
INTRODUCTION AND AIM OF THE WORK



CHAPTER (I)

History of Herbal Medicine



CHAPTER (II)

Herbal Medicines used for GIT Disorders in Egyptian Market and their Scientific Evaluation



CONCLUSION AND RECOMMENDATIONS



REFERENCES



ARABIC SUMMARY



"HERBAL MEDICINES AND GASTROINTESTINAL DISORDERS" "SCIENTIFIC EVALUATION"

An Essay

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List of Contents

	<i>Page</i>
Introduction and Aim of the Work	1
History of Herbal Medicine	5
Herbal medicines in common use in gastrointestinal disorders & their scientific evaluation:	
1- Peppermint	16
2- Ginger	36
3- Caraway	57
4- Licorice	65
5- Anise	87
6- Chamomile	96
7- Cinnamon	109
8- Aloe vera	117
9- Thyme	132
10- Turmeric	139
Conclusion and Recommendations	157
References	163
Arabic Summary	_____

List of Tables

<i>Table</i>	<i>Page</i>
Table (1): Evidence table for selected GiT studies of Peppermint	31
Table (2): Evidence table for selected GiT studies of Ginger	52
Table (3): Evidence table for selected GiT studies of Turmeric	153

List of Abbreviations

11HSD	.....	11 -beta-hydroxysteroid dehydrogenase
ACTH	.....	Adrenocorticotrophic hormone
AZT	.....	Azidothymidine
CAM	.....	Complementary and alternative medicine
COXI	.....	Cyclo-oxygenase enzyme I
CY	.....	Cytochrome
DES	.....	Diffuse eosophageal spasm
DGL	.....	Deglycyrrhizinised
FSH	.....	Follicle stimulating hormone
GA	.....	Glycyrrhetic acid
GL	.....	Glycyrrhizin
HDL	.....	High density lipoprotein
HIV	.....	Human immunodeficiency virus
HSV	.....	Herpes simplex virus
IBS	.....	Irritable bowel syndrome
IFN	.....	Interferon
INR	.....	International normalization ratio
KSHV	.....	Kaposi sarcoma associated herpes virus

LD50Lethal dose 50%

LDLLow density lipoprotein

LESLower esophageal sphincter

LH.....Leutinizing hormone

NF-kappa-B .Nuclear factor kappa-light chain enhancer of
activated B cells

NSAIDs.....Non steroidal anti-inflammatory drugs

OA.....Osteoarthritis

PCOSPolycystic ovarian syndrome

PGE2Prostaglandin E2

RARheumatoid arthritis

RCTs.....Randomized controlled trials

SR.....Sacroplasmic reticulum

TCMTraditional Chinese medicine

TNF.....Tumor necrosis factor

VLDL.....Very low density lipoprotein

WHOWorld health organization

Introduction

The use of complementary and alternative medicine has become common world wide.

To maintain effective clinician patient relationship and ensure best patient care, it is important that clinicians learn the theory, practice and scientific evidence associated with these therapies (*Tillisch, 2007*).

The use of herbal medicines, as a part of complementary and alternative medicine (CAM), in treatment of gastrointestinal disorders is increasing in developed and developing countries (*Carmona-Sanchez and Tostado-Fernandez, 2005*).

Herbal medicines used in the treatment of different gastrointestinal disorders can be classified according to their physiological effects on the gastrointestinal functions into 3 types: Bitters (digestive stimulants) as bitter orange and orange grape (*Holt et al., 1990*), carminatives (gas relieving herbs) as anise, caraway, peppermint and thyme (*Madisch et al., 1999*), and Demulcents (Soothing herbs) as licorice (*Gosso et al., 1996*).

The commercially used preparations usually contain mixtures of many herbal remedies acting on the different

pathophysiologic abnormalities of functional gastrointestinal disorders as motility abnormalities, disturbed gastrointestinal secretory function and disturbed visceral sensory function (*Rosch et al., 2006*).

Herbal medicines are commonly used in treatment of functional dyspepsia and irritable bowel syndrome.

Different preparations containing thyme (*Newall et al., 1996*) and peppermint (*Liu et al., 1997*) are available in clinical practice.

However, not only functional gastrointestinal disorders are treated with herbal medicines but also organic gastrointestinal disorders are tried to be treated with herbal medicines.

Successful eradication of *Helicobacter pylori* infection was tried by the use of *Sapindus mukorossi* and *Rheum emodi* extracts (*Ibrahim et al., 2006*).

Indomethacine induced ulcers and enteropathy can be prevented by the use of the herbal medicine; *Orengedokuto* (*Miura et al., 2007*).

Herbal medicines have been dispensed for long time by traditional herbalists who have been involved with their cultivation, preparation and assessment of potency. At present

Introduction

most herbal medicines are commercially available in unregulated manner and purchased over the counter without the counseling of a qualified health practitioner (*De Smet, 2002*).