

**PHARMACOLOGICAL IMPACT OF VARIOUS HERBS IN THE  
TREATMENT OF ANXIETY AND DEPRESSION****Mudassir Ali<sup>1\*</sup>, Dr. Manish Kumar Shakya<sup>2</sup> and Dr. Shalini Sawhney<sup>3</sup>**<sup>1\*</sup>Research scholar, <sup>2</sup>Professor, <sup>3</sup>Professor I.T.S College of Pharmacy, Ghaziabad, Uttar Pradesh.Article Received on  
30 May 2025,Revised on 19 June 2025,  
Accepted on 09 July 2025

DOI: 10.20959/wjpr202514-37333

**\*Corresponding Author****Mudassir Ali**Research Scholar, I.T.S  
College of Pharmacy,  
Ghaziabad, Uttar Pradesh.**ABSTARCT**

Interest in alternative therapy alternatives has increased due to the rising incidence of anxiety and depression globally, and medicinal plants are showing promise as a supplement or substitute for traditional pharmaceutical medicines. The potential of medicinal plants with anxiolytic and depressive qualities is examined in this review, which also highlights the active ingredients, mechanisms of action, and clinical effectiveness of these herbs. Numerous studies have been conducted on the potential benefits of various herbs for treating anxiety and depression, including *Withania somnifera* (Ashwagandha), *Hypericum perforatum* (St. John's Wort), *Passiflora incarnata* (Passionflower), *Lavandula angustifolia* (Lavender), *Bacopa monnieri* (Brahmi), *Valeriana officinalis* (Valerian), and *Rhodiola rosea* (Golden Root). These herbs provide a variety of advantages, such as improved mood, stress reduction, cognitive enhancement, and improved sleep

regulation. Many of these have less adverse effects than traditional medications like SSRIs and benzodiazepines, and pre-clinical and clinical trials have shown their promise in reducing the symptoms of anxiety and depression. Notwithstanding the encouraging outcomes, issues like inconsistent efficacy brought on by dose and preparation techniques and a lack of uniformity in herbal formulations still exist. Important factors to take into account when incorporating herbal remedies into conventional mental health therapy include drug-herb interactions and the requirement for further clinical studies. Nonetheless, their importance in contemporary healthcare is highlighted by the rising interest in natural and holistic approaches to mental health as well as the possible advantages of medicinal herbs. To enable

the safe and efficient use of pharmaceuticals, further research is necessary to determine appropriate doses, safety profiles, and regulatory criteria.

**KEYWORDS:** Anxiety, Depression, Medicinal herbs, Anxiolytic, Antidepressant and Clinical efficacy

## 1. INTRODUCTION

Among the most common and significant mental health conditions are anxiety and depression, each of which has distinct but sometimes overlapping characteristics. Anxiety disorders include a variety of conditions, such as Panic Disorder, which is characterized by sudden episodes of overwhelming fear and physical symptoms like shortness of breath or chest pain; Generalized Anxiety Disorder (GAD), which is characterized by excessive and persistent worry about various aspects of life<sup>[1]</sup>; and Social Anxiety Disorder, which involves intense fear of social interactions. Persistent sorrow, despair, and disinterest in once-enjoyed activities are hallmarks of depression, especially Major Depressive Disorder (MDD). These symptoms are frequently accompanied by changes in appetite, sleep difficulties, and trouble focusing. Both illnesses can significantly impair day-to-day functioning and quality of life, and they frequently strike many people at the same time.<sup>[2]</sup>

Hundreds of millions of people worldwide suffer from anxiety and depression, and prevalence rates are still rising. According to estimates from the World Health Organization (WHO), more than 260 million people suffer from anxiety disorders, and over 300 million people suffer from depression.<sup>[3]</sup> Due to their high impact on disability-adjusted life years (DALYs), many illnesses contribute significantly to the global burden of disease. Because people with these diseases frequently experience lower working productivity, more absenteeism, and higher healthcare costs, the socioeconomic impact is significant.<sup>[4]</sup>

