



Anti-inflammatory Herbal Plants – A Review

K. Sivaranjani *, Dr.M. Rajesh, K. Shobana and L. Subramanian

Department of Pharmaceutics, Sankaralingam Bhuvanawari College of Pharmacy, Sivakasi, Tamil Nadu, India.

*Corresponding author's E-mail: sivakalaiarasan996@gmail.com

Received: 05-11-2020; Revised: 22-12-2020; Accepted: 29-12-2020; Published on: 15-01-2021.

ABSTRACT

Medicinal plants and their secondary metabolites are progressively used in the treatment of various diseases as a complementary medicines. Most of the synthetic drugs used as anti-inflammatory agents cause many side effects and toxic effects. Anti-inflammatory drugs obtained from several plant origins have been used against inflammation without adverse effect. Inflammation is a process by which our body's white blood cells and the things they make will protect from infection caused by outside invaders, such as bacteria and viruses. This review mainly focuses on several herbal plants, their constituents used in combatting the inflammation and also emphasized on several studies carried out in the past. The review concludes that herbal products are natural, safe, eco-friendly, free from side effects and there is a need to promote them to save human lives as human lifestyle is moving away from nature and getting techno-savvy.

Keywords: Anti-inflammatory drugs, Inflammation, Medicinal plants, Metabolites, Synthetic drugs.

QUICK RESPONSE CODE →

DOI:

10.47583/ijpsrr.2021.v66i01.016



DOI link: <http://dx.doi.org/10.47583/ijpsrr.2021.v66i01.016>

INTRODUCTION

Inflammation is a positive Defence mechanism of our body. Dysregulated and prolonged inflammatory reaction has been well recognized as underlying causes for several disorders, namely, cardiovascular dysfunctions, metabolic syndrome, cancer and autoimmune diseases imposing a vast economic burden on individuals and consequently on the society^{1,2}. Extend inflammation is implicated in the onset and progression of various pathologies including cardiovascular diseases and cancer³. Medicinal plants have shown variety of biological activities and used for the treatment of inflammation⁴. The current treatment of inflammatory disorders require extensive use of non-steroidal anti-inflammatory drugs and corticosteroids. Although use of modern drugs for inflammation has a relieving effect, it is now unsatisfactory^{5,6}. Macrophages located in various tissues of our body plays a central role in the regulation of inflammation by the production of large amount of inflammatory cytokines, such as interleukin(IL)-1, IL-6 and tumour necrosis factor α (TNF- α) and inflammatory mediators, including reactive oxygen species (ROS), nitric oxide (NO) and prostaglandin E₂ (PGE₂), which are generated by inducible nitric oxide synthase (iNOS) and cyclooxygenase 2 (COX-2). Regulated production of pro-inflammatory cytokines and mediators can lead to cytotoxicity, inflammation, autoimmune disorders and

neoplastic changes of the inflamed tissue, suppression of immune response by inhibiting their production constitutes an important target for the treatment of many inflammatory-related diseases⁷. Inflammation can be classified as acute or chronic. Acute inflammation is the initial response of the body to harmful stimuli and is achieved by increasing the movement of plasma and leukocytes from the blood into the injured tissues. A series of biochemical events propagates and matures the inflammatory response, involving the local vascular system, the immune system, and various cells within the injured tissue. Prolonged inflammation is known as chronic inflammation, leads to a progressive shift in the type of cells present at the site of inflammation, such as mononuclear cells and is characterized by simultaneous destruction and healing of the tissue from the inflammatory process⁸.

The Article Reviews about Several Medicinal Plants, their Constituents, Mechanism of Action and Anti-inflammatory Studies Carried out in the Past:

Matricaria chamomilla



The flowers of chamomile contains 1–2% of volatile oils including alpha-bisabolol, alpha-bisabolol oxides A & B and matricin which possess anti-inflammatory properties. A study in human volunteers demonstrated that chamomile



