ejpmr, 2020,7(7), 288-292



EUROPEAN JOURNAL OF PHARMACEUTICAL AND MEDICAL RESEARCH

www.ejpmr.com

Review Article ISSN 2394-3211 EJPMR

POTENTIAL DRUGS FOR COVID-19 IN UNANI SYSTEM OF MEDICINE: A PHARMACOLOGICAL ACTIONS-BASED REVIEW

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Article Received on 28/04/2020

Article Revised on 18/05/2020

Article Accepted on 08/06/2020

ABSTRACT

The virus that causes coronavirus disease (COVID-19) was first identified in December 2019 and has since spread worldwide to at least 187 countries and territories. It is a newly emerging disease and became highest health threat of the 21th century to the whole world. World health organization declared it as pandemic. It is ranging in severity from the common cold, fever, dry cough to difficulty in breathing, pneumonia and if not managed properly may lead to respiratory distress, hypoxemia, multi-organ failure and death. Evidence based vaccines and antiviral drugs are not available yet for the treatment of COVID-19. In Unani System of Medicine, many drugs used are time tested in all kind of *Humma-i-Waba'i* (Epidemic Flue) since centuries. These drugs contain many identified active constituents with proven pharmacological activities. Here are some potential Unani drugs which may be used as prophylaxis and supportive treatment of COVID-19. These drugs are proposed on the basis of their proven anti-viral, immunomodulator, anti-microbial, anti-pyretic and anti-inflammatory properties. **Objective;** To explore the hidden potential of Unani System of Medicine in the prophylaxis and the treatment of COVID-19.

KEYWORDS: COVID-19 Prophylaxis; Supportive Treatment; Unani Medicine; Immunomodulator; Antioxidant.

1. INTRODUCTION

combination of altered Α human behaviors, environmental changes, and inadequate global public health mechanisms now easily turn obscure animal viruses into existential human threats.^[1] Novel corona virus (2019-n cov) is a new strain that has not been identified in humans. It has raised world concern since it emerged in Wuhan Hubei China in December, 2019. Coronaviruses (cov) are large family of viruses that cause illness ranging from common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS-Cov) and Severe Acute Respiratory Syndrome (SARS-cov). It is manifested with fever, dry cough, coryza, sore throat and difficulty in breathing, some patients may develop pneumonia, respiratory distress. The most common symptoms are fever and dry cough. It affects all age groups and both the sexes,^[2] but persons with co-morbid conditions, like Diabetes, Hypertension, Cardiovascular disease, Tuberculosis, COPD and age above 65 years are more likely to develops respiratory distress, multiorgan failure and death. Studies show that persons having weak immunity are by and large affected.

W. Guan et. al. 2020 reported lymphocytopenia in 83.2% of the patients. The degree of severity of disease was categorized as non-severe in 926 patients and severe in 173 patients. Patients with severe disease were older than those with non-severe disease. The most common patterns shown on chest CT are ground-glass opacity (56.4%) and bilateral patchy shadowing (51.8%).² AST (5 [27.78%] of 18), ALT (5 [27.78%] of 18), γ -GT (8 [44.4%] of 18) and LDH (6 [31.58%] of 19) had abnormally increased,^[3]

Zunyou Wu classified COVID-19 as mild (81%; ie, nonpneumonia and mild pneumonia). However, 14% were severe (ie, dyspnea, respiratory frequency 30/min, blood oxygen saturation 93%, partial pressure of arterial oxygen to fraction of inspired oxygen ratio <300, and/or lung infiltrates >50% within 24 to 48 hours), and 5% were critical (i.e. respiratory failure, septic shock, and/or multiple organ dysfunction or failure).^[4]

