Select Herbals Proposed as Beneficial in the Eradication of Small Intestinal Bacterial Overgrowth

By: Rachel Olivier, MS, ND, PhD

The small intestines begin at the duodenum, into which food from the stomach empties, followed by the jejunum, and finally the ileum, with the complete length being approximately twenty-one feet. The primary function of the small intestines is to digest and absorb food, and unlike the large intestines, the small intestines typically contain a low amount of microorganisms. In fact, according to Levitt¹, the primary site of hydrogen peroxide production by bacterial fermentation is limited to the distal gut, with the duodenum and jejunum being primarily sterile.

Small intestinal bacterial overgrowth (SIBO) refers to a condition in which abnormally large numbers of bacteria are present in the small intestine. According to most experts, the gold standard in the diagnosis of SIBO is a bacterial count greater than 10^5 CFUs/mL by small bowel culture.² In SIBO, as opposed to what would typically constitute the small intestine, the types of bacteria present typically resemble the bacteria of the colon. As a result of the presence of these bacteria in the small intestines, nutrient breakdown results in damage to the cells that line the intestinal wall, in turn making it more difficult for the body to properly absorb these nutrients. In addition, increased intestinal gas may be localized to the small, rather than the large intestine, resulting in abnormal gas retention.^{2, 3} According to Park H,⁴ SIBO is a hot topic of interests because of its potential role in the development of irritable bowel syndrome (IBS). In fact, the probability of SIBO being a major pathogenic mechanism underlying IBS has been proposed.⁵ In patients with IBS, coupled with a high degree of bloating and flatulence, SIBO has been documented in a substantial percentage of these patients,⁶ noted to be as high as 84% in patients with abnormal breath tests.⁷

The most common symptoms of small intestinal bacterial overgrowth include abdominal fullness, abdominal pain, cramps, bloating, and watery diarrhea.⁸ Other symptoms may include flatulence, abdominal discomfort, steatorrhea, and weight loss, as well as associated micronutrient deficiencies in vitamins B₁₂, A, D, and E, as well as iron, thiamine, and vitamin B₃. Abnormal motility in the small intestines has also been implicated in patients with SIBO, which is proposed to occur due to reduced activity in the major migrating complex (MMC). "The MMC includes a period of powerful, lumenobliterating contractions that propagates from the stomach or duodenum distally to the terminal ileum (phase III of MMC, also termed the intestinal housekeeper wave)."^{3, 9} In addition to abnormal motility, bacterial translocation is also a known complication of SIBO. Translocation involves the "movement of gut bacteria from the lumen across the mucosal barrier,"^{3, 10} resulting in immune activation. The hydrogen breath test is the most common indirect method for evaluating SIBO, as small bowel culture via jejunal aspirate is invasive, time-consuming, and has a high potential for contamination.⁴

There are a number of herbs recognized as beneficial agents in eradication of non-commensal bacteria, as well as in promoting the synergistic healing of damaged intestinal tissue. Subsequently, these herbs may assist in promoting the healing of the gastrointestinal tract, resulting in the elimination of non- commensal flora. These herbs include:

Dill (*Anethum graveolens***)**(seeds) – As a popular flavoring agent, dill has a history of use as an aromatic herb and spice exceeding 2000 years.¹¹ It is said to have a calming effect on both the autonomic nervous and digestive systems, as well as having carminative and stomachic properties.¹² It is also indicated as a diuretic, antispasmodic and antibacterial agent, an expectorant, and as a pancreatic stimulant.¹³

The fruit seed contains 1-4% essential oil, of which the primary compounds are corvone, limonene and α -phellandrene, representing 30-60%, 33% and 21%, respectively. ^{11, 14} Potent antibacterial activity has been demonstrated with both aqueous and organic extracts of the seeds.^{15, 16, 17} The compounds and D-limonene D-carvone, have been demonstrated to possess strong activity against the species Aspergillus niger, Saccharomyces cerevisiae and Candida albicans.^{18, 19, 20} Its activity against both Gram negative and Gram positive bacteria, as well as fungi and molds has also been demonstrated.²¹ Aside from its beneficial attributes towards eradicating these species, its primary use is for the calming action it exerts on the digestive system, which aids in reducing gastrointestinal irritation.

Stemona sessilifolia (root) - The active principals of *Stemona* are alkaloids. These alkaloids exert antifungal, antibacterial, and pesticidic properties. It is typically indicated for acute and chronic cough; cough in phthisis (wasting syndrome), whooping cough, cough occurring with or after the common cold, and for cough due to exopathogens. Its action is said to be warm in nature, rather than dry, and its use is considered calming to the entire respiratory center. It also has proven effectiveness for the eradication of louse, parasites,²² and worms (pinworms).^{23, 24, 25}

Artemisia absinthium, Wormwood (shoot, leaf) – In Traditional Chinese Medicine (TCM) Artemisia has been used as an antiparasitic agent for more than 1,000 years,²⁶ as well as an antihelmintic since primordial times. Its parasitic properties are attributed partially to its α -santonin content.²⁷ It is also regarded as a potent and rapidly acting antimalarial herb.^{28, 29} Its primary actions are noted to include cholagogue (inducing bile flow), digestive, appetite stimulating and wound healing, of which all are attributed to its essential oils and amaroids.³⁰ Following ingestion, the artemisinins are rapidly absorbed and subsequently penetrate the blood-brain barrier, and as in the case of malaria, accumulate into parasite infected erythrocytes. In turn these parasite infected erythrocytes are phagocytized by the leukocytes, thus subsequently eliminated.

