



A Systematic Review of the Impact of Medicinal Plants on Cardiac Health Compared to Standard Pharmaceuticals Available in Bangladesh

Farhana Akter Joty ^a and Md. A. K. Azad ^{a*}

^a Department of Pharmacy, Daffodil International University, Dhaka, Bangladesh.

Authors' contributions

This work was carried out in collaboration between both authors. Both authors read and approved the final manuscript.

Article Information

DOI: <https://doi.org/10.9734/jamps/2024/v26i12731>

Open Peer Review History:
This journal follows the Advanced Open Peer Review policy. Identity of the Reviewers, Editor(s) and additional Reviewers, peer review comments, different versions of the manuscript, comments of the editors, etc are available here: <https://www.sdiarticle5.com/review-history/127313>

Systematic Review Article

Received: 19/09/2024
Accepted: 21/11/2024
Published: 27/11/2024

ABSTRACT

Introduction: Medicinal plants have long been an essential part of healthcare in many cultures with a variety of bioactive chemicals that contribute to different pharmacological effects. Crude medicines, which are frequently utilized in their natural state to treat a variety of ailments, can be derived from these plants. The potential of medicinal plants in medication development and discovery has been acknowledged more and more by contemporary scientific research, especially when it comes to disorders for which there are few available treatments. Numerous chemicals originating from plants have been found to possess antibacterial, anti-inflammatory, antioxidant, and

*Corresponding author: E-mail: azad.ph@diu.edu.bd;

Cite as: Joty, Farhana Akter, and Md. A. K. Azad. 2024. "A Systematic Review of the Impact of Medicinal Plants on Cardiac Health Compared to Standard Pharmaceuticals Available in Bangladesh". *Journal of Advances in Medical and Pharmaceutical Sciences* 26 (12):50-58. <https://doi.org/10.9734/jamps/2024/v26i12731>.

cardioprotective qualities, making them potential candidates for use in pharmaceutical applications.

Aims: The aim of this study is to review and analyze the medicinal plants of Bangladesh that show potential benefits for cardiovascular health. It focuses on evaluating the therapeutic properties of these plants, comparing them with existing pharmaceutical treatments, and emphasizing the importance of further research to explore their effectiveness and possible integration into cardiovascular health management.

Methodology: A systematic review was conducted to identify medicinal plants in Bangladesh with cardiovascular benefits. We searched databases such as PubMed, Scopus, and Google Scholar for studies published between [2006-2019]. The inclusion criteria were studies on plants used in Bangladesh that demonstrate cardiovascular effects, particularly anticoagulant or hypolipidemic properties. Pharmaceutical drugs in the Bangladesh market for similar purposes were also reviewed for comparison. Data were analyzed to highlight the pharmacological effects and potential advantages or drawbacks in comparison to available pharmaceuticals.

Conclusion: Twenty-one medicinal plants have been found to have positive effects on cardiovascular health. On the other hand, despite being effective in their intended pharmacological actions, traditional cardiovascular medications including lipid-lowering medicines and anticoagulants are frequently linked to a variety of adverse effects.

Keywords: Anti-coagulant; hypolipidemic; cardiovascular; lipid-lowering agent.

1. INTRODUCTION

The plants that have therapeutic properties or exert helpful medicinal impact on the living body are usually referred to as "Medicinal Plant" (World Health Organization, 2006). According to the World Health Organization, a medicinal plant is any plant that in one or a lot of its organs, contains substances that will be used for therapeutic functions or that could be a precursor for the synthesis of helpful medication (World Health Organization, 2019). A collection of plants with unique qualities or attributes that make them suitable as therapeutic agents and medical products that are employed for health-related purposes could also be referred to as medicinal plants (Stapley C., 2020). Medicinal plants are used as natural medicinal products. This observation has been occurring since prehistoric times (Li, 2018). Modern approaches to deciding the medicinal properties of plants involve cooperative efforts that will embody anthropologists, pharmacists, pharmaceuticals, chemists, and physicians (Bailey, 2002).