2. METHODOLOGY

According to Unani System of Medicine (USM), *Waba* is defined as a widespread transmission of a particular disease in a large population (epidemic or pandemic). It

is caused by extreme abnormal conditions of air, earth and weather. Humid atmosphere favors the spread of Waba.^[5] Fever caused by Waba is known as Humma-i-Waba'i (Humma means fever in Arabic). Common symptoms of Humma-i-Waba'i described in USM are dry cough, fever, lethargy, difficulty in breathing, bad breath, restlessness and dizziness.^[6,7,8] According to Zakriya Razi, in Humma-i-Waba'i, persons with excessive Akhlat-i-Radiya (Metabolic wastes) are more prone to Tadiya (Infection) which may lead to various acute sign and symptoms of fever with involvement of with respiratory tract compounded grievous complications leading to death at higher rate.^[5] He Ouoted Jalinoos (Galen) in his book Kitabul Hawi that Nazla-i-Waba'i (Epidemic Influenza) may cause death in

elderly patients.^[5] Similarly, high mortality rate in COVID-19 is reported in the individuals above 65 years of age and with co-morbid condition like diabetes, cardiovascular and respiratory diseases.^[1,2]

Medicinal plants have been widely used to treat various infectious and non-infectious ailments. Natural plant polysaccharides, which are polymeric carbohydrate molecules composed of long chains of monosaccharide units, have different biological activities, including antiinflammatory activities, immunological regulation, oxidation resistance, anti-microbial and antiviral activities. An urgent need therefore exists for the research and development of alternative treatment in this disease.

Table 1:						
S. N.	Groups	Drugs	Doses			
1.	Prophylaxis in low risk individuals	Tiryaq-i-Waba'i	25 mg/kg body weight (KBW) twice a week			
2.	Prophylaxis in high risk individuals	 -Tiryaq-i-Waba'i -Decoction in water* Asalassoos (<i>Glycyrrhiza glabra</i>) 5 gm Gauzaban (<i>Borago officinalis</i> Lin.) 5 gm, Unnab (<i>Ziziphus jujuba</i> Mill) 5 piece, Sapistan (<i>Cordia myxa</i>) 9 piece 	-50 mg/KBW daily -once in morning BBF			
3.	Mild COVID-19 patients /Under Screening Patients	 Tiryaq-i-Waba'i Lauq Khayar Shamber (Table- 3) Decoction in water* Afsanteen (Artemisia absinthium) 3 gm, Zoofa (Hyssopus officinalis Linn.) 5 gm, Asalassoos (Glycyrrhiza glabra) 5 gm, Gauzaban (Borago officinalis Lin.) 5 gm, Unnab (Ziziphus jujuba Mill) 5 piece, Sapistan (Cordia myxa) 9 piece 	-50 mg/KBW daily -5 gm, four times per day once in morning BBF			
4.	Severe COVID -19 patients	 -Tiryaq-i-Waba'i -Lauq Khayar Shamber -Decoction in water* Afsanteen (Artemisia absinthium) 5 gm, Zoofa (Hyssopus officinalis Linn.)7 gm, Asalassoos (Glycyrrhiza glabra) 7 gm, Gauzaban (Borago officinalis Lin.) 7 gm, Unnab (Ziziphus jujuba Mill) 5 piece, Sapistan (Cordia myxa) 9 piece 	-50 mg/KBW twice a day -5 gm, 3 hourly twice a day			

2.1 Regimes for prophylaxis and treatment of COVID-19. Table 1:

* Preparation of decoction- Soak the mentioned herbs in 400 ml of water for 1 hour, then boil it for 10 minutes, filter it, take the lukewarm decoction orally as advised.

3. POTENTIAL UNANI DRUGS 3.1 Tiryaq-i-Waba'i (Synonyms Tiryaq-i-Afa'i) Table 2: Composition of Tirvaq-i-Waba'i.^[7,9]

1					
	S. N.	Ingredients	Scientific Name	Ratio	
	i.	Sibr	Aloe barbedensis	250 mg	
ſ	ii.	Zafran	Crocus sativus	125 mg	
ſ	iii.	Murmakki	Commiphora myrrha. Synm- C. molol	125 mg	
ſ		Rose water	-	as binder	

*Tab of 500 mg

Dose. 1- 3.5 gm in morning.^[7,9]

Immune-stimulating effects of *Tiryaq-i-Waba'i* (Table-2) has been documented in a clinical trial, showed

statistically significant increase in TLC (P < 0.001), lymphocyte percentage (P < 0.001), ALC (P < 0.001) and CD4 count (P < 0.001).^[10]

3.1.1 Sibr/Aloe Vera (Aloe barbedensis)

Antiflu.^[11] Antibacterial, wound healing-promoting and immunity-enhancing functions.^[12,13,14,15] Antiinflammatory and antioxidant.^[16] Gonzalez et al found that A. barbadensis increases the proliferation of Tlymphocytes in involuted thymus.^[17]