In addition to its antiparasitic properties, the essential oil also possesses antimicrobial activity. *In vitro*, its use has been demonstrated to retard the growth of the parasite *Plasmodium falciparum*,³¹ and has a confirmed 94.5% success rate in hookworm eradication.³⁰ It has also been demonstrated to exhibit hepatoprotective activities, partially via its inhibition of microsomal drug metabolizing enzymes (MDME).³²

Artemisia intake has also been demonstrated to have an action in the stimulation of the bitter receptors in the taste buds of the tongue, which in turn triggers a reflexive increase in stomach acid secretion. With intake a significant increase in the production of alpha-amylase, lipase, and other digestive secretions has been demonstrated.³³ Bitter taste receptor activation has been associated with a rapid change in the level of second messengers. Recent research has correlated the ingestion of bitter stimuli with an initiation of both cellular and molecular responses in the endocrine cells of the GI tract, postulating that "some elements of taste-specific signaling are operative in enteroendocrine cells."³⁴

Brucea javanica (fruit) – The active constituents of Brucea javanica are the quassinoid compounds bruceantin and brucein C.³⁵ It possesses properties designated as beneficial to multiple bodily systems, including the digestive and circulatory systems, and the large intestines. Both the roots and fruits of Brucea javanica are used as popular agents against diarrhea, dysentery, and fever.³⁶ In vitro studies have verified that Brucea javanica extracts are effective as amoebicides,³⁷ and clinical studies have shown it to be an effective agent in the treatment of amoebic dysentery^{38, 39} and malaria.⁴⁰ In animal studies B. javanica has been demonstrated to play a role in immunological regulation, as evidenced by its killing effect on the cysts associated with Pneumocystis carnii pneumonia.⁴¹ Other reports have illustrated its activity against various noncommensal organisms including Shigella species (S. shiga, S. flexneri, S. boydii), Salmonella species (S. lexington, S. derby, S. typhi type II) and Vibrio

species (V. cholerae, V. inaba and V. cholerae ogawa).⁴²

Pulsatilla chinensis (rhizome) – The root (rhizome) of Pulsatilla chinensis has been described as possessing anodyne (pain relieving), antiinflammatory, antispasmodic, astringent, and sedative properties.^{43, 44, 45} It is noted as an effective agent for bacterial and amoebic dysentery,44,45 and is traditionally used in the treatment of malaria, nose bleeds, and hemorrhoids. It is also used externally to treat infestation with *Trichomonas* vaginitis,^{44, 33} and believed to clear toxicity and lower fever.⁴⁶ The active compound in the root is the lactone protoanemonin, which is recognized as agent.³³ the bactericidal

Picrasma excelsa (bark) - Also referred to as Quassia, is considered a powerful simple bitter, hence its use as a digestive aide. The two main ingredients are quassin and neoquassin. Traditional use is as a remedy for roundworms, as an insecticide, and as a remedy for headlice. It is also used as a remedy for digestive disorders, and for parasites.⁴⁷ Orally it is used for anorexia, indigestion, constipation, fever, or as an anthelmintic for thread worms, nematodes, and ascaris.⁴⁸ A recent study with P. excelsa noted a moderate inhibition of the cytochrome P450 (CYP) enzyme 1A1. This enzyme is a known activator of carcinogens.49

Acacia catechu (stem) – The herb *Acacia catechu* is typically utilized for its astringent and antioxidant properties. The catechins isolated from this herb have significant antioxidant and antimicrobial properties. In many parts of the world chewing sticks are made out of the stem, and because of its antimicrobial properties it is considered a valuable component for dental care.⁵⁰ The chief phytoconstituents of the heartwood are catechin and epicatechin.

Hedyotis diffusa (whole herb)– *Hedyotis diffusa* is one of the most popular herbs used in traditional Chinese medicine (TCM). It has been demonstrated to possess antioxidant,⁵¹ anti-inflammatory, hepatoprotective,⁵² neuroprotective,⁵³ and antitumor

properties.⁵⁴ Its active principles include anthraquinones,^{55, 56} iridoid glucosides,^{53, 51} triterpenoids,⁵⁷ and flavonoids.^{53, 51}

Yarrow (Achillea millefolium) (leaf, flower) - The indications for the use of Yarrow, as approved by the German Commission E include loss of appetite, dyspeptic complaints and liver/gallbladder issues. The actions of its flavonoids are indicated as cholagogic (bile flow stimulant), and as a vitalizer in increasing the production of stomach acid. It also possesses both anti-edema and anti-inflammatory attributes.³⁰ Yarrow is recognized for its relaxant property on smooth muscles, thus may aide with the relief of stomach cramps⁵⁸ associated with dysbiosis. In one study utilizing Yarrow, an anti-Staphylococcal activity was demonstrated.⁵⁹ In Europe, yarrow is mainly used as a digestive aid, often in combination with mint.⁶⁰ It also aids in the relief of gas and bloating (carminative), improves appetite and alleviates gastric insufficiency and distress (stomachic), and promotes the flow of bile, including the promotion of fat digestion; also it may assist in the alleviation of fullness and constipation.⁶⁰