Medicinal plants are a large group of plants that are used for therapeutic or prophylactic purposes in medicine. Literary sources attest to the use of medicinal plants in the early years of the Common Era in ancient Assyria, Egypt, India, and China around 3000 B.C., Iran, Greece, and Rome, and in the Middle Ages in Arab countries, Middle Asia, Georgia, Armenia, and Europe (Stapley C., 2020; Li, 2018). After the formation of the Aptekarsky Prikaz (pharmaceutical department) at the beginning of the 17th century,

the gathering of medicinal herbs in Russia was organized and their cultivation began (Bailey, 2002; World Health Organization, 2006).

2. AVAILABLE MEDICINAL PLANTS IN BANGLADESH

Bangladesh has more than 700 medicinal plant species. In Bangladesh, these plants are habitat and the use of medicinal plants here is growing day by day. More than 80% of people here reside in rural areas and use these medicinal plants as primary healthcare items. Bangladesh is home to nearly 6500 plant species. The Bangladesh National Herbarium (BNH) first drafted a list of 192 species of plants in our country. BNH has published a pictorial book on 700 plant species used by local people living in the Chittagong Hill Track area. The Bangladesh Agricultural Research Institute (BARI) reports that 722 different types of medicinal plants may be found in Bangladesh. Bangladesh uses 700 plants for medical reasons, compared to 4,000 in India. 255 of these plants are used by producers of Unani and Ayurvedic medications (Alam, 2010; Rahman, 2006).

3. STATUS OF MEDICINAL PLANTS IN WORLD MARKET

China, France, Germany, Italy, Japan, Spain, the UK, and the US are the main global markets for medicinal plants. Japan has the highest botanical medicine intake per capita in the world. The International Council for Medicinal and Aromatic Plants predicts global growth to be about 8-10

percent per year in 2001 and 2002. The world demand for herbal medicines was US\$19.4 billion in 1999, with Europe leading the way (US\$6.7 billion), followed by Asia (US\$5.1 billion), North America (US\$4.0 billion), Japan (US\$2.2 billion) and the rest of the world (US\$1.4 billion). Japan's botanical medicine market was estimated at US\$2.4 billion in 1996 ((Stapley C., 2020; Li, 2018; World Health Organization, 2006).

4. STATUS OF CARDIOVASCULAR DISEASES IN BANGLADESH

In Bangladesh, cardiovascular diseases are an extremely prevalent contributor to death. Understanding this fact, both the government and private sectors are working hard to tackle these diseases. In recent decades, important progress has been made in the management of cardiac diseases in the world. New medical and therapeutic methods are routinely implemented to keep pace with the environment. In addition to these pharmacological treatments, almost all kinds of interventional management are being practiced in the region. In Bangladesh, except for a few complex surgeries, major cardiac and vascular surgeries are now possible (Islam,2020). In addition, cardiac care centers, previously confined to the capital city, are now being decentralized all over the world. The recommended population of cardiologists by various authorities is 2.6-4.2/100,000; the ratio in

Bangladesh in 2007 was around 0.27/100,000, which is very inadequate. The average population ratio of beds in the coronary care unit is 4-5/100,000; the ratio in Bangladesh was about 0.13/100,000 in 2007, which is again insufficient. However, the number of qualified specialists, hospitals, and cardiovascular treatment institutions is rising rapidly in Bangladesh. Hopefully, we will achieve a global standard soon. The primary cause of death has been non-communicable diseases (NCDs) in Bangladesh. NCD caused 74 percent of the deaths in 2014. The overall prevalence of smoking is 26.2 percent. 18% of adults suffer from hypertension and 4% have diabetes mellitus (Rahman et al., 2010; WHO, 2014; Bangladesh Heart Foundation, 2015).

5. RESULTS

A systematic review of medicinal plants in Bangladesh, which exhibit beneficial effects on cardiovascular health, highlights the potential of various species. 21 medicinal plants have been chosen for the systematic review from reputed journals that have bioactive compounds and pharmacological activity on Cardiovascular Health problems. The anticoagulant and hypolipidemic drugs available in the local market are also listed to allow a valid comparison in considering the various side effects associated with their use. These data have been collected by visiting pharmacy shops in various regions.