Furthermore, untreated mental health conditions prolong cycles of poverty and decreased social involvement, which has an impact on families, communities, and economies. In low- and middle-income nations, where stigma, a lack of mental health resources, and a shortage of qualified practitioners impede efficient treatment delivery, anxiety and depression continue to be underdiagnosed and undertreated despite their prevalence.<sup>[5]</sup> Given their macroeconomic effect and worldwide frequency, there is an urgent need for comprehensive, accessible, and reasonably priced methods to manage these widespread disorders.<sup>[6]</sup>

### 1.1.Limitations of Conventional Treatments for Anxiety and Depression

Although they work well for many people, conventional therapies for depression and anxiety have some drawbacks that limit their success and general application. Among the most often given drugs for these disorders are pharmacological treatments like benzodiazepines and selective serotonin reuptake inhibitors (SSRIs).<sup>[7]</sup> SSRIs, such as sertraline and fluoxetine, function by raising serotonin levels in the brain, which aid with mood regulation. By reducing excessive brain activity, benzodiazepines like lorazepam and diazepam offer temporary respite.<sup>[8]</sup> Nevertheless, adverse effects linked to both pharmacological types may restrict their efficacy and patient compliance. While benzodiazepines carry the danger of drowsiness, dependence, and withdrawal symptoms when used over an extended period of time, SSRIs frequently result in nausea, weight gain, sexual dysfunction, and increased anxiety during the first stages of treatment. These adverse effects might cause further health issues or deter people from pursuing therapy.<sup>[9]</sup>

The limits of traditional therapies are further compounded by their pricing and accessibility. Many areas' mental health care systems, especially those in low- and middle-income nations, lack the infrastructure, skilled personnel, and resources necessary to satisfy the rising demand for treatment.<sup>[10]</sup> Particularly for individuals without insurance or those in poverty, the cost of medications might be unaffordable, posing serious financial obstacles. Many individuals are underserved even in high-income nations due to the high expense of therapy sessions and lengthy wait periods to visit mental health professionals.<sup>[11]</sup> Furthermore, people are frequently discouraged from pursuing traditional therapies due to the cultural stigma associated with obtaining professional assistance for mental health concerns. When taken as a whole, these difficulties show how urgently more accessible, reasonably priced, and culturally aware alternative methods are needed to close the treatment gap.<sup>[12]</sup>

### 1.2.Role of Herbal Medicine in Mental Health and the Growing Interest in Natural Approaches

The potential of herbal medicine as a supplemental treatment for mental health issues including depression and anxiety is becoming more widely acknowledged. Numerous plants include bioactive substances that have antidepressant, neuroprotective, and anxiolytic properties. These effects are frequently brought about by lowering oxidative stress, regulating neurotransmitter levels, and regulating the hypothalamic-pituitary-adrenal (HPA) axis.<sup>[13]</sup> For instance, St. John's Wort (*Hypericum perforatum*) has demonstrated effectiveness in treating

mild to severe depression by blocking serotonin reuptake, whereas medicines such as ashwagandha (*Withania somnifera*) are known to lower cortisol levels and relieve stress.<sup>[14]</sup> Patients looking for a more natural approach to mental health care may find these plant-based medicines appealing since they frequently have fewer adverse effects than traditional pharmaceutical treatments. Interest in holistic and integrative therapies is rising along with knowledge of the drawbacks of synthetic drugs. In addition to using herbal medicine to treat symptoms, many people are using it as part of a larger wellness plan that aims to enhance both physical and mental well-being.<sup>[15]</sup>