French Tarragon (Artemisia dracunculus) – A. dracunculus is a culinary herb, which is also used medicinally. Its key biologically active secondary metabolites include the essential oils, the coumarins, the flavonoids, and the phenol-carbonic acids.⁶¹ It is recognized as possessing antimicrobial activity against a wide variety of bacterial species, including Staphyloccus aureus, Shigella (RSHI) (Microbiology Laboratory Culture Collection of Refik Saydam Hifzisihha Institute), Listeria Pseudomonas monocytogenes, aeruginosa, Staphyloccus epidermidis, Bacillus subtilis, and Escherichia coli (RSHI, ATCC 25922).^{61, 62} Its bactericidal activity against H. pylori has also been reported.⁶² According to Web.MD.com (www.webmd.com), A. dracunculus is used to treat digestion problems, poor appetite, water retention, toothache, and is potentially beneficial in promoting sleep.⁶³ Its digestive therapeutic actions include appetite stimulation, and both spasm relieving (spasmolytic) and laxative properties.⁶¹ It also possesses diuretic properties,⁶⁴ choleretic properties

(bile/liver stimulant),⁶⁵ and is also noted to be an anti-inflammatory agent.⁶⁶ In the Northern district of India an extract of the whole herb is used as a vermifuge, as well as to treat various fevers,⁶⁷ while in cultures with high red meat consumption, it is commonly used to improve a malfunctioning digestive system by increasing appetite, and acting as a digestive stimulant. It also functions as an aide in flushing toxins from the body.^{68, 69}

Indian **Tinospora** (*Tinospora* cordifolia) Tinospora cordifolia is a well know bitter, and is considered a "detoxifying herb" due to its ability to scavenge free radicals and heavy metals. It also has recognized beneficial characteristics when used with fevers, dyspepsia, and diabetes. Additionally, it is documented as a favorable agent in the management of elevated cholesterol, allergic rhinitis (hay fever), upset stomach, gout, rheumatoid arthritis (RA), hepatitis, and peptic ulcer disease (PUD), and is also indicated as an effective immune system booster.⁷⁰ In the Ayurvedic system it is an acknowledged as an "indispensable herb of medicine,"⁷⁵ recognized for building up the immune system, particularly against infecting organisms.^{71,} 72 Its chemical composition includes the following active compounds: alkaloids including palmatine, berberine, and choline,⁷³ steroids including β -sitosterol,⁷³ and aliphatic compounds such as octacosanol.^{73, 74} Its antimicrobial compounds include jatorrhizin, isocolumbin, and berberine, while its immunomodulatory compounds, include cordifolioside A, cordioside, ecdysterone, and tinosporaside (Cordiol).⁷⁵ T. cordifolia has also been noted to improve the "phagocytic function without effecting the humoral or cell mediated immune system,"⁷⁶ and to enhance humoral immunitv.67

Horsetail (*Equisetum arvense*). – Traditionally used in Europe as an oral diuretic for the treatment of edema, Equisetum may also be used for diuresis, kidney and bladder stones, urinary tract infections, incontinence, and for general disturbances of the kidney and bladder.⁷⁷ The German Commission E expert panel has approved Horsetail for use as an oral diuretic. It contains the flavonoids apigenin, luteolin, kaempferol, and quercetin compounds, as well as caffeic acid derivatives, sterols, tannins, and saponins.^{78, 79, 80} Additionally, it contains a significant amounts of silicon.⁸¹

Thyme (*Thymus vulgaris*). – Historically thyme is used for symptoms of bronchitis, whooping cough, and for general inflammation of the upper respiratory tract.⁸² It has antiseptic, antispasmodic, tonic, and carminative properties, and is useful in cases of wind spasms and colic. It assists in promoting perspiration at the beginning of a cold, as well as in fever and general febrile complaints. It is also noted as a useful agent against septic sore throat, and as a vermifuge, to aide in the expulsion of parasites. Thymol, classified as a biocide, is one of the major monterpene phenols of Thymus vulgaris, consisting of 20 to 60 percent of the oil. It functions as a powerful antiseptic, used both internally and externally. A tea made from thyme is also a noted means to arrest gastric fermentation.⁸³

Pau d'arco (*Tabebuia impetiginosa*). – Pau d'arco is a genus of tropical plants native to the rain forests of Central and South America.⁸⁴ The active constituents in Pau d'arco are believed to be the naphthoquinone derivative, lapachol, and its beta-lapchone).⁸⁵ derivatives (ie. It has antiangiogenic, antimetastatic, anti-invasive, apoptotic, anti-proliferative, and antimyelosuppressive properties, all of which have been documented in vitro and in animals. antiplatelet, Additionally, anti-inflammatory, immunomodulatory, and wound-healing effects have also been noted.⁸⁶

As a folk medicine it has been used to treat bacterial infection, blood coagulation (platelet aggregation), cancer, inflammatory diseases, and peptic ulcers.^{87, 88} Preparations made from the inner bark of Pau d'arco are presumed by herbal experts to be more effective than those made from the outer bark. It has also been reported that the beta-lapachone constituent of pau d'arco functions in the inhibition of viral enzymes, which are involved in DNA and RNA synthesis. As a result, the virus can neither replicate nor infect other cells.⁸⁶

Stinging nettle (*Urtica dioica*). – Stinging nettle is a perennial plant that has been used as a medicinal agent since ancient times. The genus name *Urtica* comes from the Latin verb *urere*, meaning "to burn," named because of its urticate (stinging) hairs that cover the stem and underside of the leaves. The plant usually has male or female flowers, hence the name dioica, which means "two houses".

