

Preventive Care for Gastrointestinal Disorders; Role of Herbal Medicines in Traditional Persian Medicine

Maryam Mosaffa Jahromi,^{1,2} Mehdi Pasalar,^{2,3,*} Suleiman Afsharypuor,⁴ Rasool Choopani,³ Mahmoud Mosaddegh,⁵ Mohammad Kamalinejad,⁶ Abdolali Mohagheghzadeh,¹ Ali Mohammad Tamaddon,⁷ and Kamran Bagheri Lankarani⁸

¹Department of Traditional Pharmacy, School of Pharmacy, Pharmaceutical Sciences Research Center, Shiraz University of Medical Sciences, Shiraz, IR Iran

²Research Center for Traditional Persian Medicine and History of Medicine, Shiraz University of Medical Sciences, Shiraz, IR Iran

³Department of Traditional Medicine, School of Traditional Medicine, Shahid Beheshti University of Medical Sciences, Tehran, IR Iran

⁴Department of Pharmacognosy, School of Pharmacy, Pharmaceutical Sciences Research Center, Isfahan University of Medical Sciences, Isfahan, IR Iran

⁵Traditional Medicine and Materia Medica Research Center, Shahid Beheshti University of Medical Sciences, Tehran, IR Iran

⁶Department of Pharmacognosy, School of Pharmacy, Shahid Beheshti University of Medical Sciences, Tehran, IR Iran

⁷Department of Pharmaceutics, School of Pharmacy, Pharmaceutical Nanotechnology and Biomaterials Center, Shiraz University of Medical Sciences, Shiraz, IR Iran

⁸Health Policy Research Center, Shiraz University of Medical Sciences, Shiraz, IR Iran

*Corresponding author: Mehdi Pasalar, Department of Traditional Medicine, School of Traditional Medicine, Shahid Beheshti University of Medical Sciences, Tehran, IR Iran. Tel/Fax: +98-2188795008, E-mail: Pasalar@sums.ac.ir

Received 2014 June 8; Revised 2014 November 29; Accepted 2015 January 19.

Abstract

Context: Preventive care is a basic rule in current medical practice and traditional Persian medicine (TPM) scholars have introduced a large amount of publications in this valued field. According to TPM principles, healthy stomach has a significant role in providing a fit body and herbal medicines are capable of helping stomach perform this role.

Evidence Acquisition: A wide-ranging search in main TPM books and web engines was performed to compare preventive care in gastrointestinal (GI) diseases through a librarian review study.

Results: There is a close interaction between GI system and other body systems; any ailment in a system could result in dysfunction of stomach and vice versa. There are various herbal medicines that help achieving a healthy stomach following a seven-part preventive rule and in this article, we briefly reviewed some of them such as amla, clove, lemon, black mustard, saffron, ginger, aloe, and mastic.

Conclusions: Following a simple seven-part rule of healthy stomach will result in balanced GI function and a healthy body. Properly consumption of recommended TPM herbal medicines could reinforce the stomach and a healthy GI system through preventive mechanisms.

Keywords: Preventive Medicine, Gastrointestinal Diseases, Oriental Traditional Medicine, Herbal Medicine, Stomach

1. Context

Gastrointestinal (GI) diseases are among the most common disabilities worldwide. They cause morbidities, economic, and social effects such as decreased quality of life, higher cost of care, and school absenteeism (1-3). One of the most effective experienced ways to overcome the abovementioned hazards is substituting prevention for treatment (4) and consequently, health policymakers should pay more attention to promotion of preventive care and progressively invest in this field (5, 6). Traditional Persian Medicine (TPM), as an ancient valuable school, concentrates on preventive principles (Osul-e Hifzosiha), especially in the field of GI system (7). Based on quadratic elements (fire, air,

water, and soil) and their qualities, GI system accomplishes its inborn normal function. As every subject has specific quality related to its element(s) dominancy in its structure, called temperament or mizadj, different effects are considered (8-11). According to TPM scholars' view, stomach has a cardinal role in body health (12). It functions as a main system in supplying other organs requirements including growth and development. If it works correctly, balanced humors will be generated, which are essential for health (8, 13). The aim of this study was to review the preventive principles of TPM in healthy stomach topic and evaluate them with new scientific findings.