flavonoids and essential oils penetrate below the skin surface into the deeper skin layers. This is important for their use as topical anti-inflammatory agents. One of chamomile's anti-inflammatory activities involve the inhibition of LPS-induced prostaglandin E (2) release and attenuation of cyclooxygenase 2 enzyme activity without affecting the constitutive form which suppress both the inflammatory effect and the leukocyte infiltration⁹. *Matricaria chamomilla* was assessed for its anti-inflammatory activity on intact rats by measuring the suppression of carrageenan-induced paw edema produced by 1/10th of the intraperitoneal LD50 dose for the 80 % ethanol extract. Results showed that the plant possessed good anti-inflammatory activity¹⁰. Intra-gastric and parenteral administration of heteropolysaccharides of *Matricaria chamomilla* L is found to normalize developing of the immune response upon air cooling and enhance (but do not normalize) this process upon immersion cooling. The immunomodulating effect of the heteropolysaccharides upon cooling is attributed to initiation of immunostimulating properties of heavy erythrocytes, activation of immuno regulation cells of peripheral blood and increased sensitivity of effector cells to helper signals¹².

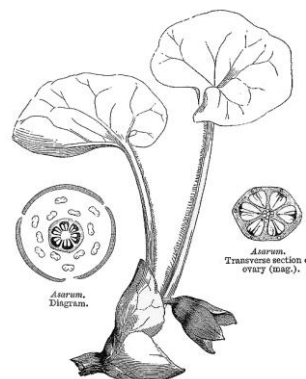
Arnica montana



Arnica montana is used since centuries in homoeopathic system of medicine. It is used for the treatment of 66 different pathological conditions, but frequently used for contusion, wounds, rheumatism and inflammation.¹³ The plant possesses numerous medicinal activity. The flowers of the plant shows greater medicinal value and are used as antiphlogistic, inotropic, antibiotic, anti-inflammatory, immunomodulatory, antiplatelet, uterotonic, anti-rheumatic and analgesic in febrile conditions¹⁴. *Arnica montana* has proved its worth as anti-inflammatory agent. *Arnica montana* extract (3–30%) when blended with one or more therapeutic or pharmaceutical agents, i.e. camphor, menthol, eucalyptus oil, mint oil, guaifenesin, topical analgesics, non-steroidal anti-inflammatory drugs or either transdermal opioid analgesics in a petroleum base or pluronic lecithin organogel, reduces inflammation.¹⁵ Arnica in combination with *Ruta graveolens*, *Aconitum napellus*, *Bellis perennis*, *Hamamelis virginiana*, *Hypericum perforatum*, *Calendula officinalis*, *Ledum palustre*, *Bryonia alba* is effective for treating inflammation¹⁶. Various analytical methods such as gas

chromatography with mass selective detection (GC-MSD), spectrophotometric, reverse-phase liquid chromatography (RPLC) and proton nuclear magnetic resonance spectroscopy (HNMR) have been used for analysing the quantity of lactones presents in the plant¹⁷. *Arnica montana* has significant anti-inflammatory potential. Huber et al. in 2011 disclosed that the molecular mechanism of sesquiterpene lactones differs from that of non-steroidal anti-inflammatory drugs, these lactones significantly decrease NF-kappaB mediated inflammation as they pass through the skin easily¹⁸. Arnica 6c has been investigated for its anti-inflammatory potential on carrageenan and rat paw oedema induced by nystatin. Arnica 6c significantly reduced inflammation in case of histamine-induced oedema, the action of histamine was inhibited and the vascular permeability was increased¹⁹. Researchers also investigated that when a solution of *A. montana* 6cH, dexamethasone or 5% hydroalcoholic solution is injected into male adult Wistar rats, they show marked anti-inflammatory activity. It was concluded that rats that presented oedema after a long time exhibited minor oedema, less degranulation of mast cells and increase in diameter of lymphatic vessels²⁰.