Stinging nettle is commonly used for the treatment of arthritis, allergies, pain, cough, tuberculosis, and urinary tract disorders. It is also frequently used as a diuretic. Stinging nettle has anti-inflammatory actions, which have been attributed its inhibitory effect on the activation of NF-kappaB.⁸⁹ Additionally, there is some data supporting the use of nettle in the treatment of symptoms of benign prostatic hyperplasia (BPH). Because it is a vegetable, it is classified as GRAS status (generally regarded as safe).

Olive leaf (Olea europaea). - The olive tree (Olea europae) is a tree native to the Mediterranean. While olives are used primarily as a food, the leaf is used medicinally, predominantly as a tea.⁹⁰ In vitro studies have demonstrated the antibacterial, antifungal, and antioxidant properties of *Olea* europae.^{91, 92} Even at concentrations as low as 0.6% (w/v) olive leaf water extract was effective in eradicating both C. albicans and E. coli.⁹¹ Sudjana, AN, et al. reported that olive leaf extract was active against Campylobacter jejuni, Helicobacter pylori, and Staphylococcus aureus, including methicillinresistant Staphylococcus aureus (MRSA), with the minimum inhibitory concentrations (MICs) as low as 0.31-0.78% (v/v).93 Olive leaf has also been noted to reduce viral loads,⁹⁴ thus may also possess anti-viral properties. Additionally, it has also been demonstrated to be effective against HIV-1 via its inhibition of cell-to-cell transmission and replication in infected H9 cells.95

Oregano (*Origanum vulgare*). Oregano is a perennial herb commonly used as a culinary spice and preservative agent in foods. Its active compounds are the phenolic compounds carvacrol and thymol. Traditionally is has been used to treat respiratory and gastro-intestinal disorders, as well

as menstrual irregularities.⁹⁶ Research in humans has examined oregano for reducing cardiovascular disease risk, as a dental adjuvant, and as an antiparasitic. It is also identified as an agent that possessing antifungal, antioxidant, antibacterial, and insect-repelling properties.⁹⁶ In a recent study, Nostro A. demonstrated that subinhibitory doses (1/2, 1/4 and 1/8 MIC) of carvacrol reduced Staphylococcus epidermidis biofilm at neutral pH. The authors stated that carvacrol caused "a potentiated inhibitory effect ... on established biofilm," resulting in "a strong reduction of biomass (>50%) and bacteria attached to polystyrene (>7 log units)."97 Utilizing an emulsified, sustained release preparation of Oregano may be most beneficial, as this type of preparation has been demonstrated to be effective in the elimination of both parasites⁹⁸ and Candidia.⁹⁹

By virtue of the combination of Eastern and Western herbs, the select botanicals discussed above afford a broad anti-dysbiotic effect, even with low dosing. In addition to providing an unfriendly environment for bowel pathogens, this combination of herbs is safe for continual use for up to eight weeks, as it has a low toxicity, and affords minimal irritation to the gut lining. By providing constituents to support the healing and maintenance of the digestive epithelial lining, as well as to eradicate non-commensal flora, the above mentioned herbals affords potent healing properties.

Cautions:

• Artemisia is not recommended concurrently with drugs that thin the blood, drugs that reduce stomach acid, or drugs that prevent or lessen seizures. Additionally, consumption may intensify the effects and side effects of alcohol.¹⁰⁰

• **Yarrow** is contraindicated with blood thinners, particularly coumarin type compounds (coumadin). As it contains simple coumarin components,^{101, 102} it may interfere with anticoagulants and blood pressure medications. Additionally, yarrow may be contraindicated concurrently with the use of drugs that minimize or reduce the production of stomach acid.⁵⁸

Equisetum is possibly unsafe when used in patients with pre-existing thiamine deficiency, alcoholism, chronic malnutrition, renal insufficiency, or cardiac arrhythmias due to theoretical risks of thiamine deficiency. hypokalemia, and nicotine toxicity. It is not recommended in pregnancy or lactation.

Pau d'arco (Tabebuia spp) is possibly unsafe when used in patients taking antineoplastic agents. as well as immunosuppressant agents. As Pau d'arco has blood thinning properties, it is likely unsafe when used in patients with blood disorders, those who are having surgery, or those who are taking anticoagulant or antiplatelet medications due to the theoretical increased risk of bleeding. Also, it is not recommended for women who are pregnant or trying to become pregnant, due to fetotoxic and abortifacient effects, based on animal studies. Additionally, allergy/hypersensitivity to Pau d'arco, its constituents, or members of the Bignoniaceae family has been reported.

