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## MEDICINAL PLANTS - FROM TRADITIONAL USE TO TOXICITY ASSESSMENT: A REVIEW

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### **Keywords:**

Acute toxicity, Chronic toxicity, Hematological parameters, serum biochemical parameters, Gross behaviour

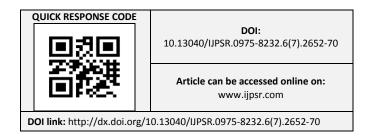
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**ABSTRACT:** Herbal medicine is gaining popularity once again and there is an increased interest in green medicine simply because it is considered as safe. Traditionally also plants and plant extracts were used to cure many diseases and disorders. However, before usage it is of utmost important to ensure its safety. The extract may be therapeutically very efficient but if it's toxicity assessment is not worked out, it will not be accepted. Hence, toxicity assessment of plants with proven therapeutic use is of utmost important. Toxicity data are required to predict the safety associated before the use of medical products. In the present review, parameters required to be analyzed in acute, sub acute and chronic toxicity are discussed with their relevant importance. In the end ninty eight plants whose toxicity is worked out are listed along with their botanical name, family, ethnomedicinal uses, part used, solvent used, safety levels, dose levels used, route of administration, LD<sub>50</sub> values and references. Researchers who wish to work on some pharmacological activity can directly choose one of these plants since their toxicity assessment is already done.

**INTRODUCTION:** Medicinal plants from time immemorial have been used in virtually all cultures as a source of medicine <sup>1</sup>. They are considered to be the backbone of traditional medicine and are widely used to treat acute and chronic diseases. The World Health Organization estimated that perhaps eighty percent of the inhabitants of the world rely chiefly on traditional medicines. It, therefore, approved the use of herbal products for national policies and drug regulatory measures in order to strengthen research and evaluation of the safety and efficacy of herbal products.



The report has suggested that of the 119 plant derived drug listed by WHO study, 74% were discovered as a result of chemical studies to isolate the active compounds responsible for the use of original plant in traditional medicine <sup>2</sup>. The use of plants for healing purpose is getting increasingly popular as they are believed to be beneficial and free of side effects.

However, the rationale for the utilization of medicinal plants has rested largely on long-term clinical experience with little or no scientific data on their efficacy and safety <sup>3</sup>. Medicinal herbs have their use as medicament based simply on a traditional folk use that has been perpetuated along several generations. With the upsurge in the use of herbal medicines a thorough scientific investigation of these plants is imperative, based on the need to validate their folkloric usage <sup>4</sup>. Herbs are supposed to be safe but many unsafe and fatal side effects

have been reported <sup>5, 6</sup>. These could be direct toxic effects, allergic reactions, effects from contaminants and/or interactions with drugs and other herbs <sup>7</sup>. Phytotherapeutic products are many times, mistakenly regarded as less toxic because they are 'natural' <sup>8</sup>. Nevertheless, those products contain bioactive principles with potential to cause adverse effects <sup>9</sup>.

An adverse effect is defined as an abnormal, undesirable or harmful change following exposure to the potentially toxic substance. The ultimate adverse effect is death but less severe adverse effects may include altered food consumption, altered body and organ weights, visible pathological changes or simply altered enzyme levels <sup>10</sup>. Thus, all the "natural" products used in therapeutics must be submitted to efficacy and safety test by the same methods used for new synthetics drugs <sup>11</sup>.

Toxicology is the fundamental science of poisons. A poison is generally considered to be any substance that can cause severe injury or death as a result of a physicochemical interaction with living tissue. However, all substances are potential poisons since all of them can cause injury or death following excessive exposure. On the other hand, all chemicals can be used safely if exposure of people or susceptible organisms to chemicals is kept below defined tolerable limits <sup>10</sup>. Appropriate dose of a drug should be determined by preliminary studies of acute toxicity. Such studies are essential to prevent any overdose of drug which may interfere with results of experiment.