2. Evidence Acquisition

We searched main books of TPM scholars including Al-Havi (by Razes), Canon of Medicine (by Avicenna), and Exir Azam (by Hakim Azam Khan) for GI prevention explanations. Moreover, a comprehensive web search was performed in PubMed, Medline, Scopus, Web of Science, and scientific information database (SID) through March 2014 with the following keywords: stomach, prevention of GI disorders, and traditional medicine.

3. Results

Anatomy of GI system in TPM books is similar to that in modern ones, but the pathophysiology is completely different (14). Regarding TPM, stomach has four faculties (Qwwat): attracting, restraining, digestive, and excretive. These are vital faculties for a complete stomach function and eventually, weakness of any abovementioned features results in GI symptoms (9) as follows:

a) Attracting faculty (Qwwat-e Jaziba): It helps attracting the food from mouth and esophagus to stomach. Hotness and dryness qualities are helpful to this feature. The weakness of the current faculty causes postprandial fullness and pain (14).

b) Restraining faculty (Qwwat-e Masika): Its duty is to hold the swallowed food in stomach during digestion process. Coldness and dryness qualities of the stomach are useful to accomplish the given task. If this faculty becomes weak, the indigestion, heartburn, and GI upset will develop (8).

c) Digestive faculty (Qwwat-e Hazima): This is the basic faculty of stomach and the rest faculties are its servants. The main mission of stomach (digestion) is related to this faculty and the stomach hotness and moistness qualities are supportive. Indigestion, vomiting, diarrhea, abdominal cramp, and malabsorption may develop while this faculty gets weak (14).

d) Excretive faculty (Qwwat-e Dafi'a): The role of excretive faculty is passage of primary digested food toward the elementary canal while coldness and moistness qualities of the stomach help this process. Lack of this faculty may lead to mouth stink and indigestion (8).

The TPM scholars have a special attention to prevention in the field of GI system; there is an emphasis on seven-part rules of healthy stomach. Obeying these rules, the GI function will be optimized. These valuable seven-part rules are as follows:

1) Tanning of stomach: As the time passes, the stomach gradually loses its tone and consequently, becomes weak. One of treatments for this dysfunction is astringent (Ghabiz) agents, which have the ability to tan the stomach and preserve its tonicity. Amla (*Emblica officinalis* L.) is a good example of astringent medicines, which has been repeatedly mentioned in TPM resources for its effect on tanning stomach. It acts as a tonic drug for stomach, too (8, 9, 15). Amla has high soil element

content (Table 1), which lead to astringent quality and tonic effect (15). This kind of plants is a source of phenolic compounds and has dry and cold temperament (16). Antioxidant and anti-*Helicobacter pylori* properties of amla in animal model (mice) were shown in recent studies (17, 18) although amla has multiple documented functions (Table 2) (19). These broad-range functions could vindicate the legitimacy of TPM believes about amla's influence on stomach.

2) Remove of stomach softness: Increasing soft waste materials around stomach villi, the stomach will be unable to perform its usual function and the digestion process becomes imperfect. To solve the problem, fragmenting (Moghattia), stubbing (Mohallil), and tendering (Mollatif) agents are necessary, which are found in medicinal plants such as clove (*Eugenia caryophyllata* Thunb) with the dominancy of their fire element. These plants have the ability to wash out the waste materials and to restore the stomach power (9, 14, 15). They are rich in phenolic compounds and essential oils. *In vitro* anti-*H. pylori* and antibacterial effects of clove have been mentioned in literature (20, 21).

3) Stimulation of appetite: Sour (Hamiz), pungent (Herrif), and salty (Malih) materials are good appetizer agents in TPM resources. These agents are used for removing thick humors from stomach, inhibition of vomiting, and reinforcement of stomach. Lemon (*Citrus limon* L.) and black mustard (*Brassica nigra* L.), containing moderate to high levels of fire element, are effective examples of this list. They stimulate the patients' appetite and empower their stomachs through special features like varnishing (Jali), fragmenting, or heating (9, 15). Major compounds in lemon (phenolic compounds and essential oils) have demonstrated gastroprotective property including elevated mucus secretion and anti-ulcer activity (22). Antibacterial, anti-*H. pylori*, anti-inflammatory, and antioxidant effects of black mustard have been explained in current essays with different methods (23-25).