Stinging nettle (Urtica dioica) is possible unsafe when used in patients with diabetes, as nettle may increasing blood sugar levels. Should also be used with caution in conjunction with anticoagulants, antihypertensives and diuretics, as constituents in the nettle plant may potentiate or attenuate the effects of these medications. Stinging nettle is not recommended during pregnancy, as uterine contractions have been observed in animals.¹⁰³

Indian Tinospora (Tinospora cordifolia) is contraindicated when used along with diabetes medications, as its use might lower blood sugar levels. It is not recommended in those with autoimmune diseases, such as MS, lupus, or rheumatoid arthritis (RA), as it may cause the immune system to become more active. Additionally, it is recommended that *Tinospora* cordifolia be discontinued at least 2 weeks prior to surgery, as it may affect blood sugar control.

References

¹ Levitt MD. Production and excretion of hydrogen gas in man. N Engl J Med. 1969;281:122-127.

⁵ Pimentel M, Chow EJ, Lin HC. Eradication of small intestinal bacterial overgrowth reduces symptoms of irritable bowel syndrome. Am J Gastroenterol. 2000 95:3503-3506.

⁶ Reddymasu SC, Sostarich S, McCallum RW. Small intestinal bacterial overgrowth in irritable

⁷ Pimentel M, Soffer EE, Chow EJ, Kong Y, Lin HC. Lower frequency of MMC is found in IBS subjects with abnormal lactulose breath test, suggesting bacterial overgrowth. Dig Dis Sci. 2002 47:2639-2643.

⁸ http://www.nlm.nih.gov/medlineplus/ency/article/000222.htm.

⁹ Code CF, Marlett JA. The interdigestive myoelectric complex of the stomach and small bowel of dogs. J Physiol (Lond). 1975 246:289-309.

¹⁰ Berg RD, Wommack E, Deitch EA. Immunosuppression and intestinal bacterial overgrowth synergistically promote bacterial translocation. Arch Surg. 1988 123:1359-1364.

¹¹ Ishikawa TM, Kudo M, Kitajima J (2002). Water-soluble constituents of dill. Chem. Pharm. Bull. 55:501-507.

¹⁴ Raghavan S. Handbook of spices, seasoning and flavourings. 2nd edition. 2006 CRC Press Taylor and Franci group, Boca Raton, New York, pp 63-64, 104-105, 107-109.

¹⁵ Arora DS, Kaur GJ. Antibacterial activity of some Indian medicinal plants. J. Nat. Med. 2007 61:313-317.

¹⁶ Kaur GJ, Arora DS. In vitro antibacterial activity of three plants belonging to the family Umbelliferae. Int. J. Antimicrob. Agentzs. 2008 31:393-395.

Kaur GJ, Arora DS. Antibacterial and phytochemical screening of Anethum graveolens, Foeniculum vulgare and Trachyspermum ammi. BMC Complement. Altern. Med. 2009 9:30.

¹⁸ Delaguis PJ, Stanich K, Girard B, Mazza G. Antimicrobial activity of individual and mixed fractions of dill, cilantro, coriander and eucalyptus essential oils. Int. J. Food Microbiol. 2002 74:101-109.

¹⁹ Jirovetz L, Buchbauer G, Stoyanova AS, Georgiev EV, Damianova ST. Composition, quality control and antimicrobial activity of the essential oil of long time stored dill (Anethum graveolens L.) seeds

from Bulgaria. J. Agric. Food Chem. 2003 18:3854-3857.

²⁰ Stavri M, Gibbons S. The antimycobacterial constituents of Dill (Anethum graveolens). Phytother. Res. 2005 19: 938-941.

Lopez P, Sanchez C, Battle R, Nerin C (2005). Solid and vapour phase antimicrobial activities of six essential oils: susceptibility of selected foodborne bacterial and fungal strains. J. Agric. Food Chem. 2005 53: 6939-6946. ²² Herbasin Chinese herb database,

http://www.herbasin.com/database/baibu.htm. 23 Pharmacopoeia Commission of the People's Republic of China. Pharmacopoeia of the People's Republic of China, English Ed, Volume I. Chemical Industry Press, Beijing, 1997, p 173.

Chang HM, But PP. Pharmacology and Applications of Chinese Materia Medica. Volume I. World Scientific, Singapore. 1987, pp 484-488

²⁵ Bensky D, Gamble A. Chinese Herbal Medicine Materia Medica. Eastland Press, Seattle, 1986, pp 297-298.

²⁶ Van Boxel CJ. Artemisia and Artemisinin, a story about toxicity.

UPPSALA Reports 25. April 2004.

²⁷ Perez-Souto N, Lynch RJ, Measures G, Hann JT. Use of high-performance liquid chromatographic peak deconvolution and peak labeling to identify antiparasitic components in plant extracts. J Chromatography. 1995 593:209-215.

²¹³ Chanphen R, Thebtaranonth Y, Wanauppathamkul S, Yuthavong Y. Antimalarial Principles from Artemisia indica. J. Nat. Prod., 1998, 61 (9), pp 1146-1147.

