



## A study on anti-diabetic and anti-hypertension herbs used in Lorestan province, Iran

Bahram Delfan<sup>1</sup>, Kouros Saki<sup>2</sup>, Mahmoud Bahmani<sup>1\*</sup>, Nader Rangsz<sup>3</sup>, Mohammad Delfan<sup>4</sup>, Nima Mohseni<sup>5</sup>, Hedayatollah Shirzad<sup>6</sup>, Zahra Babaeian<sup>7</sup>

<sup>1</sup>Razi Herbal Medicines Research Center, Lorestan University of Medical Sciences, Khorramabad, Iran

<sup>2</sup>Shahid Beheshti University of Medical Sciences, Tehran, Iran

<sup>3</sup>Faculty of Veterinary Medicine, Islamic Azad University, Shahrekord Branch, Shahrekord, Iran

<sup>4</sup>Deputy for Food and Drug, Lorestan University of Medical Sciences, Khorramabad, Iran

<sup>5</sup>Faculty of Veterinary Medicine, Islamic Azad University, Karaj Branch, Karaj, Iran

<sup>6</sup>Medical Plants Research Center, Shahrekord University of Medical Sciences, Shahrekord, Iran

<sup>7</sup>Deputy of Research and Technology, Ministry of Health and Medical Education, Tehran, Iran

### ARTICLE INFO

#### Article Type:

Original Article

#### Article History:

Received: 18 August 2014

Accepted: 14 September 2014

ePublished: 1 December 2014

#### Keywords:

Lorestan province

Herbs

Traditional medicine

Diabetes

High blood pressure

Iran

### ABSTRACT

**Introduction:** Diabetes and hypertension are amongst the most prevalent diseases in the world, while they can be controlled and prevented, create many problems and complications for affected patients. This study was aimed to identify and report the most important and effective herbs for diabetes and high blood pressure treatment in Lorestan province (West of Iran).

**Methods:** By gathering and integrating indigenous data from local inhabitants of Lorestan, Iran, the goal of this study was accomplished. Data were gathered by cooperation of the agents of public health services network all over the towns of Dorud, Boroujerd, Khorramabad, Aleshtar, Poledokhtar, Aligoodarz, Nurabad and Kouhdasht.

**Results:** Results of this study showed that there were overall 17 medicinal plants which were used for treatment and controlling of diabetes and high blood pressure.

**Conclusion:** Medicinal plants reported in this study are indigenous to the Lorestan province. Some of the foresaid herbs seem to have some unknown therapeutic effects which are reported in this study for the first time, and some others have various known therapeutic effects mentioned in other similar studies. It is essential for researchers to find out the actuality of clinical effectiveness of the herbs and their active substances. Once the positive effects of these herbs proved, it would be possible to produce drugs which are useful in curing and controlling diabetes and hypertension.

#### Implication for health policy/practice/research/medical education:

Medicinal plants reported in this study are indigenous to the Lorestan province. If their effects are confirmed by researchers, it would be possible to produce drugs useful in curing and controlling diabetes and hypertension.

*Please cite this paper as:* Delfan B, Saki K, Bahmani M, Rangsz N, Delfan M, Mohseni N, et al. A study on anti-diabetic and anti-hypertension herbs used in Lorestan province, Iran. J HerbMed Pharmacol. 2014; 3(2): 71-76.

### Introduction

Diabetes is one of the most common chronic diseases in the world which is becoming increasingly prevalent. It is also the third leading cause of death in the most developed countries (1). Diabetes mellitus is a complex disorder with metabolic and vascular complications. This chronic disease causes hyperglycemia then it affects different body systems, including the kidneys, eyes and mucous membrane. 9.5% of U.S population is diagnosed to have

diabetes (2).

Diabetes is the most common carbohydrate metabolism disorder in which blood glucose level rises due to a deficiency of Insulin secretion or its abnormal activity. Long-term complications of diabetes include heart disease, stroke, kidney failure, blindness, nerve damage and neuropathy, atherosclerosis, chronic infections, immune deficiency and peripheral vascular disease that may lead to ulcers, gangrene and amputation (3-5).

