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Therapeutic Evaluation of *AyushKwatha*: A Review

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ABSTRACT

In December 2019, China had reported a new respiratory tract infection which occurred due to infection caused by coronavirus and the disease was later named as COVID19. All modern physicians along with all healthcare faculties worldwide got engaged in the search of effective medicine against Covid19. In India under preventive and prophylactic treatment, Ministry of AYUSH suggested a combination of four traditional medicine named Tulasi (*Ocimum sanctum* L.), Twaka/Dalchini (*Cinnamomum zeylanicum* BL.), Shunthi/Sonthe (*Zingiber officinale* Rosc.) and Maricha/ Kali Mirch (*Piper nigrum* L.) named as *AyushKwatha* which is said to be used in the form of decoction. Each herb was used as a traditional medicine as single drug and in different formulations. The current article tries to explain the therapeutic value of these four Ayurveda herbs as a health promoter and immunity booster. Also, it gives strength to the respiratory system. *AyushKwatha* may play a key role in prevention of diseases as well as in management of autoimmune diseases..

KEYWORDS

AyushKwatha, Antioxidant activity, Immunomodulatory activity, Respiratory diseases



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INTRODUCTION

On Feb 11, 2020 a new type of corona virus was identified and named 2019 novel corona virus (COVID-19) by the World Health Organization (WHO)¹⁻². The COVID-19 patients who were diagnosed as infected showed symptoms such as cough, fever and lung disorders with other symptoms such as diarrhea, myalgia and fatigue³⁻⁴. Consistent with previous analysis, WHO also concluded that till date, there is no specific medicine recommended to prevent or treat COVID-19⁵. A clinical management guideline for COVID-19 was developed by a panel of U.S. physicians, statisticians and other experts from healthcare providers. The guideline includes two broad categories of managements currently in use by healthcare providers for COVID-19, first is use of antiviral drugs and second is host modifiers and immune-based management, which may influence the immune response against the virus. The recommendations in these guidelines are based on scientific evidence and expert opinion. Currently there are no any approved drugs for COVID-19 by Food and Drug Administration (FDA). Finally, it is important to stress that the recommendations in these guidelines should not be considered as mandatory⁶⁻⁷. In April, 2020 Ministry of AYUSH, GOI

issue a list of recommendation in pandemic -19 for self-care, all recommendations are advised for to boost immunity which are recommended by physicians across the India. These recommendations are basically advised for prevention and to boost immunity which is supported by Ayurvedic text and previous scientific publications but details are not to be given. In these measures there are total four measures in sub heading 1) General Measures, 2) Ayurveda Immunity Promoting measures, 3) Simple Ayurveda Procedures and 4) During Dry Cough/Sore Throat⁸⁻⁹. In sub head Ayurveda Immunity Promoting measures there is recommendation of Herbal Tea which is made by herbs mostly used by Indian *Ayurveda* physicians as well as mentioned in *Ayurveda* literature. Mostly Indian citizens are familiar with one or more components of the recommended herbal tea or decoction, because the herbal drugs are frontally used in kitchens of Indian families.

After the appreciation from The Prime Minister of India, on April 24, 2020 AYUSH Ministry published a guideline on *Ayush* health promotion product namely *AyushKwatha* or *AyushKudlneer* or *AyushJoshanda*. *AyushKwatha* is an herbal formulation, each herbal drug is used for the treatment of fever, cold, cough etc. *AyushKwatha* is a decoction (*Kadha*) made



from *Tulsi* (Basil), *Twaka/Dalchini* (Cinnamon), *Maricha/Kalimirch* (Black pepper) and *Shunthi* (Dry Ginger)¹⁰.

Most Westerners / Indians do not take Ayurveda seriously, considering it unscientific in its understanding of the human body and the nature of disease and its treatment. The adoption of *Ayurveda* in industrialized countries is impeded by a lack of quality control and the absence of scientific and clinical proof of their effectiveness. A past editorial in *JAMA* emphasizes that the fundamental issue is not traditional medicine versus alternative medicine, but medical practice supported by clinical and scientific evidence¹¹. There is an urgent need to conduct a review to support claims. In this review, after investigating a number of related literatures, we summarized traditional uses, pharmacological activity/medicinal uses of contents of *AyushKwatha* to provide references for further researches and developments. This is an attempt for exploring *AyushKwatha*'s potential in boosting immunity with special reference to respiratory health as well as in preventing and treating diseases related to respiratory system.