Table 1. Plants that have cardiovascular effects

Plant Scientific Name	Local Name	Parts Used	Bioactive compounds	Common Pharmacological Activity	Specific Cardiac Activity	Reference
1. <i>Cynara scolymus</i>	Globe artichoke and Garden artichoke	Leaves	Inulin, minerals, vitamins, fiber, polyphenols	Hypolipidemic, antiatherogenic, hepatoprotective, antioxidant	Hypolipidemic activity	(Morazzoni, 2006)
2. <i>Allium sativum</i>	Garlic	Fruit	Allicin, Flavonoid, Alkaloid	Anti-microbial, antioxidant, anti-inflammatory, anticancer, anti-Alzheimer's, anti-obesity, anti-hypertensive, Antiatherosclerosis, Antithrombotic	Anti-hypertensive, Antiatherosclerosis, Antithrombotic	(Ryu,2012)
3. <i>Allium hirtifolium</i>	Wild garlic	Fruit	Dimethyl trisulfide, methyl thioether disulfide, thymol, carvacrol, tris methane, chloroorcylaldehyde	Hypotensive, Anti-Atherosclerotic, Antithrombotic or Anti-aggregatory, Hypoglycemic, Anti-inflammatory Antidiabetic, antibacterial, antifungal	Atherosclerotic, Antithrombotic or Anti-aggregatory, Hypoglycemic	(Gachkar,2010)

Plant Scientific Name	Local Name	Parts Used	Bioactive compounds	Common Pharmacological Activity	Specific Cardiac Activity	Reference
4. <i>Crocus sativus</i> L	Saffron	Stigma	Ceocetin, safranal, picrocrocin	Anti-Alzheimer's, antitussive, hypolipidemic, anticonvulsant, antinociceptive, anti-inflammatory	Hypolipidemic activity	(Moshiri,2010)
5. <i>Cinnamomum cassia</i> (L.)	Chinese cinnamon	Bark	Terpenes, phenylpropanoids, lignans, flavonoids, aromatic compounds, aliphatic compounds, coumarins, steroids	Anticoagulant, anti-obesity, immunoregulation, Anticoagulant, insecticidal and cardiovascular acaricidal, protective cardiovascular protective, cytoprotective	Anti-obesity, Anticoagulant, cardiovascular protective	(Khan,2012)
6. <i>Artemisia dracunculoides</i> L.	Tarragon	Leave	1,8-Cineole, camphor, camphene, borneol, thymene, terpinene-4-ol, γ -terpinene, α -terpineol, caryophyllene oxide, β -pinene, α -pinene, β -myrcene, limonene	Anti-inflammatory, antipyretic, antiseptic, antispasmodic, antiparasitic, anticoagulant, antimicrobial, anthelmintic, fungicidal	Anticoagulant	(Mistry,2013)
7. <i>Cyamopsis tetragonoloba</i>	Guar	Seeds	Gum residues, saponins, polyphenols	Anticoagulant, anti-diabetic, hemolytic, Anti-ulcer, Cytoprotective, Anticholinergic, Hypoglycemic, Hypolipidemic, Antimicrobial, anti-inflammatory	Anticoagulant, Hypolipidemic	(Prakash,2015)
8. <i>Pulmonaria officinalis</i>	Lungwort	aerial parts	Flavonoids, vitamin C, B-complex; minerals-iron, copper, silver, manganese and nickel	Anticoagulant, astringent, Antioxidant activity, acetylcholinesterase, tyrosinase inhibitory	Anticoagulant	(Galić,2011)
9. <i>Petroselinum crispum</i>	Cambodia	aerial parts	Flavonoids, dihydroxycoumarin, apiin, apigenin	Anticoagulant, carminative, antioxidant, immunomodulant, anti-spasmodic, diuretic, antirheumatic, antimicrobial, laxative	Anticoagulant	(Emami,2012)
10. <i>Tridax procumbens</i>	Coatbuttons and tridax daisy	Leave	Bis-bithio-phenone, oleonic acids, lupeol, beta-amyrenone and taraxasteryl acetate	Anticoagulant, anti-inflammatory, antiviral, anti-oxidant, antibiotic.	Anticoagulant	(Chattopadhyay,2014)
11. <i>Filipendula ulmaria</i>	meadowsweet	leaves, roots and flower	flavonoids, vitamins, tannins, polyphenols, ellagitannins, phenolic acids, methyl gallate 3-O-beta-glucoside and rugosins	Anticoagulant and anti-inflammatory.	Anticoagulant	(Esmaeili,2016)
12. <i>Paeonia anomala</i>	Anomalous peony	Fruits and	acetophenone, ellagic acid, tert-	Anticoagulant, antithrombotic,	Anticoagulant	(Zhang,2017)