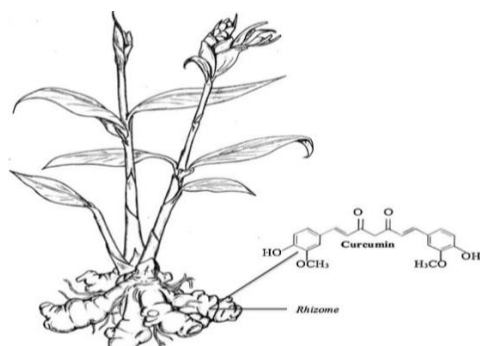
Aristolochia indica



Aristolochia species refers to several members of genus (family-Aristolochiaceae). *Aristolochia indica* (Indian Birthwort) is a perennial climber with greenish white woody stems found throughout India in the plains and low hills²¹. The roots of *Aristolochia indica* contains aristolindiquinone, ristololide, 2-hydroxy-1-methoxy-4Hdibenzo quinoline-4,5-(6H)-dione, Cephradione, aristolactum IIa, β -sitosterol- β -D-glucoside aristolactum glucoside I, stigmastenes II and III, methyl aristolate, ishwarol, ishwarone and aristolochene²². *Aristolochia indica* L is used to treat cholera, fever, bowel troubles, ulcers, leprosy, poisonous bites (Achari et al, 1983) and also used as emmenagogue, abortifacient, antineoplastic, antiseptic, anti-inflammatory, antibacterial, antioxidant and phospholipase A2 inhibitor. The leaves and barks are used in intermittent fever. It is used ethanomedically as an antitumor, anti-inflammatory, antibacterial, antioxidant and antimicrobial. The present study reveals that, *Aristolochia indica* effectively inhibit both α -amylase and α -Glucosidase enzymes. The methanolic extract of dried whole plant powder *Aristolochia indica* inhibited both the

enzymes alpha-amylase and alpha-glucosidase and the maximum inhibition was 60.12% at the concentration of 300µg/ml and 57.28% at the concentration of 400µg/ml respectively²³. Immuno - modulation is the process of alteration in immune response due to foreign intrusion of molecules inside the body. Aristolochic acid also played a regulatory role in prostaglandin synthesis. It inhibited inflammation by both immunological and non-immunological agents. One mechanism of activity was thought to be as a direct inhibitor of phospholipase A2, decreasing the generation of eicosanoids and platelet-activating factors. Another anti-inflammatory mechanism may be the effect on arachidonic acid mobilization in human neutrophils. The active fractions of *Aristolochia indica* were found to neutralize rattlesnake venom actions (Samy et al., 2008). Anti-inflammatory activity of antidote *Aristolochia indica* to the venom of *Heteropneustes fossilis* in rats was studied by Das et al. in 2010. The dried extract of plant showed analgesic activity against the venom extract of *H. fossilis* which is present in the glandular cell (Poison gland) at the base of pectoral spine. The LD50 of an *H. fossilis* extract in oral and intravenous doses were about 40 mg/kg/day and 29mg/kg/day respectively.

Curcuma longa



Research shows curcumin is a highly pleiotropic molecule capable of interacting with numerous molecular targets involved in inflammation. Curcumin modulates the inflammatory response by down-regulating the activity of cyclooxygenase-2 (COX-2), lipoxygenase and inducible nitric oxide synthase (iNOS) enzymes; inhibits the production of the inflammatory cytokines tumor necrosis factor-alpha (TNF- α), interleukin (IL) -1, -2, -6, -8, and -12, monocyte chemoattractant protein (MCP) and migration inhibitory protein; and down-regulates mitogen-activated and Janus kinases²⁴. Curcumin is thought to suppress NF- κ b activation and proinflammatory gene expression by blocking phosphorylation of inhibitory factor I-kappa B kinase (I κ B). Suppression of NF- κ B activation subsequently down-regulates COX-2 and iNOS expression, inhibiting the inflammatory process and tumorigenesis²⁵. Curcumin's inhibition of inflammatory cytokines is achieved through a number of mechanisms. In vitro studies indicate curcumin regulates activation of certain transcription factors such as activating protein-1 (AP-1) and NF- κ B in stimulated monocytes and alveolar macrophages, thereby blocking expression of cytokine gene expression. Down-regulation of intercellular signalling proteins, such as protein kinase

C, may be another way in which curcumin inhibits cytokine production^{26,27}.