4) Removing excess humidity and gas of stomach: Eliminating the excess humidity and gas of stomach will cause stomach strengthening. Ginger (*Zingiber officinale* Rosc.) is a stomach tonic and helps the digestion process. It has fire element dominancy and removes excess humidity and gas of stomach and actively absorbs these waste materials (9, 15). Experimental studies for evaluation of gastroprotective effect of ginger has been started for a long time (26) and currently, many researchers affirm the issue through their precise surveys (27, 28). Anti-ulcer agents in phenolic compounds and essential oils have been detected and their mechanism of action is under investigation (29). A surprising finding for ginger is its scavenging effect on superoxide and hydroxyl radicals, which may be equivalent with its abovementioned function in discarding excess humidity (30).

5) Unpacking the stomach obstructions: these ca-

capacities are seen in stubbing (Mohallil) and purifying (Monaghi) agents. Aloe (*Aloe barbadensis* Miller) is a suggested plant drug in TPM books, which could stub gases and purify waste humors from GI system using its soil element dominance. It is a potent purgative and tonic medicine for stomach functions (9, 14, 15). Anti-ulcer and healing effects of aloe have been tested in animal models and the efficacy has been established in numerous documents (31, 32). These properties are supposed to be similar to TPM comments about this herbal medicine.

6) Reviving the stomach faculties: As mentioned before, the quadratic faculties of stomach are vital for stomach function. Organ reinforcement is a key principle in TPM practice and this goal is achieved by proper herbal medications (12). There are some euphoric (Mofarrih) agents that empower total body including stomach. Saffron (*Crocus sativus* L.) is one of the best plant drugs in this group that revives the stomach because of its good smell and astringent quality resulting from soil element dominance (8, 15). Recent studies also showed antidepressant and anticarcinogenic effects of saffron, which are supportive to TPM theories (33-36). It is so striking that experimental studies approved gastro-protective effect of saffron in GI

malignancies (37). It may be the consequence of reviving the stomach faculties and the resulting ability to overcome the neoplastic cells.

7) Maintenance of the innate heat of stomach: One of the most important roles of the sensible body (Tabi'at-e modabbera) is the maintenance of innate heat. This heat is essential in normal function of all body organs. Proper digestion is also related to this innate heat and some herbal medicines have the potential to save and strengthen this feature. Mastic (*Pistacia lentiscus* L.), rich in soil and air elements content, is one of the highly recommended medicinal plants for such a purpose in TPM literature. It is a good source of tonic, tendering, stubbing, varnishing, and astringent agents (8, 15, 38). Overall, 69 constituents of this plant, mostly phenolic compounds, have been analyzed and diverse functions including antioxidant, antimicrobial, and antiulcer effects have been confirmed (39, 40). Mastic gum is also effective in eradication of *H. pylori* infection both *in vitro* and *in vivo* (41, 42) and relieves dyspeptic symptoms in patients with functional dyspepsia (43). Although the mechanism of action is not clear currently (43), the effect on gastric function may originate from mastic capacity in preserving the innate heat of stomach.

Table 1. Data About Major Chemical Compounds and Traditional Persian Medicine Dominant Element for Recommended Plant Drugs in Healthy Stomach Topic^a

Scientific Name	Major Chemical Compound (44)	Alkaloids	Phenolic Compounds	Essential Oils	TPM Element Content (45)			
					Fire	Air	Water	Soil
<i>Emblica officinalis</i> L.	Gallic acid Rutin	×	√	×	MY ^b	M	L€ ^b	H£ ^b
<i>Eugenia caryophyllta</i> Thunb.	Eugenol Caryophyllene	×	√	√	M	M	L	L
<i>Citrus × limon</i> L.	Limonene β-pinene	×	√	√	M	H	L	H
<i>Brassica nigra</i> L.	Galic acid Quercetine	×	√	×	H	N ∞ ^b	L	L
<i>Zingiber officinale</i> Rosc.	Zingiberene Gingerols Shogaols	×	√	√	H	M	L	M
<i>Aloe barbadensis</i> Miller.	Aloin Aloe-Emodin	×	√	×	N	M	M	H
<i>Crocus sativus</i> L.	Safranal Crocin Anthocyanin	×	√	√	L	M	L	H
<i>Pistacia lentiscus</i> L.	Masticadienonic acid Iso-mastiadienonic acid	×	√	×	M	H	L	H

^aAbbreviation: TPM, traditional Persian medicine.

^b€, low; ¥, moderate; £, high; and ∞, none.