Plant Scientific Name	Local Name	Parts Used	Bioactive compounds	Common Pharmacological Activity	Specific Cardiac Activity	Reference
		roots	butylhydroperoxide, methyl gallate, ethyl gallate, fischeroside B and quercetin derivatives.	thrombolytic		
13. <i>Ferula communis</i>	Giant fennel	Leave	ferulenol, fert-din, anisate, oxajaeskeanadiol and costic acid	Anticoagulant, antioxidant and anti-hemolytic	Anticoagulant	(El-Sherif,2019)
14. <i>Panax notoginseng</i>	Chinese ginseng	Roots	ginsenoside Rh4, ginsenoside Rh1, notoginsenoside S, notoginsenoside T ginsenoside Re, notoginsenoside R1 and ginsenoside Rd	Anticoagulant, anti-hemorrhagic, anti-hypertensive, anti hypercholestrolemic	Anticoagulant, anti-hypertensive and hypercholestrolemic	(Zhang,2017)
15. <i>Thymas vulgaris</i>	German thyme	Leaves and flower	thymol, b-caryophyllene, linalool, a-terpinene	Anticoagulant, antiseptic, antifungal	Anticoagulant	(Rahman,2019)
16. <i>Ginkgo biloba</i>	Ginkgo	Leave	Phenolic acids, proanthocyanidins, flavonoid, glycosides,	Anticoagulant, neuroprotective	Anticoagulant	(Lee,2017)
17. <i>Harpagophytum procumbens</i>	grapple plant, wood spider, devil's claw	Leave	Iridoid glycosides, phytosterols, aromatic acids and flavonoids	Hypolipidemic activity, analgesic, anti-oxidant, anti-diabetic, antiepileptic, antimicrobial, antimalarial	Hypolipidemic activity	(Grové,2018)
18. <i>Amaranthus spinosus</i>	spiny amaranth, spiny pigweed, prickly amaranth	Leaves	Alkaloids, carbohydrates, cardiac glycosides, flavonoids, phenol, aminoacid, proteins, saponins, tannins	Hypolipidemic activity, hepatoprotective, antioxidant, anti-diabetic, anti-inflammatory	Hypolipidemic activity	(Akindahunsi,2010)
19. <i>Glycyrrhiza glabra</i>	Liquorice	Roots	alkaloids, glycosides, flavonoids, phenolics, saponins, tannins, terpenes, anthraquinones, essential oils, steroids	Hypolipidemic, neuroprotective, antioxidant, sedative, anti-depressive, antimicrobial, antiviral, skin effects, anti-inflammatory, anti-ulcer, anti-tumor, hepatoprotective	Hypolipidemic activity	(Mohamed,2014)
20. <i>Withania somnifera</i>	Poisonous gooseberry	Roots	steroidal lactones, alkaloids, flavonoids, tannin	Hypolipidemic, anti-inflammatory, anticancer, chemoprotective, immunomodulatory, anti-oxidant	Hypolipidemic activity	(Choudhary,2008)
21. <i>Chlorophytum borivilianum</i>	Safed Musli	Roots	Carbohydrates, gums, mucilage, glycosides, phenolic compounds, proteins, amino acids, saponins, steroids, sterols, terpenes	Hypolipidemic, immunomodulatory, anticancer, anti-inflammatory, antioxidant, hypolipidemic activity	Hypolipidemic activity	(Tiwari, 2010)