The lethal dose ( $LD_{50}$ ) is defined as the dosage of a substance which kills 50 per cent of the animals in a particular group, usually determined in an acute, single exposure study. There are three major sites for the absorption of foreign compounds: the skin, lungs and gastrointestinal tract. The gastrointestinal tract is the most important in toxicology as most foreign compounds are ingested orally.

The lungs are clearly important for all airborne compounds whereas the skin is only rarely a significant site for absorption <sup>12</sup>. They are also helpful in understanding toxicity profiles of the drug <sup>13</sup>. The multiple dose study with a drug is also

necessary. But, in order to choose the doses to be used in the study, the clinical observation of the acute assay is important along with pharmacological activity studies in animals and in humans <sup>14, 15</sup>. Daily clinical observation is of major importance as well as the final observation <sup>16</sup>. The doses to be evaluated in chronic toxicity in animals must be larger than that suggested for use in humans <sup>17</sup>.

Toxicological studies help to decide whether a new drug should be adopted for clinical use or not <sup>18</sup>. Depending on the duration of exposure of animals to drug, toxicological studies may be of three types viz. acute, sub-acute and chronic <sup>19</sup>. Toxicity depends not only on the dose of the substance but also on the toxic properties of the substance. The relationship between these two factors is important in the assessment of therapeutic dosage in pharmacology and herbalism <sup>20</sup>.

For clinical trials designed to study pharmacologic effects of candidate products, more extensive preclinical safety data would be needed to support the safety of such studies. The critical preclinical information required includes a two week toxicology study in sensitive species (usually rodents) plus toxicokinetics that should allow determination of the no observed adverse effect level (NOAEL). For some compounds and types of toxic effect there will clearly be a dose below which no effect or response is measurable. There is thus a threshold dose. The concept of a threshold dose for the toxic effect is an important one in toxicology because it implies that there is a NOAEL. The NOAEL is usually based on animal toxicity studies. The NOAEL is important for setting exposure limits. For example, the acceptable daily intake (ADI) is based on the NOAEL. This is a factor used to determine the safe intake for food additives and contaminants such as pesticides and residues of veterinary drugs and, hence, to establish the safe level in food  $^{12}$ .

### **Acute toxicity:**

Acute toxicity is defined as the toxic effects produced by single exposure of drugs by any route for a short period of time <sup>21</sup>. Acute toxicity studies in animals are considered necessary for any pharmaceutical intended for human use. The main

objective of acute toxicity studies is to identify a single dose causing major adverse effects or life threatening toxicity, which often involves an estimation of the minimum dose causing lethality. The studies are usually carried out in rodents and consist of a single dose. In pharmaceutical drug development, this is the only study type where lethality or life-threatening toxicity is an endpoint as documented in current regulatory guidelines <sup>22,</sup> To evaluate toxicity of a compound in animals various routes may be used, but two most commonly used modes of administration for animals studies are via intraperitoneal injection or

Usually acute (single dose) toxicity study is carried out on laboratory animals by using high dose (sufficient to produce death or morbidity) of the substance in question and/or based on previous report on its toxicity or toxicity of structurally related compounds <sup>25</sup>. Acute toxicity studies are commonly used to determine LD<sub>50</sub> of drug or chemicals <sup>19</sup>. The acute study provides a guideline for selecting doses for the sub-acute and chronic low dose study, which may be clinically more relevant <sup>26, 27</sup>.

### **Sub-acute toxicity:**

the oral route  $^{24}$ .

In sub-acute toxicity studies, repeated doses of drug are given in sub-lethal quantity for a period of 14 to 21 days. Sub-acute toxicity studies are used to determine effect of drug on biochemical and hematological parameters of blood as well as to determine histopathological changes <sup>19</sup>.

#### **Chronic toxicity:**

In chronic toxicity studies, drug is given in different doses for a period of 90 days to over a year to determine carcinogenic and mutagenic potential of drug <sup>19</sup>. The parameters of chronic toxicity studies are same as that of sub-acute study. Multiple dose studies are necessary to assure the safety of natural products.

