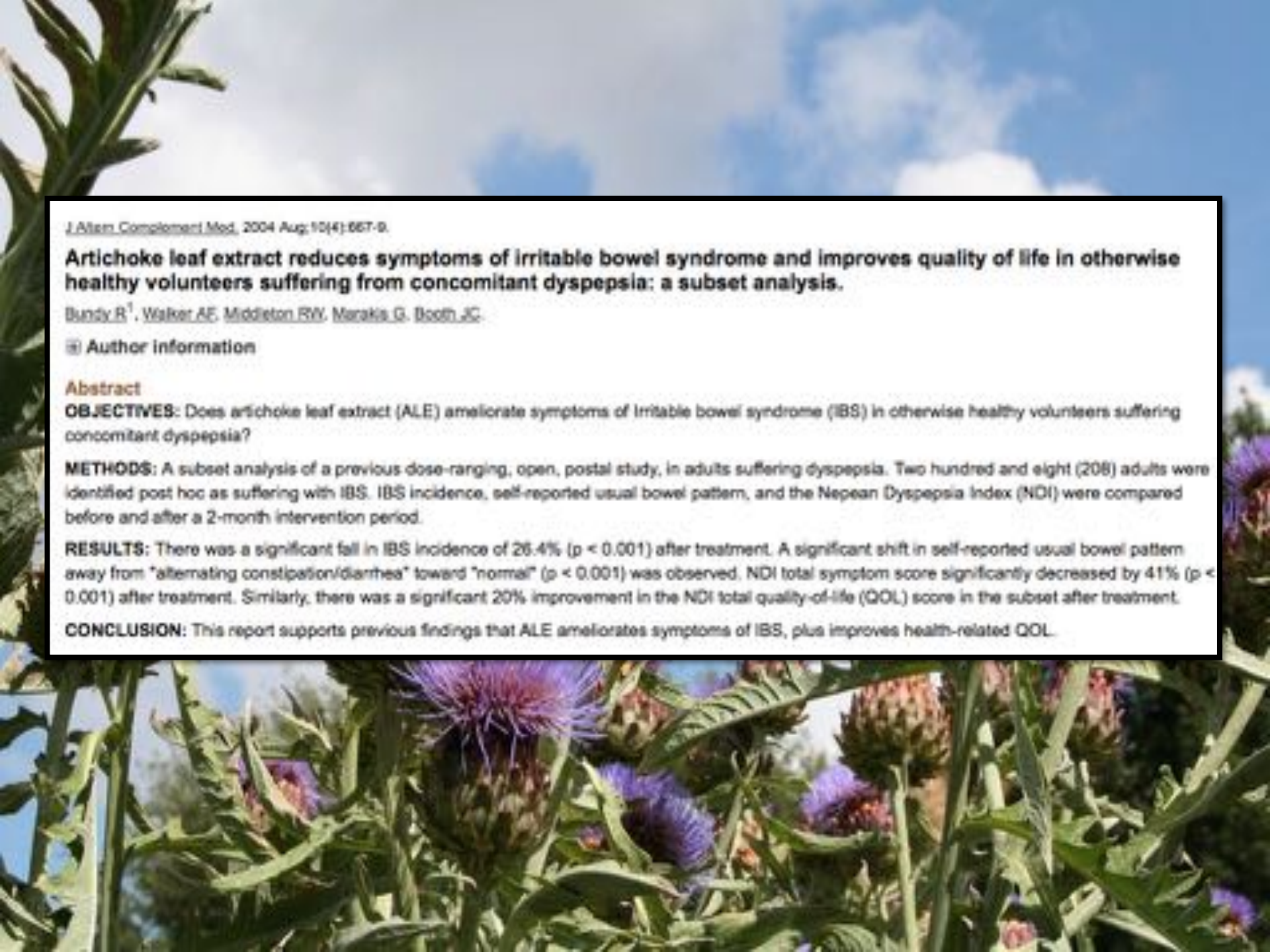
Artichoke leaf extract (Cynara scolymus) reduces plasma cholesterol in otherwise healthy hypercholesterolemic adults: a randomized, double blind placebo controlled trial.

Bundy R[1], Walker AF, Middleton RW, Wallis C, Simpson HC.

⊕ Author information

Abstract

Cardiovascular diseases are the chief causes of death in the UK, and are associated with high circulating levels of total cholesterol in the plasma. Artichoke leaf extracts (ALEs) have been reported to reduce plasma lipids levels, including total cholesterol, although high quality data is lacking. The objective of this trial was to assess the effect of ALE on plasma lipid levels and general well-being in otherwise healthy adults with mild to moderate hypercholesterolemia. 131 adults were screened for total plasma cholesterol in the range 6.0-8.0 mmol/l, with 75 suitable volunteers randomised onto the trial. Volunteers consumed 1280 mg of a standardised ALE, or matched placebo, daily for 12 weeks. Plasma total cholesterol decreased in the treatment group by an average of 4.2% (from 7.16 (SD 0.62) mmol/l to 6.86 (SD 0.68) mmol/l) and increased in the control group by an average of 1.9% (6.90 (SD 0.49) mmol/l to 7.03 (0.61) mmol/l), the difference between groups being statistically significant (p=0.025). No significant differences between groups were observed for LDL cholesterol, HDL cholesterol or triglyceride levels. General well-being improved significantly in both the treatment (11%) and control groups (9%) with no significant differences between groups. In conclusion, ALE consumption resulted in a modest but favourable statistically significant difference in total cholesterol after 12 weeks. In comparison with a previous trial, it is suggested that the apparent positive health status of the study population may have contributed to the modesty of the observed response.



J Altern Complement Med. 2004 Aug;10(4):667-9.

Artichoke leaf extract reduces symptoms of irritable bowel syndrome and improves quality of life in otherwise healthy volunteers suffering from concomitant dyspepsia: a subset analysis.

Bundy R[1], Walker AF, Middleton RW, Marakis G, Booth JC.

Author information

Abstract

OBJECTIVES: Does artichoke leaf extract (ALE) ameliorate symptoms of Irritable bowel syndrome (IBS) in otherwise healthy volunteers suffering concomitant dyspepsia?

METHODS: A subset analysis of a previous dose-ranging, open, postal study, in adults suffering dyspepsia. Two hundred and eight (208) adults were identified post hoc as suffering with IBS. IBS incidence, self-reported usual bowel pattern, and the Nepean Dyspepsia Index (NDI) were compared before and after a 2-month intervention period.

RESULTS: There was a significant fall in IBS incidence of 26.4% ($p < 0.001$) after treatment. A significant shift in self-reported usual bowel pattern away from "alternating constipation/diarrhea" toward "normal" ($p < 0.001$) was observed. NDI total symptom score significantly decreased by 41% ($p < 0.001$) after treatment. Similarly, there was a significant 20% improvement in the NDI total quality-of-life (QOL) score in the subset after treatment.

CONCLUSION: This report supports previous findings that ALE ameliorates symptoms of IBS, plus improves health-related QOL.

Phytother Res. 2014 Jan;28(1):33-41. doi: 10.1002/ptr.4950. Epub 2013 Feb 25.

Metabolic management in overweight subjects with naive impaired fasting glycaemia by means of a highly standardized extract from Cynara scolymus: a double-blind, placebo-controlled, randomized clinical trial.

Rondanelli M[1], Opizzi A, Faliva M, Sala P, Perna S, Riva A, Morazzoni P, Bombardelli E, Giacosa A.

Author information

Abstract

The aim of this study is to evaluate the efficacy of a dietary supplementation with an extract from Cynara scolymus (Cs) on the glucose pattern in a group of patients with naïve impaired fasting glycaemia (IFG). A randomized, double-blind, placebo-controlled trial has been performed in 55 overweight subjects with IFG (fasting blood glucose [FBG]: 6.11 ± 0.56 mmol/l). These subjects were randomly assigned to supplement their diet with either an extract from Cs (600 mg/d) (26 subjects) or placebo (29 matched subjects) for 8 weeks. The decrease of FBG was the primary endpoint. The assessment of Homeostatic Metabolic Assessment (HOMA), glycosylated haemoglobin, A1c-Derived Average Glucose (ADAG), lipidic pattern and anthropometric parameters were the secondary endpoints. The within groups and percent changes from baseline were analyzed by the signed rank test. The comparison between groups was performed by Wilcoxon's two sample test. The supplemented group had significant decreases of: FBG (-9.6%), HOMA (-11.7%), glycosylated haemoglobin (-2.3%), ADAG (-3.1%) and lipidic pattern. The placebo group did not show any significant difference. Compared with the placebo, the supplemented group showed a significant difference in FBG, HOMA and lipidic pattern. These data demonstrate the efficacy of Cs extract on the reduction of glycometabolic parameters in overweight subjects with IFG.

Ashwagandha Root– *Withania somnifera*

An important Ayurvedic rasayana or rejuvenative remedy. It is a calming adaptogen, immune amphoteric, antispasmodic and antiinflammatory.

Evid Based Complement Alternat Med. 2013;2013:571420. doi: 10.1155/2013/571420. Epub 2013 Nov 28.

Clinical Evaluation of the Spermatogenic Activity of the Root Extract of Ashwagandha (Withania somnifera) in Oligospermic Males: A Pilot Study.

Ambiye VR[1], Langade D[2], Dongre S[3], Aptikar P[4], Kulkarni M[5], Dongre A[3].

Author information

Abstract

Ashwagandha (Withania somnifera) has been described in traditional Indian Ayurvedic medicine as an aphrodisiac that can be used to treat male sexual dysfunction and infertility. This pilot study was conducted to evaluate the spermatogenic activity of Ashwagandha root extract in oligospermic patients. Forty-six male patients with oligospermia (sperm count < 20 million/mL semen) were enrolled and randomized either to treatment (n = 21) with a full-spectrum root extract of Ashwagandha (675 mg/d in three doses for 90 days) or to placebo (n = 25) in the same protocol. Semen parameters and serum hormone levels were estimated at the end of 90-day treatment. There was a 167% increase in sperm count (9.59 ± 4.37 × 10(6)/mL to 25.61 ± 8.6 × 10(6)/mL; P < 0.0001), 53% increase in semen volume (1.74 ± 0.58 mL to 2.76 ± 0.60 mL; P < 0.0001), and 57% increase in sperm motility (18.62 ± 6.11% to 29.19 ± 6.31%; P < 0.0001) on day 90 from baseline. The improvement in these parameters was minimal in the placebo-treated group. Furthermore, a significantly greater improvement and regulation were observed in serum hormone levels with the Ashwagandha treatment as compared to the placebo. The present study adds to the evidence on the therapeutic value of Ashwagandha (Withania somnifera), as attributed in Ayurveda for the treatment of oligospermia leading to infertility.

Indian J Psychol Med. 2012 Jul;34(3):255-62. doi: 10.4103/0253-7176.106022.

A prospective, randomized double-blind, placebo-controlled study of safety and efficacy of a high-concentration full-spectrum extract of ashwagandha root in reducing stress and anxiety in adults.

Chandrasekhar K[1], Kapoor J, Anishetty S

⊕ Author information

Abstract

CONTEXT: Stress is a state of mental or emotional strain or tension, which can lead to underperformance and adverse clinical conditions. Adaptogens are herbs that help in combating stress. Ayurvedic classical texts, animal studies and clinical studies describe Ashwagandha as a safe and effective adaptogen.

AIMS: The aim of the study was to evaluate the safety and efficacy of a high-concentration full-spectrum extract of Ashwagandha roots in reducing stress and anxiety and in improving the general well-being of adults who were under stress.

SETTINGS AND DESIGN: Single center, prospective, double-blind, randomized, placebo-controlled trial.

MATERIALS AND METHODS: A total of 64 subjects with a history of chronic stress were enrolled into the study after performing relevant clinical examinations and laboratory tests. These included a measurement of serum cortisol, and assessing their scores on standard stress-assessment questionnaires. They were randomized to either the placebo control group or the study drug treatment group, and were asked to take one capsule twice a day for a period of 60 days. In the study drug treatment group, each capsule contained 300 mg of high-concentration full-spectrum extract from the root of the Ashwagandha plant. During the treatment period (on Day 15, Day 30 and Day 45), a follow-up telephone call was made to all subjects to check for treatment compliance and to note any adverse reactions. Final safety and efficacy assessments were done on Day 60.

STATISTICAL ANALYSIS: t-test, Mann-Whitney test.

RESULTS: The treatment group that was given the high-concentration full-spectrum Ashwagandha root extract exhibited a significant reduction ($P<0.0001$) in scores on all the stress-assessment scales on Day 60, relative to the placebo group. The serum cortisol levels were substantially reduced ($P=0.0006$) in the Ashwagandha group, relative to the placebo group. The adverse effects were mild in nature and were comparable in both the groups. No serious adverse events were reported.

CONCLUSION: The findings of this study suggest that a high-concentration full-spectrum Ashwagandha root extract safely and effectively improves an individual's resistance towards stress and thereby improves self-assessed quality of life.

KEYWORDS: Adaptogen; Withania somnifera; high-concentration full-spectrum Ashwagandha root extract; stress

Pharmacognosy Res. 2014 Jan;6(1):12-8. doi: 10.4103/0974-8490.122912.

Effect of standardized aqueous extract of Withania somnifera on tests of cognitive and psychomotor performance in healthy human participants.

Pingali U[1], Pilli R[1], Fatima N[1].

Author Information

Abstract

BACKGROUND: Withania somnifera is an herbal medicine that has been known to possess memory-enhancing properties. The current study involved an assessment of cognitive and psychomotor effects of Withania somnifera extract in healthy human participants.

MATERIALS AND METHODS: In this prospective, double-blind, multi-dose, placebo-controlled, crossover study, 20 healthy male participants were randomized to receive 250 mg two capsules twice daily of an encapsulated dried aqueous extract of roots and leaves of Withania somnifera or a matching placebo for a period of 14 days. Cognitive and psychomotor performance was assessed pre-dose (day 1) and at 3 hrs post-dose on day 15 using a battery of computerized psychometric tests. After a washout period of 14 days, the subjects crossed-over to receive the other treatment for a further period of 14 days as per prior randomization schedule. Same battery of test procedures were performed to assess cognitive and psychomotor performance.

RESULTS: Significant improvements were observed in reaction times with simple reaction, choice discrimination, digit symbol substitution, digit vigilance, and card sorting tests with Withania somnifera extract compared to placebo. However, no effect can be seen with the finger tapping test.

CONCLUSION: These results suggest that Withania somnifera extract can improve cognitive and psychomotor performance and may, therefore, be a valuable adjunct in the treatment of diseases associated with cognitive impairment.

J Pharm Pharmacol. 1998 Sep;50(9):1065-8.

Changes in thyroid hormone concentrations after administration of ashwagandha root extract to adult male mice.

Panda S[1], Kar A.

Author information

Abstract

J Ethnopharmacol. 1999 Nov 1;67(2):233-9.

Withania somnifera and Bauhinia purpurea in the regulation of circulating thyroid hormone concentrations in female mice.

Panda S[1], Kar A.

...ea bark extract (2.5 mg/kg body wt.) for ...(T4) concentrations were increased ...an increase in hepatic glucose- ...peroxidation (LPO) and/or by an ...roid function in female mice.

J Ayurveda Integr Med. 2014 Oct-Dec;5(4):241-5. doi: 10.4103/0975-9476.146566.

Subtle changes in thyroid indices during a placebo-controlled study of an extract of Withania somnifera in persons with bipolar disorder.

Gannon JM[1], Forrest PE[1], Roy Chengappa KN[1].

Author information

Abstract

Laboratory indices of thyroid function (TSH, Free T4, and T3) were measured in a randomized clinical trial in which Ashwagandha (ASW) was used to improve cognitive function in patients with bipolar disorder. This was done in light of a case-report of ASW-associated thyrotoxicosis, and data from mice administered ASW that showed significant increases in thyroxine levels. Ten (of the original 60) patients showed abnormal results in one of the thyroid measures either at the beginning or end of the 8-week study. One ASW- treated patient had subclinical hypothyroidism (TSH - 5.7 mIU/L) at baseline that normalized, and all three ASW treated patients experienced T4 increases from baseline (7%, 12%, and 24%). Six of 7 placebo-assigned patients showed decreases in T4 from baseline (4% to 23%), and one patient's TSH moved from the normal to subclinical hypothyroid range (6.96 mIU/L). As thyroid indices were done for safety, and not the primary goal of the original study, only 16.7% had abnormal thyroid indices, and as there was no sub-stratification for treatment assignment by thyroid status, unequal numbers of subjects received ASW (n = 3) or placebo (n = 7). In spite of these limitations, the subtle laboratory changes noted in thyroid indices in an 8-week study suggest that ASW may increase thyroxine levels, and therefore vigilance regarding hyperthyroidism may be warranted. Nonetheless, the thyroid enhancing properties of ASW may also represent a clinical opportunity for the treatment of subclinical hypothyroidism, and these results suggest the need for further study of the effects of ASW on thyroid indices, especially in those with bipolar and unipolar mood disorders.