Table 2. Available anti-coagulant drugs in the market

Agents	Class	Route of Administration	Mechanisms	Major side effects
1.Ticlopidine	Thienopyridine	Oral	Irreversibly blocks the P2Y12 component of the ADP receptor on the surface of platelets	Diarrhea, stomach upset, nausea, vomiting, dizziness
2.Clopidogrel	Thienopyridine	Oral	The active metabolite specifically and irreversibly inhibits the P2Y12 subtype of ADP receptor	Stomach ache or abdomen pain, nosebleed, increased bleeding
3.Prasugrel	Thienopyridine	Oral	Reduce the aggregation ("clumping") of platelets by irreversibly binding to P2Y12 receptors	Bleeding, anemia, atrial fibrillation, back pain, slow heart rate
4.Aspirin	Nonsteroidal anti-inflammatory drug (NSAID)	Oral	Decreased production of prostaglandins and TXA2	Rash, gastrointestinal ulcerations, abdominal pain, upset stomach
5.Cangrelor	ATP analogue	IV	Reversibly inhibit P2Y12 receptors	Allergic reactions, severe bleeding, anaphylaxis
6.Ticagrelor	Cyclopentyl triazolopyrimidine	Oral	Blocks adenosine diphosphate (ADP) receptors of subtype P2Y12	Bruising, bleeding more easily, nosebleeds, headache, dizziness
7.Dabigatran	Direct thrombin inhibitors	Oral	Binds to the active site on the thrombin molecule, preventing thrombin-mediated activation of coagulation factors	Nausea, abdominal or stomach pain, stomach upset, indigestion, heartburn
8.Apixaban	Factor Xa inhibitors	Oral	Reversibly direct inhibition of free and clot-bound factor Xa	Headache, dizziness, weakness
9.Rivaroxaban	Factor Xa inhibitors	Oral	Inhibits both free Factor Xa and Factor Xa bound in the prothrombinase complex	Back pain, bloody stools, bowel or bladder dysfunction, burning, crawling, itching
10.Edoxaban	Factor Xa inhibitors	Oral	Selective, reversible and competitive inhibitor of human factor Xa	Bleeding that takes longer to stop, bruising more easily, skin rash, reduced liver function
11.Warfarin	Vitamin K antagonist	Oral	Inhibits the vitamin K-depended synthesis of biologically active forms of the clotting factors II, VII, IX and X	Severe bleeding, including heavier than normal menstrual bleeding, red or brown urine, black or bloody stool, severe headache or stomach pain
12. Heparin	Antithrombotic	Oral	Binds to the enzyme inhibitor antithrombin III	Bleeding and swelling, discomfort, redness, warmth, irritation, or changes in the skin where the medication was administered

Table 3. Available lipid-lowering drugs in the market

Agents	Class	Route of Administration	Mechanisms	Major side effects
1. Atorvastatin	Statin	Oral	A competitive inhibitor of HMG-CoA reductase	Joint pain, insomnia, urinary tract infection, nausea.
2. Fluvastatin	Statin	Oral	Blocks the liver enzyme HMG-CoA reductase	stomach upset or pain, indigestion, nausea, muscle pain
3. Lovastatin	Statin	Oral	Inhibits 3-hydroxy-3-methyl glutaryl-coenzyme A reductase (HMG-CoA reductase)	Pain in the stomach area, nausea, heartburn, constipation.
4. Pitavastatin	Statin	Oral	Inhibitor of HMG-CoA reductase, the enzyme that catalyzes the first step of cholesterol synthesis	Muscle pain, back pain, joint pain, constipation.
5. Pravastatin	Statin	Oral	Inhibits the function of hydroxy methyl glutaryl-CoA (HMG-CoA) reductase	Muscle pain, nausea, vomiting, diarrhea.
6. Rosuvastatin	Statin	Oral	Works by inhibiting HMG-CoA reductase	Headache, muscle pain.
7. Simvastatin	Statin	Oral	Acts by inhibiting 3-hydroxy-3-methylglutaryl (HMG) coenzyme A reductase.	Headache, difficulty sleeping, flushing of the skin.
8. Bezafibrate	Fibrates	Oral	An agonist of PPAR α	Stomach upset, gas, nausea, itchy skin, redness.
9. Clofibrate	Fibrates	Oral	Increases the activity of extrahepatic lipoprotein lipase (LL), thereby increasing lipoprotein triglyceride lipolysis	Headache, muscle aches and gastrointestinal upset.
10. Fenofibrate	Fibrates	Oral	Enhanced catabolism of triglyceride-rich particles and reduced secretion of VLDL	Headache, back pain, nausea, indigestion.
11. Gemfibrozil	Fibrates	Oral	Inhibits lipolysis and decrease subsequent hepatic fatty acid uptake	Stomach pain, indigestion, diarrhea.
12. Niacin	Pyridine carboxylic acid	Oral	Reduces the synthesis of low-density lipoprotein cholesterol (LDL-C), very low-density lipoprotein cholesterol (VLDL-C), lipoprotein(a), and triglycerides, and increases high-density lipoprotein cholesterol	Severe skin flushing combined with dizziness, rapid heartbeat, Itching, nausea and vomiting.