Rosmarinus officinalis



The main constituents of *Rosmarinus officinalis* essential oil are camphor, 1,8-cinole, α -pinene, borneol, camphene, beta-pinene and limonene in proportions that vary according to the vegetative stage and bioclimatic conditions. In an open-label trial, the effects of rosemary extract have been assessed in patients with osteoarthritis (OA), rheumatoid arthritis (RA) and fibromyalgia during 4 weeks; hs-CRP (an index for inflammation presence) was decreased noticeably in patients who had demonstrated augmentation in this index; by the way, reduction in inflammation related to pain score was observed during the treatment but remission has not occurred in fibromyalgia scores²⁸. Furthermore, rosemary's extract has shown gastro protective action against gastric ulcer, even better than Omeprazole; this advantage is because of inhibition activity of rosemary in neutrophils infiltration and reduction in proinflammatory mediators: TNF- α and IL-1²⁹. The anti-inflammatory effects of *R. officinalis* extract and rosmarinic acid were evaluated by assessing the levels of some spinal inflammatory markers including cyclooxygenase-2 (COX2), prostaglandin E2 (PGE-2), interleukin 1 beta (IL-1 β), matrix metalloproteinase 2 (MMP2) through western blotting and nitric oxide (NO) production via Griess reaction on days 7 and 14 post-surgery³⁰. The study indicates that rosemary essential oil dietary application is able to affect murine experimental inflammatory models depending on the concentration used. Obviously, it is necessary to study in greater detail the immunomodulatory properties of rosemary extracts. The study, however, conclude that the anti-inflammatory effects of rosemary essential oil should be interpreted with caution, due to its contradictory dose-related effects³¹.

Urtica dioica



The main constituents of *Urtica dioica* are flavonoids, tannins, volatile compounds and fatty acids,

polysaccharides, isolectins, sterols, terpenes, protein, vitamins and minerals. Anti-inflammatory effects of orally administered *U. dioica* in animal models showed pharmacological evidence for its folkloric use in painful and inflammatory disorders³². *Urtica dioica* contain several Anti-inflammatory compounds such as cyclooxygenase, lipoxygenase and substances that affect the secretion of cytokines³³. Anti-inflammatory activity of the test extracts was measured against acute paw edema induced by formalin. The extract produced a significant and dose-dependent inhibition of formalin induced inflammation³⁴.

Zingiber officinale



Zingiber officinale is primarily known for its anti-emetic properties, However, it has also been used medicinally since antiquity as an anti-inflammatory agent³⁵. Crude extracts containing both of ginger's secondary metabolites, the gingerols and the essential oils, were even more potent in inhibiting joint swelling than gingerols alone³⁶. *Zingiber officinale* is a compound having a wide spectrum of biological functions. Safety evaluation studies indicate that *Zingiber officinale* are well tolerated even at a very high dose without any toxic effect³⁷. The earlier report suggested that in Rheumatoid arthritis (RA) and Osteoarthritis(OA) patients, use of powdered ginger for 3-month to 2.5-year period, reduce pain and inflammation in 75% patients without any adverse effect and suggested ginger is an anti-inflammatory agent³⁸.

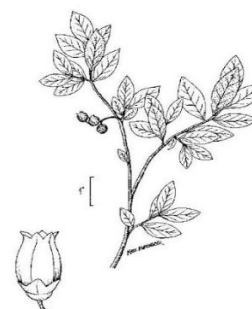
Olea europaea



The olive tree (*Olea europaea* L.) is cultivated in many parts of the world, but the Mediterranean region is the main area of agricultural production, it represents approximately 98% of the growing around the world⁴⁰. Phytochemical investigation on *Olea europaea* have revealed the presence of various phytochemicals such as oleuropein, hydroxytyrosol, verbascoside, apigenin-7-glucosides and luteolin-7- glucosides, flavonoids, secoiridoids, triterpenes, bio phenols, benzoic acids and sterols. The bioactive components of Xorialyc[®], a

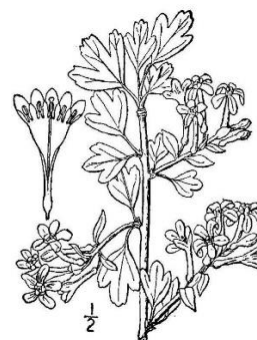
standardized olive leaves extract was characterised for testing its anti-inflammatory action compared to other similar extracts³⁹. The anti-inflammatory effect of oleuropein in spinal cord trauma was tested in mice that were divided in 4 groups, one of them received 20 mg/kg of body weight of oleuropein soon after the spinal cord injury and the other one after 1 hour. The pro-inflammatory cytokines TNF- α and IL-1 β are synthesized immediately after the spinal cord injury worsening the post traumatic condition by the increase of vascular permeability, recruitment of inflammatory cells and induction of iNOS and COX-2. Thus, the study suggests that oleuropein modulates the inflammatory reactions after spinal cord injury⁴¹.