ASIAN GINSENG ROOT– *PANAX GINSENG*

A stimulating adaptogen, antiinflammatory, qi tonic, immune amphoteric and mild cardiotonic.

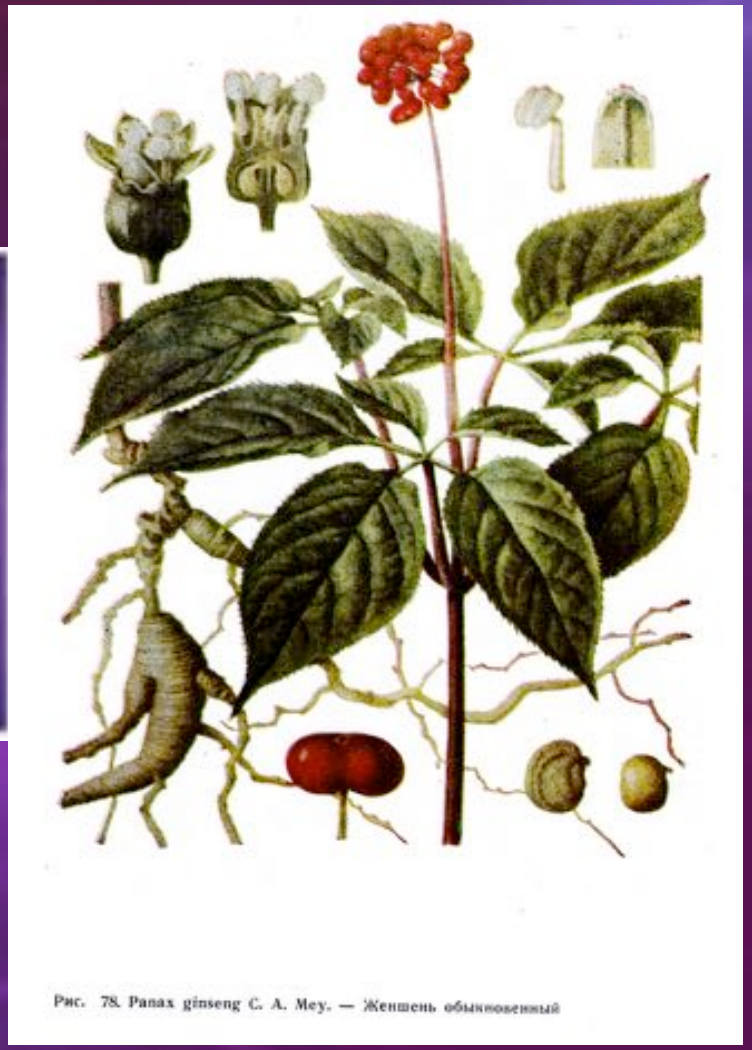


Рис. 78. Panax ginseng C. A. Mey. — Женьшень обыкновенный

Asian J Androl. 2007 Mar;9(2):241-4. Epub 2006 Jul 11.

Study of the efficacy of Korean Red Ginseng in the treatment of erectile dysfunction.

de Andrade E[1], de Mesquita AA, Claro Jde A, de Andrade PM, Ortiz V, Paranhos M, Srougi M.

⊕ Author information

Abstract

AIM: To examine the treatment efficacy of Korean Red Ginseng (KRG) in impotent men with erectile dysfunction (ED).

METHODS: A total of 60 patients presenting mild or mild to moderate ED were enrolled in a double-blind, placebo-controlled study in which the efficacies of KRG and a placebo were compared. The patients received either 1,000 mg (3 times daily) of KRG or a placebo.

RESULTS: The five-item version of the International Index of Erectile Function (IIEF-5) score after the treatment was significantly higher in the KRG group compared with that before the treatment (from 16.4 +/- 2.9 to 21.0 +/- 6.3, P < 0.0001). In contrast, there was no difference before and after the treatment in the placebo group (from 17.0 +/- 3.1 to 17.7 +/- 5.6, P > 0.05). In the KRG group, 20 patients (66.6%) reported improved erection, significant in the global efficacy question (P < 0.01); in the placebo group there was no significance. Scores on questions 2 (rigidity), 3 (penetration), 4 and 5 (maintenance), were significantly higher for KRG than those for the placebo when those questions were answered after 12 weeks of each treatment (P < 0.01). When the score in the KRG group was compared to the placebo group after the treatment, there was a significant improvement in total score (IIEF-5 score) in questions 3 and 5 for the KRG-treated group (P < 0.001 and P < 0.0001, respectively). The levels of serum testosterone, prolactine and cholesterol after the treatment were not statistically significant different between the KRG and the placebo group (P > 0.05).

CONCLUSION: Our data show that KRG can be an effective alternative to the invasive approaches for treating male ED.

J Sex Med. 2010 Apr;7(4 Pt 1):1469-77. doi: 10.1111/j.1743-6109.2009.01700.x. Epub 2010 Feb 5.

Effects of Korean red ginseng on sexual arousal in menopausal women: placebo-controlled, double-blind crossover clinical study.

Oh KJ*, Chae MJ, Lee HS, Hong HD, Park K

Author information

Abstract

INTRODUCTION: Many menopausal women experience climacteric symptoms including impairment of sexual function. Recent reports have suggested that Korean red ginseng (KRG) has a relaxing effect on the clitoral cavernosal muscle and vaginal smooth muscle in rats.

AIM: We assessed whether KRG extracts would improve sexual function in menopausal women.

METHODS: Thirty-two menopausal women participated in a placebo-controlled, double-blind, crossover clinical study with administration of either three capsules of ginseng (1 g per capsule) or placebo daily. After completing the KRG or placebo arm, the participants were crossed over to the other arm after a 2-week washout period. The efficacy and safety of the KRG extracts were measured by using questionnaires.

MAIN OUTCOME MEASURES: Female Sexual Function Index (FSFI) and Global Assessment Questionnaire (GAQ).

RESULTS: Twenty-eight women completed the study. They were, on average, 51.2 + or - 4.1 years old, and their mean menopausal state was for a duration of 37.4 + or - 2.9 months. Few carryover effects were noted in either study arm. The ginseng extract significantly improved scores on the FSFI from 3.10 + or - 0.87 to 3.50 + or - 0.72 in the sexual arousal domain (P = 0.006). The GAQ was more significantly affected by ginseng extracts than by placebo (P = 0.046). There were no severe adverse events in the KRG group, although two cases of vaginal bleeding occurred during KRG treatment.

CONCLUSIONS: Oral administration of KRG extracts improved sexual arousal in menopausal women. Red ginseng extracts might be used as an alternative medicine in menopausal women to improve their sexual life.

PLoS One. 2013 Apr 17;8(4):e61271. doi: 10.1371/journal.pone.0061271. Print 2013.

Antifatigue effects of Panax ginseng C.A. Meyer: a randomised, double-blind, placebo-controlled trial.

Kim HG[1], Cho JH, Yoo SR, Lee JS, Han JM, Lee NH, Ahn YC, Son CG

Author information

Abstract

The present study investigated the antifatigue effects of Panax ginseng C.A. Meyer in 90 subjects (21 men and 69 women) with idiopathic chronic fatigue (ICF) in a randomised, double-blind, placebo-controlled and parallel designed trial. A bespoke 20% ethanol extract of P. ginseng (1 g or 2 g day(-1)) or a placebo was administered to each group for 4 weeks, and then fatigue severity was monitored using a self-rating numeric scale (NRS) and a visual analogue scale (VAS) as a primary endpoint. Serum levels of reactive oxygen species (ROS), malondialdehyde (MDA), total glutathione (GSH) contents and glutathione reductase (GSH-Rd) activity were determined. After 4-week, P. ginseng administration decreased the total NRS score, but they were not statistically significant compared with placebo (P>0.05). Mental NRS score was significantly improved by P. ginseng administrations as 20.4 ± 5.0 to 15.1 ± 6.5 [95% CI 2.3 ~ 8.2] for 1 g and 20.7 ± 6.3 to 13.8 ± 6.2 [95% CI -0.1 ~ 4.2] for 2 g compared with placebo 20.9 ± 4.5 to 18.8 ± 2.9 [95% CI 4.1 ~ 9.9, P<0.01]. Only 2 g P. ginseng significantly reduced the VAS score from 7.3 ± 1.3 to 4.4 ± 1.8 [95% CI 0.7~1.8] compared with the placebo 7.1 ± 1.0 to 5.8 ± 1.3 [95% CI 2.2 ~ 3.7, P<0.01]. ROS and MDA levels were lowered by P. ginseng compared to placebo. P. ginseng 1 g increased GSH concentration and GSH-Rd activity. Our results provide the first evidence of the antifatigue effects of P. ginseng in patients with ICF, and we submit that these changes in antioxidant properties contribute in part to its mechanism.

Menopause. 2012 Apr;19(4):461-6. doi: 10.1097/gme.0b013e3182325e4b.

Effects of red ginseng supplementation on menopausal symptoms and cardiovascular risk factors in postmenopausal women: a double-blind randomized controlled trial.

Kim SY[1], Seo SK, Choi YM, Jeon YE, Lim KJ, Cho S, Choi YS, Lee BS.

Author information

Abstract

OBJECTIVE: The aim of this study was to evaluate the effects of red ginseng (RG) on menopausal symptoms and cardiovascular risk factors in postmenopausal women.

METHODS: A randomized, placebo-controlled, double-blind clinical trial was conducted with postmenopausal women between the ages of 45 and 60 years. A total of 72 women were randomly assigned to either an RG group (supplemented with 3 g of RG, including 60 mg of ginsenosides, per day) or a placebo group for 12 weeks. We analyzed changes in menopausal symptoms (the Kupperman index and the menopause rating scale), cardiovascular risk factors (lipid profiles, high-sensitivity C-reactive protein, and carotid intima-media thickness), and serum estradiol levels from baseline to 12 weeks.

RESULTS: Significant improvements in the Kupperman index ($P = 0.032$) and in the menopause rating scale ($P = 0.035$) scores were observed in the RG group compared with the placebo group. Total cholesterol ($P = 0.009$) and low-density lipoprotein cholesterol ($P = 0.015$) significantly decreased in the group receiving RG. The RG group also showed a significant decrease in carotid intima-media thickness ($P = 0.049$). Serum estradiol levels were not influenced by RG supplementation.

CONCLUSIONS: RG could be an attractive herbal dietary supplement for relieving menopausal symptoms and conferring favorable effects on markers of cardiovascular disease in postmenopausal women.

Food Funct. 2014 Mar;5(3):528-34. doi: 10.1039/c3fo60481k.

Red ginseng relieves the effects of alcohol consumption and hangover symptoms in healthy men: a randomized crossover study.

Lee MH*, Kwak JH, Jeon G, Lee JW, Seo JH, Lee HS, Lee JH.

⊕ Author information

Abstract

Heavy drinking causes hangover symptoms, because the action of alcohol dehydrogenase forms acetaldehyde, which is metabolized by acetaldehyde dehydrogenase into acetate. Red ginseng shows positive effects on alcohol metabolism in animal studies. We investigated the effects of red ginseng on relieving alcohol and hangover symptoms in 25 healthy men in a randomized crossover study. At each visit (0, 1, and 2 weeks), the subjects drank 100 mL whiskey (40% alcohol) and either 100 mL water or 100 mL of a 0.321 mg mL(-1) red ginseng anti-hangover drink (RGD). We took blood samples periodically until 240 min after alcohol consumption, and we investigated the blood profiles, alcohol levels, and acetaldehyde levels. We also measured anthropometric parameters, expiratory air-alcohol levels, and hangover symptoms. The plasma alcohol concentrations within the RGD group were significantly lower than those within the placebo group after 30 min ($p = 0.002$), 45 min ($p = 0.016$), and 60 min ($p = 0.009$); the areas under the response curves revealed a positive effect of RGD ($p = 0.051$). Furthermore, the expiratory alcohol concentration was significantly lower after 30 min ($p = 0.005$) and 60 min ($p = 0.065$), and the areas under the response curves ($p = 0.058$) likewise revealed a positive effect of RGD. The plasma acetaldehyde level was significantly elevated at 120 min ($p = 0.020$), but the areas under the response curves showed a similar trend ($p = 0.054$). While the plasma acetaldehyde concentration slightly increased, the RGD showed positive effects on hangover symptoms. Considering the reduction of plasma alcohol levels, expiratory concentrations, and hangover severity, we conclude that red ginseng relieves the symptoms of alcohol hangover.

J Ethnopharmacol. 2013 Sep 16;149(2):597-9. doi: 10.1016/j.jep.2013.07.005. Epub 2013 Jul 16.

Effects of red ginseng extract on sleeping behaviors in human volunteers.

Han HJ[1], Kim HY, Choi JJ, Ahn SY, Lee SH, Oh KW, Kim SY.

⊕ Author information

Abstract

ETHNOPHARMACOLOGICAL RELEVENCE: The ginseng root has been traditionally used as a sedative in oriental countries. However, the condition "ginseng abuse syndrome" (GAS), defined as hypertension, nervousness, sleeplessness, skin eruption, and morning diarrhea, was coined as a result of a study of people who had been using a variety of ginseng preparations. However, we reported that administration of RGE increased rapid eye movement (REM) and non rapid eye movement (NREM) sleep via GABAergic systems in animals. Therefore, this study was performed to investigate how red ginseng extract (RGE) affects sleeping behaviors in human volunteers.

MATERIALS AND METHODS: RGE (1500 mg) was orally administered to young male healthy volunteers (from 15 to 37 years old ages, n=15) three times a day for 7 days. Overnight polysomnographic (PSG) studies were performed two times, 1 day before and 7 days after RGE administration. We investigated differences in sleep architecture parameters such as total sleep time (TST), sleep efficacy (SE: total sleep time/time in bed), proportion of each sleep stage, and wakefulness after sleep onset (WASO) between baseline PSG and PSG after RGE administration.

RESULTS: Total wake time (TWT) was significantly reduced ($P<0.05$) and SE was increased ($P<0.05$), although slow wave sleep stage 1 (N1) was reduced ($P<0.01$) and non-rapid eye movement (REM) sleep was increased ($P<0.03$) after administration.

CONCLUSION: From these results, it is presumed that RGE intake would improve the quality of sleep, thus having beneficial effects on sleep disturbed subjects.

ASTRAGALUS ROOT/HUANG QI – *ASTRAGALUS MEMBRANACEUS*

Considered one of the great Chinese tonic remedies used as an immune and lung qi tonic. It is an immune amphoteric and Fu Zheng herb. In TCM, it is also a major cardiovascular and nephroprotective herb.

Phytother Res. 2010 Feb;24(2):175-81. doi: 10.1002/ptr.2877.

Efficacy and safety of Astragalus membranaceus in the treatment of patients with seasonal allergic rhinitis.

Matkovic Z[1], Zivkovic V, Konica M, Plavec D, Pecanic S, Tudoric N

⊕ Author information

Abstract

The study was designed to investigate efficacy and safety of Astragalus membranaceus (AM) in the treatment of patients with seasonal allergic rhinitis (SAR). AM is an active component in the herbal and mineral complex (HMC) registered in Croatia as a food supplement Lectranal. The study was designed as a 6-weeks, double-blind, placebo-controlled clinical trial and conducted in 48 adult patients with a moderate to severe SAR. The treatment efficacy was evaluated by the mean change in the symptom score (TSS), quality of life (QoL), specific serum IgE and IgG, nasal eosinophils, and physicians' and patients' global evaluation. Compared to placebo, HMC significantly decreased the intensity of rhinorrhea while for other primary efficacy variables the treatment groups did not differ. In contrast, investigators and patients equally judged the treatment with HMC as more efficacious. In addition, the analysis of changes from baseline inside the groups for TSS, QoL, and 4 main symptoms of SAR were strikingly in favor of the active treatment. In patients with SAR due to weed pollen allergy HMC significantly improved primary variables, reflective TSS and QoL. The study revealed a significant number of positive signals indicating the therapeutic effectiveness of the HMC in patients with SAR which should be further tested in larger, multicentre trials with more patients.