Herbs have historically been important for mental health; their usage is recorded in traditional Chinese medicine (TCM), Ayurveda, and indigenous healing methods all around the world. A long-standing belief in the mind-body link is shown in the usage of herbs like chamomile (*Matricaria chamomilla*) and Valerian root (*Valeriana officinalis*) to alleviate anxiety, sleeplessness, and restlessness. These ancient methods recognized the interdependence of emotions, physical health, and lifestyle and addressed mental health holistically.<sup>[16]</sup> The historical legitimacy of these treatments as well as contemporary scientific confirmation of their safety and effectiveness are the main factors behind their renewed popularity. Herbal therapy is becoming a viable supplement or alternative to conventional therapies, providing a culturally sensitive, cost-effective, and easily accessible choice for a variety of groups, as clinical evidence for its therapeutic potential continues to grow. A larger cultural movement toward sustainable and integrative health practices is consistent with this growing emphasis on natural therapies.<sup>[17]</sup>

## 2. Various Herbs Used in treatment of Anxiety and Depression

The therapeutic potential of medicinal herbs in the treatment of mental health issues, such as depression and anxiety, has long been acknowledged. Bioactive substances found in these plants work with the central nervous system to reduce symptoms and enhance mental health. Here is a summary of important herbs that have been studied for their anxiolytic and depressive properties, with an emphasis on their active ingredients and modes of action.<sup>[18]</sup>

### 2.1. *Withania somnifera* (Ashwagandha)

A staple of Ayurvedic medicine, ashwagandha, often known as "Indian ginseng," is praised for its adaptogenic qualities, which support the body's ability to withstand stress and preserve homeostasis.<sup>[19]</sup> The herb's active ingredients, withanolides, which have anti-inflammatory and anti-stress properties, are primarily responsible for its effectiveness in treating anxiety

and depression. A key stress-response mechanism, the hypothalamic-pituitary-adrenal (HPA) axis, is modulated by ashwagandha. It normalizes adrenal gland function and lowers cortisol levels, a hormone linked to stress.<sup>[20]</sup> Furthermore, ashwagandha enhances the inhibitory neurotransmitter gamma-aminobutyric acid (GABA), which relaxes the nervous system and lessens anxiety, by interacting with GABA receptors. Additionally, research has demonstrated that ashwagandha promotes neurogenesis, or the development of new neurons, which can enhance emotional fortitude and brain function. It is also useful in treating tiredness, stress-induced cognitive impairment, and depressive symptoms because of its neuroprotective qualities.<sup>[21]</sup>

## 2.2. *Hypericum perforatum* (St. John's Wort)

Because of its well-established antidepressant qualities, St. John's Wort is frequently given for mild to moderate depression. Its active ingredients, hypericin and hyperforin, prevent serotonin, norepinephrine, and dopamine—important neurotransmitters involved in mood regulation—from being reabsorbed, which accounts for its efficacy.<sup>[22]</sup> St. John's Wort is a natural substitute for traditional antidepressants because of its mechanism, which is comparable to that of selective serotonin reuptake inhibitors (SSRIs).<sup>[23]</sup> Furthermore, the plant possesses anti-inflammatory qualities that lessen neuroinflammation, which has been connected to depression. Additionally, St. John's Wort helps to stabilize emotions by regulating stress chemicals like cortisol. Despite its well-established effectiveness, caution is necessary since it interacts with a number of drugs, such as antidepressants, anticoagulants, and birth control pills.<sup>[24]</sup>

## 2.3. *Passiflora incarnata* (Passionflower)

A soothing plant with strong anxiolytic effects is passionflower. Its main ingredients, which have been used for millennia to treat anxiety and sleeplessness, include alkaloids like harmine and flavonoids like apigenin. These chemicals work by altering GABA receptors.<sup>[25]</sup> Passionflower improves inhibitory neurotransmission by raising GABA levels in the brain, which helps to lessen the hyperactivity linked to anxiety disorders.<sup>[26]</sup> Clinical research has demonstrated its efficacy in reducing generalized anxiety disorder (GAD) symptoms and enhancing the quality of sleep. Passionflower has a soothing effect without producing serious side effects or reliance, in contrast to synthetic sedatives. It is a useful supplement to comprehensive mental health care since it is frequently used as a supplemental treatment for stress-related illnesses.<sup>[27]</sup>