***Vaccinium myrtillus* L.**



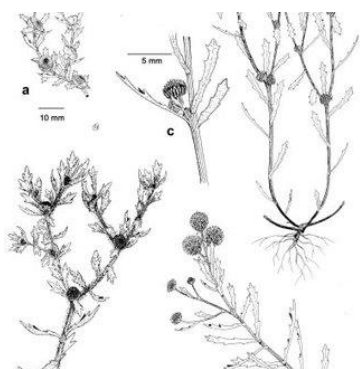
Bilberry fruit (*Vaccinium myrtillus* L.) belongs to the Ericaceae family and has been used in folk medicine for centuries. Anthocyanin rich bilberry extracts are traditionally used as ingredients of food supplements, mainly to treat ocular health and vasculopathy⁴². The study investigated the anti-inflammatory effects of bilberry (*Vaccinium myrtillus*) extract (BE, containing 42.04% anthocyanin) on *Propionibacterium acnes* (P. acnes) plus lipopolysaccharide (LPS) induced liver injury and croton oil-induced ear edema in mice. Moreover, BE administration markedly suppressed the increase of liver mRNA levels of iNOS, TNF- α , IL-1 β and IL-6, and the protein levels of iNOS, TNF- α and NF- κ B. In addition, liver malondialdehyde and NO contents were significantly reduced by BE treatment. These results indicated that BE has potent protective effects on acute and immunological inflammation, which might contribute to the study of the anti-inflammatory effects of natural products and healthy food. however, most of the biological activities investigated *in vitro* need to be confirmed *in vivo*^{42,43}.

Ribes glaciale



Ribes glaciale extract contains 2,2-azino-bis (3-ethybenzothiazoline -6-sulfonic acid), 1,1- diphenyl 2-picryldrazyl (DPPH), flavonoids, pyranoanthocyanins, phenolic acid and nitrile groups. The anti-inflammatory and analgesic activity was assessed by carrageenan induced rat paw edema and acetic acid induced writhing model respectively. The extract (500 µl) was diluted appropriately and mixed with 1 ml NaNO₂ (5%). After standing for 6 min, 1 ml of 10% AlCl₃ and 10 ml of NaOH (1 M) were added to the mixture. The mixture was adjusted to 25 ml with 70% ethanol and allowed to rest for 15 min⁴⁴. The absorbance was measured at 510 nm, with 70% ethanol as a blank. Different concentration of extracts (50-500 µg/ml) in 1 ml of alcohol was mixed with 2.5 ml phosphate buffers (0.2 M, pH 6.6) and 2.5 ml of 1% potassium ferricyanide. The mixture was incubated at 50 °C for 20 min and 2.5 ml of 10% trichloroacetic acid was added. The reaction mixture was then centrifuged for 10 min. Further, 2.5 ml of the supernatant solution was mixed with 2.5 ml of distilled water and 0.5 ml of 0.1% FeCl₃. The absorbance was measured at 700 nm⁴⁵. The methanolic extract exhibited significant anti-inflammatory and analgesic activity and indicate the need for its further phytochemical evaluation⁴⁶.

Centipeda minima



Centipeda minima has been used since centuries as a traditional medicinal plant in treating a number of disease conditions. More than one hundred secondary metabolites, classifying as terpenoids, flavonoids, monophenols, fatty acids, amides and other types, were isolated from this plant⁴⁷. Among them, sesquiterpene lactones are dominant in either *C. minima* species or numerous plants of genus *Centipeda*. These phytochemical groups also possessed various biological results like anti-cancer, anti-bacterial, anti-allergy, anti-virus, anti-inflammation, hepatoprotective activities, etc⁴⁸. The plant *Centipeda minima* contains 7,4-dt-0-methyldihydrokaempferol, iristectorin-A, tricine, 2-amino-3-phenyl-propionic acid, 4-amino-4-carboxy chroman-2-one, arnicolide D. The flavonoids fractions was isolated from *Centipeda minima* leaves extracts to assess anti-inflammatory and anti-arthritis activity in rats. In anti-inflammatory study. Animals were fasted for 24 hours before the experiment with free access to water. Approximately 50µl of a 1% suspension of carrageenan in saline was prepared 1hr before each experiment and was injected into the plantar

side of right hind paw of rat. 0.2 g of herbal gel containing *Centipeda minima* extract was applied to the plantar surface of the hind paw by gently rubbing 50 times in the index finger. Rats of the control groups received the plain gel base and 0.2 g of 1% *Centipeda minima* gel applied in the same way was used as a standard. Drugs were applied 1hour before the carrageenan injection. Paw volume was measured immediately after carrageenan injection and at 1,2,3 and 4 hours' intervals after the administration of the noxious agent by using plethysmometer⁴⁹.