On the other hand clinical observations of acute assays are valuable tools to define the doses to be tested in multiple dose experiments, along with pharmacological studies in animals and in humans <sup>27, 28</sup>

## Importance of different parameters in toxicity study:

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### **Gross behaviour assessment:**

The gross behaviour assessment generally in mice can be evaluated by the model given by Morpugo <sup>29</sup>. The mice are placed one by one at the centre of three concentric circles drawn on a rubber sheet with diameter of 7cm, 14cm and 21cm. The animals are observed for different parameters of behavioural changes. After drug administration, the behaviour modifications were observed every hour till 5h and then at 24h, 48h and 72h. The mortality is observed for 10days after treatment. The observed results are recorded as the score of 0-3 point scale relative to the average intensity of the phenomena observed. Various parameters assessed for gross behaviour studies are CNS depression (Exitus, Hypoactivity, Relaxation Passivity, Narcosis. Ataxia. Ptosis); **ANS** effect (Exophthalmia, Hyperactivity, Irritability, Stereotypy) and CNS stimulation parameters (Tremors, Convulsions, Straub tail, Analgesia) and other Parameter- Mortality.

### **Body weight:**

Body weight changes are indicators of adverse side effects, as the animals that survive cannot lose more than 10% of the initial body weight <sup>30</sup>. The determination of food and water consumption are important in the study of safety of a natural product, as proper intake of food and water are necessary to the physiological status of the animals and to the achievement of the proper response to the drug tested instead of a "false" response due to improper nutritional conditions <sup>31</sup>.

### **Hematological importance:**

The hematopoietic system is one of the most sensitive targets for toxic compounds and an important index of physiological and pathological status in man and animal <sup>32</sup>. The various hematological parameters investigated in this study are useful indices of evaluating the toxicity of plant extract in animals <sup>33</sup>. Assessment of hematological parameters are not only used to determine the extent of deleterious effect of extracts on the blood of animals, but it can also be used to explain blood relating functions of a plant extract or its products <sup>34</sup>

Hematological status is one of the important ways for the diagnosis of root cause of disease. Hematological disorders include a wide range of abnormal conditions indicating the profile of blood parameters, due to changes in metabolism. Alterations in blood parameters may be due to changes in cellular integrity, membrane permeability of cells or even due to exposure to toxic chemicals <sup>35</sup>. Reports regarding toxicological studies of plants on hematological aspects are scanty. However, some reports are available viz. <sup>36</sup>, <sup>37</sup>. In hematological analysis the following parameters are measured: Red blood cells, Haemoglobin, Packed cell volume. Mean volume, corpuscular corpuscular Mean haemoglobin, Mean corpuscular haemoglobin concentration, Platelet Count, White blood cells, Lymphocytes, Eosinophils, Neutrophils, Monocytes and Basophils.

Each parameter has its own importance and increase or decrease in that particular parameter is indicative of specific disturbance. The fall in hemoglobin content, RBC count and PCV can be correlated with induction of anaemia, defective haematopoiesis, weakness and morbidity in experimental rats <sup>38</sup>. The increase in MCV and decrease in MCHC indicate macrocytic and anemia **WBC** hypochromic its subpopulations relating to it such as lymphocytes usually show increase in activity in response to toxic environment 40.

The reduction in lymphocyte count and increase neutrophils count suggest some anti-lymphocytic activity <sup>41</sup>. Eosinophils normally constitute up to 7% of total circulating leukocytes. Eosinophils are important in the phagocytosis of foreign bodies. Eosinophils are also involved in allergic reactions <sup>42</sup>. Platelets also known as thrombocytes, help to mediate blood clotting, which is a meshwork of fibrin fibres. The fibres also adhere to damaged blood vessels; therefore, the blood clot becomes adherent to any vascular opening and thus prevents further blood clot <sup>43</sup>.