3.1.2 Zafran (*Crocus sativus*)

In Unani medicine, the stigmas of this plant have been used as antitussive, expectorant and antioxidant.^[14] Saffronal, picrocrocin, crocetin and crocin are some active constituents of saffron.^[16] Active constituents of saffron, crocetin and crocin,^[18] are useful in the treatment of neurodegenerative disorders accompanying memory impairment.^[16,19] Antitussive effect of safranal and crocin present in stigma and petals of saffron (Crocus sativus) has been documented in an experimental study in guinea.^[20] Hypolipidemic effects, radical scavenging

properties, Antinociceptive,^[21] anti-inflammatory,^[21] and antidepressant effects.^[19] Antihyperglycaemic activity, anticoagulant activity, Cell proliferation inhibition, tranquillizing of Constituents of Saffron extracts have also been reported in animals,^[22] and human.^[23]

3.1.3 Murmakki (Commiphora myrrha, Syn- C. molol)

Murmakki is used as an effective antimicrobial, Antiseptic, anti-inflammatory, bacteriostatic, Antiviral and leucocytogenic agent.^[16] It has Antitumour,^[24] Anticoagulant,^[11] and Anti-inflammatory activities^[11] Traditionally, myrrh is used in common cold to relieve nasal congestion and cough due to the Modulation of immune reactivity^[25] and Antimicrobial activity^[26] Antioxidant effects are a possible mediator in the protection against myocardial necrosis,^[25] inhibition of platelet aggregation^[25] as well as increased fibrinolysis by extract of myrrh resin^[25] It was also found effective in fascioliasis^[27] and in the treatment of Schistosomiasis haematobium^[28] in animal studies. The extracts of Commiphora myrrha was found having promising result against the MCF-7 breast cancer cell line.^[29]

3.2. Laug Khayar Shamber

Table 3: Composition of Lauq Khayar Shamber.^[9]

S. N.	Ingredients	Scientific Name	Ratio
i.	Sapistan	Cordia myxa Roxb.	1.5 gm
ii.	Asalassoos	Glycyrrhiza glabra Linn.	1.5 gm
iii.	Maghaze Amaltas	Cassia fistula Linn.	2 gm
iv.	Kateera	Cochlospermum gossypium DC.	1 gm
-	Sugar	-	1 gm

Dose. 10-20 gm (in the form of Lozenges).^[9]

3.2.1 Sapistan (Cordia myxa)

It has astringent, demulcent, expectorant, diuretic, anthelmintic, mucilaginous properties.^[16] Therefore, useful in the diseases of the chest and dry cough.^[16,30]

3.2.2 Aslassoos (*Glycyrrhiza glabra*)

Dose- 3-7 gm (to be use as Decoction)

Aslassoos is used in bronchitis, dry cough, respiratory infections, catarrh, tuberculosis and sore throat for its demulcent, expectorant, antiallergic, anti-inflammatory, spasmolytic, mild laxative, anti-stress, anti-depressant, antiulcer, liver protective, estrogenic, antidiabetic, Expectorant and Immunomodulator properties.^[16,28]

3.2.3 Maghaze Amaltas (Cassia fistula)

Pulp of the pod contains anthraquinone glycosides, sennosides A and B, rhein, glucoside, barbaloin, aloin, formic acid, butyric acid, their ethyl esters and oxalic acid.^[14].As an Anti-inflammatory, it is used in Pharyngitis and diphtheria.^[30]

3.2.4 Kateera (*Cochlospermum gossypium*)

It is a Gum which is used in cough, hoarseness of throat, diarrhea, dysentery and scalding urine due to its cooling, sedative and bechic properties.^[14,30]

3.3 Afsanteen (*Artemisia absinthium*).^[30,31,32,33,34,35,36,37]

Dose. 2-5 gm (to be use as Decoction).^[30]

It has Antimicrobial,^[38] Antifungal, Anticancer, Hepatoprotective,^[39] Antimalarial, Immunomodulator,^[39] Anti-oxidant,^[40] Anti-inflammatory,^[41] Antidepressant,^[42,43] Neuro-protective/ Brain tonic,^[44] Anti-bacterial,^[45] Antiviral^[45] Antipyretic^[47,48] and Cell stability properties.[49]