Am J Kidney Dis. 2007 Dec;50(6):1028-32.

Treatment of idiopathic membranous nephropathy with the herb Astragalus membranaceus.

Ahmed MS[1], Hou SH, Battaglia MC, Picken MM, Leehey DJ.

Author information

Abstract

A 77-year-old woman with nephrotic syndrome secondary to idiopathic membranous nephropathy was treated with angiotensin-converting enzyme inhibitors, angiotensin receptor blockers, cyclosporine A, and mycophenolate mofetil, without response. After more than 2 years of unremitting nephrosis, she began therapy with the herb Astragalus membranaceus, used by traditional Chinese physicians to treat various immune disorders, including glomerulonephritis. After institution of Astragalus at a dose of 15 g/d, there was a marked decrease in proteinuria. Nephrotic syndrome recurred after temporary cessation of Astragalus therapy, with complete remission of nephrosis observed after its reintroduction. The clinical course of this patient suggests that Astragalus may have beneficial effects in patients with idiopathic membranous nephropathy.

Comment in

Remission of membranous nephropathy after therapy with Astragalus membranaceus. [Am J Kidney Dis. 2010]

Urol Res. 2011 Apr;39(2):89-97. doi: 10.1007/s00240-010-0286-1. Epub 2010 Jul 6.

The protective effects of the traditional Chinese herbs against renal damage induced by extracorporeal shock wave lithotripsy: a clinical study.

Sheng B[1], He D, Zhao J, Chen X, Nan X

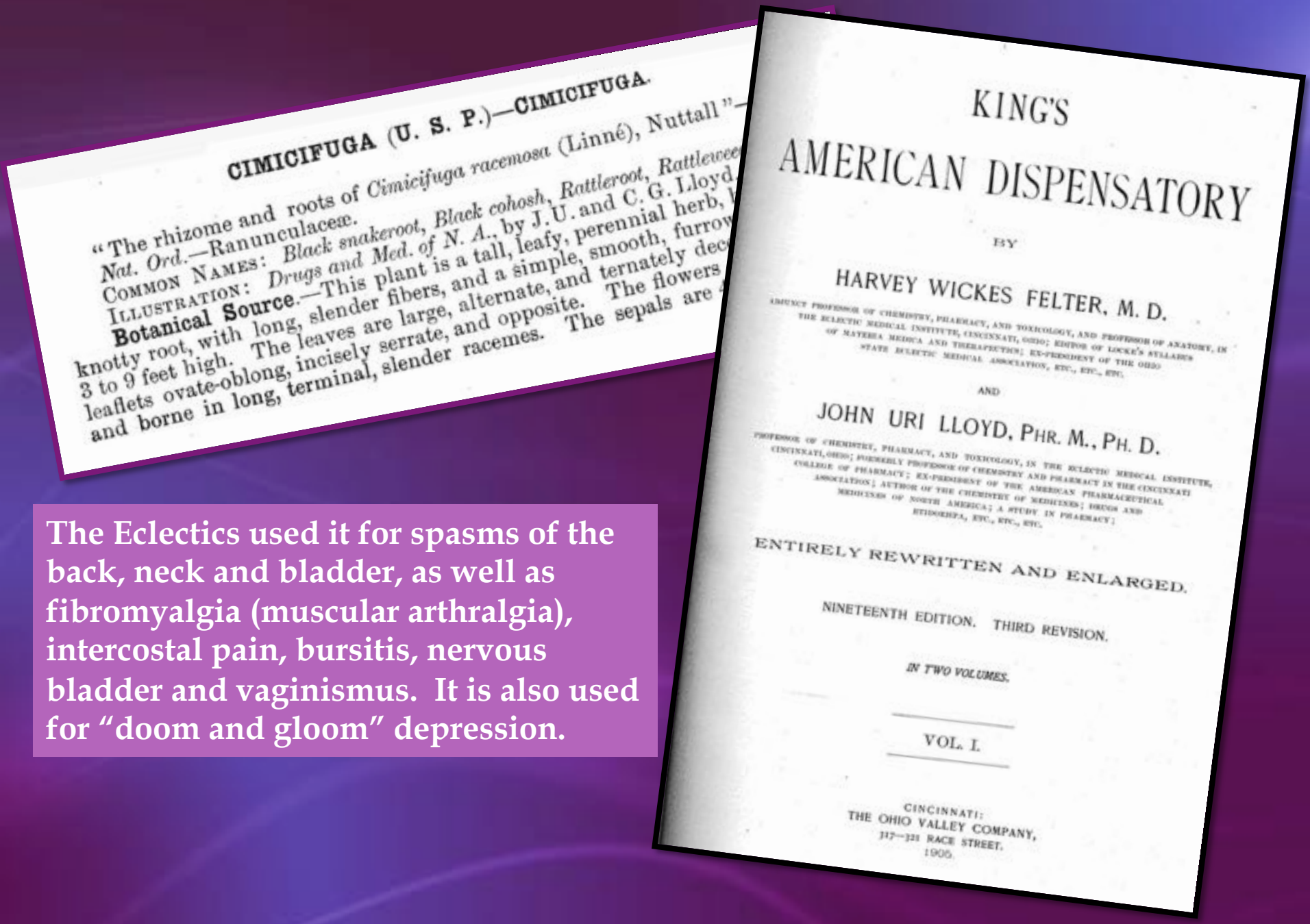
⊕ Author information

Abstract

Extracorporeal shock wave lithotripsy (ESWL)-induced renal damage can occur as a result of multiple mechanisms. We have reported previously that Astragalus membranaceus, Salvia miltiorrhiza, a decoction of six drugs containing rhizoma Rehmanniae preparata and supplements of a few traditional Chinese medicinal herbs for invigorating the kidney and excreting calculus, have a protective effect on renal injury induced by high-energy shock waves (HESW) in rabbits. In this clinical study we further investigate the protective effects of these traditional Chinese herbs against renal damage induced by ESWL. Sixty consenting patients with renal calculus who underwent ESWL treatment were included and randomly assigned to the medication group or control group. Post-ESWL plasma nitric oxide (NO), endothelin-1 (ET-1), malondialdehyde (MDA), and serum tumor necrosis factor α (TNF-α) increased significantly in the controls ($P < 0.05$), while in the medication group, slightly but not significantly elevated levels of plasma ET-1, NO, and serum TNF-α were found. The difference between the groups was statistically significant ($P < 0.05$). The levels of superoxide dismutase (SOD) decreased gradually in the controls, reaching a trough 72 h after ESWL ($P < 0.05$), while in the treated group it was unchanged, and remained at a level higher versus the controls ($P < 0.05$). Plasma NO peaked twice by 72 h and at 1 week in the controls ($P < 0.05$). Urinary enzymes and β(2)-microglobulin increased significantly and peaked by 24 h and immediately after ESWL ($P < 0.05$). These values were greater in the controls, and the difference was statistically significant ($P < 0.05$). This study demonstrates that the preparations of traditional Chinese medicines for invigorating the kidney and excreting calculus can reduce renal tubular damage induced by ESWL, and can shorten the recovery time of renal tubules in human subjects.

BLACK COHOSH ROOT – *ACTAEA RACEMOSA*

Commonly thought of in the U.S. as "the menopause herb". It has only modest benefits for this condition.



The Eclectics used it for spasms of the back, neck and bladder, as well as fibromyalgia (muscular arthralgia), intercostal pain, bursitis, nervous bladder and vaginismus. It is also used for "doom and gloom" depression.

Evid Based Complement Alternat Med. 2014;2014:717686. doi: 10.1155/2014/717686. Epub 2014 Mar 2.

Effect of Isopropanolic Cimicifuga racemosa Extract on Uterine Fibroids in Comparison with Tibolone among Patients of a Recent Randomized, Double Blind, Parallel-Controlled Study in Chinese Women with Menopausal Symptoms.

Xi S[1], Lieke E[2], Wang S[3], Liu J[4], Zheng X[4], Geng L[5], Hu L[6], Jiao C[7], Zheng S[1], Zepelin HH[8], Bai W[1].

Author information

Abstract

Objective. Effect of isopropanolic Cimicifuga racemosa extract (iCR) on uterine fibroid size compared with tibolone. Method. The randomized, double-blind, controlled study in China enrolled 244 patients aged 40-60 years with menopausal symptoms (Kupperman Menopause Index ≥ 15). The participants were treated with either iCR of 40 mg crude drug/day (N = 122) or tibolone 2.5 mg/day (N = 122) orally for 3 months in 2004. Now, we investigated the subset of all women (N = 62) with at least one uterine fibroid at onset of treatment for the effect of iCR (N = 34) on fibroid size compared with tibolone (N = 28) by transvaginal ultrasonography. Results. The median myoma volume decreased upon iCR by as much as -30% (P = 0.016) but increased upon tibolone by +4.7%. The percentage of volume change, mean diameter change and geometric mean diameter change of the iCR group compared to tibolone were statistically significant (P = 0.016, 0.021, 0.016 respectively). Conclusion. Our results suggest that iCR (Remifemin) is a valid herbal medicinal product in patients with uterine myomas as it provides adequate relief from menopausal symptoms and inhibits growth of the myomas in contrast to tibolone.

BLUEBERRY/BILBERRY FRUIT – *VACCINIUM SPP.*

A rich source of antioxidant/antiinflammatory proanthocyanidins. Regular consumption can help prevent degeneration of the small capillaries in the eye (diabetic retinopathy).

J Nutr. 2010 Oct;140(10):1764-8. doi: 10.3945/jn.110.125336. Epub 2010 Aug 19.

Bioactives in blueberries improve insulin sensitivity in obese, insulin-resistant men and women.

Stull AJ[1], Cash KC, Johnson WD, Champagne CM, Cefalu WT.

⊕ Author information

Abstract

Dietary supplementation with whole blueberries in a preclinical study resulted in a reduction in glucose concentrations over time. We sought to evaluate the effect of daily dietary supplementation with bioactives from blueberries on whole-body insulin sensitivity in men and women. A double-blinded, randomized, and placebo-controlled clinical study design was used. After screening to resolve study eligibility, baseline (wk 0) insulin sensitivity was measured on 32 obese, nondiabetic, and insulin-resistant subjects using a high-dose hyperinsulinemic-euglycemic clamp (insulin infusion of 120 mU[861 pmol)·m(-2)·min(-1)]). Serum inflammatory biomarkers and adiposity were measured at baseline. At the end of the study, insulin sensitivity, inflammatory biomarkers, and adiposity were reassessed. Participants were randomized to consume either a smoothie containing 22.5 g blueberry bioactives (blueberry group, n = 15) or a smoothie of equal nutritional value without added blueberry bioactives (placebo group, n = 17) twice daily for 6 wk. Both groups were instructed to maintain their body weight by reducing ad libitum intake by an amount equal to the energy intake of the smoothies. Participants' body weights were evaluated weekly and 3-d food records were collected at baseline, the middle, and end of the study. The mean change in insulin sensitivity improved more in the blueberry group (1.7 ± 0.5 mg·kg FFM(-1)·min(-1)) than in the placebo group (0.4 ± 0.4 mg·kg FFM(-1)·min(-1)) (P = 0.04). Insulin sensitivity was enhanced in the blueberry group at the end of the study without significant changes in adiposity, energy intake, and inflammatory biomarkers. In conclusion, daily dietary supplementation with bioactives from whole blueberries improved insulin sensitivity in obese, nondiabetic, and insulin-resistant participants.

J Agric Food Chem. 2004 Oct 20;52(21):6433-42.

Effective separation of potent antiproliferation and antiadhesion components from wild blueberry (Vaccinium angustifolium Ait.) fruits.

Schmidt BM[1], Howell AB, McEniry B, Knight CT, Seigler D, Erdman JW Jr, Lila MA.

Author Information

Abstract

Extracts from wild blueberry (Vaccinium angustifolium Ait.) were separated into proanthocyanidin-rich fractions using liquid vacuum and open column chromatography on Toyopearl and Sephadex LH-20, respectively. Fractions were characterized using analytical tools including mass spectrometry and NMR spectroscopy; fraction composition was correlated with bioactivity using antiproliferation and antiadhesion in vitro assays. There was a significant positive correlation between proanthocyanidin content of different fractions and biological activity in both the antiproliferation and antiadhesion assays. Two fractions containing primarily 4-->8-linked oligomeric proanthocyanidins with average degrees of polymerization (DPn) of 3.25 and 5.65 inhibited adhesion of Escherichia coli responsible for urinary tract infections. Only the fraction with a DPn of 5.65 had significant antiproliferation activity against human prostate and mouse liver cancer cell lines. These findings suggest both antiadhesion and antiproliferation activity are associated with high molecular weight proanthocyanidin oligomers found in wild blueberry fruits.

J Nutr Biochem. 2013 Aug;24(8):1508-12. doi: 10.1016/j.jnutbio.2012.12.010. Epub 2013 Mar 1.

Wild blueberry (Vaccinium angustifolium) consumption improves inflammatory status in the obese Zucker rat model of the metabolic syndrome.

Vendrame S[1], Daugherty A, Kristo AS, Riso P, Klimis-Zacas D

Author information

Abstract

The metabolic syndrome (MetS) is a major public health problem in the United States. Chronic inflammation is a critical component of the MetS, leading to dramatically increased risk of type II diabetes and cardiovascular disease. This study investigates the ability of a wild-blueberry-enriched diet to improve the proinflammatory status associated with MetS in the obese Zucker rat (OZR). Circulating levels of key inflammatory markers and their expression in the liver and abdominal adipose tissue were examined in OZR and its genetic control, the lean Zucker rat (LZR), after feeding a control or an 8% wild blueberry diet (WB) for 8 weeks from age 8 to 16 weeks. In the OZR, WB consumption resulted in decreased plasma concentrations of tumor necrosis factor (TNF)-α (-25.6%, P<.05), interleukin (IL)-6 (-14.9%, P<.05) and C-reactive protein (CRP) (-13.1%, P<.05) and increased adiponectin concentration (+21.8%, P<.05). Furthermore, expression of IL-6, TNF-α and nuclear factor (NF)-kB was down-regulated in both the liver (-65%, -59% and -25%, respectively) and the abdominal adipose tissue (-64%, -52% and -65%), while CRP expression was down-regulated only in the liver (-25%). In the abdominal adipose tissue, similar trends were also observed in LZR following WB treatment, with decreased liver expression of NF-kB, CRP, IL-6 and TNF-α (-24%, -16%, -21% and -50%) and increased adiponectin expression (+25%). Results of this study suggest that wild blueberry consumption exerts an overall anti-inflammatory effect in the OZR, a model of the metabolic syndrome.

CHASTE TREE BERRY – *VITEX AGNUS-CASTUS*

Has a long history of use for treating PMS symptoms such as cyclic mastalgia, mood swings and depression. It is also very effective for menopausal hot flashes and night sweats. Herbalist Donna Odierna, RH(AHG) also introduced me to the idea of using Chaste Tree to help moderate drug withdrawal symptoms.

Adv Ther. 2014 Mar;31(3):362-73. doi: 10.1007/s12325-014-0106-z. Epub 2014 Mar 7.

Efficacy and safety of Vitex agnus-castus extract for treatment of premenstrual syndrome in Japanese patients: a prospective, open-label study.

Momoeda M[1], Sasaki H, Tagashira E, Ogishima M, Takano Y, Ochiai K.

⊕ Author information

Abstract

INTRODUCTION: Herbal medicine containing Vitex agnus-castus (VAC) extract is widely used by women with premenstrual syndrome (PMS) in Europe, however, in Japan, clinical evidence remains to be determined. This study attempted to investigate the efficacy and safety profiles of VAC extract in Japanese patients with PMS.

METHODS: A multi-center, prospective, open-label, single-arm, phase 3 study was performed in Japanese women with PMS and aged 18-44 years. The patients received Prefemin® (Max Zeller Söhne AG, Romanshorn, Switzerland), containing 20 mg of VAC extract, once daily for three menstrual cycles. The efficacy profile was examined based on the intensity of ten PMS symptoms-irritability, depressed mood, anger, headache, bloating, breast fullness, skin disorder, fatigue, drowsiness, and sleeplessness-recorded by patients via a visual analog scale (VAS). In addition, the responder rate was calculated based on the total VAS score defined by the sum of the VAS scores of the first six symptoms mentioned above. Furthermore, physician's global assessment (PGA) scores were recorded. Adverse events including vital signs and laboratory test values were monitored as safety evaluation.