AIM

The aim of this article is to provide systemic organized data on traditional uses of each

herbal content used in *AyushKwatha* and to critically analyze evidences in online published scientific articles which support its therapeutic potential for the prevention and treatment of human diseases. Traditional uses of each herbal drug used in *AyushKwatha* and detailed pharmacological activities are key areas to investigate. Relevant information on each components of *AyushKwatha* was collected through published scientific materials, including PubMed, Science Direct, Wiley, Springer, Google Scholar, Ayush portal and Research Gate etc and other literature sources like The *Ayurveda* Pharmacopeia of India (API), 1999, classical treaties of Ayurveda i.e. *CharakaSamhita*, *SushrutaSamhita*, *Ashtanga Hridaya*. For online search key words such as Basil, Cinnamon, Dry Ginger, Black pepper, *Ocimum sanctum*, *Cinnamomum zeylanicum*, *Zingiber officinalis*, *Piper nigrum* etc. were used. Scientific materials are selected for study on basis of requirement without any specific period of time.

RESULTS

AyushKwatha is a decoction made from *Tulsi*, *Twaka*, *Maricha* and *Shunthi* as mentioned in table no.1, traditional uses are mentioned in table no.2, name of different



groups in which these ingredients are mentioned in classical text are mentioned in table no.3.

Pharmacological Action

1. *Tulsi*:

Botanical name of Holy basil is *Ocimum sanctum*.

Table 1 Contents of *AyushKwatha*

Sr.No.	Name of Drugs	English Name	Latin Name	Family	Parts used	Quantity
1.	<i>Tulsi</i>	Basil	<i>Ocimumsanctum</i> L.	Lamiaceae	<i>Patra</i> (Leaves)	4 parts
2.	<i>Twaka / Dalchini</i>	Cinnamon	<i>Cinnamomumzeylanicum</i> BL.	Lauraceae	<i>Twaka</i> (Stem bark)	2 parts
3.	<i>Sunthi / Sonth</i>	Dry Ginger	<i>Zingiberofficinalis</i> Rosc.	Zingiberaceae	<i>Kanda</i> (Rhizome)	2 parts
4.	<i>Maricha / Kali Mirch</i>	Black pepper	<i>Piper nigrum</i> L.	Piperaceae	<i>Phala</i> (Fruit)	1 parts

Table 2 Traditional use of drug of *AyushKwatha* in diseases mentioned in literatures given below¹²⁻¹⁴ :

S. No.	Drug	CharakaSamhita	SushrutSamhita	Ashtangahridya	API
1.	<i>Tulsi</i>	<i>Hikka, Kasa, shawas, Visha, pasharvshool</i>	-	<i>Hikka, Kasa, shawas, Visha, pasharvshool</i>	<i>Shwasa, Kasa, Pratishyay, Hikka, Kushtha, Krimiroga, Aruchi</i>
2.	<i>Twaka/Dalchini</i>	-	-	<i>Kandu</i>	<i>Pinasa, Mukhsosa, Krimiroga, Vastiroga</i>
3.	<i>Sunthi/Sonth</i>	-	-	-	<i>Shwasa, Agnimandya, Aadhman, Pandu, Udarroga, Aamvat</i>
4.	<i>Maricha / Kali Marich</i>	-	-	-	<i>Shwasa, Shool, Krimiroga, Twakaroga</i>

Table 3 Name of groups (*Mahakshaya/Varga/Gana*) in which drug of *AyushKwatha* are mentioned^{11-12&15}:-

S. No.	Drug	CharakaSamhita	SushrutSamhita	Ashtangahridya
1.	<i>Tulsi</i>	<i>Haritvarga , ShwasaharMahakshaya</i>	<i>Phalavarga, Surasadigana</i>	<i>Shaakvarga, Surasadigana</i>
2.	<i>Dalchini/Twaka</i>	<i>Sheetnashaklepa</i>	<i>Eladigana</i>	<i>Aushadhvarga</i>
3.	<i>Sunthi/Sonth</i>	<i>Aaharyogivarga TriptighanaMahakshaya, ArshoghanaMahakshaya, SatanyashodhanMahakshaya, TrishnanigharnaMahakshaya</i>	<i>Phalavarga, Pippalyadigana, Triyushangana</i>	<i>Vatsakadigana, Vachadigana, Aushadhvarga</i>