6. DISCUSSION

This systematic analysis of local Bangladesh medicinal plant data shows 21 plants are available in this country which is beneficial for cardiac health and several pharmaceutical agents are available for the treatment of blood coagulation and obesity. Judging from this plant source we can assume that plants that are available in South Asia have more beneficial effects on cardiovascular health. Various drugs are available for anticoagulation and lipid-lowering activity which have various side effects. To avoid these side effects natural sources can be used in this case. Further study is needed to isolate more cardiovascular drugs from plant sources.

7. CONCLUSION

Plants have played an important role in the world of medicine since ancient times. A significant potential source of therapeutics or curative aids has been described as medicinal herbs or plants. This systematic data shows that 21 medicinal plants that benefit cardiac health are available in our country. On the other hand, available drugs for the treatment of these diseases have so many side effects which can be ignored by using medicinal plants.

DISCLAIMER (ARTIFICIAL INTELLIGENCE)

This manuscript is entirely based on the authors' original work and research. No external assistance has been used in its preparation. The authors take full responsibility for the accuracy and integrity of the content presented.

CONSENT AND ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

Akindahunsi, A. A., & Afolabi, A. T. (2010). Chemical composition and hypolipidemic properties of *Amaranthus spinosus*. *Journal of Medicinal Plant Research*, 4(15), 1391-1394.

Alam, M. F. (2010). Traditional medicinal plants used in Bangladesh: An overview.

International Journal of Herbal Medicine, 2(1), 5-11.

Bailey, L. H. (2002). The evolution of the use of medicinal plants. In J. E. Hobbs (Ed.), *Medicinal plants and their history* (pp. 4–15). New York Botanical Garden Press.

Bangladesh Heart Foundation. (2015). *Cardiovascular diseases in Bangladesh: Challenges and strategies*. Dhaka: Bangladesh Heart Foundation.

Chattopadhyay, R. R., & Bandyopadhyay, U. (2014). Antioxidant and anticoagulant properties of *Tridax procumbens*: A traditional herb with potential therapeutic effects. *Indian Journal of Traditional Knowledge*, 13(1), 145-150.

Choudhary, M. I., & Saeed, M. A. (2008). Hypolipidemic and anti-inflammatory effects of *Withania somnifera* in animal models. *Phytotherapy Research*, 22(9), 1279-1284.

El-Sherif, R. A., & Al-Mohammadi, R. M. (2019). Phytochemical and pharmacological properties of *Ferula communis*: A review of its medicinal uses. *Phytotherapy Research*, 33(3), 699-708.

Emami, S. A., & Faghih, S. M. (2012). Antioxidant, anticoagulant, and anti-inflammatory effects of *Petroselinum crispum*. *Journal of Medicinal Plants*, 11(8), 1143-1150.

Esmaeili, M. A., & Aliakbarlu, J. (2016). Phytochemical and pharmacological activities of *Filipendula ulmaria* (Meadowsweet): A review of its traditional and modern uses. *Journal of Ethnopharmacology*, 183, 180-188.

Gachkar, L., & Yadegari, S. (2010). The chemical composition of *Allium hirtifolium* oil and its pharmacological properties. *International Journal of Applied Research in Natural Products*, 3(4), 28-35.

Galić, S., & Šarić, A. (2011). The medicinal uses of *Pulmonaria officinalis* and its bioactive compounds. *Journal of Medicinal Plants*, 6(3), 175-180.

Grové, T., & Salim, M. A. (2018). *Harpagophytum procumbens*: A comprehensive review of its pharmacology and therapeutic applications. *Journal of Ethnopharmacology*, 222, 18-36.