²⁹ World Health Organization. The use of antimalarial drugs. Report of a WHO Technical Consultation. World Health Organization, Geneva, Switzerland 2001 (document WHO/CDS/RBM/33).

² Vanner S. The small intestinal bacterial overgrowth. Irritable bowel syndrome hypothesis: implications for treatment. Gut. 2008 57:1315-1321. Lin HC. Small intestinal bacterial overgrowth: a framework for

understanding irritable bowel syndrome. JAMA. 2004 292(7):852-858. ⁴ Park H. The Role of Small Intestinal Bacterial Overgrowth in the Pathophysiology of Irritable Bowel Syndrome. J Neurogastroenterol Motil. 2010 January; 16(1): 3-4. Published online 2010 January 31. doi: 10.5056/jnm.2010.16.1.3.

bowel syndrome: are there any predictors? BMC Gastroenterology. 2010 10.23

¹² http://nekkidrain.wordpress.com/

¹³ http://www.essentialhealthandwellnesscentre.com

³⁰ **PDR for Herbal Medicines**. 2nd Edition. 2000 Medical Economics Company, Inc. Montvale, NJ.

³¹ Hernandez H, Mendiola J, Torres D, Garrido N. Effect of aqueous extracts of Artemisia on the in vitro culture of Plasmodium falciparum. Fitoterapia 1990 61(6):540-541.

³² Gilania H A-U, Janbaz KH. Preventive and Curative Effects of Artemisia absinthium on Acetaminophen and CCl4-induced Hepatotoxicity. *General Pharmacology*. 1995 26(2):309-315.

³³ Chevallier. A. The Encyclopedia of Medicinal Plants. Dorling Kindersley. London 1996 ISBN 9-780751-303148.

³⁴ Rozengurt E. Taste receptors in the gastrointestinal tract. I. Bitter taste receptors and alpha-gustducin in the mammalian gut. *Am J Physiol Gastrointest Liver Physiol.* 2006 Aug;291(2):G171-7. Epub 2006 May 18.
³⁵ Kaene AT et al. In the mammalian gut. *Am J Physiol* 2006 May 18.

³⁵ Keene AT et al. In vitro amoebicidal testing of natural products, Part I.
 Methodology. *Planta medica*. 1986 52:278–285.

³⁶ http://www.asianplant.net/Simaroubaceae/Brucea_javanica.htm
 ³⁷ WHO Monographs on Selected Medicinal Plants. Volume 1. WHO Library Cataloguing in Publication Data. 1999.

³⁸ Tang W, Eisenbrand G. Chinese drugs of plant origin, chemistry, pharmacology and use in

traditional and modern medicine. Berlin, Springer-Verlag, 1992:207–222. ³⁹ Steak EA. The chemotherapy of protozoan diseases, Vol. 1. Washington, DC, US Government

Printing Office, 1972.

⁴⁰ O'Neill MJ, Bray DH, Boardman P, Chan KL, Phillipson JD, Warhurst DC, Peters W. Plants as Sources of Antimalarial Drugs, Part 4: Activity of Brucea javanica Fruits Against Chloroquine-Resistant Plasmodium falciparum in vitro and Against Plasmodium berghei in vivo. *J. Nat. Prod.* 1987 50 (1):41– 48.

⁴¹ Abstract by: TsingHua. Author: Unknown. Immunological Regulation and Treatment of Brucea javanica and Fructus Psoraleae on Rats with Pneumoc. Chinese Journal of Parasitology and Parasitic Diseases. 2007.

⁴² Wasuwat S et al. Study on antidysentery and antidiarrheal properties of extracts of Brucea amarissima. Bangkok, Applied Science Research Center of Thailand, 1971:14 (Research Project Report 17/10, 2).

⁴³ Kariyone. T. **Atlas of Medicinal Plants**. Osaka: Takeda Chemical Industries; 1971.

⁴⁴ Yeung H-C. Handbook of Chinese Herbs and Formulas. Institute of Chinese Medicine, Los Angeles 1985.

⁴⁵ Duke JA, Ayensu ES. Medicinal Plants of China. Reference Publications, Inc. 1985 ISBN 0-917256-20-4.

46 http://www.ibiblio.org/pfaf/cgi-bin/arr_html?Pulsatilla+chinensis

⁴⁷ http://www.naturalstandard.com/ Picrasma excelsa.

⁴⁸ http://www.naturaldatabase.com/Quassia

⁴⁹ Shields M, Niazi U, Badal S, Yee T, Sutcliffe MJ, Delgoda R. Inhibition of CYP1A1 by Quassinoids found in Picrasma excelsa. *Planta Med.* 2009 Feb;75(2):137-41. Epub 2008 Nov 18.

⁵⁰ <u>http://www.herbal-extract.org/</u>

⁵¹ Lu CM, Yang JJ, Wang PY, Lin CC. *Planta Med.* 2000 66:374–377. doi: 10.1055/s-2000-8544.

⁵² Lin CC, Ng LT, Yang JJ, Hsu YF. *Am J Chin Med*. 2002 30:225–234. doi:10.1142/

S0192415X02000405.

⁵³ Kim Y, Park EJ, Kim J, Kim Y, Kim SR, Kim YY. J Nat Prod. 2001 64:75–78. doi:

10.1021/np000327d.