4.	<i>Maricha / Kali Marich</i>	<i>Aaharyogivarga DeepaniyaMahakshaya, KrimighanMahakshaya, ShirovirechanopaghMahakshaya, Aaharyogivarga</i>	<i>Phalavarga, Pippalyadigana, Trikatugana</i>	<i>Aushadhvarga, Vatsakadigana</i>
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The common name of *Ocimum sanctum* is Tulsi. It belongs to family Lamiaceae. *Ocimum sanctum* contains an active constituent named as Eugenol present in leaf. Other alkaloids present in leaf are flavonoids and tannins.

a. Antioxidant activity

Eugenol is a main constituent of volatile oil which showed antioxidant activity¹⁶. It has ability to remove free radicals. The leaves of this plant exhibited antioxidant activity in experimental animals¹⁷⁻²³.

b. Immunomodulatory activity

Eugenol has been shown to be immunostimulant claiming the therapeutic potential in disorders related with immunosuppression²³⁻²⁵.

c. Antimicrobial Activity

Ocimum sanctum showed antibacterial activity due to presence of flavonoids and tannins²⁶. In another study it was found that antimicrobial activities were due to Eugenol which is present in leaves of *Ocimum sanctum*²⁷.

d. Other Pharmacological Activity/medicinal uses

Ocimum sanctum showed many pharmacological actions like, anti-pyretic, anti-allergic, anti-inflammatory, anti-

asthmatic, antitussive, mosquito repellent, anti-diarrheal, anti-cataract, chemopreventive, radioprotective, hepatoprotective, neuroprotective, cardioprotective, anti-diabetic, anti-hypercholesterolemia, anti-thyroid, anti-fertility, anti-ulcer, anti-emetic, anti-spasmodic, anti-arthritic, adaptogenic, anti-stress, anti-hypertensive, anti-carcinogenic, analgesic, central nervous system depressant, memory enhancement, diaphoretic, anti-leucodermal and anti-coagulant activities²⁸⁻³². It acts as a potent adaptogen, due to unique combination of pharmacological actions³².

It was reported that *Ocimum sanctum* showed analgesic activity due to high concentration of Eugenol²⁶. Study on leaves and seeds of *Ocimum sanctum* showed that plant was useful to reduce blood and urinary uric acid levels as well as diuretic property in albino rabbit's experimental model^{23&33}. Tulsi also has anti-tubercular activity as it inhibits in-vitro growth of *M. tuberculosis*²⁵.

2. Twaka/Dalchini:

Botanical name of *Twaka* is *Cinnamomum* derived from the Greek word 'kinnamomon' which means 'spice'⁴¹. The



bark of Cinnamon is one of the most popular spices used worldwide in cooking and also in traditional and modern medicine³⁵⁻³⁶. Cinnamon bark contains nearly 50.5% of cinnamaldehyde. It contains phenolic compounds, flavonoids, polyphenols, volatile phenols and isolated components. Each of these components plays an important role in the advancement of human health³⁶.

a. Antioxidant activity

The Antioxidant activity of Cinnamon is due to presence of Ascorbic acid. It is reported in a study in which Cinnamon n-Butanol Extract (CBE) derived from Cinnamon bark showed significant antioxidant activity, in vitro study in which hydrogen scavenging method and ascorbic acid was used as standard³⁶.

b. Immunomodulatory activity

In experimental models for example, carbon freedom test, cyclophosphamide induced neutropenia, neutrophil grip test, impact on serum immunoglobulins, mice lethality test and aberrant hemagglutination test, it is discovered that the impact of immunomodulatory activity is because of terpenes present in cinnamon stem bark. The results of the present study substantiate the belief that cinnamon is an immune system booster³⁷.