Table 2. Data From Traditional Persian Medicine and Current Pharmacology About Recommended Plant Drugs for Healthy Stomach^a

Scientific name	TPM Name	Medicinal Part	Temperament	Model	References
<i>Emblica officinalis</i> L.	Amlaj	Fruit	Cold (in second grade) and dry (in first phase of third grade)	<i>In vitro</i> Swiss Albino Mice	Mehrotra et al. (17); Hari Hari Kumar et al. (18)
<i>Eugenia caryophyllata</i> Thunb.	Qaranfol	Flower bud	Hot and dry (in third grade)	<i>In vitro, in vitro</i>	Li et al. (20); Joshi et al. (21)
<i>Citrus × limon</i> L.	Limu	Pulp of fruit	Cold (in second grade) and dry (in first grade)	<i>In vitro</i>	Rozza et al. (22)
<i>Brassica nigra</i> L.	Khardal	Seed	Hot and dry (in fourth grade)	<i>In vitro, in vitro</i> and Rat, <i>in vitro</i>	Radha Krishnan et al. (23); Alam et al. (24); Zaidi et al. (25)
<i>Zingiber officinale</i> Rosc.	Zanjabil	Rhizome	Hot (in third grade) and dry (in second grade)	Albino Mice, Rat, Wistar Rat, Rat, <i>in vitro</i>	Al-Yahya et al. (26); Goel et al. (27); Khushtar et al. (28); Nanjundaiah et al. (29); Cao et al. (30)
<i>Aloe barbadensis</i> Miller.	Sebr	Exudate	Hot and dry (in second grade)	Rat, RCT	Borrelli et al. (31); Dat et al. (32)
<i>Crocus sativus</i> L.	Zafaran	Stigma	Hot (in second grade) and dry (in first grade)	Mice, RCT	Wang et al. (33); Akhondzadeh et al. (34); Samarghandian et al. (35)
<i>Pistacia lentiscus</i> L.	Mastaki	Gum	Hot and dry (in third phase of second grade)	<i>In vivo, in vivo</i> , Mice, RCT	Koutsoudaki et al. (39); Marone et al. (41); Paraschos et al. (42); Dabos et al. (43)

^aabbreviation, TPM, traditional Persian medicine; RCT, randomized clinical trial.

4. Conclusions

According to TPM resources, GI system including stomach has special preventive instructions to be obeyed accurately. Observing the seven-part rules of healthy stomach will lead to a balance in hotness, coldness, moistness, and dryness of stomach and an empowered stomach faculties. Appropriate use of recommended TPM herbal medicines with specific temperaments (Table 2) and observing essential prerequisites for the prevention of diseases (Osul-e Hifzosiha) for healthy stomach are of great importance in the abovementioned rules (14). The efficacy of some herbal medicines for good function of GI system has been proved in modern medicine. For example, most of 51 essential oils discussed in TPM resources have GI usage for diverse disorders ranging from otitis to hemorrhoid in special dosage forms (40-46). Although the safety and the detection of mechanism of action in herbal preparations are always a matter of concern, the attention has been curved towards ancient medical systems and herbal medicines because of the adverse effects and increasing failure of contemporary drugs (47-49). These effects have been discussed in TPM based on their temperaments and their components could explain these qualities. For instance, mastic is rich in phenolic compounds, which are attributed to hot and dry temperaments (mizadj) (16). The common note seen in modern studies about plants usage in prevention of GI disorders is gastroprotective effect of such herbal medicines. They are good sources of antioxidant, antimicrobial, anti-ulcer, anti-*H. pylori*, and gastro-pro-

TECTIVE agents. The fundamental role of antioxidant agents in gastric protection is documented through diverse pathways including regulation of acid secretion and improvement of mucosal blood flow (50-52). On the other hand, antimicrobial, anti-ulcer, anti-*H. pylori*, and gastroprotective characteristics of drug plants on GI system fitness are not necessary to be discussed, considering the importance of the preservation of gut microbiota (53). Furthermore, most of these plants are good sources of essential oils (Table 1). As we know, essential oils are secondary metabolites of aromatic herbs and their protective role as antibacterial, antiviral, and antifungal agents has been established (54) and it is surprising that we understand that scented plants have tonic effect on organs such as stomach regarding TPM views (8, 9, 14). The long list of priorities of preventive care makes the application of seven-part rules of healthy stomach rational and intellectual. There are numerous trials evaluating herbal medicines in TPM field (55, 56), but there is a vast area for new clinical trials on TPM herbal medicines, as preventive remedies, waiting for clever scientists.