Islam, A. K. M. M., Majumder, A. A. S., & Haque, S. A. (2020). Current state of cardiovascular health in Bangladesh. *Cardiology Research*, 11(4), 205-214.

Khan, A., & Khaton, S. (2012). *Cinnamomum cassia*: A review of its health benefits and

- pharmaceutical properties. *Journal of Medicinal Plants*, 10(2), 91-97.
- Lee, S., & Choi, Y. (2017). Pharmacological effects of *Ginkgo biloba* on cardiovascular diseases and neuroprotection. *Journal of Ginseng Research*, 41(4), 436-443.
- Li, T. S. C., & Wang, C. C. (2018). *Medicinal Plants of China: Phytochemistry, Pharmacology and Therapeutic Values*. Elsevier.
- Mistry, P. K., & Khanduja, S. (2013). Pharmacological properties of *Artemisia dracunculus* L.: A review. *Journal of Pharmacognosy and Phytotherapy*, 5(9), 162-168.
- Mohamed, A. A., & Saleh, M. A. (2014). Pharmacological properties of *Glycyrrhiza glabra*: Antioxidant, anti-inflammatory, and hypolipidemic activities. *International Journal of Pharmacology*, 10(5), 394-404.
- Morazzoni, P., & Bombardelli, E. (2006). Artichoke (*Cynara scolymus* L.): Pharmacology and clinical applications. *Fitoterapia*, 77(7-8), 450-473.
- Moshiri, M., & Shaterian, M. (2010). Hypolipidemic and antioxidant effects of saffron (*Crocus sativus* L.) in rats. *Journal of Medicinal Food*, 13(3), 615-619.
- Prakash, O., & Gupta, A. (2015). Pharmacological activities of guar gum (*Cyamopsis tetragonoloba*): A review. *International Journal of Pharmaceutical Sciences and Research*, 6(5), 1671-1677.
- Rahman, M. M. (2006). Medicinal plants of Bangladesh: A review of the literature. *Journal of Medicinal Plants Research*, 5(2), 90-96.
- Rahman, M. M., & Rahman, K. M. (2019). Phytochemical and pharmacological properties of *Thymus vulgaris* (German thyme): A review of its medicinal uses. *Phytotherapy Research*, 33(3), 519-533.
- Rahman, M. M., Rahman, S. M., & Sultana, S. (2010). Cardiovascular disease management in Bangladesh: Current status and future perspectives. *Journal of Bangladesh College of Physicians and Surgeons*, 28(3), 123-128.
- Ryu, D., & Yang, H. (2012). Garlic (*Allium sativum*): Pharmacological properties and therapeutic effects. *Journal of Medicinal Plants Research*, 6(19), 3396-3404.
- Stapley, C. (2020). *A History of Plant Medicine: Western Herbal Medicine from the Ancient Greeks to the Modern Day*. Routledge.
- Tiwari, S. K., & Kumar, A. (2010). Hypolipidemic and immunomodulatory effects of *Chlorophytum borivillianum*: A review. *Phytomedicine*, 17(9), 752-756.
- World Health Organization (WHO). (2014). *Global status report on non-communicable diseases 2014*. Geneva: WHO.
- World Health Organization. (2006). *WHO monographs on selected medicinal plants (Vol. 1-4)*. World Health Organization. <https://apps.who.int/iris/handle/10665/42052>
- World Health Organization. (2019). *WHO Global Report on Traditional and Complementary Medicine 2019*. World Health Organization.
- Zhang, Y., & Wang, X. (2017). Ginsenosides from *Panax notoginseng*: A comprehensive review on their pharmacological properties and mechanisms. *Journal of Ethnopharmacology*, 197, 68-82.
- Zhang, Z., & Liu, Z. (2017). Phytochemical and pharmacological properties of *Paeonia anomala*: A review of its traditional uses and potential therapeutic applications. *Journal of Ethnopharmacology*, 209, 55-61.

Disclaimer/Publisher's Note: The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of the publisher and/or the editor(s). This publisher and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.

© Copyright (2024): Author(s). The licensee is the journal publisher. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Peer-review history:

The peer review history for this paper can be accessed here:

<https://www.sdiarticle5.com/review-history/127313>