c. Antimicrobial Activity

Cinnamic acid and cinnamaldehydes present in the bark are responsible for its Antimicrobial activity. They inhibited the growth of both gram positive and gram negative food borne pathogens. Flavonols present in the bark showed important role in Antifungal activity³⁸.

d. Other Pharmacological Activity/medicinal uses

Twaka / Dalchini is used as a coagulant agent to prevent bleeding³⁹. It has been used as Anti-inflammatory as well as Anti carcinogenic agent⁴⁰. In a review of pre-existing studies, cinnamon had distinctive biological and pharmacological actions on various diseases such as asthma, bronchitis, inflammation, microbial infection, abdominal disorder, nerves disorder, urinary infection, arthritis, cancer, diabetes, anemia and hypertension because of its bioactive compounds⁴¹.

3. Sunthi/Sonth:

Shunthi, the word ginger originated from the English word *gingivere*. It contains gingerol and paradol, shogaols. It also has significant concentration of essential nutrients, minerals and other bioactive compounds such as flavonoids, terpenoids, carotenoids and 2-3% volatile oil⁴². Volatile oil- Monoterpenoids (geraniol, β -phellandrene, camphene, cineole, curcumene, citral, terphineol, borneol, cineole, geranyl acetate, limonene, linalool)



and sesquiterpenoids [α -zingiberene (30–70%), β -sesquiphellandrene (15–20%), β -bisabolene (10–15%), α -farnesene, zingiberol]⁴³.

a. Antioxidant activity

Ginger has about 40 antioxidant compounds⁴⁴. Gingerols showed oxidative stress due to stimulation of superoxide dismutase, catalase, glutathione peroxidase and GSH actions⁴⁵. The bioactive compounds like gingerols, shogaols, zingerone, exhibit antioxidant activity⁴³. Ginger has excellent antioxidative effect, this action has been studied by the inhibition of ascorbate/ferrous complex in rat liver microsomes⁴⁶⁻⁴⁸.

b. Immunomodulatory activity

Ginger showed improvement in cells and humoral mediated immune response in immune suppressed mice⁴⁹. The ginger rhizome powder is capable to improve non-specific immune response in fish (rainbow trouts)^{43&50}.

c. Antimicrobial Activity

Ginger showed anti-microbial activity⁴².

d. Other Pharmacological Activity/medicinal uses

Ginger has anti-inflammatory, anti-pyretic, antithrombotic, anti-apoptotic, anti-tumourigenic, anti-hyperglycaemic, anti-obesity⁴². Ginger rhizome diet for 12 weeks showed increased haemoglobin, haematocrit, erythrocyte, MCH, MCHC,

WBC values and neutrophils percentage⁴³.

Ginger has been used for curing several diseases like, asthma, nausea, travel sickness, morning sickness, arthritis, gastrointestinal complaints and cough⁵¹.

4. Maricha / Kali Marich:

The word Pepper derived from the Sanskrit word *Pippali*. It contains an alkaloid named as piperine which has many pharmacological actions.

a. Antioxidant activity

Piper nigrum has antioxidant activity. This antioxidant property is due to presence of flavonoids and phenolic contents. The antioxidant properties of the methanolic extract of *Piper nigrum* were seen in Alzheimer's disease model in rats⁵²⁻⁵⁵. In vitro studies, it had proved that Piperine inhibited free radicals and reactive oxygen species, therefore showed protective effects against oxidative damage. In vivo studies, it is reported that Piperine help to decrease lipid peroxidation and prevent oxidative stress and these particles showed antibacterial activity of plant pathogens⁵⁵.

b. Immunomodulatory activity

It was proved that when Piperine is administered it increased the bone marrow cellularity and alpha-esterase positive cells⁵⁷ and hence showed its immunomodulatory activity.

c. Antimicrobial Activity



Piper nigrum also has antibacterial activity. The leaf and stem extract of *piper nigrum* help to synthesize silver nanoparticles and these particles showed antibacterial activity of plant pathogens⁵⁶.