Acknowledgments

The authors would like to thank the members of Department of Traditional Pharmacy, School of Pharmacy, and Pharmaceutical Sciences Research Center, Shiraz University of Medical Sciences, Shiraz, Iran.

Footnotes

Authors' Contributions: Maryam Mosaffa Jahromi and Mehdi Pasalar: Concept of the review, design, data gathering, data analysis, and preparation of the first draft of manuscript. Suleiman Afsharypuor: Concept of the review, design, and revising the first draft of the manuscript. Rasool Choopani, Mahmoud Mosaddegh, Mohammad Kamalinejad, Abdolali Mohagheghzadeh, Ali Mohammad Tamaddon, adn Kamran Bagheri Lan- karani: Design and revising the first draft of the manu- script.

Funding/Support: This study was supported by School of Traditional Medicine, Shahid Beheshti University of Medical Sciences, Tehran, Iran.

References

- Gikas A, Triantafyllidis JK. The role of primary care physicians in early diagnosis and treatment of chronic gastrointestinal diseases. *Int J Gen Med*. 2014;7:159-73. doi: 10.2147/IJGM.S58888. [PubMed: 24648750]
- Jafari P, Asadollahi Z, Moini M, Seyed Mirzaie M. Health Related Quality of Life in Iranian Patients With Irritable Bowel Syndrome: Reliability and Validity of the Persian Version of the IBS-QOL. *Iran Red Crescent Med J*. 2013;15(8):723-8. doi: 10.5812/ircmj.4605. [PubMed: 24578842]
- Brook RA, Kleinman NL, Choung RS, Melkonian AK, Smeeding JE, Talley NJ. Functional dyspepsia impacts absenteeism and direct and indirect costs. *Clin Gastroenterol Hepatol*. 2010;8(6):498-503. doi: 10.1016/j.cgh.2010.03.003. [PubMed: 20304102]
- Valente SL, Wemple D, Ramos S, Cashman SB, Savageau JA. Preventive Behaviors and Knowledge of Tick-Borne Illnesses: Results of a Survey From an Endemic Area. *J Public Health Manag Pract*. 2014. doi: 10.1097/PHH.000000000000098. [PubMed: 24762630]
- Milsom KM, Rice A, Kearney-Mitchell P, Kellett L. A review of a child population dental preventive programme in Halton and St Helens. *Br Dent J*. 2014;216(8):E18. doi: 10.1038/sj.bdj.2014.334. [PubMed: 24762921]
- Norwati D, Harmy MY, Norhayati MN, Amry AR. Colorectal cancer screening practices of primary care providers: results of a national survey in Malaysia. *Asian Pac J Cancer Prev*. 2014;15(6):2901-4. [PubMed: 24761922]
- Ahmad S, Rehman S, Ahmad AM, Siddiqui KM, Shaukat S, Khan MS, et al. Khamiras, a natural cardiac tonic: An overview. *J Pharm Bioallied Sci*. 2010;2(2):93-9. doi: 10.4103/0975-7406.67009. [PubMed: 21814439]
- Ibn Sina AAH. *Al Qanun Fi al-Tibb [in Arabic]*. Lebanon: Alamy Le-Al-Matbooa Institute; 2005.
- Azam Khan M. *Exir Azam [in Persian]*. Tehran: Institute of Meical History, Islamic Medicine and Complementary Medicine; Iran Medical University; 2008.
- Javed G, Anwar M, Siddiqui MA. Perception of psychiatric disorders in the Unani system of medicine - a review. *Eur J Integr Med*. 2009;1(3):149-54.
- Nasiri Toosi M, Shams Ardekani MR, Minaie MB, Nazim I, Esfahani MM, Khadem A. Fatty Liver Disease From the Perspective of Traditional Iranian Medicine. *Quran Med*. 2014;3(1)
- Shirzad M, Mosaddegh M, Minaii B, Nikbakht Nasrabadi A, Ahmadian-Attari MM. The relationship between heart and stomach in Iranian traditional medicine: a new concept in cardiovascular disease management. *Int J Cardiol*. 2013;165(3):556-7. doi: 10.1016/j.ijcard.2012.09.006. [PubMed: 22974730]
- Pasalar M, Zarshenas MM, Lankarani KB. Good Digestion is a Key Element for Healthy Hearts: An Appealing Concept from Avicenna's Viewpoint. *Med Hypothesis Discov Innov Interdisciplinary J*. 2014;1(1):15-7.
- Razi MZ. *Al-Havi Fi Al-Tibb [in Arabic]*. Beirut: Dar Al Kotob Al-is- lamiyah; 2000.
- Aghili Shirazi MH. *Makhzan-al-advia [in Persian]*. Tehran: Tehran University of Medical Sciences; 2009.
- Ardekani MR, Rahimi R, Javadi B, Abdi L, Khanavi M. Relationship between temperaments of medicinal plants and their major chemical compounds. *J Tradit Chin Med*. 2011;31(1):27-31. [PubMed: 21563502]