RESULTS: Sixty-nine patients received Prefemin®. After the first menstrual cycle, a statistically significant decrease in total VAS score was observed ($P<0.001$), and the score continued to diminish for the following two cycles. Each of the ten symptom scores decreased significantly in this manner. In addition, the responder rate increased in a time-dependent manner; the rate at the third menstrual cycle was 91.0%, and almost all of the patients were without symptoms or exhibited only mild symptoms based on PGA. Eight patients exhibited non-serious adverse events, one of which was allergic dermatitis whose causal relationship with VAC was not ruled out.

CONCLUSION: VAC extract improved PMS symptoms in Japanese patients, with no substantial adverse events. This is the first study to report the effect of VAC extract in Japanese patients.

J Ethnopharmacol. 2006 Jun 30;106(2):216-21. Epub 2006 Jan 24.

Activation of the mu-opiate receptor by Vitex agnus-castus methanol extracts: implication for its use in PMS.

Webster DE[1], Lu J, Chen SN, Farnsworth NR, Wang ZJ

Author information

Abstract

The dried ripe fruit of Vitex agnus-castus L. (VAC) is widely used for the treatment of premenstrual syndrome (PMS). A previous study reported that extracts of VAC showed affinity to opiate receptors; however, functional activity was not determined. We tested two different VAC extracts in receptor binding and functional assays. Our objectives were: (1) to confirm the opiate affinity; (2) to rule out interference by free fatty acids (FFA); (3) to determine the mode of action of VAC at the mu-opiate receptor. Methanol extracts of VAC were prepared either before (VAC-M1) or after (VAC-M2) extraction with petroleum ether to remove fatty acids. Both extracts showed significant affinities to the mu-opiate receptor, as indicated by the concentration-dependent displacement of [3H]DAMGO binding in Chinese hamster ovary (CHO)-human mu-opiate receptor (hMOR) cells. The IC50 values were estimated to be 159.8 microg/ml (VAC-M1) and 69.5 microg/ml (VAC-M2). Since the defatted extract not only retained, but exhibited a higher affinity ($p<0.001$), it argued against significant interference by fatty acids. In an assay to determine receptor activation, VAC-M1 and VAC-M2 stimulated [35S]GTPgammaS binding by 41 and 61% ($p<0.001$), respectively. These results suggested for the first time that VAC acted as an agonist at the mu-opiate receptor, supporting its beneficial action in PMS.

ECHINACEA ROOT – *ECHINACEA PURPUREA, E. ANGUSTIFOLIA, E. PALLIDA*

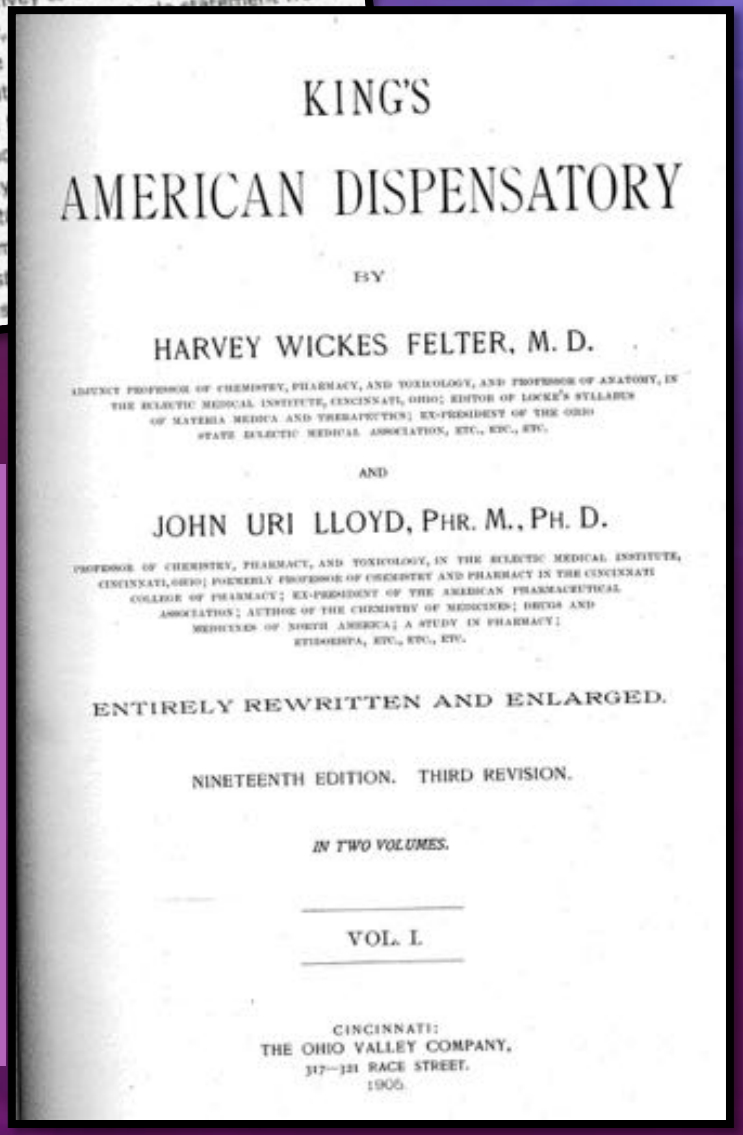
Most people believe Echinacea is the "immune herb". While it does have benefits for enhancing immune activity, it has a long history of use beyond treating colds and influenza.

ECHINACEA ROOT – *ECHINACEA PURPUREA, E. ANGUSTIFOLIA, E. PALLIDA*

It is also used topically for psoriasis and I have used it intravaginally with significant success for treating cervical dysplasias.

Action, Medical Uses, and Dosage.—As a therapeutic agent echinacea is often used both internally and locally at the same time; therefore in this article the internal and external uses will not be given separately, but collectively. And inasmuch as echafolta is a name given to distinguish a purified form of echinacea, the remarks concerning the one are equally applied to the other, except in important surgical cases, where greater cleanliness is desired, when echafolta is to be preferred.

Under the older classification of remedies, echinacea would probably be classed as an antiseptic and alterative. Strictly speaking, it is practically impossible to classify an agent like echinacea by applying to it one or two words to indicate its virtues. The day is rapidly approaching when these qualifying terms will have no place in medicine, for they but inadequately convey to our minds the therapeutic possibilities of our drugs. Especially is this so with regard to such terms as alterative, stimulant, tonic, to be made concerning the virtues of echinacea, it would read something like this: "A corrector of the even this does not sufficiently cover the ground. Its extraordinary powers—combining essentially that antiseptic, antifermentative, and antizymotic—are well shown in its power over changes produced in internal causes or from external introductions. The changes may be manifested in a disturbed balanc alterations as are exhibited in *boils, carbuncles, abscesses,* or *cellular glandular inflammations.* They serpent or insect venom, or they may be due to such fearful poisons as give rise to *malignant diphth puerperal* and other forms of *septicaemia.* Such changes, whether they be septic or of devitalized n the fluids themselves, appear to have met their antagonist in echinacea. "*Bad blood,*" so called, as a *tendency to malignancy* in acute and subacute disorders, seem to be special indicators for the u



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IN TWO VOLUMES.

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THE OHIO VALLEY COMPANY,
317–321 RACE STREET.
1905.

"To correct fluid depravation, or bad blood, with a tendency to sepsis and malignancy, as in gangrene, sloughing and phagedenic ulcerations, carbuncles, boils, and various forms of septicaemia: foul discharges with weakness and emaciation, deepened, bluish or purplish coloration of skin or mucous membranes, with a low form of inflammation; and a tendency to the formation of multiple cellular abscesses of semiactive character, with marked asthenia.

GINKGO LEAF STANDARDIZED EXTRACT – *GINKGO BILOBA*

A modern phytopharmaceutical with virtually no history of traditional use. It has been shown to enhance cerebral circulation.

Clin Interv Aging. 2014 Nov 28;9:2065-77. doi: 10.2147/CIA.S72726. eCollection 2014.

Efficacy and tolerability of Ginkgo biloba extract EGb 761® in dementia: a systematic review and meta-analysis of randomized placebo-controlled trials.

Gauthier S[1], Schlaefke S[2].

⊕ Author information

Abstract

The objective of this systematic review was to evaluate current evidence for the efficacy of Ginkgo biloba extract EGb 761(®) in dementia. Seven of 15 randomized, placebo-controlled trials in patients with dementia identified by database searches met all our selection criteria and were included in the meta-analysis. In these trials, patients were treated with 120 mg or 240 mg per day of the defined extract EGb 761 or placebo. Efficacy was assessed using validated tests and rating scales for the cognitive domain, the functional domain (activities of daily living), and global assessment. Tolerability was evaluated by risk differences based on incidences of adverse events and premature discontinuation rates. Of 2,684 outpatients randomized to receive treatment for 22-26 weeks, 2,625 represented the full analysis sets (1,396 for EGb 761 and 1,229 for placebo). Standardized mean differences for change in cognition (-0.52; 95% confidence interval [CI] -0.98, -0.05; P=0.03), activities of daily living (-0.44; 95% CI -0.68, -0.19; P<0.001), and global rating (-0.52; 95% CI -0.92, -0.12; P=0.01) significantly favored EGb 761 compared with placebo. Statistically significant superiority of EGb 761 over placebo was confirmed by responder analyses as well as for patients suffering from dementia with neuropsychiatric symptoms. Treatment-associated risks in terms of relative risks of adverse events and premature withdrawal rates did not differ noticeably between the two treatment groups. In conclusion, meta-analyses confirmed the efficacy and good tolerability of Ginkgo biloba extract EGb 761 in patients with dementia.

J Sex Marital Ther. 1998 Apr-Jun;24(2):139-43.

Ginkgo biloba for antidepressant-induced sexual dysfunction.

Cohen AJ[1], Bartlik B.

Author information

Abstract

In an open trial ginkgo biloba, an extract derived from the leaf of the Chinese ginkgo tree and noted for its cerebral enhancing effects, was found to be 84% effective in treating antidepressant-induced sexual dysfunction predominately caused by selective serotonin reuptake inhibitors (SSRIs, N = 63). Women (n = 33) were more responsive to the sexually enhancing effects of ginkgo biloba than men (N = 30), with relative success rates of 91% versus 76%. Ginkgo biloba generally had a positive effect on all 4 phases of the sexual response cycle: desire, excitement (erection and lubrication), orgasm, and resolution (afterglow). This study originated from the observation that a geriatric patient on ginkgo biloba for memory enhancement noted improved erections. Patients exhibited sexual dysfunction secondary to a variety of antidepressant medications including selective serotonin reuptake inhibitor (SSRIs), serotonin and norepinephrine reuptake inhibitor (SNRIs) monoamine oxidase inhibitor (MAOIs), and tricyclics. Dosages of ginkgo biloba extract ranged from 60 mg qd to 120 mg bid (average = 209mg/d). The common side effects were gastrointestinal disturbances, headache, and general central nervous system activation. The article includes a discussion of presumed pharmacologic mechanisms, including effects on platelet activating factor, prostaglandins, peripheral vasodilatation, and central serotonin and norepinephrine receptor factor modulation.

Int J Otolaryngol. 2014;2014:682439. doi: 10.1155/2014/682439. Epub 2014 Jun 25.

Treatment of Vertigo: A Randomized, Double-Blind Trial Comparing Efficacy and Safety of Ginkgo biloba Extract EGb 761 and Betahistine.

Sokolova L[1], Hoerr R[2], Mishchenko T[3].

⊕ Author information

Abstract

A multicenter clinical trial was performed to compare the efficacy and safety of Ginkgo biloba extract EGb 761 and betahistine at recommended doses in patients with vertigo. One hundred and sixty patients (mean age 58 years) were randomly assigned to double-blind treatment with EGb 761 (240 mg per day) or betahistine (32 mg per day) for 12 weeks. An 11-point numeric analogue scale, the Vertigo Symptom Scale-short form, the Clinical Global Impression Scales and the Sheehan Disability Scale were used as outcome measures. Both treatment groups were comparable at baseline and improved in all outcome measures during the course of treatment. There was no significant intergroup difference with regard to changes in any outcome measure. Numerically, improvements of patients receiving EGb 761 were slightly more pronounced on all scales. Clinical global impression was rated "very much improved" or "much improved" in 79% of patients treated with EGb 761 and in 70% receiving betahistine. With 27 adverse events in 19 patients, EGb 761 showed better tolerability than betahistine with 39 adverse events in 31 patients. In conclusion, the two drugs were similarly effective in the treatment of vertigo, but EGb 761 was better tolerated. This trial is registered with controlled-trials.com ISRCTN02262139.

Atherosclerosis. 2014 Dec;237(2):584-8. doi: 10.1016/j.atherosclerosis.2014.10.023. Epub 2014 Oct 18.

Combined lowering of low grade systemic inflammation and insulin resistance in metabolic syndrome patients treated with Ginkgo biloba.

Siegel G[1], Ermilov E[2], Kraes O[3], Rodriguez M[4].

⊕ Author information

Abstract

In a clinical pilot study with eleven metabolic syndrome patients, a simultaneous decrease in hs-CRP from 8.85 ± 4.09 to 4.92 ± 2.51 mg/L (-44.4%) ($p < 0.0436$) and HOMA-IR from 3.07 ± 0.63 to 2.60 ± 0.51 mIU/L × mg/dL (-15.3%) ($p < 0.0120$) as well as a beneficial change of arteriosclerotic, inflammatory and oxidative stress biomarkers were detected after 2-month treatment with Ginkgo biloba. Furthermore, both IL-6 (-12.9%, $p < 0.0407$) and nanoplaque formation (-14.3%, $p < 0.0077$) were additionally reduced. According to a large clinical trial elucidating the importance of insulin resistance and low-grade systemic inflammation for cardiovascular disease and overall mortality risk, these data might indicate a CVD/total mortality risk reduction.

Molecules. 2011 Sep 6;16(9):7634-48. doi: 10.3390/molecules16097634.

A novel anti-inflammatory role for ginkgolide B in asthma via inhibition of the ERK/MAPK signaling pathway.

Chu X[1], Ci X, He J, Wei M, Yang X, Cao Q, Li H, Guan S, Deng Y, Pang D, Deng X.

Author information

Abstract

Ginkgolide B is an anti-inflammatory extract of Ginkgo biloba and has been used therapeutically. It is a known inhibitor of platelet activating factor (PAF), which is important in the pathogenesis of asthma. Here, a non-infectious mouse model of asthma is used to evaluate the anti-inflammatory capacity of ginkgolide B (GKB) and characterize the interaction of GKB with the mitogen activated protein kinase (MAPK) pathway. BALB/c mice that were sensitized and challenged to ovalbumin (OVA) were treated with GKB (40 mg/kg) one hour before they were challenged with OVA. Our study demonstrated that GKB may effectively inhibit the increase of T-helper 2 cytokines, such as interleukin (IL)-5 and IL-13 in bronchoalveolar lavage fluid (BALF). Furthermore, the eosinophil count in BALF significantly decreased after treatment of GKB when compared with the OVA-challenged group. Histological studies demonstrated that GKB substantially inhibited OVA-induced eosinophilia in lung tissue and mucus hyper-secretion by goblet cells in the airway. These results suggest that ginkgolide B may be useful for the treatment of asthma and its efficacy is related to suppression of extracellular regulating kinase/MAPK pathway.

HAWTHORN BERRIES, FLOWERS, LEAF – *CRATAEGUS SPP.*

Traditionally used as a cardiovascular trophorestorative, it can also be used to strengthen connective tissue. It is a nervine and can be used to treat "broken hearts", chronic grief, PTSD, stagnant depression and ADD/ADHD.

Prospective, comparative cohort studies and their contribution to the benefit assessments of therapeutic options: heart failure treatment with and without Hawthorn special extract WS 1442.

Habs M[1].

⊕ Author information

Abstract

BACKGROUND: In addition to testing a drug for its efficacy, pharmacological quality and safety, current policies are increasingly demanding evaluations of the therapeutic benefits provided by a drug in general practice with "non-selected" patients and increasingly restrictive economic considerations.

OBJECTIVE: One of the trials which addresses this task is the WISO cohort study (Efficacy and socio-economic relevance of treatment of chronic heart failure stage NYHA II with Crataegus extract WS 1442). It compares two different therapeutic strategies in the treatment of heart failure stage NYHA II, i.e. a conventional medication and a therapy which also includes hawthorn special extract WS 1442 (Crataegutt novo 450) in addition to chemical-synthetic drugs. In contrast to clinical trials, the patients in cohort studies are expressly not randomised and the physician in charge independently chooses the administered treatment. This comparative, non-interventional observation provides well-founded evidence of the "real-world effectiveness" of the tested preparation.