### **Organ weight:**

Organ weight changes have long been accepted as a sensitive indicator of chemically induced changes to organs and in toxicological experiments,

comparison of organ weights between control and treated groups have conventionally been used to predict toxic effect of a test material <sup>44, 45</sup>. Organ weight is an index of swelling, atrophy or hypertrophy <sup>46</sup>. The relative organ weight is fundamental to diagnose whether the organ was exposed to the injury or not. The heart, liver, kidneys, spleen and lungs are the primary organs affected by metabolic reactions caused by toxicants. The liver is the major site of foreign compounds metabolism in the body <sup>47</sup>.

In preclinical safety studies of new compounds, organ weight changes are often difficult to interpret in relation to primary compound effects when reductions in food consumption are also present. By gaining a better understanding of tissue changes caused solely by feed restriction, it may be possible to differentiate direct compound effects from those of inadequate nutrition. Various studies have yielded information about the effects of inadequate nutrition on body weights, organ weights, histologic tissue changes, and clinical pathology data in rats <sup>48, 49</sup>.

On a body weight basis, it is assumed for toxicity data extrapolation that humans are usually about 10 times more sensitive than rodents. On a body surface-area basis, humans usually show about the same sensitivity as test mammals, i.e. the same dose per unit of body surface area will give the same given defined effect, in about the same percentage of the population. Knowing the above relationships, it is possible to estimate the exposure to a chemical that humans should be able to tolerate <sup>50</sup>. Body weight and internal organ such as liver, kidney, heart spleen, thymus glands, etc. are simple and sensitive indices of toxicity after exposure to toxic substance 30. Toxicity data are required to predict the safety associated before the use of medical products <sup>51</sup>.

### **Serum biochemical importance:**

The serum biochemical tests are frequently used in diagnosis diseases of hearts, liver, kidney and cardiovascular system etc. They are also widely used in monitoring the response to exogenous toxic exposure <sup>52</sup>. When an herbal product is ingested, the body interacts with it in an attempt to get rid of any harmful toxins, especially if the body cannot

convert the foreign substance into cellular These commonly components. insults are manifested by changes in enzyme levels and other cell components. The enzymes commonly involved oxaloacetate glutamate transaminase (AST/GOT) glutamate pyruvate transaminase (ALT/GPT), alkaline phosphatase (ALP). Also component like urea and uric acid are vital diagnostic tools for toxicity <sup>53</sup>. Generally, liver cell damage is characterized by a rise in serum enzymes like AST, ALT, ALP, etc. 54. In general, GOT concentrations are consistently higher than ALT levels which are expected since body cells contain more AST than ALT. Usually, about 80% of AST is found in the mitochondria whereas ALT is purely cytosolic enzyme.

Therefore, AST appears in higher concentrations in a number of tissues (Liver, Kidney, heart and pancreas) and is released slowly in comparison to ALT. But since ALT is localized primarily in the cytosol of hepatocytes, this enzyme is considered a more sensitive marker of hepatocellular damage than AST and within limits can provide a quantitative assessment of the degree of damage sustained by the liver <sup>55</sup>. The urea and creatinine are good indicatiors for renal function. If kidney function falls, the urea and creatinine levels will rise <sup>52</sup>.

Total protein measurement is used in the diagnosis and treatment of a variety of diseases involving the liver or kidney as well as other metabolic disorders. A decrease in albumin level has been attributed to several causes, such as massive necrosis of the liver, deterioration of liver function, hepatic

resistance to insulin and glycogen impairment of oxidative phosphorylation <sup>56</sup>. Urea and creatinine are compounds derived from proteins which are eliminated by the kidney.

**Table 1** lists some of the plants which show ethnomedicinal uses with botanical name, plant family, plant part (s) used and solvent used for extraction. Table 1 also provides information on toxicity study, route of administration and doses of plants. It lists toxicity studies viz. acute, sub-acute, chronic etc. with their doses. route administration and LD<sub>50</sub> values along with their safety profile. Determination of appropriate dose is a very important issue in the study of plant extracts. Therefore, before starting the study on plants, researchers should determine the dose of extract by referring the previous toxicity trials or do the toxicity workup by themselves.