- Mehrotra S, Jamwal RR, Meena DK, Mishra K, Patra R, Shyam R, et al. Anti-Helicobacter pylori and antioxidant properties of *Em- blica officinalis* pulp extract: A potential source for therapeutic use against gastric ulcer. *Med Plants Res J*. 2011;5(12):2577-83.
- Hari Kumar KB, Sabu MC, Lima PS, Kuttan R. Modulation of haematopoietic system and antioxidant enzymes by *Emblica officinalis* gaertn and its protective role against gamma-radiation induced damages in mice. *J Radiat Res*. 2004;45(4):549-55. [PubMed: 15635265]
- Farzaei MH, Shams-Ardekani MR, Abbasabadi Z, Rahimi R. Scien- tific evaluation of edible fruits and spices used for the treatment of peptic ulcer in traditional Iranian medicine. *ISRN Gastroenter- ol*. 2013;2013:136932. doi: 10.1155/2013/136932. [PubMed: 24066235]
- Li Y, Xu C, Zhang Q, Liu JY, Tan RX. In vitro anti-Helicobacter py- lori action of 30 Chinese herbal medicines used to treat ulcer diseases. *J Ethnopharmacol*. 2005;98(3):329-33. doi: 10.1016/j. jep.2005.01.020. [PubMed: 15814268]
- Joshi B, Sah GP, Basnet BB, Bhatt MR, Sharma D, Subedi K, et al. Phytochemical extraction and antimicrobial properties of differ- ent medicinal plants: *Ocimum sanctum* (Tulsi), *Eugenia caryo- phyllata* (Clove), *Achyranthes bidentata* (Datiwan) and *Azadi- rachta indica* (Neem). *J Microbiol Antimicrob*. 2011;3(1):1-7.
- Rozza AL, Moraes TM, Kushima H, Tanimoto A, Marques MOM, Bauab TM, et al. Gastroprotective mechanisms of Citrus lemon (*Rutaceae*) essential oil and its majority compounds limonene and β -pinene: Involvement of heat-shock protein-70, vasoactive intestinal peptide, glutathione, sulfhydryl compounds, nitric oxide and prostaglandin E2. *Chem Biol Interact*. 2011;189((1-2)):82-9. doi: 10.1016/j.cbi.2010.09.031. [PubMed: 20934418]
- Radha krishnan K, Babuskin S, Azhagu Saravana Babu P, Sasikala M, Sabina K, Archana G, et al. Antimicrobial and antioxidant ef- fects of spice extracts on the shelf life extension of raw chicken meat. *Int J Food Microbiol*. 2014;171:32-40. doi: 10.1016/j.ijfoodmi- cro.2013.11.011. [PubMed: 24308943]
- Alam MB, Hossain MS, Ekramul Haque M. Antioxidant and anti- inflammatory activities of the leaf extract of *Brassica nigra*. *Int J Pharm Sci Res*. 2011;2(2):303-10.
- Zaidi SF, Yamada K, Kadowaki M, Usmanghani K, Sugiyama T. Bactericidal activity of medicinal plants, employed for the treat- ment of gastrointestinal ailments, against *Helicobacter pylori*. *J Ethnopharmacol*. 2009;121(2):286-91. doi: 10.1016/j.jep.2008.11.001. [PubMed: 19041711]
- al-Yahya MA, Rafatullah S, Mossa JS, Ageel AM, Parmar NS, Tariq M. Gastroprotective activity of ginger *Zingiber officinale* rosc., in albino rats. *Am J Chin Med*. 1989;17(1-2):51-6. doi: 10.1142/ S0192415X89000097. [PubMed: 2589236]
- Goel R, Sairam K. Anti-ulcer drugs from indigenous sources with emphasis on *Musa sapientum*, *tamrahbasma*, *Aspara- gus racemosus* and *Zingiber officinale*. *Indian J Pharmacol*. 2002;34(2):100-10.
- Khushtar M, Kumar V, Javed K, Bhandari U. Protective Effect of Ginger oil on Aspirin and Pylorus Ligation-Induced Gastric Ulcer model in Rats. *Indian J Pharm Sci*. 2009;71(5):554-8. doi: 10.4103/0250-474X.58195. [PubMed: 20502577]
- Nanjundaiah SM, Annaiah HN, Dharmesh SM. Gastroprotec- tive Effect of Ginger Rhizome (*Zingiber officinale*) Extract: Role of Gallic Acid and Cinnamic Acid in H(+), K(+)-ATPase/H. pylori Inhibition and Anti-Oxidative Mechanism. *Evid Based Compl- ement Alternat Med*. 2011;2011:249487. doi: 10.1093/ecam/nep060. [PubMed: 19570992]
- Cao ZF, Chen ZG, Guo P, Zhang SM, Lian LX, Luo L, et al. [Scaveng- ing effects of ginger on superoxide anion and hydroxyl radical]. *Zhongguo Zhong Yao Za Zhi*. 1993;18(12):750-1. [PubMed: 8011089]
- Borrelli F, Izzo AA. The plant kingdom as a source of anti-ulcer remedies. *Phytother Res*. 2000;14(8):581-91. [PubMed: 11113992]
- Dat AD, Poon F, Pham KB, Doust J. Aloe vera for treating acute and