\*Corresponding author: Dr. Mahmoud Bahmani; Razi Herbal Medicines Research Center, Lorestan University of Medical Sciences, Khorramabad, Iran; Email: [mahmood.bahmani@gmail.com](mailto:mahmood.bahmani@gmail.com)

In 2011, approximately 7% of world population was diagnosed with diabetes, while 80% of these people were living in developing countries (6). Studies conducted in Iran show a prevalence of approximately 4.2% to 15.9% (7). Hypertension is defined as a blood pressure more than 90/140 mmHg. In 95% of cases, the cause of hypertension is unknown, which is called primary hypertension. Some main causes of hypertension include oral contraceptive drugs, hyperaldosteronism, cushing's syndrome, renal artery stenosis and renal failure. Other possible causes of hypertension include genetic-related disorders of renal sodium secretion, genetic-related disorders of Na/Ca exchange in smooth muscles of arteries, changes in the genes coding angiotensin, other proteins of renin-angiotensin system, and hormonal-neurogenic vasoconstriction (8-17). Almost a quarter of deaths in elderly patients are resulted from hypertension and its complications (18).

Blood pressure is a common asymptomatic, identifiable and usually treatable disease but if left untreated the consequences of that could be fatal for the patient. Hypertension is the most common risk factor for acute myocardial infarction, stroke, peripheral vascular disease, and is the major known factor for cardiovascular disease and its mortality (19-21).

Regarding the importance of producing therapeutic agents and drugs from medicinal plants and preparing documentations about valuable indigenous information in the field of traditional medicine and finding cheap, safe and effective ways of preventing diabetes and hypertension, this ethnobotanical study was performed to collect the information about traditional medicine in Lorestan region and to identify medicinal plants claimed to be effective in treating diabetes and hypertension.

## Materials and Methods

### *The study setting*

Lorestan is a province of western Iran, located latitude and longitude of 33.4871° N, 48.3538°. Lorestan has four different climates (semi-dry, semi-moist temperate, semi-moist cold and altitude climate). Its area is approximately 28,300 square acres of land. Minimum height above sea level is 330 m in Pole-Zal and maximum height above sea level is 4050 m in Oshtoran-kooh.

This province has a varied climate and this variability is quite evident from the northeast to the southwest. Lorestan is a neighbor of Hamedan and Markazi provinces in north, Isfahan in east, Khuzestan in south and Ilam and Kermanshah in west.

### *Method of identifying and collecting the plants*

Data of traditional medications were provided through interviews and questionnaires, with assistance of Management and Planning Organization of Lorestan province and Lorestan University of Medical Sciences. Local inhabitants data were also collected through

cooperation with Health Networks of Dorud, Burujird, Khorramabad, Aleshtar Poldokhtar, Aligoodarz, Nurabad and Kouhdasht.

## Results

After collecting and classifying the data, a total number of 17 medicinal plants effective for controlling and treating of diabetes and hypertension were identified, which were marked in Table 1.

## Discussion

Despite the presence of anti-diabetic drugs in pharmacies, diabetes and its complications are still a major medical problem. So, many studies and efforts have been done to manage clinical treatment of diabetes by applying medicinal plants. Hence, ethnobotanical studies are necessary for identifying anti-diabetic herbs and providing information for researchers. The World Health Organization (WHO) has declared about the use of herbal agents in controlling diabetes and conducting researches in this direction as a necessity (27).

In traditional medicine, berries are used as antidiabetic agents in lowering blood glucose, diuretic, laxative, effective in smallpox and typhoid, fattening agent, aphrodisiac, relieve coughing, asthma, effective in rheumatism, mucokinetic, anti-phlegmatic, treatment of hypotension and bactericidal and virucidal effects (28-32). Berry is introduced as one of the anti-diabetic plants in Lorestan province in traditional medicine which is effective in reducing blood sugar.