In the above review, it is seen that in acute toxicity study, the dose is single but observations are carried out for 14 days, but it varied from 24 h to 19 days. In repeated dose studies, the dose is given daily or on alternate days. If done for 21-28 days it was called sub-acute toxicity study if continued for more days up to 90 days or more it was called chronic or sub-chronic toxicity study. The table also lists a number of plants and its toxicity profile so it becomes easy to carry out further work. It also helps in dose and route selection. The most common route was oral or i.p. Such review helps in knowing the toxicity level of different plants. If any pharmacological activity is done or to be done, this toxicity data will help to decide if that particular plant is safe or not.

TABLE 1: LIST OF MEDICINAL PLANTS, THEIR FAMILY, ETHNOMEDICINAL USES, PARTS AND SOLVENTS USED, TOXICITY STUDY, ROUTE OF ADMINISTRATION, DOSE LEVELS USED AND ITS SAFETY LEVEL

No.	Plants (family)	Ethnomedicinal uses	Parts used	Solvent	LD <sub>50</sub> (g/kg) b.w. (route of administration)	Toxicity study (experimental periods), Dose (g/kg, b.w.) and route of administration	Result	Ref.
1.	Acacia karroo Hayne (Fabaceae)	Gum is an important food source	Stem, bark	Water	-	Acute (48 h) 0.4, 0.8, 1.6 and 3.2 (p.o.) Sub acute (14 days) 0.8 (p.o.)	Toxic	57
2.	Acmela brasiliensis DC	Respiratory infections and	Aerial parts	50% ET	-	<b>Acute</b> (24 h) 0.1, 0.5, 1, 2 and 4	Low toxicity	58

15.	Boerhavia diffusa L.(Nyctaginaceae)	Inflammatory disorders, bacterial infection, heart diseases, corneal ulcers, antiviral and hepatic disorders	Leaves	Water	-	Sub chronic (30 days) 0.5, 1 and 2 (p.o.)	Safe	71
16.	Boswellia dalzielii Hutch.(Frankince nse)	Wound healing, induce vomiting	Stem bark	Water	-	Acute (48 h) 3 (p.o.) Sub chronic (28 days) 0.9, 1.8 and 2.7 (p.o.)	Safe (acute) Toxic at high dose (sub chronic)	72
17.	Bridelia ferruginea Benth (Euphorbiaceae)	diabetes	Root bark	80% ET	-	Acute (14 days) 2 and 5 (p.o.) Sub chronic (28 days) 0.25, 0.5 and 1.0 (p.o.)	Safe	73
18.	Bryophyllum calycinum Salisb. (Crassulaceae)	Antiviral, antimicrobial, antitumor, antioxidant, diuretic, antiulcer, anti- inflammatory, anti-diabetic	Leaves	ME and water	-	Acute (24 h) 0.5 to 3 (p.o.), 0.35 to 2.60 (i.p.)	Safe	74
19.	Calendula officinalis L. (Asteraceae)	Anti- inflammatory, wound healing and antiviral	Flowers	70% ET	-	Acute (14 days) 0.625, 1.25, 2.5 and 5 (p.o.) Sub acute (30 days) 0.025, 0.25, 0.5 and 1 (p.o.)	Safe	75
20.	Calycopteris floribunda Lam. (Combertaceae)	Dysentery, fever, emesis and ulcer	Leaves	ME, water	ME 0.38 (p.o)	Acute (14 days) 0.10, 0.20, 0.40, 0.60 (p.o)	ME - toxic water extract - safe	76
21.	Camellia sinensis (L.) Kuntze (Theaceae)	Antioxidant, anti- allergic, antiangiogenic, anti-inflammatory and hypolipidemic	Catechins	-	-	Sub chronic (90 days) 0.3, 1.25 and 5% (w/w) fed in diet	Safe up to 1.25 %	77
22.	Careya arborea Roxb. (Myrtaceae)	Anthelmintic, epileptic fits, bronchitis and astringents	Stem bark	ME	-	<b>Acute</b> (72 h) 0.1 to 1.6 (p.o.)	Safe	78
23.	Carica papaya L. (Caricaceae)	Anti-fertility	Seeds	ME	-	Acute (14 days) 2 (p.o) Sub chronic (28 and 90 days) 0.05, 0.1, 0.25 and 0.5 (p.o.)	Safe	79
24.	Carrica papaya L. (Caricaceae)	Digestive agent, wound healing, ulcer, boils and induce menstruation	Unripe fruit	Water	2.52 (p.o.)	Acute (24 h) 0.4, 0.8, 1.6 and 3.2 (p.o.) Chronic (42 days) 0.05, 0.1, 0.15, 0.2 and 0.25 (p.o.)	Safe	80