CONCLUSION

The advancement of allopathic medication shifted scientific and general people's interest from conventional medicinal preparations. However, in recent years, a significant paradigm change has taken place. Attraction has re-focused in traditional medicine, simply because of the higher cost of modern drugs, time and expenditure which is essential to bring a drug to market after proper clinical tests, severe side-effects of a variety of modern drugs and drug-resistance developing in both microorganisms and parasites. So, researchers are currently taking an active interest in traditional medicinal preparations of native peoples, which are plant-based. In recent years' researchers are working on anti-inflammatory plants. Inflammatory diseases are common in the ageing society of developed and developing countries; yet the drugs used to combat inflammatory diseases like rheumatoid arthritis often have serious side-effects. Several leads from plant sources, like curcumin, resveratrol, baicalein, boswellic acid, betulinic acid, ursolic acid and oleanolic acid are now studied as possible drugs for the future against inflammation. This review will help the recent and future researchers in their research work as they could select the anti-inflammatory medicinal plants from which they can isolate active constituents by using various separation techniques. These types of research works may unveil some new molecules which help us to fight against inflammatory disorders. Most of the researchers concluded their study by mentioning that the anti-inflammatory activity may be due to inhibition of the enzyme cyclooxygenase leading to inhibition of prostaglandin synthesis. But more extensive study could be conducted to determine exact mechanism(s) of action.

REFERENCES

1. K.d. Rainsford, Anti-inflammatory drugs in the 21st century. sub-cellular biochemistry, 01 Jan 2007, 42: 3-27 DOI: 10.1000 7/1-4020-5688-5-1.
2. Oguntibeju OO Journal of inflammation research J. Inflamm Res .2018; 11: 307-317 published online Aug 7. doi 10.2147/JIR S167789.
3. Bagad AS, et al. Comparative evaluation of anti-inflammatory activity of curcuminoids, turmerones, and aqueous extract of *Curcuma longa*. Advances in Pharmacological Sciences, 2002; 7: 56-58.