PATIENTS AND METHODS: 952 patients with heart failure (NYHA II) were enrolled in the study by 217 general practitioners. 588 patients received Crataegus special extract WS 1442 (Crataegutt novo 450) either as an add-on therapy or as a monotherapy (Crataegus cohort) and 364 patients received therapy without hawthorn (comparative cohort). These two groups had the same indication (heart failure NYHA II) but were significantly different regarding gender, age and concomitant cardiovascular disease. Basically, in view of the free choice of therapy made by the physician in charge, such differences are to be expected in comparative observational studies. A sufficient degree of patient comparability was provided by means of the matched-pairs technique, which replaced the randomisation procedure normally used in clinical studies. After 2 years, 130 patient pairs generated by this technique could be included in the interim assessment.

RESULTS: The clinical symptoms with regard to all parameters investigated showed the same or a more pronounced improvement in the Crataegus cohort in the course of 2 years. After 2 years, the three cardinal symptoms of heart failure--fatigue ($p = 0.036$), stress dyspnoea ($p = 0.020$) and palpitations ($p = 0.048$)--were significantly less marked in the Crataegus cohort than in the comparative cohort.

DISCUSSION: The particular design of the cohort study also provides valuable additional information: (1) Hawthorn special extract WS 1442 was prescribed in registered cardiological practices for the treatment of patients with heart failure stage NYHA II, partly as an alternative and partly as a supplement to the used chemical-synthetic drugs. (2) Favourable effects on the clinical symptoms were achieved although the patients in the Crataegus cohort received markedly fewer chemical-synthetic drugs than the patients in the comparative cohort (ACE-inhibitors: 36 vs. 54%, $p = 0.004$; cardiac glycosides: 18 vs. 37%, $p = 0.001$; diuretics: 49 vs. 61%, $p = 0.061$; beta-blockers: 22 vs. 33%, $p = 0.052$).

CONCLUSION: The data show a clear benefit for patients with heart failure stage NYHA II treated with WS 1442. The single or add-on administration in addition to a chemical-synthetic medication resulted in objective improvements at comparable costs.

Phytother Res. 2002 Feb;16(1):48-54.

Promising hypotensive effect of hawthorn extract: a randomized double-blind pilot study of mild, essential hypertension.

Walker AF[1], Marakis G, Morris AP, Robinson PA.

⊕ Author information

Abstract

This pilot study was aimed at investigating the hypotensive potential of hawthorn extract and magnesium dietary supplements individually and in combination, compared with a placebo. Thirty-six mildly hypertensive subjects completed the study. At baseline, anthropometric and dietary assessment, as well as blood pressure measurements were taken at rest, after exercise and after a computer 'stress' test. Volunteers were then randomly assigned to a daily supplement for 10 weeks of either: (a) 600 mg Mg, (b) 500 mg hawthorn extract, (c) a combination of (a) and (b), (d) placebo. Measurements were repeated at 5 and 10 weeks of intervention. There was a decline in both systolic and diastolic blood pressure in all treatment groups, including placebo, but ANOVA provided no evidence of difference between treatments. However, factorial contrast analysis in ANOVA showed a promising reduction ($p = 0.081$) in the resting diastolic blood pressure at week 10 in the 19 subjects who were assigned to the hawthorn extract, compared with the other groups. Furthermore, a trend towards a reduction in anxiety ($p = 0.094$) was also observed in those taking hawthorn compared with the other groups. These findings warrant further study, particularly in view of the low dose of hawthorn extract used.

HIBISCUS FLOWERS – *HIBISCUS SABDARIFFA*

The flowers of this shrub are commonly used to make flavorful beverage teas. They are rich in proanthocyanidins and have been used in folk medicine throughout the world.

J Nutr. 2010 Feb;140(2):298-303. doi: 10.3945/jn.109.115097. Epub 2009 Dec 16.

Hibiscus sabdariffa L. tea (tisane) lowers blood pressure in prehypertensive and mildly hypertensive adults.

McKay DL[1], Chen CY, Saltzman E, Blumberg JB.

⊕ Author information

Abstract

In vitro studies show Hibiscus sabdariffa L., an ingredient found in many herbal tea blends and other beverages, has antioxidant properties, and, in animal models, extracts of its calyces have demonstrated hypocholesterolemic and antihypertensive properties. Our objective in this study was to examine the antihypertensive effects of H. sabdariffa tisane (hibiscus tea) consumption in humans. A randomized, double-blind, placebo-controlled clinical trial was conducted in 65 pre- and mildly hypertensive adults, age 30-70 y, not taking blood pressure (BP)-lowering medications, with either 3 240-mL servings/d of brewed hibiscus tea or placebo beverage for 6 wk. A standardized method was used to measure BP at baseline and weekly intervals. At 6 wk, hibiscus tea lowered systolic BP (SBP) compared with placebo (-7.2 +/- 11.4 vs. -1.3 +/- 10.0 mm Hg; P = 0.030). Diastolic BP was also lower, although this change did not differ from placebo (-3.1 +/- 7.0 vs. -0.5 +/- 7.5 mm Hg; P = 0.160). The change in mean arterial pressure was of borderline significance compared with placebo (-4.5 +/- 7.7 vs. -0.8 +/- 7.4 mm Hg; P = 0.054). Participants with higher SBP at baseline showed a greater response to hibiscus treatment (r = -0.421 for SBP change; P = 0.010). No effects were observed with regard to age, gender, or dietary supplement use. These results suggest daily consumption of hibiscus tea, in an amount readily incorporated into the diet, lowers BP in pre- and mildly hypertensive adults and may prove an effective component of the dietary changes recommended for people with these conditions.

Phytomedicine. 2010 Jun;17(7):500-5. doi: 10.1016/j.phymed.2009.10.014. Epub 2009 Dec 3.

Effects of Hibiscus sabdariffa extract powder and preventive treatment (diet) on the lipid profiles of patients with metabolic syndrome (MeSy).

Gurrola-Díaz CM[1], García-López PM, Sánchez-Enríquez S, Troyo-Sanromán R, Andrade-González I, Gómez-Leyva JF

⊕ Author information

Abstract

Insulin resistance, obesity, hypertension, and dyslipidemia are strongly associated with metabolic syndrome (MeSy), which is considered to be a reversible clinical stage before its evolution to coronary heart disease and diabetes. Currently, the antihypertensive and hypolipidemic properties of aqueous Hibiscus sabdariffa extracts (HSE) have been demonstrated in clinical trials and in vivo experiments. The aim of the present study was to evaluate the effects of a Hibiscus sabdariffa extract powder (HSEP) and a recognized preventive treatment (diet) on the lipid profiles of individuals with and without MeSy according to the National Cholesterol Education Program Adult Treatment Panel III (NCEP-ATP III) criteria. The protocol was a follow-up study carried out in a factorial, randomized design (T1=preventive treatment comprises Diet, T2=HSEP, T3=HSEP+preventive treatment (Diet) X MeSy, non-MeSy individuals). A total daily dose of 100 mg HSEP was orally administered in capsules for one month. The preventive treatment (diet) was selected according to NCEP-ATP III recommendations and adjusted individually. Total cholesterol, LDL-c, HDL-c, VLDL-c, triglycerides, glucose, urea, creatinine, AST, and ALT levels in the blood were determined in all individuals pre- and post-treatment. The MeSy patients treated with HSEP had significantly reduced glucose and total cholesterol levels, increased HDL-c levels, and an improved TAG/HDL-c ratio, a marker of insulin resistance (t-test $p<0.05$). Additionally, a triglyceride-lowering effect was observed in MeSy patients treated with HSEP plus diet, and in individuals without MeSy treated with HSEP. Significant differences in total cholesterol, HDL-c, and the TAG/HDL-c ratio were found when the means of absolute differences among treatments were compared (ANOVA $p<0.02$). Therefore, in addition to the well documented hypotensive effects of Hibiscus sabdariffa, we suggest the use of HSEP in individuals with dyslipidemia associated with MeSy.

Mater Sociomed. 2013 Jun;25(2):76-9. doi: 10.5455/msm.2013.25.76-79.

Effect of Hibiscus sabdariffa Calices on Dyslipidemia in Obese Adolescents: A Triple-masked Randomized Controlled Trial.

Sabzghabaee AM[1], Ataei E, Kelishadi R, Ghannadi A, Soltani R, Badri S, Shirani S.

⊕ Author information

Abstract

CONFLICT OF INTEREST: none declared.

OBJECTIVE: We aimed to evaluate the effects of Hibiscus sabdariffa (HS) calices on controlling dyslipidemia in obese adolescents.

METHODOLOGY: In this triple blind randomized placebo-controlled clinical trial which was registered in the Iranian registry for clinical trials (IRCT201109122306N2), 90 obese adolescents aged 12-18 years with documented dyslipidemia were randomly assigned in two groups of cases who received 2 grams of fine powdered calices of Hibiscus sabdariffa per day for one month and controls who received placebo powder with the same dietary and physical activity recommendations and duration of exposure. Full lipid profile and fasting blood sugar measured before and after the trial. Data were analyzed using multivariate general linear model.

FINDINGS: Overall, 72 participants (mean age of 14.21±1.6, 35 boys) completed the trial. The two arms of the study (cases and controls) were not statistically different in terms of age, gender, weight, body mass index (BMI) and lipid profile before the trial. Serum total cholesterol, low density lipoprotein cholesterol and serum triglyceride showed a significant decrease in cases group but high density lipoprotein cholesterol level was not changed significantly.

CONCLUSION: It is concluded that Hibiscus sabdariffa calyces powder may have significant positive effects on lipid profile of adolescents which maybe attributed to its polyphenolic and antioxidant content. Further studies are needed on dose-response and formulation optimization.

KEYWORDS: Adolescents; Hibiscus sabdariffa L.; Metabolic syndrome; hyperlipidemia

Food Funct. 2014 Apr;5(4):734-9. doi: 10.1039/c3fo60495k. Epub 2014 Feb 19.

Hibiscus sabdariffa extract inhibits obesity and fat accumulation, and improves liver steatosis in humans.

Chang HC[1], Peng CH, Yeh DM, Kao ES, Wang CJ.

⊕ Author information

Abstract

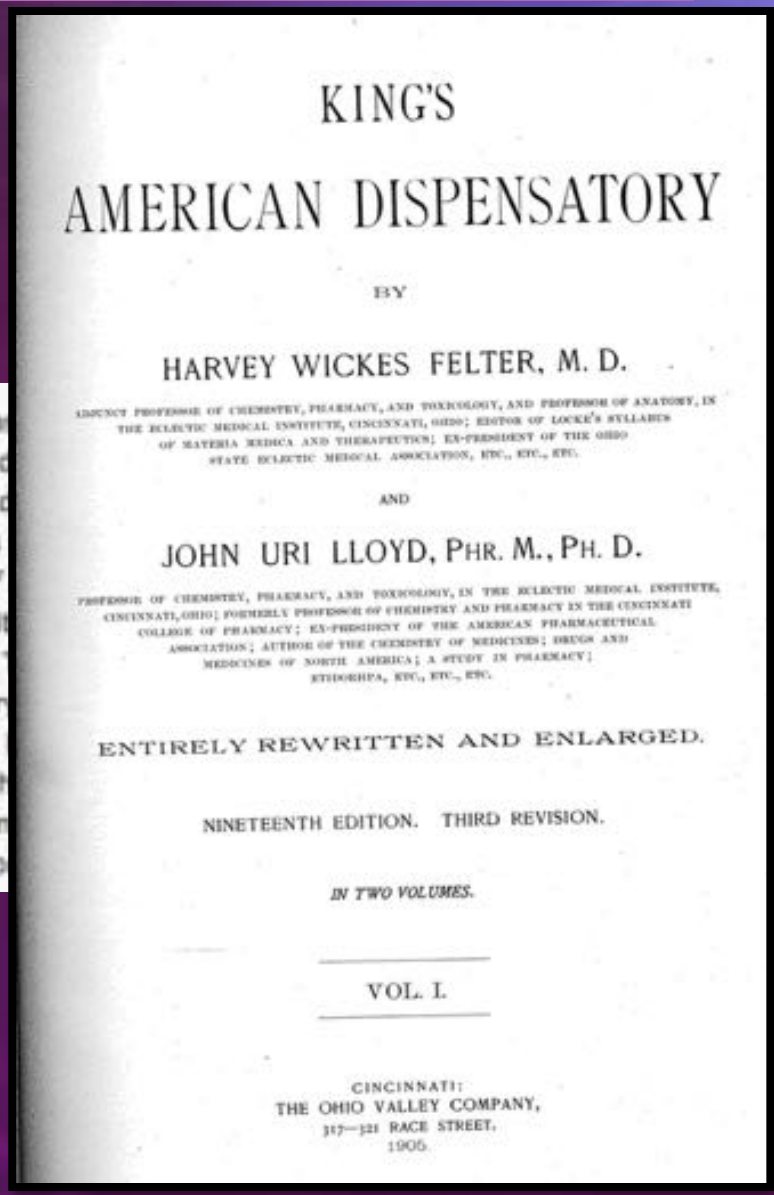
Obesity is associated with a great diversity of diseases including non-alcoholic fatty liver disease. Our previous report suggested that Hibiscus sabdariffa extracts (HSE) had a metabolic-regulating and liver-protecting potential. In this study, we performed a clinical trial to further confirm the effect of HSE. Subjects with a BMI ≥ 27 and aged 18-65, were randomly divided into control (n = 17) and HSE-treated (n = 19) groups, respectively, for 12 weeks. Our data showed that consumption of HSE reduced body weight, BMI, body fat and the waist-to-hip ratio. Serum free fatty acid (FFA) was lowered by HSE. Anatomic changes revealed that HSE improved the illness of liver steatosis. Ingestion of HSE was well tolerated and there was no adverse effect during the trial. No alteration was found for serum α-amylase and lipase. The clinical effect should mainly be attributed to the polyphenols of HSE, since composition analysis showed that branched chain-amino acids, which is associated with obesity, is not obviously high. In conclusion, consumption of HSE reduced obesity, abdominal fat, serum FFA and improved liver steatosis. HSE could act as an adjuvant for preventing obesity and non-alcoholic fatty liver.

KAVA ROOT – *PIPER METHYSTICUM*

Antispasmodic and analgesic appropriate for fibromyalgia pain, menstrual cramps, torticollis, bruxism and back spasms.

The Eclectic physicians introduced Kava into Western medical practice and primarily used it to treat urinary tract pain. It is also a diuretic and urinary antibacterial.

Action, Medical Uses, and Dosage.—The root of Piper methysticum has a plea
bitter and astringent taste, which augments the salivary discharge. It has marke
employed as a pleasant remedy in *bronchitis, rheumatism, gout, gonorrhoea,* and
sudorific. It appears to exert its influence more especially upon diseased mucous
catarrhal affections of various organs, and in *chronic inflammation of the neck of*
the amount taken; in small doses, it is tonic and stimulant; while in large doses i
alcohol, is of a reserved, drowsy character, and attended with confused dreams.
beverage for a considerable length of time, are said to become affected with a dr
becomes more or less obscured. According to Kesteven, leprous ulcerations may
given considerable attention to the therapeutical virtues of this drug, arrives at th
sialagogue, but is not sudorific. In medicinal doses, it acts upon the stomach, sim
without occasioning diarrhoea or constipation, and may prevent catarrhal affectio



KING'S

AMERICAN DISPENSATORY

BY

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ENTIRELY REWRITTEN AND ENLARGED.

NINETEENTH EDITION. THIRD REVISION.

IN TWO VOLUMES.

VOL. I.

CINCINNATI:
THE OHIO VALLEY COMPANY,
317—321 RACE STREET.
1905

Psychopharmacology (Berl). 2009 Aug;205(3):399-407. doi: 10.1007/s00213-009-1549-9. Epub 2009 May 9.

The Kava Anxiety Depression Spectrum Study (KADSS): a randomized, placebo-controlled crossover trial using an aqueous extract of Piper methysticum.

Sarris J[1], Kavanagh DJ, Byrne G, Bone KM, Adams J, Deed G.

⊕ Author information

Abstract

RATIONALE: Piper methysticum (Kava) has been withdrawn in European, British, and Canadian markets due to concerns over hepatotoxic reactions. The WHO recently recommended research into "aqueous" extracts of Kava.

OBJECTIVE: The objective of this study was to conduct the first documented human clinical trial assessing the anxiolytic and antidepressant efficacy of an aqueous extract of Kava.