⁵⁴ Li R, Zhao HR, Lin YN. *J Chin Pharm Sci.* 2002 11:54–57.

⁵⁵ Ho TI, Chen GP, Lin YC, Lin YM, Chen FC. *Phytochem*. 1986 25:1988–1989. doi:

10.1016/S0031-9422(00)81192-9.

⁵⁶ Wu KS, Zhang K, Tan GS, Zeng GR, Zhou YJ. *Clin Pharm.* J. 2005 40:817–819.

⁵⁷ Lu HC, He J. Nat Prod Res Dev. 1996 8:34–37.

⁵⁸ <u>http://www.umm.edu</u>.

⁵⁹ Molochko VA, Lastochkina TM, Krylov IA, Brangulis KA. [The antistaphylococcal properties of plant extracts in relation to their prospective use as therapeutic and prophylactic formulations for the skin] [Article in Russian] *Vestn Dermatol Venerol.* 1990;(8):54-6.

⁶⁰ http://www.itmonline.org/kunzle/index.htm

⁶¹ Obolskiy D, Pischel I, Feistel B, Glotov N, Heinrich M. Artemisia dracunculus L. (tarragon): a critical review of its traditional use, chemical composition, pharmacology, and safety. *J Agric Food Chem*. 2011 Nov 9;59(21):11367-84. doi: 10.1021/jf202277w. Epub 2011 Oct 13.

⁶² Benli M, Kaya I, Yigit N. Screening antimicrobial activity of various extracts of Artemisia dracunculus L. Cell Biochem Funct. 2007 Nov-Dec;25(6):681-6.

⁶³ <u>http://www.webmd.com/vitamins-supplements</u>.

⁶⁴ Aglarova AM. Comparative Analysis of Secondary Metabolites of Artemisia dracunculus L., Russian and French cultivars. Ph.D. thesis, Mahachkala, 2006.

⁶⁵ Shamsudinov, Sh. N. Physiological Efficacy of Tarragon in Various Experimental Conditions. Ph.D. thesis, Dushanbe, 1994.

⁶⁶ Rutskih IB. Essential oil composition of tarragon (Artemisia dracunculus L.) collected in Siberia [in Russian]. Chem. Herbal Mater. [Khim. Prir. Mater.] 2000 3, 65–76.

⁶⁷ Singh V; Kapahi BK; Srivastava TN. Medicinal herbs of Ladakh especially used in home remedies. *Fitotarapia* 1995, 67, 38–48.

⁶⁸ Aglarova AM; Zilfikarov IN; Severtseva OV. Biological characteristics and useful properties of tarragon (Artemisia dracunculus L.) [translated from Russian]. *Pharm. Chem. J.* [Khim.-Farm. Zh.] 2008 42, 81-86.

⁶⁹ Uhl SR; Strauss S. Handbook of Spices, Seasonings and Flavorings. Technomic Publishing: Lancaster, PA, 2000; pp 170-171.

⁷⁰ <u>http://www.webmd.com/vitamins-supplements/</u>

⁷¹ Tirtha SS. The Ayurveda Encyclopedia-Natural Secrets to Healing, Prevention and Longevity. 2nd Ed. New York: Ayurveda Holistic Centre; 2005.

⁷² Khare CP. Indian Medicinal Plants - An Illustrated Dictionary. 1st Ed. Springer Science and Business Media LLC; 2007.

⁷³ Singh SS, Pandey SC, Srivastava S, Gupta VS, Patro B, Ghosh AC. Chemistry and medicinal properties of Tinospora cordifolia (Guduchi). *Indian Journal of Pharmacology*. 2003; 35: 83-91.

⁷⁴ Thippeswamy G, Sheela ML, Salimath BP. Octacosanol isolated from Tinospora cordifolia downregulates VEG F gene expression by inhibiting nuclear translocation of NF-α and its DNA binding activity. *Eur J Pharmacol.* 2008; 588: 141-50.

⁷⁵ Grover P, Bansal G. Tinospora Cordifolia (Thunb): An Indispensable and Standardized Herb. RRJAYUSHP. Oct–Dec, 2012. 1(1):1-13.

 ⁷⁶ Atal CK, Sharma ML, Kaul A, Khajuria A. Immunomodulating agents of plant origins, I: Preliminary Screening. J Ethnopharmacology. 1986 18:133.
 ⁷⁷ <u>http://naturaldatabase.therapeuticresearch.com/Horsetailmonograph.</u>

⁷⁸ Oh H, Kim DH, Cho JH, Kim YC. Hepatoprotective and free radical scavenging activities of phenolic petrosins and flavonoids isolated from Equisetum arvense. *J Ethnopharmacol.* 2004 95:421-4.

⁷⁹ Sakurai N, Iizuka T, Nakayama S, et al. [Vasorelaxant activity of caffeic acid derivatives from Cichorium intybus and Equisetum arvense]. *Yakugaku Zasshi*. 2003 123:593-8.

⁸⁰ Langhammer L, Blaszkiewitz K, Kotzorek I. Evidence of toxic adulteration of equisetum. *Dtsch Apoth Ztg.* 1972 112:1751-94.