Berries are important sources of antioxidant and phenolic compounds. Flavones, hydroxycinnamic acid and cyanidin 3-glucoside are other compounds found in the berries (33-35). Berry lowers blood glucose and increases glucose uptake by the cells (36). Given the known mechanisms of berry in treatment and prevention of diabetes and hyperglycemia and its complications, it can be used as an alternative to sugar to sweeten tea in diabetic persons.

Barberries are used in treating infectious fevers, typhus and diarrhea. Experimental studies performed on animals reportedly show anti-inflammatory effects of barberry (37,38). Flavonoids aglycones inhibit facilitated diffusion of glucose and flavonoids glycosides inhibit glucose uptake through active transport. In addition, certain polyphenols such as catechin and gallic acid have no effect on insulin-mediated glucose uptake, whereas quercetin, myristin and catechin gallate inhibit glucose uptake in a dose-dependent manner (39,40). Another study proved that barberry has a depressing effect on blood pressure (41). Other studies have also shown the arterial blood pressure lowering effects of barberry. Barberry fruits contain bioactive substances such as malic acid, pectic substances, glycoside substances and berberine. Most properties of Barberries can be attributed to berberine (42-44).

*Citrullus colocynthis* has been mentioned as a healing drug of diabetes in traditional medicine (45). Acute

**Table 1.** Complete information of ethnobotany, route of use and therapeutic effects of herbs effective in diabetes and high blood pressure in Lorestan province.

| Scientific name   | Family         | Local Name     | Persian Name            | Usable Part         | Method of application  | Gathering Season       | Traditional Therapeutic Effect    |
|---|----------------|----------------|-------------------------|---------------------|--|------------------------|-----------------------------------|
| <i>Morus alba</i>   | Moraceae       | Ti             | Toot                    | Fruit               | Raw berry or dried berry is eaten as sugar   | Spring                 | Lowers blood pressure             |
| <i>Berberis integrima</i>   | Berberidaceae  | Zereshk        | zereshk                 | Leaf and stem       | Cooked and sodden  | Spring                 | Diabetes treatment                |
| <i>Pistacia atlantica</i>   | Anacardiaceae  | Zhevi          | baneh (peste koohi)     | Juice               | After softened by drenching, it is applied on the ulcer and covered with fabric ,to be replaced each day | Spring, Summer         | Diabetic ulcers and hyperglycemia |
| <i>Capparis spinosa</i>   | Capparaceae    | Shomi-sheytoni | Hendevaneh aboujahl     | Fruit and leaf      | Raw fruit or dry leaf distillate is eaten  | Spring, Summer         | Lowers blood glucose              |
| <i>Urtica dioica</i>  | Urticaceae     | gezgezo        | gazaneh                 | Twig                | The leaf is tied on muscles, sodden stems is eaten with soup   | Spring, Summer, Autumn | Lowers blood glucose              |
| <i>Valeriana officinalis L</i>                                    | Valerianaceae  | Midareh        | sonbol-el-tib           | Fruit               | Ripe fruit is eaten raw, unripe fruit is used to provide distillate                                      | Spring                 | Lowers blood glucose              |
| <i>Melilotus officinalis</i>                                      | Leguminosae    | Yonje          | yonje                   | Flower, leaf, stem  | Distillate or infusion is drunk after eating food. Raw leaves and stem is used                           | Any season             | Lowers blood glucose              |
| <i>Nectaroscordeum tripedale</i><br><i>Nectaroscordeum coelzi</i> | Amaryllidaceae | Aneshk         | Piaz tabestani lorestan | Twig                | Raw or through sauces, with beverages like dough, infusions is eaten                                     | Spring                 | Lowers blood glucose              |
| <i>Falcaria vulgaris</i>  | Apiaceae       | Paghazou       | ghaziaghi               | Flower, leaf, stem  | Leaves are cooked and eaten with food, a glass of infusion once a day                                    | Spring and Winter      | Lowers blood pressure             |
| <i>Smyrniun cordifolium</i>                                       | Umbelliferae   | Pinomeh        | andool                  | Seed                | Squeezed seeds   | Spring                 | Lowers blood pressure             |
| <i>Crocus hasskenechtii</i>                                       | Iridaceae      | Pishok         | soffron                 | Root                | Raw and cooked   | Spring                 | Lowers blood pressure             |
| <i>Berberis integrima</i>   | Berberidaceae  | Zereshk        | zereshk                 | Leaf and stem       | Cooked or sodden   | Spring                 | Lowers blood pressure             |
| <i>Ziziphus spina-christi</i><br><i>Ziziphus nummularia</i>       | Rhamnaceae     | Konar          | sedr                    | Flower, leaf, fruit | Sodden leaves and flower   | Spring, midsummer      | Lowers blood pressure             |
| <i>Allium ursinum</i>   | Liliaceae      | Sir kohi       | Sir                     | Scallion            | Raw or with food   | Spring                 | Lowers blood pressure             |
| <i>Tragopogon caricifolius</i>                                    | Compositae     | Sheng          | shang                   | Whole parts         | Raw, dried or infusion   | Spring                 | Lowers blood pressure             |
| <i>Anethum graveolens</i>   | Umbelliferae   | shevit         | shevid                  | Whole parts         | Dried or fresh with food   | Summer                 | Lowers blood pressure             |
| <i>Amygdalus scoparia</i>   | Rosaceae       | Badam          | badam                   | Fruit               | Sodden peel  | Spring                 | Lowers blood pressure             |