4. Vendramini-Costa DB, Carvalho JE. Molecular link mechanisms between inflammation and cancer. *Curr Pharm Des.* 2012; 18: 3831-3852.
5. Chang CM, Chu HT, Wei YH, Chen FP, Wang S, Wu PC, Yen HR, Chen TJ, Chang HH. The core pattern analysis on Chinese herbal medicine for Sjogren's syndrome: A Nationwide Population-Based Study. *Sci Rep.* 2015; 5: 9541.
6. Wang Q, Kuang H, Su Y, Sun Y, Feng J, Guo R, et al. Naturally derived anti-inflammatory compounds from Chinese medicinal plants. *J Ethnopharmacol.* 2013; 146: 9–39.
7. Anna Olejnik, Wojciech Bialas, Anti-inflammatory effects of gastrointestinal digested *Sambucus nigra* L. fruit extract analysed in co-cultured intestinal epithelial cells and lip polysaccharide-stimulated macrophages. 19, Part A, December 2015; Pages: 649-660.
8. Sarkar A, Tripathi VD and Sahu RK3 Institute of Pharmacy, HCPG College, Varanasi, Uttar Pradesh, India, Sagar Institute of Technology, Lucknow, Uttar Pradesh, India, Columbia Institute of Pharmacy, Tekari, Raipur, Chhattisgarh, India Anti-inflammatory and Anti-Arthritis Activity of Flavonoids Fractions Isolated from *Centipeda minima* Leaves Extracts in Rats. 2019.
9. Antioxidant and anti-inflammatory activities of aqueous extract of *Centipeda minima*. *J Ethnopharmacol.* 2013; May 20; 147(2): 395-405, 10.1016/j.jep.2013.03.025.
10. Compound Nguyen Thi Thuy Linh, Nguyen Thi Thu Ha, Nguyen Thanh Tra, Le Thi Tu Anh, Nguyen Van Tuyen, A Resource of Bioactive, -Reviews in Medicinal Chemistry. 2014; 2(903): 1389-5575.
11. Janmejai K Srivastava, Eswar Shankar, and Sanjay Gupta, A herbal medicine of the past with bright future, 2010.
12. Shipochliev T, Dimitrov A, Aleksandrova E. Anti-inflammatory action of a group of plant extracts] *Vet Med Nauki.* 1981; 18(6): 87-94.
13. Al-Hindawi MK, Al-Deen IH, Nabi MH, Ismail MA. Anti-inflammatory activity of some Iraqi plants using intact rats. *J Ethnopharmacol* 1989; 26(2): 163-8.
14. Uteshev BS, Laskova IL, Afanasev VA. The immunomodulating activity of the heteropolysaccharides from German chamomile (*Matricaria chamomilla*) during air and immersion cooling *Eksp Klin Farmakol* 1999; 62(6): 52-5.
15. Kennedy JF et al. Analysis of the oligosaccharides from the roots of *Arnica montana* L., *Artemisia absinthium* L., and *Artemisia dracuncula* L. *Carbohydr Polym* 1998; 9: 277– 285.
16. Priyanka Kriplania, b, Kumar Guarvea and Uttam S. Baghaelca Guru Gobind Singh College of Pharmacy, *Arnica montana* L. – a plant of healing, review, 2017Aug.
17. Oberbaum M et al. The effect of the homeopathic remedies *Arnica montana* and *Bellis perennis* on mild postpartum bleeding – a randomized, double-blind, placebo-controlled study – preliminary results. 2005; 13: 87–90.
18. Archer HK, Pettit MS. Analgesic and antiphlogistic compositions and therapeutic wrap for topical delivery, 1997 Patent No.US 5976547 A.
19. Dreyer LR. Homeopathic formulations useful for treating pain and/or inflammation. Patent No. 7923040.
20. Leven W, Willuhn G. Spectrophotometric determination of sesquiterpenelactone S1 in *Arnica Flos Dab 9* with m-dinitrobenzene. *Planta Med* 1986; 52: 537–538.
21. Huber R Et al, *Arnica* and stinging nettle for treating burns – a self-experiment. *Complement Therap Med* 2011; 19: 276–280.
22. Bellavite P, Ortolani R, Conforti A. Immunology and Homeopathy, Experimental Studies on Animal Models. *Evid Based Complement Alternat* 2006; 3: 171–186.
23. Kawakami AP et al. Inflammatory process modulation by homeopathic *Arnica montana* 6CH: the role of individual variation. *Evid Based Complement Alternat Med* 2011; 917541.
24. Abel, G. & Schimmer, O, goggelmann W Aristolochic acid is a direct mutagen in salmonella,1983; 64(2): 131–133(1983).
25. B Achari; S Chakrabarty; S. Bandhopadhyay & SC Pakrashi. Heterocycles, The alkaloids, chemistry and pharmacology, 1983; 20(1): 771–774
26. Muralinath, E , In vitro evaluation on anti-inflammatory activity of methanol extract of *Piper betle* leaf. *International Journal of Pharmaceutical and Chemical Sciences.*, 5(1); 14-17: 2016
27. Goel A, Kunnumakkara AB, Aggarwal BB. Curcumin as "curecumin": from kitchen to clinic. *Biochem Pharmacol* 2008; 75: 787-809.
28. Jobin C, Bradham CA, Russo MP, et al. Curcumin blocks cytokine-mediated NF-kappa B activation and proinflammatory gene expression by inhibiting inhibitory factor I-kappa B kinase activity, 1999; 163: 3474-348.
29. Julie S jurenka, Anti-inflammatory properties of curcumin, a major constituent of *Curcuma longa*. *A journal of clinical therapeutic March* 2009; 14(2): 141-153.
30. Nirmala L, and Selvaraj P.1, Anti-inflammatory and anti-bacterial activities of *Glycyrrhiza glabra*, ISSN 1686-9141.
31. D. Lukaczer, G. Darland, M. Tripp et al., "A pilot trial evaluating Meta050, a proprietary combination of reduced iso-alpha acids, rosemary extract and oleanolic acid in patients with arthritis and fibromyalgia," *Phytotherapy.* 2005; 19(10): pp. 864–869.
32. Amaral G. P, de Carvalho., N. R. Barcelos R. P et al., "Protective action of ethanolic extract of *Rosmarinus officinalis* L. in gastric ulcer prevention induced by ethanol in rats," *Food and Chemical Toxicology*, 2013; vol. 55: pp. 48–55.
33. Anti-inflammatory effects of ethanolic extract of *Rosmarinus officinalis* L. and rosmarinic acid in a rat model of neuropathic pain. 2017 Feb; 86: 441-449. doi: 10.1016/j.biopha.2016.12.049. Epub 2016 Dec 22
34. Miceštefan Juhás, Alexandra Bukovská, Stefan Čikoš, Soňa Czikková, Dušan Fabian, Juraj Koppel Institute of Animal Physiology, Slovak Academy of Sciences, Kosice, Slovak Anti-Inflammatory Effects of *Rosmarinus officinalis* Republic Received June 9, 2008.
35. Valiollah Hajhashemi, Antinociceptive and anti-inflammatory effects of *Urtica dioica* leaf extract in animal models, *Vahid Klooshan Avicenna Journal of Phytomedicine* Received: Oct 22, 2012; Accepted: Dec 11, 2012 Vol. 3, No.