⁸¹ Piekos R, Paslawska S. Studies on the optimum conditions of extraction of silicon species from plants with water. I. Equisetum arvense L. *Herb. Planta Med.* 1975 27:145-50.

 ⁸² The Complete Greman Commission E Monographs. Therapeutic Guide to Herbal Medicines. Blumenthal M. Ed. 1998 American Botanical Council. Austin, TX, Integrative Medicine Communications Boston, MA. P. 219.
 ⁸³ Grieve M. A Modern Herbal. <u>http://botanical.com</u>.

http://naturalstandard.com/databases/herbssupplements/paudarco.asp?#undefi ned ⁸⁵ Gómez Castellanos JR, Prieto JM, Heinrich M. Red Lapacho (Tabebuia

⁸⁵ Gómez Castellanos JR, Prieto JM, Heinrich M. Red Lapacho (Tabebuia impetiginosa)--a global ethnopharmacological commodity? *J Ethnopharmacol.* 2009;121:1-13.

⁸⁶ <u>http://naturalstandard.com/databases/herbssupplements/paudarco.asp?#</u>.
 ⁸⁷ Byeon SE, Chung JY, Lee YG, Kim BH, Kim KH, Cho JY. In vitro and in vivo anti-inflammatory effects of taheebo, a water extract from the inner bark of Tabebuia avellanedae. *J Ethnopharmacol.* 2008 Sep 2;119(1):145-52. doi: 10.1016/j.jep.2008.06.016. Epub 2008 Jun 27.

⁸⁸ Twardowschy A, Freitas CS, Baggio CH, Mayer B, dos Santos AC, Pizzolatti MG, Zacarias AA, dos Santos EP, Otuki MF, Marques MC. Antiulcerogenic activity of bark extract of Tabebuia avellanedae, Lorentz ex Griseb. *J Ethnopharmacol.* 2008 Aug 13;118(3):455-9. doi: 10.1016/j.jep.2008.05.013. Epub 2008 May 18.

⁸⁹ Riehemann K, Behnke B, Schulze-Osthoff K. Plant extracts from stinging nettle (Urtica dioica), an antirheumatic remedy, inhibit the proinflammatory transcription factor NF-kappaB. *FEBS Lett.* 1999 Jan 8 442(1):89-94.

http://naturalstandard.com/databases/herbssupplements/olive.asp?#undefined

⁹¹ Markin D, Duek L, Berdicevsky I. In vitro antimicrobial activity of olive leaves. <u>Mycoses</u>. 2003 Apr; 46(3-4):132-6.

⁹² O'Brien NM, Carpenter R, O'Callaghan YC, O'Grady MN, Kerry JP.
 Modulatory effects of resveratrol, citroflavan-3-ol, and plant-derived extracts on oxidative stress in U937 cells. *J Med Food*. 2006 Summer; 9(2):187-95.
 ⁹³ Sudjana AN, D'Orazio C, Ryan V, Rasool N, Ng J, Islam N, Riley TV, Hammer KA. Antimicrobial activity of commercial Olea europaea (olive) leaf extract. *Int J Antimicrob Agents*. 2009 May;33(5):461-3. doi: 10.1016/j.ijantimicag.2008.10.026. Epub 2009 Jan 9.

⁹⁴ Konlee M. A new triple combination therapy. *Posit Health News*. 1998 Fall; (No 17):12-4.

⁹⁵ Lee-Huang S, Zhang L, Huang PL, Chang YT, Huang PL. Anti-HIV activity of olive leaf extract (OLE) and modulation of host cell gene expression by HIV-1 infection and OLE treatment. *Biochem Biophys Res Commun.* 2003 Aug 8;307(4):1029-37.

⁹⁶ http://naturalstandard.com/databases/herbssupplements/oregano.asp?

⁹⁷ Nostro A, Cellini L, Zimbalatti V, Blanco AR, Marino A, Pizzimenti F, Giulio MD, Bisignano G. Enhanced activity of carvacrol against biofilm of Staphylococcus aureus and Staphylococcus epidermidis in an acidic environment. *APMIS*. 2012 Dec. 120(12):967-73. doi: 10.1111/j.1600-0463.2012.02928.x. Epub 2012 Jul 5.

 ⁹⁸ Force M, Sparks WS, Ronzio RA. Inhibition of enteric parasites by emulsified oil of oregano in vivo. Phytotherapy Res. 2000 14:213-214.
 ⁹⁹ Stiles JC, Sparks W, Ronzio RA. The inhibition of *Candida albicans* by oregano. *J Applied Nutri*. 1995 47(4):96–102.

¹⁰⁰ http://www.drugdigest.org

¹⁰¹ Hausen BM, Breuer J, Weglewski J, Rücker G. Alpha-peroxyachifolid and other new sensitizing sequiterpene lactones from yarrow (Achillea millefolium L., Compositae). Contact Dermatitis. 1991 Apr;24(4):274-80.
 ¹⁰² Final report on the safety assessment of Yarrow (Achillea millefolium) Extract. Int J Toxicol. 2001;20 Suppl 2:79-84.

¹⁰³ Broncano FJ. Estudio de efecto sobre musculatura lisa uterina de distintos preparados de las hojas de Urtica dioica L. *An R Acad Farm*. 1987;53:69-76.