hypoglycaemic and anti-hyperglycaemic effects of various root extracts of this plant have been shown in vivo models of normal and diabetic rabbits (46). Another study has shown the mechanism of action of the fruit of *Citrullus colocynthis*. This means that the fruit extract immediately and in a stable way stimulates secretion of insulin from pancreatic beta cells of rats (47). It also contains colocynthin, colocynthilin, citrulline, citronellol, resinous substances, pectin and various salts (48).

Valerian has blood pressure lowering effects in animals (49). Garlic has anti-parasitic, anti-viral, anti-fungal and anti-oxidant effects, improves peripheral blood flow and reduces blood lipids. These effects are attributed to its antioxidant activity (50-53).

*Tragopogon dubius* treats dysentery and bile flows. Its extract is used for healing gastric ulcer and known to be beneficial as stomach tonic. Its sodden is effective in liver disorders, gastric burning pains and regurgitation. Zakaryia al-Razi has recommended the use of sheng for

excreting toxins (54). Sheng has been used for reducing blood lipids, increasing appetite, stomach and liver tonic in traditional medicine and is known to be beneficial in liver disorders and kidney stones (55,56). Sheng is one of the main sources of inulin (57). It seems that inulin is the main ingredient of sheng to have hypotensive effects.

Dill in traditional medicine is used to treat flatulence, indigestion and gastric ulcers. Dill has a strong antibacterial effect (58-60). Dill extract is used as cholesterollowering drug in Iran. Furocoumarins can reduce total triglyceride and total cholesterol in hyperlipidemic rats (61). Dill seed contains D-carvone, D-limonene,  $\alpha$ -phellandrene and dihydrocarvone (62). Dill Lowers blood glucose and reduces the blood lipids and cholesterol (63,64). Bioactive substances of dill may be a source of herbal medicines effective against hypertension and diabetes. Almonds play an important role in reducing the risk of heart disease in diabetic patients (65).

Besides predicating traditionally believed effects of

these herbs, it is essential for researchers to find out the actuality of clinical effectiveness of the herbs and their active substances. Once the positive effects of these herbs proved, it is possible to produce drugs which are useful in curing and controlling diabetes and hypertension (66-70). Moreover, it has a great significance to make documented records of traditional medical information to prevent them from shrinking.