- 2: Spring 2013, 193-200 AJP, Vol. 3, No. 2, Spring 2013 193 Original.
36. Mohammad reza farahpouri, Anti nociceptive and Anti – inflammatory activities of hydroethanolic extract of *Urtica dioica* and lida khoshgozaran2 *ijbps*, Jan, 2015; 49(1): 160-170.
 37. Ali BH, Blunden G, Tanira MO, Nemmar A. Some phytochemical, pharmacological and toxicological properties of ginger (*Zingiber officinale* Roscoe), 2008; 46: 409–20.
 38. Funk JL, Frye JB, Oyarzo JN, Timmermann BN. Comparative effects of two gingerol-containing *Zingiber officinale* extracts on experimental rheumatoid arthritis. *J Nat Prod.* 2009; 72: 403–7.
 39. Almodóvar P, Salamanca A, Jarama I, Prodanov M, Inarejos Garcia AM, Anti-inflammatory properties of the olive (*Olea europaea* L.) leaf extract Xorialyc[®] for psoriasis treatment Gonzalez Hedström D, 2018:16-18.
 40. Ryan D, Robards K. Phenolic compounds in olives. *Analyst.* 1998; 123: 31–44.
 41. Khalatbary AR, Zarrinjoei GhR, Anti-Inflammatory Effect of Oleuropein in Experimental Rat Spinal Cord Trauma. *Iran Red Crescent Med J.* 2012; 14(4): 229-34.
 42. Hui Luo et al., Anti-inflammatory effects of anthocyanins-rich extract from bilberry (*Vaccinium myrtillus* L.) on croton oil-induced ear edema and *Propionibacterium acnes* plus LPS-induced liver damage in mice, 2014 Aug; 65(5): 594-601. doi: 10.3109/09637486.2014.886184. Epub 2014 Feb 19.
 43. Alan D. Kaye MD, PhD, Adam M. Kaye PharmD, FASCP, FCpha, in *Anesthesia and Uncommon Diseases* (Sixth Edition), 2012.
 44. Patel DK, Kumar R, Prasad SK, Hemalatha S. *Pedaliaceae* fruits: A comparative antioxidant activity of its different fractions. *Asian Pac J Trop Biomed* 2011; 1(5): 395–400.
 45. Oyaizu M. Studies on product browning reaction prepared from glucose amine. *Japan J Nutr* 1986; 44: 307-15.
 46. HNB Garhwal University (A Central University), Srinagar Garhwal, Uttarakhand, India), Antioxidant and Anti-inflammatory Activity of *Ribes Glaciale* Wall Extracts, Nitin Sati Department of Pharmaceutical Sciences, 2015; (7): 7.
 47. Brinker F, *Herb contra indicators and Drug interactions*, Edn 2, sandy, OR: Eelectic Medical; 1998.
 48. Srivastava KC, Mustafa T. Ginger (*Zingiber officinale*) and rheumatism and musculoskeletal disorders. *Med Hypotheses* 1992; 39: 342-348.
 49. C.niemegeer, f. verabruggen, p. Janssen, the journal of pharmacy and pharmacology.,1964; 16: 810-816.

Source of Support: None declared.

Conflict of Interest: None declared.

For any question relates to this article, please reach us at: editor@globalresearchonline.net

New manuscripts for publication can be submitted at: submit@globalresearchonline.net and submit_ijpsrr@rediffmail.com