DESIGN AND PARTICIPANTS: The Kava Anxiety Depression Spectrum Study was a 3-week placebo-controlled, double-blind crossover trial that recruited 60 adult participants with 1 month or more of elevated generalized anxiety. Five Kava tablets per day were prescribed containing 250 mg of kavalactones/day.

RESULTS: The aqueous extract of Kava reduced participants' Hamilton Anxiety Scale score in the first controlled phase by -9.9 (CI = 7.1, 12.7) vs. -0.8 (CI = -2.7, 4.3) for placebo and in the second controlled phase by -10.3 (CI = 5.8, 14.7) vs. +3.3 (CI = -6.8, 0.2). The pooled effect of Kava vs. placebo across phases was highly significant ($p < 0.0001$), with a substantial effect size (d = 2.24, eta(2)(p)). Pooled analyses also revealed highly significant relative reductions in Beck Anxiety Inventory and Montgomery-Asberg Depression Rating Scale scores. The aqueous extract was found to be safe, with no serious adverse effects and no clinical hepatotoxicity.

CONCLUSIONS: The aqueous Kava preparation produced significant anxiolytic and antidepressant activity and raised no safety concerns at the dose and duration studied. Kava appears equally effective in cases where anxiety is accompanied by depression. This should encourage further study and consideration of globally reintroducing aqueous rootstock extracts of Kava for the management of anxiety.

J Affect Disord. 2004 Feb;78(2):101-10.

Clinical efficacy of kava extract WS 1490 in sleep disturbances associated with anxiety disorders. Results of a multicenter, randomized, placebo-controlled, double-blind clinical trial.

Lehrl S[1].

⊕ Author Information

Erratum in
J Affect Disord. 2004 Dec;83(2-3):287.

Abstract

BACKGROUND: The aim of the present trial was to investigate the efficacy and safety of kava special extract WS 1490 in patients with sleep disturbances associated with anxiety, tension and restlessness states of non-psychotic origin.

METHODS: In a multicenter, randomized, double-blind clinical study, 61 patients received daily doses of 200 mg WS 1490 or placebo over a period of 4 weeks. Efficacy was measured by the sleep questionnaire SF-B, the Hamilton Anxiety Scale (HAMA), the Bf-S self-rating scale of well-being and the Clinical Global Impressions (CGI) scale.

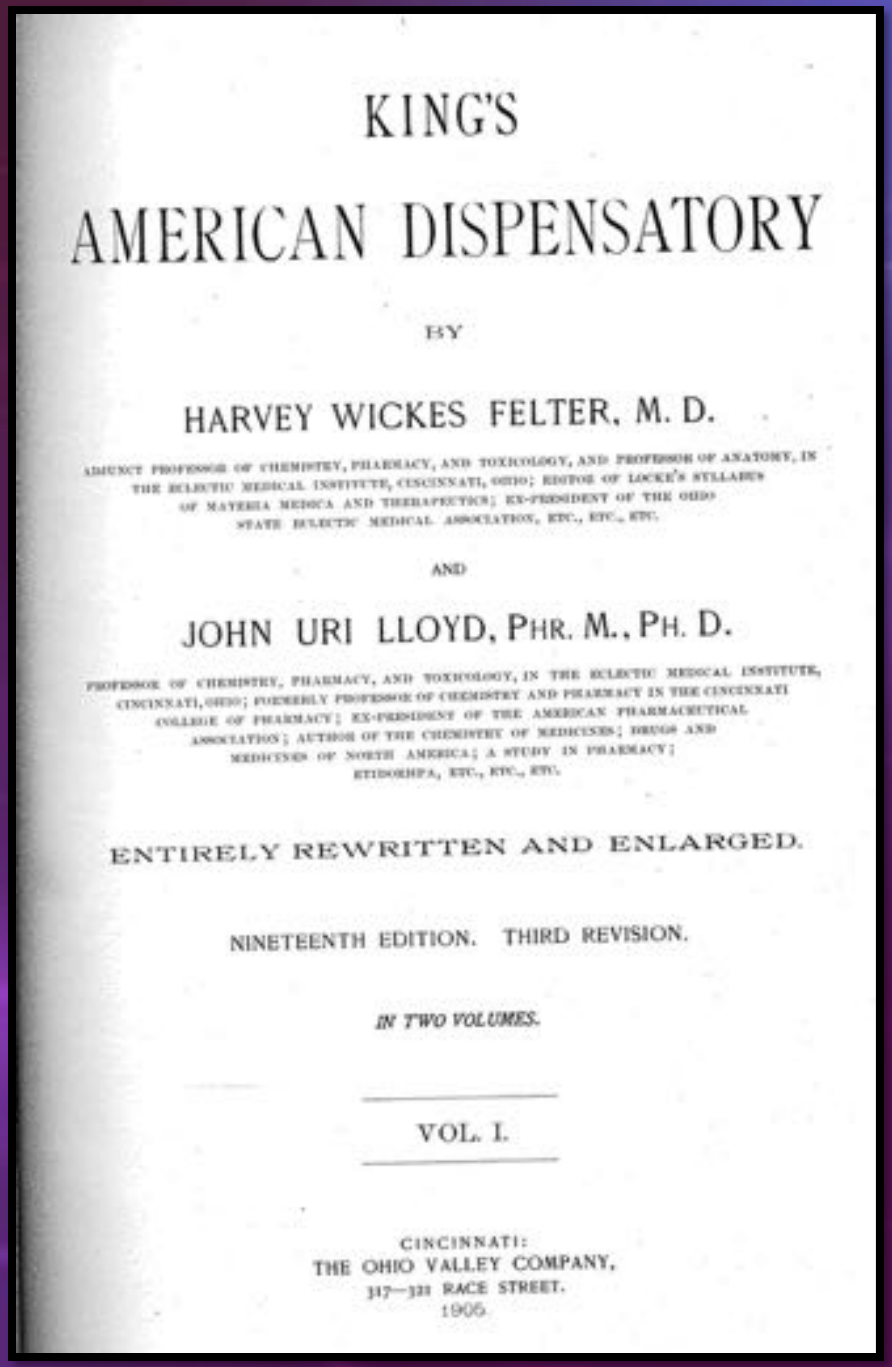
RESULTS: The confirmatory analysis of the two primary efficacy variables, the differences of sleep questionnaire SF-B sub-scores 'Quality of sleep' and 'Recuperative effect after sleep' after 4 weeks of double-blind treatment compared to baseline, demonstrated statistically significant group differences in favor of kava extract WS 1490 (P=0.007 and P=0.018, respectively). Superior effects of kava extract were also present in the HAMA psychic anxiety sub-score (P=0.002). More pronounced effects with respect to the self-rating of well-being and the global clinical evaluation also indicated superior therapeutic efficacy of kava extract. Safety and tolerability were good, with no drug-related adverse events or changes in clinical or laboratory parameters.

CONCLUSIONS: We conclude that sleep disturbances associated with non-psychotic anxiety disorders can be effectively and safely treated with kava extract WS 1490.

Milk Thistle – *Silybum marianum*

Milk Thistle is primarily thought of as a hepatoprotective liver herb. While this is true, it has many other activities as well. Bill Mitchell, N.D. used Milk Thistle seed to treat inflammation of the joints, especially if the wrists were involved. Milk Thistle leaf is a digestive bitter, cholagogue and galactagogue. Standardized Silymarin and Silibinin have antimetastatic, antiangiogenic, antitumor, chemopreventive and proapoptotic effects.

"Congestive conditions of the splenic or portal circulation with a dull, aching splenic pain passing up under the left scapula, with a general sense of fatigue, debility, a sallow face, and irregular appetite". The tincture of the seed is used with Red Root for splenomegaly and with Red Root and Fringe Tree for pancreatitis.



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Prog Neuropsychopharmacol Biol Psychiatry. 2010 Mar 17;34(2):362-5. doi: 10.1016/j.pnpbp.2009.12.016. Epub 2009 Dec 24.

Comparison of Silybum marianum (L.) Gaertn. with fluoxetine in the treatment of Obsessive-Compulsive Disorder.

Sayyah M[1], Boostani H, Pakseresht S, Malayeri A.

⊕ Author information

Abstract

Obsessive-Compulsive Disorder (OCD) is a common neuropsychiatric condition. Although a variety of pharmaceutical agents is available for the treatment of OCD, psychiatrists often find that many patients cannot tolerate the side effects of these medications; do not respond properly to the treatment; or the medications lose their effectiveness after a period of treatment. Herbal medicine can be a solution to some of these problems. In fact many herbs with psychotropic effects exist which can have fewer side effects. They can provide an alternative treatment or be used to enhance the effectiveness of conventional anti-obsessive and compulsive symptoms. Silybum marianum (L.) Gaertn. is a well-known medicinal plant with a long history of usage in Iran. This plant is reported to be safe on humans. Our objective in this study was to compare the efficacy of the extract of S.marianum (L.) with fluoxetine in the treatment of OCD. The study was an 8-week pilot double-blind randomized trial. Thirty five adult outpatients who met the DSM-IV-TR criteria for OCD based on the structured clinical interview participated in the trial. The minimum score of Yale-Brown Scale for OCD was 21 for all patients. In this double-blind and randomized trial, patients were randomly assigned to receive either capsule of the extract (600 mg/day) or fluoxetine (30 mg/day) for 8 weeks. The results showed no significant difference between the extract and fluoxetine in the treatment of OCD. There was also no significant difference between the two groups in terms of observed side effects.

Herbalist & Alchemist, Inc.

Cancer. 2010 Jan 15;116(2):506-13. doi: 10.1002/cncr.24723.

A randomized, controlled, double-blind, pilot study of milk thistle for the treatment of hepatotoxicity in childhood acute lymphoblastic leukemia (ALL).

Ladas EJ[1], Kroll DJ, Oberlies NH, Cheng B, Ndao DH, Rheingold SR, Kelly KM.

Author information

Abstract

BACKGROUND: Despite limited preclinical and clinical investigations, milk thistle (MT) is often used for the treatment of chemotherapy-associated hepatotoxicity. Limited treatment options exist for chemotherapy-related hepatoxicity. Given the wide use of MT, the authors investigated MT in both the laboratory and a clinical setting.

METHODS: In a double-blind study, children with acute lymphoblastic leukemia (ALL) and hepatic toxicity were randomized to MT or placebo orally for 28 days. Liver function tests were evaluated during the study period. To assess MT in vitro, the authors evaluated supratherapeutic concentrations in an ALL cell line.

RESULTS: Fifty children were enrolled. No significant differences in frequency of side effects, incidence and severity of toxicities, or infections were observed between groups. There were no significant changes in mean amino alanine transferase (ALT), aspartate amino transferase (AST), or total bilirubin (TB) at Day 28. At Day 56, the MT group had a significantly lower AST (P = .05) and a trend toward a significantly lower ALT (P = .07). Although not significantly different, chemotherapy doses were reduced in 61% of the MT group compared with 72% of the placebo group. In vitro experiments revealed no antagonistic interactions between MT and vincristine or L-asparaginase in CCRF-CEM cells. A modest synergistic effect with vincristine was observed.

CONCLUSIONS: In children with ALL and liver toxicity, MT was associated with a trend toward significant reductions in liver toxicity. MT did not antagonize the effects of chemotherapy agents used for the treatment of ALL. Future study is needed to determine the most effective dose and duration of MT and its effect on hepatotoxicity and leukemia-free survival.

Phytomedicine. 2009 May;16(5):391-400. doi: 10.1016/j.phymed.2009.02.002. Epub 2009 Mar 19.

A randomized controlled trial to assess the safety and efficacy of silymarin on symptoms, signs and biomarkers of acute hepatitis.

El-Kamary SS[1], Shardell MD, Abdel-Hamid M, Ismail S, El-Ateek M, Metwally M, Mikhail N, Hashem M, Mousa A, Abou-Fotouh A, El-Kassas M, Esmat G, Strickland GT.

Author information

Abstract

PURPOSE: Milk thistle or its purified extract, silymarin (Silybum marianum), is widely used in treating acute or chronic hepatitis. Although silymarin is hepatoprotective in animal experiments and some human hepatotoxic exposures, its efficacy in ameliorating the symptoms of acute clinical hepatitis remains inconclusive. In this study, our purpose was to determine whether silymarin improves symptoms, signs and laboratory test results in patients with acute clinical hepatitis, regardless of etiology.

METHODS: This is a randomized, placebo-controlled trial in which participants, treating physicians and data management staff were blinded to treatment group. The study was conducted at two fever hospitals in Tanta and Banha, Egypt where patients with symptoms compatible with acute clinical hepatitis and serum alanine aminotransferase (ALT) levels >2.5 times the upper limit of normal were enrolled. The intervention consisted of three times daily ingestion of either a standard recommended dose of 140 mg of silymarin (Legalon, MADAUS GmbH, Cologne, Germany), or a vitamin placebo for four weeks with an additional four-week follow-up. The primary outcomes were symptoms and signs of acute hepatitis and results of liver function tests on days 2, 4 and 7 and weeks 2, 4, and 8. Side-effects and adverse events were ascertained by self-report.

RESULTS: From July 2003 through October 2005, 105 eligible patients were enrolled after providing informed consent. No adverse events were noted and both silymarin and placebo were well tolerated. Patients randomized to the silymarin group had quicker resolution of symptoms related to biliary retention: dark urine ($p=0.013$), jaundice ($p=0.02$) and scleral icterus ($p=0.043$). There was a reduction in indirect bilirubin among those assigned to silymarin ($p=0.012$), but other variables including direct bilirubin, ALT and aspartate aminotransferase (AST) were not significantly reduced.

CONCLUSIONS: Patients receiving silymarin had earlier improvement in subjective and clinical markers of biliary excretion. Despite a modest sample size and multiple etiologies for acute clinical hepatitis, our results suggest that standard recommended doses of silymarin are safe and may be potentially effective in improving symptoms of acute clinical hepatitis despite lack of a detectable effect on biomarkers of the underlying hepatocellular inflammatory process.

Phytother Res. 2006 Dec;20(12):1036-9.

The efficacy of Silybum marianum (L.) Gaertn. (silymarin) in the treatment of type II diabetes: a randomized, double-blind, placebo-controlled, clinical trial.

Huseini HF[1], Larijani B, Heshmat R, Fakhrzadeh H, Radjabipour B, Tolat T, Raza M

Author information

Abstract

Oxidative stresses are increasingly implicated in the pathogenesis of diabetic complications which may either cause direct pancreatic beta-cell damage or lead to metabolic abnormalities that can induce or aggravate diabetes. The valuable effect of antioxidant nutrients on the glycemic control of diabetic patients has been reported in experimental and clinical studies. The present study was designed to investigate the effects of the herbal medicine, Silybum marianum seed extract (silymarin), which is known to have antioxidant properties on the glycemic profile in diabetic patients. A 4-month randomized double-blind clinical trial was conducted in 51 type II diabetic patients in two well-matched groups. The first group (n = 25) received a silymarin (200 mg) tablet 3 times a day plus conventional therapy. The second group (n = 26) received the same therapy but a placebo tablet instead of silymarin. The patients were visited monthly and glycosylated hemoglobin (HbA(1)c), fasting blood glucose (FBS), insulin, total cholesterol, LDL and HDL, triglyceride, SGOT and SGPT levels were determined at the beginning and the end of the study. The results showed a significant decrease in HbA(1)c, FBS, total cholesterol, LDL, triglyceride SGOT and SGPT levels in silymarin treated patients compared with placebo as well as with values at the beginning of the study in each group. In conclusion, silymarin treatment in type II diabetic patients for 4 months has a beneficial effect on improving the glycemic profile.

NETTLE LEAF/ROOT/SEED – *URTICA DIOICA*

Nettle leaf is a nutritive pot herb, aquaretic, antiarthritic and antihistamine. The leaf is also a skin herb, used for skin that looks or feels like paper and tears and bleeds easily. Nettle seed is a kidney trophorestorative, helpful for degenerative kidney disease, glomerulonephritis and chronic nephritis with degeneration.

Pak J Biol Sci. 2012 Jan 15;15(2):98-102.

The effect of hydro alcoholic nettle (Urtica dioica) extract on oxidative stress in patients with type 2 diabetes: a randomized double-blind clinical trial.

Namazi N[1], Tarighat A, Bahrami A.