### Acknowledgments

This study was carried out with the collaboration of the Management and Planning Organization of Lorestan, Lorestan University of Medical Sciences, Deputy of Research & Technology. Authors require to acknowledge the efforts done by Mrs. M. Rashidi-pour, Dr. Abbasi, Dr. Salarvand, Dr. Jamshidi, Dr. Maknly, Dr. Hejazi, Dr. Refahi, Dr. Veysi, Dr. Roshani, Dr. Rezaei, Dr. Mosadegh, gentlemen, Mr. Vali Khorramabadi, Hassan Niknam, Salar Alizadeh, Bahman Hassanzadeh. They also appreciate the assistance and cooperation of Dorud health and treatment organization, Borojerd, Khorramabad, Aleshtar Poldokhtar, Aligoodarz, Nurabad and Kouhdasht.

### Authors' contributions

All the authors wrote the manuscript equally.

### Conflict of interests

The authors declared no competing interests.

### Ethical considerations

Ethical issues (including plagiarism, misconduct, data fabrication, falsification, double publication or submission, redundancy) have been completely observed by the authors.

### Funding/Support

None.

### References

- Little J, Falace D. Dental management of the medically compromised patient. 7th ed. St Louis: Mosby; 2008. p. 145-50.
- Greenberg MS, Glick M. Burket's oral medicine diagnosis & treatment, 11th ed. Hamilton: BC Becker Co; 2008. p. 63-5.
- Hunt JV, Smith CC, Wolff SP. Autoxidative glycosylation and possible involvement of peroxides and free radicals in LDL modification by glucose. *Diabetes* 1990; 39(11):1420-4.
- Koya D, Hayashi K, Kitada M, Kashiwagi A, Kikkawa R, Haneda M. Effects of antioxidants in diabetes-induced oxidative stress in the glomeruli of diabetic rats. *J Am Soc Nephrol* 2003; 14(8 Suppl 3): 250-3.
- Engelgau M, Geiss L, Saaddine J, Boyle J, Benjamin S, Gregg E, *et al.* The evolving diabetes burden in the United States. *Annals of Internal Medicine* 2004;140(11):945-50.
- Boulton AJ, Vileikyte L, Ragnarson-Tennvall G, Apelqvist J. The global burden of diabetic foot disease. *Lancet* 2005; 366(9498):1719-24.
- Baghianimoghadam MH, Afkhami Ardekani M. The effect of educational intervention on quality of life of diabetic patients type 2, referee to diabetic research centre of Yazd. *Horizon Med Sci* 2008; 13(4):21-8.
- Carretero OA, Oparil S. Essential hypertension. Part I: definition and etiology. *Circulation* 2000;101(3):329-35.
- Palmer BF. Renal dysfunction complicating the treatment of hypertension. *N Engl J Med* 2002;347(16):1256-61.
- Pickering TG, Herman L, Devereux RB, Sotelo JE, James GD, Sos TA, *et al.* Recurrent pulmonary oedema in hypertension due to bilateral renal artery stenosis: treatment by angioplasty or surgical revascularisation. *Lancet* 1988;2(8610):551-2.
- Hanenson IB, Taussky HH, Polasky N, Ransohoff W, Miller BF. Renal excretion of sodium in arterial hypertension. *Circulation* 1959;20:498-510.
- Zhang Y, Jose PA, Zeng C. Regulation of sodium transport in the proximal tubule by endothelin. *Contrib Nephrol* 2011;172:63-75.
- Patel SK, Wai B, Ord M, MacIsaac RJ, Grant S, Velkoska E, *et al.* Association of ACE2 genetic variants with blood pressure, left ventricular mass, and cardiac function in Caucasians with type 2 diabetes. *Am J Hypertens* 2012;25(2):216-22.
- Edvardsson B, Persson S. Reversible cerebral vasoconstriction syndrome associated with autonomic dysreflexia. *J Headache Pain* 2010;11(3):277-80.
- Magiakou MA, Smyrnaki P, Chrousos GP. Hypertension in Cushing's syndrome. *Best Pract Res Clin Endocrinol Metab* 2006;20(3):467-82.
- Douma S, Petidis K, Doumas M, Papaefthimiou P, Triantafyllou A, Kartali N, *et al.* Prevalence of primary hyperaldosteronism in resistant hypertension: a retrospective observational study. *Lancet* 2008;371(9628):1921-6.
- Oparil S. Hypertension and oral contraceptives. *J Cardiovasc Med* 1981; 6(4):381,384-7.
- Black JM, Matassarini-Jacobs E, editors. Luckmann and Sorensen's Medical-Surgical Nursing: A Psychophysiologic Approach. 4th ed. Philadelphia: W.B. Saunders; 1993.
- Harrison. Harrison Principles of Internal Medicine: Cardiovascular Disease. Tarbiat Translation. Tehran: Publication of Noore Danesh; 1385. p. 403.
- Vasan RS, Beiser A, Seshadri S, Larson MG, Kannel WB. Residual lifetime risk for developing hypertension in middle-aged women and men: the Framingham Heart Study. *JAMA* 2002; 287:1003-10.
- Stamler J, Stamler R, Neaton JD. Blood pressure, systolic and diastolic, and cardiovascular risks: US