d. Other pharmacological activity/medicinal uses

Piperine helps to increase absorption and therapeutic efficacy of vaccines, nutrients and drug⁵⁸. Another study also confirmed that Piperine leads to enhance bioavailability property^{55,59}. Piperine exhibits many other pharmacological activities like anti-asthmatics, anti-inflammatory, antipyretic, antihypertensive, analgesic, antidiarrhoeal, antispasmodic, antidepressants,

anticonvulsant, anti-thyroid, antifungal, hepato-protective, antiobesity, antidiabetic, antiepileptic, antifertility, Gstimulant, lipid metabolism accelerator, anticancer, CNS stimulant, diuretic, aphrodisiac, blood purifier and antiplatelet activities, insecticidal and larvicidal activities⁵⁵⁻⁵⁶. The Syriac Book of Medicines in 5th century indicates black pepper in some illnesses such as heart disease, lung disease, liver problems, lung disease, gangrene, oral abscesses, hernia, constipation, diarrhea, earache, hoarseness, indigestion, insect bites, insomnia, joint pain, sunburn, tooth decay and toothache⁵⁹.

Pharmacological actions of these drugs are mentioned in table no.4 as per following-

Table 4 Pharmacological Activities of drug of *AyushKwatha*

S. No.	Drug	Pharmacological actions				
		Antioxidant activity if any	Immunomodulator if any	Anti-microbial if any	Proposed mechanism contributes anti-asthmatic effect	Other Pharmacological activity
1	<i>Tulsi</i>	+	+	+	Anti Allergic, Anti Inflammatory, Antitussive	Potent Adaptogen, Hepato-protective, Antidiarrhoeal, Antispasmodic, cardio-protective etc
2.	<i>Twaka/Dalchini</i>	+	+	+	Anti Inflammatory	Anti carcinogenic, coagulant etc
3.	<i>Sunthi/sonth</i>	+	+	+	Anti Inflammatory	Antithrombotic, Anti-obesity etc
4.	<i>Maricha/Kali Marich</i>	+	+	+	Anti Inflammatory	Bioavailability property, antispasmodic,



antidiarrhoeal,
hepatoprotective
etc

DISCUSSION

Ayurveda herbal medicine therapy is a mixture *Ayurveda* herbs prescribed by *Ayurveda* physicians depending on the differentiation of the patient's syndrome according to *Ayurveda* diagnostic patterns (inspection, palpation and inquiry). Herbs used in *AyushKwatha* have scientific evidence to play an important role on immunity to prevent diseases as well as other pharmacological activity against diseases. While there is no medicine for COVID-19 as of now, it will be good to take preventive measures which boost our immunity in these times. *Ayurveda* is known as science of life, propagates the gifts of nature in maintaining healthy and happy living. *Ayurveda's* broad information base on preventive consideration, gets from the ideas of "Dinacharya" (daily regimes) and "Ritucharya" (seasonal regimes) to keep up sound life. The simplicity of awareness about oneself and the harmony each individual can achieve by elevating and maintaining immunity is emphasized across *Ayurveda's* classical scriptures.

Each herb of *AyushKwatha* has therapeutic potential on a wide range of diseases described in *Ayurvedic* texts. Each herbal single drug has shown important pharmacological activities *in vitro/vivo* studies. *AyushKwatha* may play an important role in autoimmune diseases because maximum herbs had proved their antioxidant activities and immunomodulatory activities in different experimental studies. From this study we conclude that *AyushKwatha* may play a key role in prevention of diseases as well as in management of autoimmune diseases.

