

2<sup>nd</sup> Global Summit on

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## Herbal cardioceuticals III

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**Introduction:** Cardiovascular diseases are the number one cause of morbidity and mortality in the world. Traditional herbal concoctions and herb derived drugs are commonly used for these ailments. These three abstracts review popular herbal remedies which have demonstrated beneficial cardiovascular effects and results been validated by rigorous scientific studies.

**Methods:** PubMed interrogation revealed 65,034 entries under 'herbal medicines' and 2,963 under 'herbal and cardiovascular'. Relevant citations were reviewed. Other pertinent published scientific material was also consulted.

**Results:** *Rauwolfia serpentine* (Indian snakeroot): Reserpine, a major alkaloid in *Rauwolfia serpentine* produces a strong and prolonged hypotensive effect in patients by decreasing cardiac output, peripheral vascular resistance, heart rate and renin secretion. The main mechanism for its sympatholytic and antihypertensive actions appears to be depletion of catecholamines. *Rosmarinus officinalis* (Rosemary): Although research on rosemary is scant, its diterpenoids, especially carnosic acid and carnosol have antioxidant activity that helps with stabilizing erythrocyte membranes and inhibiting superoxide generation and lipid peroxidation. Rosemary leaves contain high amounts of salicylates and its flavonoid pigment diosmin is reported to decrease capillary permeability and fragility. Rosemary may help retard atherogenesis. *Ruscus aculeatus* (Butcher's Broom): *Ruscus aculeatus*, through its vasoconstrictive and venotonic properties may have a therapeutic role in ameliorating the symptoms of orthostatic hypotension and venous insufficiency. The active ingredients are two steroidal saponins, ruscogenin and neurogenin which antagonize histamine-induced increases in vascular permeability.

**Conclusions:** Several herbal medicines have convincingly established their therapeutic role as cardioceuticals. Evidence based scrutiny has repeatedly validated their efficacy and safety in clinical trials.

## Biography

Shashi K Agarwal has obtained his Board Certification in Internal Medicine in 1979 and Cardiovascular Diseases in 1981. He is also Board Certified with the American Board of Integrative Holistic Medicine and the American Academy of Anti-Aging Medicine. He has been awarded Fellowship of the American College of Cardiology, American College of Physicians and the American College of Nutrition. He has presented over 150 scientific abstracts and published over 30 scientific papers in peer reviewed journals. His interest is in scrutinizing and disseminating evidence based data regarding the therapeutic role of various complimentary modalities and encouraging their integration into contemporary medicine.

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