- population data. Arch Intern Med 1993; 153:598–615.
22. Choi CW, Kim SC, Hwang SS, Choi BK, Ahn HJ, Lee MY, *et al.* Antioxidant activity and free radical scavenging capacity between Korean medicinal plants and flavonoids by assay-guided comparison. Plant Sci 2002; 163:1161-8.
  23. Bhattaram VA, Ceraefe M, Kohlest C, Vest M, Deundorf H. Pharmacokinetics and bioavailability of herbal medicinal products. Phytomed 2002; 9:1-36.
  24. Frenz MJ. Medical nutrition therapy for diabetes mellitus and hypoglycemia of nondiabetic origin. In: Mahan LK, Escott-stumps S, Editors. Krause's Food, Nutrition and Diet therapy. 11th ed. Philadelphia: Sanders press; 2004. p. 792-837.
  25. Gleckman R, Mory J. Diabetic-related foot infection. J Contemporary Inter Med 1994; 6:57-62.
  26. Mitra SK, Gopumadhavan S, Muralidhar TS, Anturlikar SD, Sujatha MB. Effect of a herbomineral preparation D-400 in streptozotocin-induced diabetic rats. J Ethnopharmacol 1996; 54:41-6.
  27. Rai MK. A review on some antidiabetic plants of India. Ancient Sci Life 1995; 14:42-54.
  28. Loew D, Kaszkin M. Approaching the problem of bioequivalence of herbal medicinal products. Phytother Res 2002; 16:705-11.
  29. Chen MD, Song YM, Lin PY, Zin C. Effects on hyperglycemia and hypoleptinemia in streptozotocin-induced diabetic mice. Horm Metab Res 2000;32: 107-9.
  30. Chu Q, Lin M, Tian X, Ye J. Study on capillary electrophoresis amperometric detection profiles of different parts of *Morus alba* L. J Chromatogr 2006; 16(1-2):286-90.
  31. Kim H, Jang MH, Shin MC, Chang HK, Lee TH, Lim BV, *et al.* Folium mori increases cell proliferation and neuropeptide Y expression in dentate gyrus of streptozotocin induced diabetic rats. Biol Pharm Bull 2003; 26:434-7.
  32. Nomura T. Phenolic compounds of the mulberry tree and related plants. In: Herz W, Grisebach H, Kirby GW, Tamm C, Editors. Progress in the Chemistry of Organic Natural Products, vol. 53. Vienna: Springer;1988. p. 87–201.
  33. Mazza G, Miniati E. Small Fruits. In: Boca Raton FL, editor. Anthocyanins in Fruits, Vegetables, and Grains. Boca Raton, FL:CRC Press:1993.
  34. Heinonen IM, Meyer AS, Frankel EN. Antioxidant activity of berry phenolics on human low-density lipoprotein and liposome oxidation. Journal of Agricultural Food Chemistry 1996; 44:4107-12.
  35. Fukumoto LR, Mazza G. Assessing antioxidant and prooxidant activity of phenolic compounds. Journal of Agricultural Food Chemistry 2000; 48:3597-604.
  36. Arzi A, Zahedi S, Ghanavati J. Effect of *Morus alba* leaf extract on streptozotocin-induced diabetes in mice. Ahvaz Journal of Medical Sciences 2001; 30:20.