3.4 Zoofa (*Hyssopus officinalis* Linn.) **Dose.** 5-7 gm (to be use as Decoction)^[30]

It is Anti-inflammatory, antiallergic, expectorant, Bronchodilator, Blood Modifier and Hepatoprotective.^[30] Therefore, used for cold, chronic cough, bronchitis and respiratory distress.[16,30]

3.5 Gauzaban (Borago officinalis Linn.)

It is Antioxidant, Febrifuge, expectorant, demulcent and emollient.[16,30]

3.6 Unnab (Ziziphus jujuba Mill)

It has nourishing, tonic, emollient, antitussive, antiallergic and hepatoprotective properties and prevents stress ulcer formation. The Seeds are used for dry cough and skin eruptions.[16]

5. CONCLUSION

From the above discussion we can draw-out the following inferences:

- 1. The set of similar symptoms has been encountered in the classical reference books of USM like Al Qanoon, Al Hawi, Kulliyate Qanoon and Hummiyate Qanoon, so basis on these findings we can draw-out classical way of Treatment for such set of symptoms.
- 2. As per the research conducted on various herbs by Unani and Modern experts we found various effectives herbs depicting the required pharmacotherapeutic effects (Immunomodulator, Antioxidant, Anti-inflammatory, Antipyretic, Hepatoprotective, Cardiotonic and Antiviral) which can be exploited in the preparation of a protocol for COVID-19 treatment.
- 3. At several places Tiryaq-i-Waba'i has been advocated by eminent physicians during epidemic and pandemic. Strikingly the studies done on its ingredients suggested efficacy in prevention and supportive treatment, which furthermore has been substantiated by the exclusive studies on Tiryaq-i-Waba'i. (Table- 2)
- 4. Different Regimes has been prescribed for prophylaxis in Low & High Risk Groups, and management for Mild and Sever COVID-19 Patient groups. (Table-1)

REFERENCES

- Morens DM, Daszak P., Taubenberger J K. Escaping Pandora's Box - Another Novel Coronavirus. The New England Journal of Medicine. February 26, 2020.
- Guan W. et. al. Clinical Characteristics of Coronavirus Disease 2019 in China. The new England journal of medicine, 28 Feb 2020; 10: 1056.
- Zhao D. et al. A comparative study on the clinical features of COVID-19 pneumonia to other pneumonias. Oxford University Press for the Infectious Diseases Society of America, 2020.
- Zunyou Wu. Characteristics of and Important Lessons From the Coronavirus Disease 2019 (COVID-19) Outbreak in China. Summary of a Report of 72314 Cases From the Chinese Center for Disease Control and Prevention, 11 Feb. 2020.
- 5. Razi AB. Kitabul-Hawi [Urdu translation]. New Delhi: Central council for research in Unani Medicine, 2008; 109-125.
- Ibne Sina. Al-Qanoon Fit-Tibb [Kantoori GH Trans]. Part 5. New Delhi: Aijaz Publishing House, 2010; 439: 268, 1205-1208.
- 7. Ibne Sina. Hummiyate Qanoon. Part 2nd. New Delhi: CCRUM, 2009; 39-47.
- Ibne Rushd AWM. Kitabul Kuliyaat [Urdu Trans]. New Delhi: Central council for research in Unani Medicine, 1987; 289: 267.
- 9. Anonymous. National Formulary of Unani Medicine. Part 1. New Delhi: Ministry of Health and Family Welfare, Govt of India, 2006; 115: 154.