25.	Cassia fistula L. (Caesalpiniaceae)	Mild, pleasant purgative action, antifungal, antiviral, menstrual disorders and fever	Pods	Water	6.60 (i.p.)	<b>Acute</b> (48 h) 0.8, 1.6, 3.2, 6.4 and 12.8 (i.p.) <b>Sub</b> <b>chronic</b> (6 weeks) 0.25, 5 and 1 (i.p.)	Low toxic	81
26.	Cassia sieberiana DC (Caesalpiniaceae)	Urinogenital infection, antimicrobial and dysentery	Pod pulp	Water	1.95 (p.o.)	Acute (24 h) 1, 1.5, 2, 2.5 and 3 (p.o.) Sub acute (5 weeks) 0.2, 0.4, 0.8 and 1.6 (p.o.)	Toxic at high dose (sub acute)	82
27.	Cassytha filiformis R.Br. (Lauraceae)	Diabetes mellitus, ulcer and cough	Stems, leaves	Water	-	Sub chronic (28 days) 0.25, 0.5, 1 (p.o.)	Safe	83
28.	Ceiba pentandra L. (Bombacacease)	Antiameobic and antibacterial	Leaves	40% ME	-	Acute (24 h) 0.01 to 5 (p.o. Chronic (21 days) 0.25 to 5 (p.o.)	Safe	84
29.	Centaurium erythraea(L.) Rafn. (Gentianaceae)	sedative, antipyretic, asthma, jaundice, intestinal parasitic infestation, rheumatism, wounds and sores, blood pressure, edema and digestive disorders	Whole Plant	Water	0.12 (i.p.)	Acute (14 days) 1, 3, 5, 7, 9, 11, 13 and 15 (p.o.), 2, 4, 6, 8, 10, 12, 13 and 14 (i.p.) sub-chronic (90 days) 0.1, 0.6 and 1.2 (p.o.)	Safe	85
30.	Chiococca alba (L.) Hitchc (Rubiaceae)	Rheumatic disorders, emetic, antidiarrheic, purgative, diuretic, antipyretic, tonic and delayed menstruation	Roots	ET	-	Acute (14 days) 0.062, 0.125, 0.25, 0.5, 1 and 2 (p.o.), 0.062, 0.125, 0.25 and 0.5 (i.p. and s.c.) Repeated (14 days) 0.5, 1 and 2 (p.o.), 0.015, 0.013, 0.062 and 0.125 (i.p.)	Low toxicity (oral) Toxic (parenteral)	86
31.	Cissampelos pareira L. var hirsute (Menispermaceae)	Menstruation problems, pain reliever and used as remedy to control fertility temporarily	Roots	50% ET	-	Acute (13 days) 2 (p.o.) Sub acute (4 weeks) 1 and 2 (p.o.)	Safe	46
32.	Crateva nurvala BuchHam. (Capparidaceae)	Digest, laxative, anthelmintic, antilithic, expectorant and antipyretic	Stem bark	PE, BZ,C, 95% ET, water	> 5 (p.o.)	<b>Acute</b> (14 days) 0.05 to 5 (p.o.)	Safe	87
33.	Cucrbita maxima Duch. (Cucurbitaceae)	Stomach pain, anti-inflammatory and antipyretic	Seeds	50% ET	> 5 (p.o.)	Acute (24h) 0.1, 0.5, 1 and 5 (p.o.), Sub acute (30 days) 1 (p.o.)	Safe	88
34.	Cylicodiscus gabunensis (Taub.) Harms (Mimosaceae)	Diarrhea and gastrointestinal disorders	Stem bark	EA	11 (p.o) for female and 14.5 (p.o.) for male	Acute (7 days)- 4, 8, 12 and 16 (p.o) Sub acute (6 weeks) 0.75, 1.5, 3 and 6 (p.o.)	Toxic at high dose	89