⊕ Author information

Abstract

Diabetes type 2 is a metabolic disorder that characterized by hyperglycemia and insulin resistance. Hyperglycemia and impairment of oxidant/antioxidant balance, can increase oxidative stress and increase risk of cardiovascular disease. In the present study, Effects of hydro alcoholic extract of Nettle on oxidative stress in type 2 diabetes were evaluated. Fifty patients (27 men, 23 women) with type 2 diabetes patients were studied. They received 100 mg kg(-1) of nettle extract of body weight hydro alcoholic for 8 weeks. At the baseline and end of 8th weeks of intervention blood levels of oxidative stress markers were measured. Data was analyzed by SPSS version 18, $p < 0.05$ was considered significant for all variables. After 8 weeks, Total Antioxidant Capacity (TAC) and Superoxidant Dismutase (SOD) showed a significant increase in the intervention group compared to the control group ($p < 0.05$). The findings showed that the hydro alcoholic extract of nettle has increasing effects on TAC and SOD in patients with type 2 diabetes without no changes in Malondialdehyde (MDA) and Glutathione Peroxides (GPX) after eight weeks intervention.

Clin Lab. 2013;59(9-10):1071-6.

Improved glycemic control in patients with advanced type 2 diabetes mellitus taking Urtica dioica leaf extract: a randomized double-blind placebo-controlled clinical trial.

Kianbakht S[1], Khalighi-Sigaroodi F, Dabaghian FH.

Author information

Abstract

BACKGROUND: Advanced type 2 diabetes mellitus (T2DM) needing insulin therapy is common. Most conventional anti-hyperglycemic drugs have limited efficacies and significant side effects, so that better anti-hyperglycemic agents are needed. Urtica dioica L. (nettle) leaves have insulin secretagogue, PPARgamma agonistic, and alpha-glucosidase inhibitory effects. Moreover, nettle leaves are used in traditional medicine as an anti-hyperglycemic agent to treat diabetes mellitus. Thus, efficacy and safety of nettle in the treatment of patients with advanced type 2 diabetes mellitus needing insulin were studied.

METHODS: In this randomized double-blind placebo-controlled clinical trial, we evaluated the effects of taking nettle leaf extract (one 500 mg capsule every 8 hours for 3 months) combined with the conventional oral anti-hyperglycemic drugs on the blood levels of fasting glucose, postprandial glucose, glycosylated hemoglobin (HbA1c), creatinine and liver enzymes SGOT and SGPT, and systolic and diastolic blood pressures in 46 patients and compared with the placebo group (n = 46).

RESULTS: At the endpoint, the extract lowered the blood levels of fasting glucose, 2 hours postprandial glucose, and HbA1c significantly ($p < 0.001$, $p = 0.009$, and $p = 0.006$, respectively) without any significant effects on the other parameters ($p > 0.05$) compared with placebo.

CONCLUSIONS: Nettle may safely improve glycemic control in type 2 diabetic patients needing insulin therapy.

Pak J Biol Sci. 2011 Aug 1;14(15):775-9.

The effect of hydro alcoholic Nettle (Urtica dioica) extracts on insulin sensitivity and some inflammatory indicators in patients with type 2 diabetes: a randomized double-blind control trial.

Namazi N[1], Esfanjani AT, Heshmati J, Bahrami A.

⊕ Author information

Abstract

Type 2 diabetes is a metabolic disorder that is strongly associated with cardiovascular risk. Inflammation is a potential risk factor for cardiovascular disease. In this study, hydro alcoholic extract of Nettle (Urtica dioica) on insulin sensitivity and some inflammatory indicators in type 2 diabetic patients were studied. A randomized double-blind clinical trial on 50 men and women with type 2 diabetes was done for 8 weeks. Patients were adjusted by age, sex and duration of diabetes, then randomly divided into two groups, an intervention and control group. They received, 100 mg kg-1nettle extract or placebo in three portions a day for 8 weeks. Interleukin 6 (IL-6), Tumor Necrosis Factor-alpha (TNF-alpha), High Sensitive C-Reactive protein (hs-CRP) and Fasting Insulin concentration were measured. Insulin Sensitivity was calculated, at the beginning and the end of the study. The data were analyzed by SPSS version 18, $p<0.05$ was considered significant for all variables. After 8 weeks, IL-6 and hs-CRP showed a significant decrease in the intervention group compared to the control group ($p<0.05$). The findings showed that the hydro alcoholic extract of nettle has decreasing effects on IL-6 and hs-CRP in patients with type 2 diabetes after eight weeks intervention.

Urologe A. 2004 Mar;43(3):302-6.

[Stinging nettle root extract (Bazoton-uno) in long term treatment of benign prostatic syndrome (BPS). Results of a randomized, double-blind, placebo controlled multicenter study after 12 months].

[Article in German]

Schneider T[1], Rübben H.

Author information

Abstract

Phytotherapy of BPS has a long tradition in Germany; nevertheless, data referring to single phytotherapeutic agents are rare. We therefore performed a randomized, double-blind, placebo-controlled multicenter study for 1 year with Bazoton uno (459 mg dry extract of stinging nettle roots) with 246 patients. The IPSS decreased on average from 18.7+/-0.3 to 13.0+/-0.5 with a statistically significant difference compared to placebo (18.5+/-0.3 to 13.8+/-0.5; p=0.0233). The median Q(max) increased by 3.0+/-0.4 ml/s in comparison to 2.9+/-0.4 ml/s (placebo), thus not statistically significantly different, as well as the median volume of residual urine, which changed from 35.5+/-3.4 ml before therapy to 20.0+/-2.8 ml and from 40.0+/-4.0 ml to 21.0+/-2.9 ml under placebo application. The number of adverse events (29/38) as well as urinary infections etc. (3/10 events) was smaller under Bazoton uno therapy compared to placebo. Treatment with Bazoton uno can therefore be considered a safe therapeutic option for BPS, especially for reducing irritative symptoms and BPS-associated complications due to the postulated antiphlogistic and antiproliferative effects of the stinging nettle extract. A strong increase of Q(max) or reduction of residual urine are not to be expected.

OLIVE LEAF – *OLEO EUROPAEA*

In the popular literature, Olive leaf is claimed to be a powerful antiviral/antibacterial agent. While this could be true, there are no human or animal studies confirming this use.

Phytomedicine. 2011 Feb 15;18(4):251-8. doi: 10.1016/j.phymed.2010.08.016. Epub 2010 Oct 30.

Olive (Olea europaea) leaf extract effective in patients with stage-1 hypertension: comparison with Captopril.

Susalit E[1], Agus N, Effendi I, Tjandrawinata RR, Nofiarny D, Perrinjaquet-Moccetti T, Verbruggen M.

Author information

Abstract

A double-blind, randomized, parallel and active-controlled clinical study was conducted to evaluate the anti-hypertensive effect as well as the tolerability of Olive leaf extract in comparison with Captopril in patients with stage-1 hypertension. Additionally, this study also investigated the hypolipidemic effects of Olive leaf extract in such patients. It consisted of a run-in period of 4 weeks continued subsequently by an 8-week treatment period. Olive (Olea europaea L.) leaf extract (EFLA(®)943) was given orally at the dose of 500 mg twice daily in a flat-dose manner throughout the 8 weeks. Captopril was given at the dosage regimen of 12.5 mg twice daily at start. After 2 weeks, if necessary, the dose of Captopril would be titrated to 25 mg twice daily, based on subject's response to treatment. The primary efficacy endpoint was reduction in systolic blood pressure (SBP) from baseline to week-8 of treatment. The secondary efficacy endpoints were SBP as well as diastolic blood pressure (DBP) changes at every time-point evaluation and lipid profile improvement. Evaluation of BP was performed every week for 8 weeks of treatment; while of lipid profile at a 4-week interval. Mean SBP at baseline was 149.3±5.58 mmHg in Olive group and 148.4±5.56 mmHg in Captopril group; and mean DBPs were 93.9±4.51 and 93.8±4.88 mmHg, respectively. After 8 weeks of treatment, both groups experienced a significant reduction of SBP as well as DBP from baseline; while such reductions were not significantly different between groups. Means of SBP reduction from baseline to the end of study were -11.5±8.5 and -13.7±7.6 mmHg in Olive and Captopril groups, respectively; and those of DBP were -4.8±5.5 and -6.4±5.2 mmHg, respectively. A significant reduction of triglyceride level was observed in Olive group, but not in Captopril group. In conclusion, Olive (Olea europaea) leaf extract, at the dosage regimen of 500 mg twice daily, was similarly effective in lowering systolic and diastolic blood pressures in subjects with stage-1 hypertension as Captopril, given at its effective dose of 12.5-25 mg twice daily.

J Med Food. 2012 Jul;15(7):605-10. doi: 10.1089/jmf.2011.0243. Epub 2012 Apr 18.

Olive leaf extract as a hypoglycemic agent in both human diabetic subjects and in rats.

Wainstein J[1], Ganz T, Boaz M, Bar Dayan Y, Dolev E, Kerem Z, Madar Z

⊕ Author information

Abstract

Olive tree (Olea europaea L.) leaves have been widely used in traditional remedies in European and Mediterranean countries as extracts, herbal teas, and powder. They contain several potentially bioactive compounds that may have hypoglycemic properties. To examine the efficacy of 500 mg oral olive leaf extract taken once daily in tablet form versus matching placebo in improving glucose homeostasis in adults with type 2 diabetes (T2DM). In this controlled clinical trial, 79 adults with T2DM were randomized to treatment with 500 mg olive leaf extract tablet taken orally once daily or matching placebo. The study duration was 14 weeks. Measures of glucose homeostasis including Hba1c and plasma insulin were measured and compared by treatment assignment. In a series of animal models, normal, streptozotocin (STZ) diabetic, and sand rats were used in the inverted sac model to determine the mechanism through which olive leaf extract affected starch digestion and absorption. In the randomized clinical trial, the subjects treated with olive leaf extract exhibited significantly lower HbA1c and fasting plasma insulin levels; however, postprandial plasma insulin levels did not differ significantly by treatment group. In the animal models, normal and STZ diabetic rats exhibited significantly reduced starch digestion and absorption after treatment with olive leaf extract compared with intestine without olive leaf treatment. Reduced digestion and absorption was observed in both the mucosal and serosal sides of the intestine. Though reduced, the decline in starch digestion and absorption did not reach statistical significance in the sand rats. Olive leaf extract is associated with improved glucose homeostasis in humans. Animal models indicate that this may be facilitated through the reduction of starch digestion and absorption. Olive leaf extract may represent an effective adjunct therapy that normalizes glucose homeostasis in individuals with diabetes.

Saudi Dent J. 2013 Oct; 25(4): 141–147.
Published online 2013 Nov 9. doi: 10.1016/j.sdentj.2013.09.001
PMCID: PMC3871392

The effect of olive leaf extract in decreasing the expression of two pro-inflammatory cytokines in patients receiving chemotherapy for cancer. A randomized clinical trial

Khadija Muhamed Ahmed*

Author information ▶ Article notes ▶ Copyright and License information ▶

Abstract

Go to:

Background

Oral mucositis is the most common side effects of chemotherapy of all cancer with intensive treatments regimen, and is the most common side effects of head and neck radiation therapy. For steam cell transplantation, its also regarded as the most debilitating side effects.

St. John's wort flowering tops – *Hypericum perforatum*

Hypericum is believed by many to be the "depression herb". While it has benefits for some types of depression, it does not work for all types of depression. It is most appropriate for melancholia: a state of disordered digestion with a sour stomach and a sour disposition (hepatic or GI based depression).

St. John's wort flowering tops – *Hypericum perforatum*

For millennia it has been used internally for nerve pain such as peripheral neuropathies, Raynaud's disease, sciatica, phantom limb pain, brachial nerve pain, head trauma, migraines and minor spinal injuries. Hypericum oil is used topically to treat shingles, puncture wounds and other trauma injuries.

CNS Drugs. 2010 Mar;24(3):207-25. doi: 10.2165/11530120-000000000-00000.

The efficacy of Hypericum perforatum (St John's wort) for the treatment of premenstrual syndrome: a randomized, double-blind, placebo-controlled trial.

Canning S[1], Waterman M, Orsi N, Ayres J, Simpson N, Dye L.

Author information

Abstract

BACKGROUND: Premenstrual syndrome (PMS) is a common condition. Some of the most widely prescribed medications are selective serotonin reuptake inhibitors (SSRIs), based on the hypothesized role of serotonin in the production of PMS symptoms. PMS sufferers, especially those experiencing mild to moderate symptoms, are often reluctant to take this form of medication and instead buy over-the-counter preparations to treat their symptoms, for which the evidence base with regard to efficacy is limited. Hypericum perforatum (St John's wort) influences the serotonergic system. As such, this widely available herbal remedy deserves attention as a PMS treatment.

OBJECTIVE: To investigate the effectiveness of Hypericum perforatum on symptoms of PMS.

STUDY DESIGN: This randomized, double-blind, placebo-controlled, crossover study was conducted between November 2005 and June 2007.

SETTING: Institute of Psychological Sciences, University of Leeds, Leeds, UK.

PARTICIPATION: 36 women aged 18-45 years with regular menstrual cycles (25-35 days), who were prospectively diagnosed with mild PMS.

INTERVENTION: Women who remained eligible after three screening cycles (n = 36) underwent a two-cycle placebo run-in phase. They were then randomly assigned to receive Hypericum perforatum tablets 900 mg/day (standardized to 0.18% hypericin; 3.38% hyperforin) or identical placebo tablets for two menstrual cycles. After a placebo-treated washout cycle, the women crossed over to receive placebo or Hypericum perforatum for two additional cycles.

Australas J Dermatol. 2012 May;53(2):131-5. doi: 10.1111/j.1440-0960.2012.00877.x. Epub 2012 Mar 8.

The evaluation of the clinical effect of topical St Johns wort (Hypericum perforatum L.) in plaque type psoriasis vulgaris: a pilot study.

Najafzadeh P[1], Hashemian F, Mansouri P, Farshi S, Surmaghi MS, Chalangari R.

⊕ Author information

Abstract

In this case series, ten patients with plaque-type psoriasis were treated with Hypericum perforatum ointment. The hypericum ointment was applied to one side of each patient's body and the vehicle to the opposite side twice daily for 4 weeks in a single blinded manner. Modified psoriasis area severity index (PASI) scores were significantly lowered where the formulated ointment had been applied. In determining PASI scores, three factors, erythema, scaling and thickness, were evaluated; all were significantly lower where the formulated ointment had been applied (P = 0.01, P = 0.004, P = 0.04). Hypericum perforatum ointment applied twice daily may be effective in reducing PASI scores in mild plaque-type psoriasis, however, further larger studies need be conducted to achieve a more conclusive result.

J Altern Complement Med. 2010 Jan;16(1):113-7. doi: 10.1089/acm.2009.0317.

The effect of Hypericum perforatum on the wound healing and scar of cesarean.

Samadi S[1], Khadivzadeh T, Emami A, Moosavi NS, Tafaghodi M, Behnam HR.

⊕ Author information

Abstract

OBJECTIVE: The aim of this study was to determine the effects of Hypericum perforatum on cesarean wound healing and hypertrophic scar.

DESIGN: This was a randomized, double-blind clinical trial study.

SETTING: The study was conducted in Samen-Ol-Aemmeh (Pbuh) Hospital in Mashhad, Iran.

SUBJECTS: The subjects included 144 women with surgical childbirth who had eligible criteria.

INTERVENTION: The participants were randomly assigned to three groups. The treatment and placebo groups applied H. perforatum or placebo ointment 3 times a day for 16 days based on consecutive coded ointments. The control group remained without any intervention postoperatively.