CONCLUSION



REFERENCES

1. Novel Coronavirus (2019-nCoV) Situation Report-1. https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200121-sitrep-1-2019-ncov.pdf?sfvrsn=20a99c10_4.
2. WHO Director-General's remarks at the media briefing on 2019-nCoV on 11 February 2020. <https://www.who.int/dg/speeches/detail/who-director-general-s-remarks-at-the-media-briefing-on-2019-ncov-on-11-february-2020>.
3. Guan WJ, Ni ZY, Hu Y, Liang WH, Ou CQ, He JX, et al. Clinical characteristics of 2019 novel coronavirus infection in China. medRxiv. 2020:2020.02.06.20020974.
4. Huang C, Wang Y, Li X, Ren L, Zhao J, Hu Y, et al. Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. Lancet. 2020;395(10223):497-506.
5. Luo H, Tang QL, Shang YX, Liang SB, Yang M, Robinson N, et al. Can Chinese Medicine Be Used for Prevention of Corona Virus Disease 2019 (COVID-19) A Review of Historical Classics, Research Evidence and Current Prevention Programs. Chin J Integr Med. 2020.
6. <https://www.nih.gov/news-events/news-releases/expert-us-panel-develops-nih-treatment-guidelines-covid-19>
7. <https://covid19treatmentguidelines.nih.gov/introduction/>
8. <https://www.mohfw.gov.in/pdf/ImmunityBoostingAYUSHAdvisory.pdf>
9. <https://www.ayush.gov.in/docs/125.pdf>
10. F.No.Z25023/09/2018-2020-DCC(AYUSH) GOI, Ministry of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) dated april 21, 2020.
11. Fontanarosa, P. B., & Lundberg, G. D. (1998). Alternative medicine meets science. JAMA 280, 1618–1619.
12. Charaka Samhita, translated by Prof. Priyavrat Sharma, Publishers Chaukhamba Orinetalia Varanasi, edition reprint 2007, part-1, Sutrasthana chapter no.3, 4 and 27.
13. Ashtanga Hridaya, translated by Dr. R. VidyaNath, Publishers Chaukhamba Surbharaitiparkashan Varanasi, edition reprint 2016, Sutrasthana chapter no. 6 and 15.
14. *The Ayurvedic Pharmacopoeia of India*, Ministry of Health and Family Welfare, Government of India, Part first Vol I-III, 1st Edition, 1986.
15. Sushruta, translated by Priyavrat Sharma, publishers Chaukhamba



Visvabharati, Varanasi edition Reprint 2004, Sutrasthana chapter no.38 and 46.

16. Kalpesh Bhatt. Ocimum Sanctum: The Indian Medicinal plant International Journal of Chemtech Applications, January 2012 Vol. 3; Issue 1; Page 53-57.

17. Khanna N, Bhatia J. Action of Ocimum sanctum (Tulsi) in mice: possible mechanism involved. J Ethnopharmacology 2003; 88(2-3): 293-296.

18. S. Rajeshwari. Ocimum sanctum. The Indian home remedy published by Cipla Ltd., Bombay Central, Bombay In: Current Medical Scene, March-April 1992.

19. Bhargava KP, Singh N. Antistress activity of Ocimum sanctum Linn. Indian J Medical Research 1981; 73: 443-451.

20. Ray A. Recent trends in stress research: Focus on adaptogenesis. Proc. XXXVIIIth Conference of Indian Pharmacological Society held at Punjabi University, Patiala, Nov. 23-26, 1995, 68.

21. Sethi J, Sood S, Seth S, Thakur A. Protective effect of Tulsi (Ocimum sanctum) on lipid peroxidation in stress induced by anemic hypoxia in rabbits. Indian J Physiol Pharmacology 2003; 47(1): 115-119.

22. Sarkar A, Pandey DN, Pant MC. Changes in the blood lipid profile level after administration of Ocimum sanctum (Tulsi) leaves in the normal albino rabbits. Indian J

Physiology Pharmacology 1994; 38(4): 311-312.

23. P. Prakash and Neelu Gupta. Therapeutic uses of Ocimum sanctum linn (Tulsi) with a note on eugenol and its pharmacological actions: a short review. Indian J Physiol Pharmacol 2005; 49 (2):125-131.

24. Sen P. Therapeutic potentials of Tulsi : from experience to facts. Drugs News & Views 1993; 1(2): 15-21.

25. Mnadal S, Das DN, Dey K, et. al. Ocimum sanctum Linn - A study on gastric ulceration and gastric secretion in rats. Indian J Physiol Pharmacol 1993; 37: 91-92.