  37. Fatehi M, Saleh TM, Fatehi-Hassanabad Z, Farrokhfal K, Jafarzadeh M, Davodi S. A pharmacological study on *Berberis Vulgaris* fruit extract. J Ethnopharmacol 2005; 102: 46-52.
  38. Zargari A, editor. Medicinal Plants. 7th ed. Tehran: Tehran University Press; 1993. p. 72-9.
  39. Johnston K, Sharp P, Clifford M, Morgan L. Dietary polyphenols decrease glucose uptake by human intestinal Caco-2 cells. FEBS Lett 2005; 579:1653-7.
  40. Strobel P, Allard C, Perez-Acle T, Calderon R, Aldunate R, Leighton F. Myricetin, quercetin and catechin-gallate inhibit glucose uptake in isolated rat adipocytes. Biochem J 2005; 386:471-8.
  41. Shamsa F, Ahmadiani A, Khosrokhavar R. Antihistaminic and anticholinergic activity of barberry fruit (*Berberis vulgaris*) in the guinea pig ileum. J Ethnopharmacol 1999; 64(2):161-6.
  42. Baytop T. Phytotherapy in Turkey: past and present. Nobl Pub l, Stanbul, Turkey, 1999
  43. Blumenthal Busse WR, Goldbert A, Grenwald J, Hall T, Klein S, Riggins CW, *et al.* The complete German E Monographs - therapeutic guide to herbal medicines. Austin, TX: American botanical council; 1998. p. 310.
  44. Gudima SO, Memelova LV, Bordulin VB. Kinetic analysis of interaction of human immunodeficiency virus reverse transcriptase with alkaloids. Mol Biol (Mosk) 1991; 28:1308-14.
  45. Fallah Hosseini H, Heshmat R, Larijani B, Fakhri Zadeh H, Jafari Azar Z, Darvish Zadeh F, *et al.* The clinical investigation of *Citrullus Colocynthis* (L.) Schrad. fruit in treatment of type II diabetic patients: A randomized, double-blind, placebo-controlled study. Journal of Medicinal Plants 2006;5:31-5.
  46. Nmila R, Gross R, Rchid H, Roye M, Manteghetti M, Petit P, *et al.* Insulinotropic effect of *Citrullus colocynthis* fruit extracts. Planta Med 2000; 66:418-23.
  47. Abdel-Hassan IA, Abdel-Barry JA, Tariq Mohammeda S. The hypoglycaemic and antihyperglycaemic effect of *citrullus colocynthis* fruit aqueous extract in normal and alloxan diabetic rabbits. J Ethnopharmacol 2000;71:325-30.
  48. Zargari A. Pharmaceutical plants. 8th Edition, Tehran: Publication of Tehran University; 1993. p. 90-4.
  49. British Pharmacopeia Addendum. London: LMSOL;1993. p. 2035
  50. Ayaz E, Alpsoy HC. Garlic (*Allium sativum*) and traditional medicine. Acta Parasitol Turcica 2007; 31 (2):145-9.
  51. Ebadi A, Rahimielenji A, Taghadosi M, Khorshidi A, Akbri H. Effect of garlic on blood glucose in type 2 diabetic patients. Quarterly Journal of Feiz 2007; 11(1):76-85.
  52. Borek C. Antioxidant health effects of aged Garlic extract. Journal of Nutrition 2001; 131(3s):1010-5.