58.	Magnistipula butayei Subsp. montana (Hauman) F. white (Chrysobalanceae	Trunk bark and root used as decoction and leaves and fruit used as killing wild animals (rats, dogs and other animals)	Trunk bark	Water	0.37 (p.o.)	<b>Acute</b> (3 days) 0.05, 0.1, 0.2, 0.4, 0.8 and 1.6 (p.o.)	Toxic	112
59.	Mammea africanna Sabine (Guttiferae)	Hypercholesterole mia, internal heat, microbial infection	Stem bark	Water	0.387 (i.p.)	Acute (24 h) 0.05 to 1 (i.p.) Sub acute (21 days) 0.03, 0.06 and 0.09 (p.o.)	Low toxic	113
60.	Manihot esculenta Crantz (Euphorbiaceae)	Human and animal nutrition and raw material for industrial products	Cassava	-	-	Acute (14 days) 5 ml/kg b.w. Sub chronic (28 days) 25%, 50%, and 100% ml/kg b.w.	Safe	114
61.	Mitragyna inermis (Willd.) O.Kuntze (Rubiaceae)	Malaria and fever	Leaves	60% ET	-	Acute (4 days) 0.30 and 3 (p.o.)Chronic (28 days) 0.30 to 3 (p.o.)	Toxic at high dose	115
62.	Mitragyna speciosa Korth (Rubiaceae)	analgesic, antipyretic, antidiarrheal and local anesthetic	Leaves	ME	-	Acute (14 days) 0.1, 0.5 and 1 (p.o.)	Severe hepatotoxic and mild nephrotoxic	116
63.	Monascus purpureus MTCC 410 (red mould rice)	Lowering blood pressure and blood cholesterol	-	-	-	Acute (14 days) 0.5, 1, 2.5 and 5 (fed in diet) Sub chronic (14 weeks) 2, 4, 8 and 12% w/w (fed in diet)	Safe	117
64.	Murraya koenigii (L.) spreng (Rutaceae)	Tonic, stomachic, anti-vomiting, dysentery, diarrhoea, hypoglycemic, febrifuge, antifungal and antiperiodic	Leaves	ME	0.316 (p.o.)	Acute (72 h) 0.2, 0.5, 1 and 2 (p.o.) Sub chronic (14 days) 0.25, 0.35 and 0.45 (p.o.)	Toxic at high dose	118
65.	Musanga cecropioides R.Br. (Cecreopiaceae)	Rheumatism, leprosy and chest infection	Stem bark	Water	-	Acute (12 days) 3 (p.o.) Repeated (28 days) 0.75 (p.o.)	Safe	119
66.	Ocimum suave wild. (Lamiaceae)	Ulcers, anticathartic, mosquito repellent and analgesic	Leaves	Water	-	Acute (7 days) 2 and 8 (p.o.) Sub acute (6 weeks) 0.25, 0.5 and 1 (p.o.)	Safe	120
67.	Pluchea arguta Boiss (Compositeae)	Antiinflammatory , antioxiant	Leaves	ME	- (p.o.)	<b>Acute</b> (7 days) 1,3 and 6 (p.o.)	Safe	121
68.	Polygala fruticos (P.J. Bergius) (Polygalaceae)	Chronic ulcer, poor circulation, intestinal sores, gonorrhoea and the snuff to improve sinusitis	Leaves	Water	10.8 (p.o.)	<b>Acute</b> (14 days) 2, 4, 8, 12, 16 and 20 (p.o.) <b>Sub</b> <b>chronic</b> (31 days) 0.1 to 1 (p.o.)	Toxic at high dose	122