#### 2.4. *Lavandula angustifolia* (Lavender)

Both traditional use and contemporary study have confirmed the long-standing use of lavender for its calming and anxiolytic effects. Linalool and linalyl acetate, the main active ingredients in lavender, are known to interact with GABAergic neurotransmission, intensifying the soothing effects of lavender on the central nervous system.<sup>[28]</sup> Additionally, lavender alters serotonin receptors, which helps to stabilize mood. It has been demonstrated that using it in aromatherapy lowers cortisol levels, which encourages relaxation and lessens stress.<sup>[29]</sup> Lavender is useful in alleviating the symptoms of anxiety disorders, such as PTSD and generalized anxiety disorder (GAD), according to clinical research. Because of its adaptability, it may be used topically, as an essential oil, or as an oral supplement, making it widely available and acknowledged in holistic mental health.<sup>[30]</sup>

#### 2.5. *Bacopa monnieri* (Brahmi)

In Ayurveda, the herb *bacopa monnieri*, often known as Brahmi, is used to improve mental clarity and cognitive performance. Its primary ingredients, bacosides A and B, which have neuroprotective and adaptogenic qualities, are responsible for its anxiolytic and depressive effects. These substances strengthen the cholinergic system, which is essential for memory and learning, and encourage synaptic plasticity.<sup>[31]</sup> *Bacopa*'s capacity to alter serotonin levels aids in mood regulation and alleviates the symptoms of depression. Additionally, the herb lowers inflammation and oxidative stress in the brain, two things that are frequently linked to anxiety and sadness. Additionally, *bacopa*'s antioxidant qualities shield neurons from harm, enhancing the resilience and general health of the brain. Long-term usage has been linked to greater emotional balance, better sleep, and a decrease in stress symptoms.<sup>[32]</sup>

#### 2.6. *Valeriana officinalis* (Valerian)

Known as "nature's Valium," Valerian is a well-liked plant for treating anxiety and sleeplessness. The main active ingredients, such as valerenic acid and valepotriates, work with the brain's GABA receptors to intensify this inhibitory neurotransmitter's soothing effects. Additionally, Valerian prolongs the effects of GABA and lowers neurological stress by preventing its breakdown.<sup>[33]</sup> Because of its sedative qualities, it works especially well for treating anxiety and stress-related sleep disturbances. Valerian is a safer option for long-term usage than traditional sedatives because it doesn't result in reliance or harsh withdrawal symptoms. It has been shown in clinical research to be effective in lowering anxiety levels



and enhancing sleep quality, especially in those with generalized anxiety disorder or stress-related insomnia.<sup>[34]</sup>

## 2.7. *Rhodiola rosea* (Golden Root)

The adaptogen rhodiola, also referred to as golden root, is well recognized for its capacity to improve mental toughness and fight against exhaustion. By altering the hypothalamic-pituitary-adrenal (HPA) axis, its active ingredients, rosavin and salidroside, lower cortisol levels under stressful situations. Additionally, rhodiola increases the activity of dopamine, norepinephrine, and serotonin—all of which are essential for mood control and emotional stability.<sup>[35]</sup> Rhodiola helps reduce the symptoms of sadness and anxiety by restoring the equilibrium of these neurotransmitters. It also possesses neuroprotective qualities that lessen inflammation and oxidative stress in the brain, which are frequently linked to mood problems and cognitive loss. Rhodiola is a useful herb for fostering resilience and mental health since it is especially helpful for people who are suffering from burnout, emotional instability, or stress-induced exhaustion.<sup>[36]</sup>