- 10. Z. Nigar, M. Itrat. Evaluation of a Unani polyherbal formulation (*Tiryaqe wabai*) as an immunostimulator in elderly persons. Ancient Science of Life, 2013 Oct-Dec; 33(2): 119–122.
- Sun Z, Yu C, Wang W, Yu G, Zhang T, Zhang L, Zhang J, Wei K. Aloe Polysaccharides Inhibit Influenza A Virus Infection-A Promising Natural Anti-flu Drug. Frontiers in Microbiology, 2018; 9: 2338
- WHO monographs on selected medicinal plants. Vol. 1 & 3. WHO: Geneva, 2007; 33: 126-137, 246-249.
- 13. Langmead L, Makins R, Rampton D. Antiinflammatory effects of aloe vera gel in human colorectal mucosa in vitro. Aliment. Pharmacol. Ther, 2004; 19: 521–527.
- Kumar S, Tiku AB. Immunomodulatory potential of acemannan (polysaccharide from Aloe vera) against radiation induced mortality in Swiss albino mice. Food Agric. Immunol, 2016; 27: 72–86.
- Yagi A, Byung PY. Immune modulation of Aloe vera: acemannan and gut microbiota modulator. J. Gastroenterol. Hepatol. Res., 2015; 4: 1707–1721.
- Khare CP. Indian Medicinal Plants an Illustrated Dictionary. New Delhi: Springer (India) Pvt. Limt, 2007; 36, 63, 79-80, 128, 163, 173, 178-179, 289, 320-21, 736.
- 17. Rodríguez GQ, Montalván GA, García NM, Lic PN. González MA. Effect of *Aloe barbedensis* on the thymus gland involution of mice. Rev Club Med Mil, 1990; 28: 88–92.
- Abe K, Saito H. Effects of Saffron Extract and Its Constituent Crocin on Learning Behaviour and Long-Term Potentiation. Phytotherapy Research, 2000; 14: 149-52.
- 19. Ríos JL, Recio MC, Giner RM, Mán^{*}ez S. An Update Review of Saffron and its Active Constituents. Phytotherapy Research, 1996; 10: 189.
- 20. Hosseinzadeh H, Ghenaati J. Evaluation of the antitussive effect of stigma and petals of saffron (Crocus sativus) and its components, safranal and crocin in guinea. Fitoterapia, 2006; 77(2006): 446–448.
- 21. Hosseinzadeh H, Younesi H. Antinociceptive and anti-inflammatory effects of *Crocus sativus* L. stigma and petal extracts in mice. BMC Pharmacology, 2002; 2: 7.
- 22. Karimi G, Hosseinzadeh H, Khaleghpanah P. Antidepressant effect of keamperol, a constituent of saffron (Crocus sativus) petal, in mice and rats Pharmacologyonline, 2007; 2: 367-370.
- 23. You HJ, Woo, ER. The suppressive effect of medicinal herbs on H2O2-induced hypoxanthine-guanine phosphoribosyl transferase (HPRT) mutation. *Korean Journal of Pharmacognosy*, 2004; 35(1): 28-34.
- 24. Akhondzadeh S, Fallah-Pour H, Afkham K, Jamshidi AH, Khalighi-Cigaroudi F. BMC Comp Alter Med, 2004; 4: 12.