26. Citation: Panchal P, Parvez N, Phytochemical analysis of medicinal herb (ocimum sanctum). Int J Nanomater Nanotechnol Nanomed 2019, 5(2): 008-011. DOI: <http://doi.org/10.17352/2455-3492.00>

27. Yamani HA, Pang EC, Mantri N and Deighton MA, Antimicrobial Activity of Tulsi (Ocimum tenuiflorum) Essential Oil and Their Major Constituents against Three Species of Bacteria. Front. Microbiol. 2016, 7:681. doi: 10.3389/fmicb.2016.0068

28. Mahajan N, Rawal S, Verma M, Poddar M, Alok S. A phytopharmacological overview on Ocimum species with special emphasis on



- Ocimum sanctum. Biomed PrevNutr 2013;3:185-92.
29. Mohan L, AmberkarMV, Kumari M. Ocimum sanctum linn.(TULSI)-an overview. Int J Pharm Sci Rev Res 2011;7: 51-3.
30. Pattanayak P, Behera P, Das D, Panda SK. Ocimum sanctum Linn. A reservoir plant for therapeutic applications: An overview. Pharmacogn Rev 2010;4:95-105.
31. Mondal S, Mirdha BR, Mahapatra SC. The science behind sacredness of Tulsi (Ocimum sanctum Linn.). Indian J PhysiolPharmacol 2009;53:291-306.
32. Cohen. Tulsi: A herb for all reasons. Journal of Ayurveda & Integrative Medicine, October-December 2014 | Vol 5 | Issue 4: page no- 251-259.
33. Sarkar A, Pandey DN, Pant MC. A report on the effect of Ocimum sanctum (Tulsi) leaves and seeds on blood and urinary uric acid, urea and urine volume in normal albino rabbits. Indian J Physiol Pharmacology 1990; 34: 61–62.
34. Huang TC, YH, Fu C, Ho TD. Tan Y. Huang T, Pan MH. Evaluation of antimicrobial and antioxidant property of Kalmi: Dalchini Induction of apoptosis by cinnamaldehyde from indigenous cinnamon Cinnamomum mosophloeum kanech Through reactive oxygen production, glutathione depletion, and caspase activation in human leukemia K562 cells, Food chemistry. 2207; 103(2):434-443.
35. Radhakrishnan VV, Madhusoodhan KJ, Kuruvilla KM Cinnamon-the spicy bark, Spice india, 5, 1992, 12-13.
36. M Prashanthi Evangelin, Srividya Puvvala, Velpula Divya, Lingam Guntla Chelimi Kumar, Suprathika Reddy and Poojitha Madala Evaluation of antimicrobial and antioxidant property of Kalmi: Dalchini Journal of Pharmacognosy and Phytochemistry 2019; 8(4):283-286.
37. Samir Ramchandra Niphade, Mohammed Asad, Gowda Kallenahalli Chandrakala, Emmanuel Toppo & Pradeep Deshmukh. Immunomodulatory activity of Cinnamomum zeylanicum bark, Pharmaceutical Biology, 2009, 47:12, 1168-1173, DOI: 10.3109/13880200903019234
38. Mancini-Filho J, van-Koijj A, Mancini DAP, Cozzolino FF, Torres RP. Antioxidant activity of cinnamon (Cinnamomum zeylanicum, breyne) extracts. Bollettino Chimico Farmaceutico. 1998; 137(11):443-447
39. Hossein N, zahra Z, Abolfazl M, Mahdi S, Ali K. Effect of Cinnamon zeylanicum essence and distillate on the clotting time. Journal of Medicinal Plants Research. 2013; 7(19):1339-1343.