- chronic wounds. *Cochrane Database Syst Rev*. 2012;**2**:CD008762. doi: 10.1002/14651858.CD008762.pub2. [PubMed: 22336851]
33. Wang Y, Han T, Zhu Y, Zheng CJ, Ming QL, Rahman K, et al. Anti-depressant properties of bioactive fractions from the extract of *Crocus sativus* L. *J Nat Med*. 2010;**64**(1):24-30. doi: 10.1007/s11418-009-0360-6. [PubMed: 19787421]
 34. Akhondzadeh Basti A, Moshiri E, Noorbala AA, Jamshidi AH, Abbasi SH, Akhondzadeh S. Comparison of petal of *Crocus sativus* L. and fluoxetine in the treatment of depressed outpatients: a pilot double-blind randomized trial. *Prog Neuropsychopharmacol Biol Psychiatry*. 2007;**31**(2):439-42. doi: 10.1016/j.pnpbp.2006.11.010. [PubMed: 17174460]
 35. Samarghandian S, Borji A. Anticarcinogenic effect of saffron (*Crocus sativus* L.) and its ingredients. *Pharmacognosy Res*. 2014;**6**(2):99-107. doi: 10.4103/0974-8490.128963. [PubMed: 24761112]
 36. Hosseinzadeh H, Nassiri-Asl M. Avicenna's (Ibn Sina) the Canon of Medicine and saffron (*Crocus sativus*): a review. *Phytother Res*. 2013;**27**(4):475-83. doi: 10.1002/ptr.4784. [PubMed: 22815242]
 37. Bathaie SZ, Miri H, Mohagheghi MA, Mokhtari-Dizaji M, Shahbazzfar AA, Hasanzadeh H. Saffron Aqueous Extract Inhibits the Chemically-induced Gastric Cancer Progression in the Wistar Albino Rat. *Iran J Basic Med Sci*. 2013;**16**(1):27-38. [PubMed: 23638290]
 38. Shamsi-Baghbahan H, Sharifian A, Esmaeili S, Minaei B. Hepatoprotective herbs, avicenna viewpoint. *Iran Red Crescent Med J*. 2014;**16**(1):e12313. doi: 10.5812/ircmj.12313. [PubMed: 24719702]
 39. Koutsoudaki C, Krsek M, Rodger A. Chemical composition and antibacterial activity of the essential oil and the gum of *Pistacia lentiscus* Var. chia. *J Agric Food Chem*. 2005;**53**(20):7681-5. doi: 10.1021/jf050639s. [PubMed: 16190616]
 40. Hamed A, Zarshenas MM, Sohrabpour M, Zargaran A. Herbal medicinal oils in traditional Persian medicine. *Pharm Biol*. 2013;**51**(9):1208-18. doi: 10.3109/13880209.2013.777462. [PubMed: 23746335]
 41. Marone P, Bono L, Leone E, Bona S, Carretto E, Perversi L. Bactericidal activity of *Pistacia lentiscus* mastic gum against *Helicobacter pylori*. *J Chemother*. 2001;**13**(6):611-4. doi: 10.1179/joc.2001.13.6.611. [PubMed: 11806621]
 42. Paraschos S, Magiatis P, Mitakou S, Petraki K, Kalliaropoulos A, Maragkoudakis P, et al. In vitro and in vivo activities of Chios mastic gum extracts and constituents against *Helicobacter pylori*. *Antimicrob Agents Chemother*. 2007;**51**(2):551-9. doi: 10.1128/AAC.00642-06. [PubMed: 17116667]
 43. Dabos KJ, Sfika E, Vlatta LJ, Frantzi D, Amygdalos GI, Giannikopoulos G. Is Chios mastic gum effective in the treatment of functional dyspepsia? A prospective randomised double-blind placebo controlled trial. *J Ethnopharmacol*. 2010;**127**(2):205-9. doi: 10.1016/j.jep.2009.11.021. [PubMed: 19961914]