53. Ide N, Lau BH, Ryu K. Antioxidant effects of fructosyl arginine, a Maillard reaction product in aged garlic extract. *Journal of Nutrition Biochemistry* 1999; 10(6):372-6.
54. Bahmani M, Zargaran A, Rafieian-Kopaei M, Saki M. Ethnobotanical study of medicinal plants used in the management of diabetes mellitus in the Urmia, Northwest Iran. *Asian Pac J Trop Med* 2014; 7(Suppl 1): 348-54.
55. Zargari A. *Medicinal Plants*. Sixth Ed. Vol 1. Tehran:Tehran University Press;1990. p. 72-166.
56. Shafizadeh F. *Popular Medicinal Plants of Lorestan*. Tehran:Hayan Publication; 2002. p. 128.
57. Rastall RA, Maitin V. Probiotics and synbiotics: towards the next generation. *Curr Opin Biotech* 2002; 13:490-6.
58. Duke J. *Hanbooke of medical herbs*. London: CRC Press; 2001.
59. Hosseinzadeh H, Karimi GR, Ameri M. Effects of *Anethum graveolens* L. seed extracts on experimental gastric irritation models in mice. *BMC Pharmacol* 2002; 2:21.
60. Delaquis PJ, Stanich K, Girard B, Mazza G. Antimicrobial activity of individual and mixed fractions of dill, cilantro, coriander and eucalyptus essential oils. *Int J Food Microbiol* 2002; 74(1-2): 1019.
61. Bahramikia S, Yazdanparast R. Efficacy of different fractions of *Anethum graveolens* leaves on serum lipoproteins and serum and liver oxidative status in experimentally induced hypercholesterolaemic rat models. *Am J Chin Med* 2009; 37(4): 685-99.
62. Carla CCR, de Carvalho M. Carvone: Why and how should one bother to produce this terpene. *Food Chem* 2006; 96(3):413-22.
63. Panda S. The effect of *Anethum graveolens* L. (dill) on corticosteroid induced diabetes mellitus: involvement of thyroid hormones. *Phytother Res* 2008;22(12):1695-7.
64. Yazdanparast R, Bahramikia S. Evaluation of the effect of *Anethum graveolens* L. crude extracts on serum lipids and lipoproteins profiles in hypercholesterolemia rats. *Daru* 2008; 16(2):88-94.
65. Darvish Damavandi R, Shidfar F, Rajab A, Mohammadi V, Hosseini S. The Effects of Cashew Consumption on Serum Glucose, Insulin and Lipoprotein in Type 2 Diabetic Patients. *Iranian Journal of Endocrinology and Metabolism* 2012; 14(4): 325-334.
66. Bahmani M, Saki K, Rafieian-Kopaei M, Karamati SA, Eftekhari Z, Jelodari M. The most common herbal medicines affecting *Sarcomastigophora* branches: a review study. *Asian Pac J Trop Med* 2014; 7(Suppl 1): 14-21.
67. Bahmani M, Rafieian-Kopaei M, Hassanzadazar H, Saki K, Karamati SA, Delfan B. A review on most important herbal and synthetic antihelmintic drugs. *Asian Pac J Trop Med* 2014; 7(Suppl 1): 29-33.
68. Bahmani M, Rafieian-Kopaei M, Jeloudari M, Eftekhari Z, Delfan B, Zargaran A, *et al.* A review of the health effects and uses of drugs of plant licorice (*Glycyrrhiza glabra* L.) in Iran. *Asian Pac J Trop Dis* 2014; 4(Suppl 2): 847-9.
69. Saki K, Bahmani M, Rafieian-Kopaei M. The effect of most important medicinal plants on two important psychiatric disorders (anxiety and depression)-a review. *Asian Pac J Trop Med* 2014; 7(Suppl 1): 34-42.
70. Asadbeigi M, Mohammadi T, Rafieian-Kopaei M, Saki K, Bahmani M, Delfan B. Traditional effects of medicinal plants in the treatment of respiratory diseases and disorders: an ethnobotanical study in the Urmia. *Asian Pac J Trop Med* 2014; 7(Suppl 1): S364-8.