40. Jeong HW, HAN DC, Son KH et al. Anti tumour effect of the cinnamaldehyde derivative CB403 through the arrest of cell cycle progression in the G2/M phase. *Biochemical pharmacology*. 2003; 65(8):1343-1350.
41. Sanjay Kumara, ReshmaKumarib and ShailjaMishrab Pharmacological properties and their medicinal uses of Cinnamomum: a review. Royal Pharmaceutical Society, *Journal of Pharmacy and Pharmacology*, 2019 page no 1-27.doi: 10.1111/jphp.13173
42. MohamadHesamShahrajabian, WenliSun, QI Cheng. Pharmacological Uses and Health Benefits of Ginger (*Zingiberofficinale*) in Traditional Asian and Ancient Chinese Medicine, and Modern Practice *Pharmacological Not SciBiol*, 2019, 11(3):309-319. DOI: 10.15835/nsb11310419.
43. Radha Singh, Kusum Singh *Zingiberofficinale*: a spice with multiple roles *Life Science Informatics Publications Life Science Informatics Publications* 2019 March – April *RJLBPCS* 5(2) Page No.113-125
44. Kikuzaki H, Nakatani N. Cyclic diarylheptanoids from rhizomes of *Zingiberofficinale*. *Phytochemistry*. 1996; 43(1):273-277.
45. Chakraborty D, Mukherjee A, Sikdar S, Paul A, Ghosh S, Khuda-Bukhs AR et.al. *ZingiberOfficinale*: A Spice With Multiple Roles Gingerol isolated from ginger attenuates sodium arsenite induced oxidative stress and plays a corrective role in improving insulin signalling in mice. *Toxicology Letters*. 2012; 210:34-43.
46. Rahmani AH, ShabrmiFM, Aly SM. Active ingredients of ginger as potential candidates in the prevention and treatment of diseases via modulation of biological activities. *International Journal of Physiology, Pathophysiology and Pharmacology*. 2014;6:125-136.
47. Mele MA. Bioactive compounds and biological activity of ginger. *Journal of Multidisciplinary Science*. 2019;1(1):1-7.
48. FataiOladunni Balogun, Esther Tayo AdeyeOluwaandAnofiOmotayo Tom Ashafa Pharmacological Potentials of Ginger DOI: <http://dx.doi.org/10.5772/intechopen.88848>.
49. Carrasco FR, Schmidt G, Romero AL, Sartoretto JL, Caparroz-Assef SM, Bersani-Amado CA et.al. Immunomodulatory activity of *Zingiberofficinale* Roscoe, *Salvia officinalis* L. and *Syzygiumaromaticum* L. essential oils: evidence for humor- and cell-mediated responses. *Journal of Pharmacy and Pharmacology*. 2009; 1(7):961-967.
50. Haghighi M, Rohani MS. The effects of powdered ginger (*Zingiberofficinale*) on



the haematological and immunological parameters of rainbow trout *Oncorhynchus mykiss*. Journal of medicinal Plant and Herbal therapy research. 2013; 1:8-12.

51. Kaliyaperumal Ashokkumar, Muthusamy Murugan, M. K. Dhanya, Thiravidamani Sathyan, Surya Raj, Nimisha Mathews. traditional Uses, Phytochemistry, and Pharmacological Properties of Zingiber officinal Essential Oil and Extracts. DOI - 10.4018/978-1-7998-2524-1.ch005 page no 62-84

52. Vijay kumar RS, Surya D, Nalini N. Antioxidant efficacy of black pepper (*Piper nigrum* L.) and piperine in rats with high fat diet induced oxidative stress. PubMed, Redox Rep 2004, 9: 105-110.

53. Selvendiran K, Sakthisekaran D. Chemopreventive effect of piperine on modulating lipid peroxidation and membrane bound enzymes in benzo(a) pyrene induced lung carcinogenesis. PubMed, Biomed Pharmacother 2004, 58: 264-267.

54. Ahmad N, Fazal H, Abbasi BH, Rashid M, Mahmood T, Fatima N. Efficient regeneration and antioxidant potential in regenerated tissues of *Piper nigrum* L. Plant Cell, Tissue and Organ Culture. Planta Res 2010, 102:129-134.

55. Damanhoury ZA, Ahmad A. A Review on Therapeutic Potential of *Piper nigrum* L.

(Black Pepper): The King of Spices. Med Aromat Plants 2014, 3: 161. doi: 10.4172/2167-0412.1000161

56. Joshi et al. Review on diversified use of the king of spices: *piper nigrum* (black pepper) International Journal of Pharmaceutical Sciences and Research, 2018; Vol. 9(10): 4089-4101.

57. Sunila ES, Kuttan G, Immunomodulatory and antitumor activity of *Piper longum* Linn. and piperine. PubMed, J Ethnopharmacol 2004, 90: 339-346.

58. Johnson JJ, Nihal M, Siddiqui IA, Scarlett CO, Bailey HH, et al. Enhancing the bioavailability of resveratrol by combining it with piperine. See comment in PubMed Commons below Mol Nutr Food Res 2011, 55: 1169-1176.

59. Krishnapura Srinivasan Chapter Black Pepper (*Piper nigrum*) and Its Bioactive Compound, Piperine. May 2009 DOI: 10.1142/9789812837912_0002