89.	Tamarindus indica L. (Fabaceae)	Cold, jaundice, stomach disorders, diarrhea, fever and skin cleanser	Pulp	Water	-	<b>Sub acute</b> (28 days) 0.9, 1.8, 2.7, 3.6 and 4.5 (p.o.)	Safe	142
90.	Tanacetum vulgare L. (Asteraceae/comp ositae)	Menstrual irregularities, anthelmic, carminative, antispasmodic, stimulant and tonic properties	Leaves	Water	9.9 (p.o.) and 2.8 (i.p.)	Acute (14 days) 1 to 13 (p.o.) 1, 1.5, 2, 2.5, 3, 3.5, 4 and 4.5 (i.p.) Chronic (90 days) 0.1, 0.2 and 0.6 (p.o.)	Safe	143
91.	Tetrapleura tetraptera (Schumach. & Thonn.) Taub. (Mimosaceae)	Convulsion, leprosy, inflammation, jaundice, rheumatism, flatulence	Fruit	80% ET	-	<b>Sub acute</b> (10 days) 0.05, 0.1 and 0.15 (p.o.)	Toxic	144
92.	Tithonia diversifolia (Hemsl) (Asteraceae)	Malaria, menstrual pains, diabetes mellitus, sore throat, liver and measles	Leaves	Water	-	Repeated (7 days) 0.1 and 0.2 (p.o.)	Toxic (liver, heart and kidney)	145
93.	Tithonia diversifolia (Hemsl.) (Asteraceae)	Malaria, diarrhea, bacterial and parasitic infection	Leaves	Water	0.12 (p.o)	<b>Acute</b> (24 h) 0.05, 0.08, 0.1, 0.12 and 0.14 (p.o.)	Toxic	146
94.	Toona sinensis Roemor (Meliaceae)	Carminative enteritis and dysentery	Leaves	Water	-	<b>Acute</b> (14 days) 5 (p.o.) <b>Sub acute</b> (28 days) 1 (p.o.)	Safe	147
95.	Vernonia amygdalina Del (Compositae)	Antimalaria, anticancer, antimicrobial, as laxative herbs and anthelmintics	Leaves	95% ME, HE, EA, ME	-	Sub acute (6- fraction) (28 days) 0.08, 0.16 and 0.32 (p.o.)	Safe	148
96.	Vernonia condensate Baker (Asteraceae)	Gastro intestinal disorders, headache, diarrhea and protection against snakebites	Leaves	Water	-	Acute (0.30, 0.45, 0.67, 1, 1.5, 2.25, 3.4 and 5 (p.o. and i.p.)	Safe	149
97.	Zingiber zerumbet Smith. (Zingiberaceae)	Anticancer and cytotoxic activity	Zerumbone from rhizomes	-	1.84 (i.p.)	<b>Acute</b> (48 h) 0.1, 0.2, 0.5, 1, 1.5, 2, 2.5 and 3 (i.p.)	Toxic at high dose	150

 $A-acetone,\ BT-butanol,\ BZ-benzene,\ C-chloroform,\ DM-dichloromethane,\ EA-ethyl\ acetate,\ ET-ethanol,\ HE-bexane,\ ME-methanol,\ PE-petroleum\ ether,\ p.o.-per\ oral,\ i.p.-intraperitoneally,\ s.c.-subcutaneous,\ i.m.-intramuscular$ 

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