- Bani S, Pandey A, Agnihotri VK, Pathania V, Singh B. Selective Th2 upregulation by *Crocus sativus*: A Neutraceutical Spice. Evidence-Based Complementary and Alternative Medicine, 2011; Art 639862, 9.
- Moussaieff A, Fride E, Amarc Z, Levd E, Steinberg D, Gallily R, Mechoulama R. The Jerusalem Balsam: From the Franciscan Monastery in the old city of Jerusalem to Martindale 33. *Journal of Ethnopharmacology*. 2005; 101: 16-26.
- 27. Haridy FM, El-Garhy MF, Morsy TA. Efficacy of Mirazid (*Commiphora molmol*) against fascioliasis in Egyptian sheep. *Journal of the Egyptian Society of Parasitology*, 2003; 33(3): 917-924.
- El-Baz MA, Morsy TA, El-Bandary MM, Motawea SM. Clinical and parasitological studies on the efficacy of Mirazid in the treatment of schistosomiasis haematobium in Tatoon, Etsa Center, El Fayoum Governorate. *Journal of the Egyptian Society of Parasitology*, 2003; 33(3): 761-776.
- 29. Zhu N. Rafi MM, DiPaola RS, Xin J, Chin CK, Badmaev V, Ghai G, Rosen RT, Ho CT. Bio-active constituents from gum guggul (*Commiphora wightii*). *Phytochemistry*, 2001; 56: 723-727.
- Ghani N. Khazain-ul Advia. New Delhi: Idara Kitab-us-Shifa, YNM: 245, 264-265, 768, 787-788, 1022-1023, 1116-1117, 1229-1230, 1260.
- Anonymous. National formulary of Unani Medicine, Botanical herb. Part 1. New Delhi: Central Council for Research in Unani Medicine, 2006; 379.
- Ibn-e-Baitar. Al-jami-ul-Mufradat-ul-Adviyah wal-Aghziyah [Urdu Trans]. Vol 1. New Delhi: Central council for research in Unani Medicine, 1971; 97-104.
- Hussain M. Makhzanul Advia. Vol. 1. Lucknow; YNM, 1851; 137-139.
- 34. The Wealth of India. Vol 1. India: Publication & Information Directorate, CSIR, 1985; 434-435.
- Nadkarni K.M. Indian Materia Medica. 3rd ed. India: Popular Prakashan Pvt. Ltd, 2013; 141-2, 1108-1113.
- Rastogi RP, Malhotra BN. Compendium of Medicinal Plants. Vol 1. New Delhi: Publication & Information Directorate, CSIR, 1990; 364: 45.
- Kirtikar KR, Basu BD. Indian Medicinal Plants. Vol
 2nd Ed. India: International book distributors, 1988; 1420-23: 1398-1400.
- Juteau F, Jerkovic I, Masotti V, Milos M, Majeslic J, Bessiere JM. Viano J. Composition and Antimicrobial activity of the essential oil of *Artemisia absinthiun* from Coroatia and France. Planta Med, 2003; 69: 158-161.
- 39. Amat N, Upur H, Blazekovic B. In vivo hepatoprotective activity of the AAEE against chemically and immunologically induced liver injuries in mice. *J Ethnopharmacol*, 2010; 130(2): 478-84.
- 40. Saxena M, Shukla S. Reversal of carbon tetrachloride-induced hepatic injury by AEE in

sprague dawley rats. *J Envion Pathol Toxicol Oncol*, 2012; 31(4): 325-34.

- 41. Hadi A, Hossein N, Shirin P, Najmeh N, Abolfazl M. Anti-inflammatory and analgesic activities of *Artemisia absinthium* and chemical composition of its essential oil. *International Journal of Pharmaceutical Sciences Review and Research*, 2014; 24(2): 237-244.
- 42. Ahmoudi and Nabavi SM. Antidepressant and antioxidant activities of *Artemisia absinthium* L. at flowering stage. *African Journal of Biotechnology*, 2009; 8(24): 7170-7175.
- 43. Hadizadeh F, Ebrahimzadeh MA, Hosseinzadeh H, Motamed-Shariaty V, Salami S, Bekhradnia AR. Antidepressant and antioxidant activities of some 2benzoxazolinone derivatives as Bupropionanalogues. Pharmacology online, 2009; 1: 331-5.
- 44. Wake G, Court J, Pickering A, Lewis R, Wilkins R, Perry E. CNS acetylcholine receptor activity in European medicinal plants traditionally used to improve failing memory. *Journal of Ethnopharmacology*, 2000; 69(2): 105-14.
- Lopes-Lutz D, Alviano DS, Alviano CS, Kolodziejczyk PP. Screening of chemical composition, antimicrobial and antioxidant activities of Artemisia essential oils. *Phytochemistry*, 2008; 69(8): 1732-8.
- 46. Ansari S, Siddiqui MA, Malhotra S, Maaz M. Antiviral efficacy of qust (*Saussurea lappa*) and afsanteen (*Artemisia absinthium*) for chronic Hepatitis B: A prospective single-arm pilot clinical trial. Phcog Res., 2018; 10: 282-90.
- 47. Khattak SG, Gilama SN, Ikram M. Antipyretic studies on some indigenous Pakistani medicinal plants. J. Ethnopharmacol, 1985; 14: 45-51.
- 48. Carner A, Doskaya M, Degirmenci A, Can H, Baykan S, Uner A. Comparison of the effects of Artemisia vulgaris and Artemisia absinthium growing in western Anatolia against trichinellosis (Trichinella spiralis) in rats. Exp. Parasitology, 2008; 119: 173-179.
- 49. De Freitas MV, de Cassia NR, da Costa HJC, de Souza TMT, Costa JO, Firmino CB. Influence of aqueous crude extracts of medicinal plants on the osmotic stability of human erythrocytes. Toxicol In Vitro, 2008; 22: 219-224.