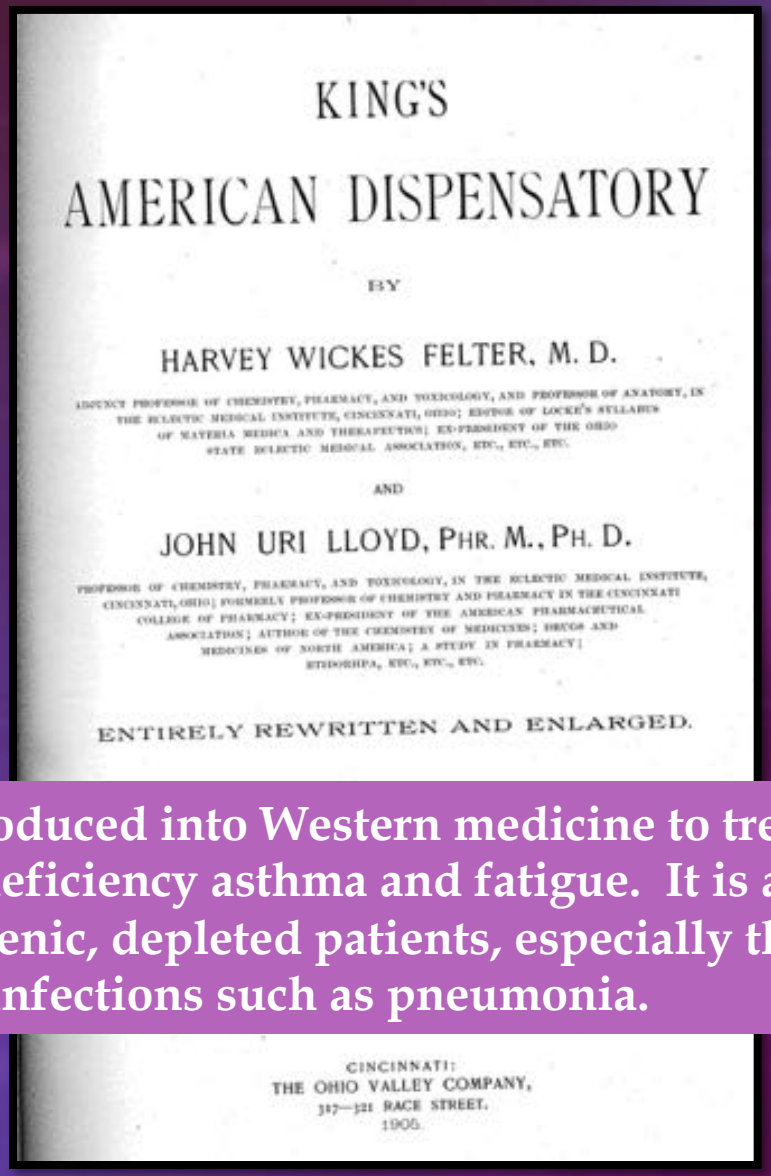
ASSESSMENT: Wound healing was assessed on the 10th day postcesarean using the REEDA scale (REEDA stands for redness, edema, ecchymosis, discharge, and approximation), which had criteria including redness, edema, ecchymosis, discharge, and approximation. On the 40th day, the degree of scarring was assessed using the Vancouver scar scale including pigmentation, height, pliability, and vascularity. The subjects were also asked some questions about pain by using the Visual Analogue Scale and pruritus of scar.

RESULTS: The mean age of all the study subjects was 23.50 +/- 4.03 and mean parity was 1.23 +/- 0.48. There were significant differences in wound healing on the 10th day ($p < 0.005$) and scar formation on the 40th day postpartum ($p < 0.0001$) between treatment group with placebo and control groups. However, the placebo group had no differences in wound healing ($p = 0.93$) and scar formation ($p = 0.11$) with the control group. In addition, significantly lower pain and pruritus were reported by the treatment group compared with the placebo and control groups on the 40th day postpartum.

CONCLUSIONS: Topical application of H. perforatum is safe and can facilitate cesarean wound healing and minimize formation of scar and its pain and pruritus.

Saw Palmetto berries – *Serenoa repens*

Commonly known as the "prostate herb", Saw Palmetto has only modest benefits for BPH. It can be very effective to treat grumpy old man syndrome, pelvic fullness syndrome, interstitial cystitis, uterine fibroids and polycystic ovarian syndrome.



KING'S

AMERICAN DISPENSATORY

BY

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ENTIRELY REWRITTEN AND ENLARGED.

CINCINNATI:
THE OHIO VALLEY COMPANY,
317—321 RACE STREET.
1905.

It was introduced into Western medicine to treat anorexia, cachexia, deficiency asthma and fatigue. It is a remedy for weak, asthenic, depleted patients, especially those getting over lung infections such as pneumonia.

VALERIAN ROOT – *VALERIANA OFFICINALIS*

Is primarily known as a sedative used to help induce sleep. In actuality it is a cerebral stimulant, anxiolytic, antidepressant and antispasmodic and is especially useful for stress-induced GI symptoms.

Phytomedicine. 2008 Jan;15(1-2):2-15.

Extracts of Valeriana officinalis L. s.l. show anxiolytic and antidepressant effects but neither sedative nor myorelaxant properties.

Hattesohl M[1], Feistel B, Sievers H, Lehnfeld R, Hegger M, Winterhoff H.

Author information

Abstract

Extracts of Valeriana officinalis L. s.l. are used for treating mild sleep disorders and nervous tension. Despite intensive research efforts, the pharmacological actions accounting for the clinical efficacy of valerian remain unclear. Thus, it was the aim of this study to evaluate CNS-related effects of different valerian extracts using behavioral paradigms (mice and rats). Following oral administration two commercially available preparations (extraction solvents: 45% methanol m/m and 70% ethanol v/v), a 35% ethanolic v/v extract and a refined extract derived from it (patented special extract phytofin Valerian 368) were tested for sedative (locomotor activity, ether-induced anaesthesia) and anxiolytic (elevated plus maze) activity. Using the forced swimming and the horizontal wire test the latter two extracts were additionally tested for antidepressant and myorelaxant properties. Up to maximum dosages of 500 or 1000 mg/kg bw none of the valerian extracts displayed sedative effects. Neither spontaneous activity was reduced nor the duration of ether-induced narcosis was prolonged. In contrast, results obtained in the elevated plus maze test revealed a pronounced anxiolytic effect of the 45% methanolic and 35% ethanolic extract as well as of phytofin Valerian 368 in a dose range of 100-500 mg/kg bw. Additionally and different from its primary extract (35% ethanolic extract) phytofin Valerian 368 showed antidepressant activity in the forced swimming test after subacute treatment. Myorelaxant effects were not observed in dosages up to 1000 mg/kg bw. Due to these findings it is proposed that not sedative but anxiolytic and antidepressant activity, which was elaborated particularly in the special extract phytofin Valerian 368, considerably contribute to the sleep-enhancing properties of valerian.

Iran J Pharm Res. 2013 Winter;12(1):217-22.

The effects of valerian root on hot flashes in menopausal women.

Mirabi P, Mojab F.

Abstract

Hot flash is among the most common complaints of menopausal women, affecting their career, social activities and quality of life. This study aimed to investigate the effects of Valerian on hot flashes in menopausal women. In this double blind clinical trial, 68 menopausal women with the chief complaint of hot flash were enrolled using sampling at hand and were randomly divided into drug and placebo groups. The women in the drug group were prescribed 255 mg Valerian capsules 3 times a day for 8 weeks. The women in the placebo group were prescribed identical capsules filled with starch. Then, severity and frequency of hot flashes were measured and recorded through questionnaires and information forms in three levels (2 weeks before, four and eight weeks after the treatment). The Severity of hot flashes revealed a meaningful statistical difference pre- and post-Valerian treatment ($p < 0.001$) while this difference was not meaningful in the placebo group. Further, the comparison of the two groups regarding the severity of hot flash after the treatment showed a meaningful statistical difference ($p < 0.001$). Valerian has also led to a reduction of hot flash frequencies 4 and 8 weeks after the treatment ($p < 0.001$) but this difference was not meaningful in drug like group. Valerian can be effective in treatment of menopausal hot flash and that it can be considered as a treatment of choice for reduction of hot flashes among the women who are reluctant to receive hormone therapy due to fear or any other reason.

J Complement Integr Med. 2011 Oct 11;8. pii: /j/jcim.2011.8.issue-1/1553-3840.1465/1553-3840.1465.xml. doi: 10.2202/1553-3840.1465.

Extract of valerian root (Valeriana officinalis L.) vs. placebo in treatment of obsessive-compulsive disorder: a randomized double-blind study.

Pakseresht S[1], Boostani H, Sayyah M.

Author information

[1]Jundishapur University of Medical Sciences.

Abstract

OBJECTIVE: Obsessive-Compulsive Disorder (OCD) is a common neuropsychiatric condition. Many herbs with psychotropic effects exist which can have fewer side effects compared to more conventional medications. Valeriana Officinalis L. is a well-known medicinal plant with a long history of usage in the world with an effect on GABA. This plant is reported to be safe on humans. Our objective in this study was to compare the efficacy of the extract of Valeriana Officinalis L. with placebo in the treatment of OCD.

METHODS: The study was an 8-week pilot double-blind randomized trial. Thirty-one adult outpatients who met the DSM-IV-TR criteria for OCD based on the structured clinical interview participated in the trial. In this double-blind and randomized trial, patients were randomly assigned to receive either capsule of the extract (765 mg/day) or placebo (30 mg/day) for 8 weeks.

RESULTS: The results showed significant difference between the extract and placebo in the end of treatment (P=0.000). Somnolence was the only significant difference between the two groups in terms of observed side effects (P=0.02).

CONCLUSION: The results suggest that Valeriana Officinalis L. has some antiobsessive and compulsive effects. However, further studies are needed to confirm these findings. Psychiatrists often find that many patients cannot tolerate the side effects of psychiatry medicine Valeriana Officinalis L. is a well-known medicinal plant with a long history of usage in world with effect on GABA.The results showed significant difference between the extract and placebo in the treatment of OCD. There was also no significant difference between the two groups in terms of observed side effects.

Menopause. 2011 Sep;18(9):951-5. doi: 10.1097/gme.0b013e31820ce9acf.

Effect of valerian on sleep quality in postmenopausal women: a randomized placebo-controlled clinical trial.

Taavoni S[1], Ekbatani N, Kashaniyan M, Haghani H.

Author information

Abstract

OBJECTIVE: Sleep disturbances reduce the quality of life. About 50% of postmenopausal women experience sleep disturbances such as insomnia. Complementary and alternative medical therapies may be useful for the management of sleep disturbances among postmenopausal women. The aim of the present study was to evaluate the effects of valerian extract taken nightly on the improvement of sleep quality in postmenopausal women experiencing insomnia.

METHODS: A randomized, triple-blind, controlled trial design was used for this study. Participants consisted of 100 postmenopausal women aged 50 to 60 years who were experiencing insomnia. A demographic data form and the Pittsburgh Sleep Quality Index were used to collect data. The women were randomly divided into two groups. Each group received either 530 mg of concentrated valerian extract or a placebo twice a day for 4 weeks. Descriptive and inferential statistics were used to analyze the data.

RESULTS: A statistically significant change was reported in the quality of sleep of the intervention group in comparison with the placebo group ($P < 0.001$). Also, 30% of the participants in the intervention group and 4% in the placebo group showed an improvement in the quality of sleep ($P < 0.001$).

CONCLUSIONS: Valerian improves the quality of sleep in women with menopause who are experiencing insomnia. Findings from this study add support to the reported effectiveness of valerian in the clinical management of insomnia.

WORMWOOD HERB – *ARTEMISIA ABSINTHIUM*

This European herb has a long history of use as a bitter tonic, cholagogue and antiparasitic herb.

Antidepressant and antioxidant activities of Artemisia absinthium L. at flowering stage

M Mahmoudi, MA Ebrahimzadeh, F Ansaroudi, SF Nabavi, SM Nabavi

Abstract

Artemisia absinthium (Asteraceae) is widely used in Iranian traditional medicine. Its effects may be correlated with the presence of antioxidant compounds. Methanolic extract of A. absinthium aerial part at flowering stage was screened for antioxidant activities by five complementary test systems. Also, its antidepressant activity was determined by forced swimming (FST) and tail suspension tests (TST). The extract showed good antioxidant activity. Also, the extract showed good reducing power activity
between 50 and 800 lgml-1. The extract exhibited a good activity in H2O2 scavenging (IC50 = 243 ± 12.15 lg ml-1). IC50 for iron ion chelating activity was 419 ± 20.95 lg ml-1. Quercetin, BHA, EDTA and ascorbic
acid used as positive controls in parallel experiments. The extract showed high phenolic and flavonoid contents. Extract showed good antidepressant activity in FST. The extract shortened remarkably the immobility period during the FST and TST and exhibited a dose dependent activity. All test groups were significantly different form control group ($P < 0.001$). Extract at 500 mg kg-1 showed similar activity as imipramine 10 mg kg-1 ($p > 0.05$) in TST. LD50 was 3700 mg/kg. These results introduced A. absinthium aerial parts as an easily accessible and edible source of natural antioxidants and antidepressant.

Phytomedicine. 2010 Apr;17(5):305-9. doi: 10.1016/j.phymed.2009.10.013. Epub 2009 Dec 3.

Wormwood (Artemisia absinthium) suppresses tumour necrosis factor alpha and accelerates healing in patients with Crohn's disease - A controlled clinical trial.

Krebs S[1], Omer TN, Omer B.

Author information

Abstract

Suppression of tumour necrosis factor alpha (TNF-alpha) and other interleukins by wormwood (Artemisia absinthium) extracts were reported recently in in vitro studies. The aim of the present study was to find out if this effect can be also be observed in Crohn's Disease (CD) patients where TNF-alpha appears to play an important role. In a controlled trial, 10 randomly selected patients suffering from CD were given in addition to their basic CD therapy 3x750mg dried powdered wormwood for 6 weeks. Ten patients, also randomly selected who met the inclusion criteria served as control group. Minimum score of 200 on Crohn's Disease Activity Index (CDAI) was required at baseline for inclusion in each group. Patients who received infliximab or similar were excluded from the trial. TNF-alpha level in serum were measured at baseline, and after three and six weeks. During this period all concomitant CD medications was maintained at the baseline dose levels. Average serum TNF-alpha level fell from 24.5+/-3.5pg/ml at baseline to 8.0+/-2.5pg/ml after six weeks. The corresponding levels in the control group were 25.7+/-4.6 (week 0), and 21.1+/-3.2 (week 6). On the clinical side, CDAI scores fell from 275+/-15 to below 175+/-12 in wormwood group with remission of symptoms in eight patients (CDAI score below 170 or reduction by 70 points), compared to only two in the placebo group (CDAI of placebo group 282+/-11 at baseline and 230+/-14 on week 6). IBDQ also reflected accelerated clinical response with wormwood. Of clinical significance were the findings that wormwood also improved mood of the CD patients, as reflected in Hamilton's Depression Scale. These findings provide a base to test wormwood in clinical conditions thought to be mediated by increased production of pro-inflammatory cytokines such as TNF-alpha.

Phytomedicine. 2007 Feb;14(2-3):87-95. Epub 2007 Jan 19.

Steroid-sparing effect of wormwood (Artemisia absinthium) in Crohn's disease: a double-blind placebo-controlled study.

Omer B[1], Krebs S, Omer H, Noor TO.

Author information

Abstract

In this double-blind study carried out at five sites in Germany, 40 patients suffering from Crohn's disease receiving a stable daily dose of steroids at an equivalent of 40 mg or less of prednisone for at least 3 weeks were administered a herbal blend containing wormwood herb (3 x 500 mg/day) or a placebo for 10 weeks. Besides steroids, 5-aminosalicylates, if dose remained constant for at least 4 weeks prior to entering the trial and/or azathioprine, stable dose for at least 8 weeks, or methotrexate, stable dose for at least 6 weeks, were permitted as concomitant medications. The recruited 40 patients - 20 in each treatment group, were evaluated with the help of a Crohn's Disease Activity Index (CDAI) questionnaire, an Inflammatory Bowel Disease Questionnaire (IBDQ), the 21-item Hamilton Depression Scale (HAMD) and an 8-item Visual Analogue Scale (VA-Scale) in 2-week intervals during the first 10 study weeks, and then at week 12, 16 and 20, which were the trial-medication free observation periods. The initial stable dose of steroids was maintained until week 2, after that a defined tapering schedule was started so that at the start of week 10 all the patients were free of steroids. At the end of week 10 the trial medication was also discontinued. The concomitant medications were maintained at the same dose levels till the end of the observation period that was the end of week 20. There was a steady improvement in CD symptoms in 18 patients (90%) who received wormwood in spite of tapering of steroids as shown by CDA-Index, IBDQ, HAMD, and VAS. After 8 weeks of treatment with wormwood there was almost complete remission of symptoms in 13 (65%) patients in this group as compared to none in the placebo group. This remission persisted till the end of the observation period that was week 20, and the addition of steroids was not necessary. In two (10%) patients did the re-starting of corticoids become necessary? On the other hand, the CD conditions of the patients who received the placebo deteriorated after the tapering of steroids, and re-starting steroids became necessary in 16 (80%) patients in this group after week 10. These results strongly suggest that wormwood has a steroid sparing effect. The improvements in HAMD scores indicate that wormwood also has an effect on the mood and quality of life of CD patients, which is not achieved by other standard medications.

Ahmad, F., Khan, R.A., et al, Study of Analgesic and Antiinflammatory Activity From Plant Extracts of Lactuca serriola and Artemisia absinthium, J Islam Acad Sci, 1992;5(2):111-4