 44. Gruenwald J, Brendler T, Jaenicke C. *PDR for Herbal Medicines*. 3rd ed. Montvale, NJ: Thomson Pdr; 2004. p. 1351.
 45. Ibn al-Nafis A. *Al-Shamel fi Sana'at al-Tibbi'at [in Persian]*. Tehran: Institute of Meical History, Islamic Medicine and Complementary Medicine; 2008.
 46. Zarshenas MM, Zargaran A, Muller J, Mohagheghzadeh A. Nasal drug delivery in traditional persian medicine. *Jundishapur J Nat Pharm Prod*. 2013;**8**(3):144-8. [PubMed: 24624204]
 47. Sattari M, Dilmaghazadeh M, Hamishehkar H, Mashayekhi SO. Self-reported Use and Attitudes Regarding Herbal Medicine Safety During Pregnancy in Iran. *Jundishapur J Nat Pharm Prod*. 2012;**7**(2):45-9. [PubMed: 24624153]
 48. Singla RK, Bhat GV, Gonzalez-Diaz H. Editorial: from phytochemistry to medicinal chemistry: isolation, semisynthesis, evaluation and computational studies. *Curr Top Med Chem*. 2014;**14**(8):979-80.
 49. Aminolroayae Yamini E. Some questions about herbal and traditional medicine. *Nurs Midwifery Stud*. 2014;**3**(1):e18079. [PubMed: 25414896]
 50. Chandranath SI, Bastaki SM, Singh J. A comparative study on the activity of lansoprazole, omeprazole and PD-136450 on acidified ethanol- and indomethacin-induced gastric lesions in the rat. *Clin Exp Pharmacol Physiol*. 2002;**29**(3):173-80. [PubMed: 11906479]
 51. Brzozowski T, Konturek PC, Konturek SJ, Brzozowska I, Pawlik T. Role of prostaglandins in gastroprotection and gastric adaptation. *J Physiol Pharmacol*. 2005;**56** Suppl 5:33-55. [PubMed: 16247188]
 52. Rahimi HR, Kazemi Oskuee R. Curcumin From Traditional Iranian Medicine to Molecular Medicine. *Razavi Int J Med*. 2014;**2**(2)
 53. Guglielmetti S, Mora D, Gschwender M, Popp K. Randomised clinical trial: Bifidobacterium bifidum MIMBb75 significantly alleviates irritable bowel syndrome and improves quality of life—a double-blind, placebo-controlled study. *Aliment Pharmacol Ther*. 2011;**33**(10):1123-32. doi: 10.1111/j.1365-2036.2011.04633.x. [PubMed: 21418261]
 54. Rozza AL, Pellizzon CH. Essential oils from medicinal and aromatic plants: a review of the gastroprotective and ulcer-healing activities. *Fundam Clin Pharmacol*. 2013;**27**(1):51-63. doi: 10.1111/j.1472-8206.2012.01067.x. [PubMed: 22888975]
 55. Jowkar F, Jamshidzadeh A, Mirzadeh Yazdi A, Pasalar M. The effects of fumaria parviflora L extract on chronic hand eczema: a randomized double-blind placebo controlled clinical trial. *Iran Red Crescent Med J*. 2011;**13**(11):824-8. [PubMed: 22737422]
 56. Pasalar M, Lankarani KB, Mehrabani D, Tolide-ie HR, Naseri M. The Effect of *Descureania Sophia* L. and *Prunus Domestica* L. in Prevention of Constipation among Iranian Hajj Pilgrims, Saudi Arabia. *Res J Pharm Biol Chem Sci*. 2013;**4**(2):1195-204.