**Table 1: Pre-Clinical and Clinical Findings.**

Herb	Pre-Clinical Findings	Clinical Findings
Withania somnifera (Ashwagandha)	Studies on animals show notable antidepressant and anxiolytic effects. Ashwagandha has been demonstrated to alter the hypothalamic-pituitary-adrenal (HPA) axis in rats, lowering the release of the stress-related hormone cortisol. <sup>[37]</sup> Additionally, it increases GABAergic activity, which is essential for nervous system relaxation. By upregulating brain-derived neurotrophic factor (BDNF), ashwagandha has been shown in studies to improve neurogenesis, which may add to its neuroprotective benefits. <sup>[38]</sup>	Ashwagandha has been shown to lower stress, anxiety, and depression in clinical research. According to a research on people with generalized anxiety disorder (GAD), cortisol levels and anxiety ratings on the Hamilton Anxiety Rating Scale (HAM-A) significantly decreased. <sup>[39]</sup> Improvements in overall well-being, stress resilience, and sleep quality were noted in another trial of stressed people. The herb is a well-liked option for stress and anxiety management since it is thought to be safe for short-term usage with few adverse effects. <sup>[40]</sup>
Hypericum perforatum (St. John's Wort)	According to preclinical research, St. John's Wort functions similarly to other antidepressant drugs by preventing serotonin, norepinephrine, and dopamine from being reabsorbed. <sup>[41]</sup> It also possesses antioxidant and anti-inflammatory qualities. It has been demonstrated to increase brain-derived neurotrophic factor (BDNF), a protein linked to neuron development and	The effectiveness of St. John's Wort in treating mild to moderate depression has been demonstrated by clinical research. It is as effective as selective serotonin reuptake inhibitors (SSRIs), but has less adverse effects, according to many meta-analyses. <sup>[43]</sup> In some therapeutic contexts, it has also demonstrated efficacious outcomes in mitigating anxiety symptoms. Its usage is restricted in some groups,

	maintenance, in animal models. <sup>[42]</sup>	nevertheless, due to potential interactions with a range of pharmaceutical medications (such as oral contraceptives and anticoagulants). <sup>[44]</sup>
Passiflora incarnata (Passionflower)	According to research on animals, passionflower modulates GABA receptors, especially GABA-A receptors, to produce calming effects. <sup>[45]</sup> This effect aids in lowering neuronal excitability, which is essential for anxiety management. In animal models, preclinical studies have also suggested that it could lower corticosterone and other stress hormone levels. Additionally, passionflower is regarded as a moderate sedative. <sup>[46]</sup>	According to clinical research, passionflower can effectively lessen anxiety symptoms, especially those associated with generalized anxiety disorder (GAD) or pre-operative situations. <sup>[47]</sup> According to one research, Passionflower was just as successful in lowering anxiety as the benzodiazepine medication oxazepam, but it didn't have the sedative side effects or dependence problems that benzodiazepines do. For better anxiety treatment, passionflower is sometimes combined with other herbs. <sup>[48]</sup>
Lavandula angustifolia (Lavender)	Lavender has been shown in preclinical research to have anxiolytic effects via acting on the serotonin and GABA neurotransmitter systems. <sup>[49]</sup> Lavender has also been demonstrated in animal models to offer modest calming effects that reduce central nervous system hyperactivity. Furthermore, it has been shown that lavender oil possesses antioxidant qualities that aid in shielding brain cells from oxidative stress. <sup>[50]</sup>	Clinical trials have demonstrated notable gains in lowering anxiety levels, sleep disruptions, and stress-related symptoms when lavender oil is used in different ways (e.g., aromatherapy, capsules). <sup>[51]</sup> Anxiety ratings were significantly improved in a well-known research using lavender oil capsules, which are frequently similar to benzodiazepines without the sedative side effects. Additionally, lavender helps to improve the quality of sleep and is frequently used to treat insomnia brought on by anxiety. <sup>[52]</sup>
Bacopa monnieri (Brahmi)	Preclinical research has demonstrated that Bacopa monnieri's capacity to lower oxidative stress and stimulate neurogenesis confers neuroprotective and anxiolytic qualities. <sup>[53]</sup> Bacopa has been shown to alter the GABA, dopamine, and serotonin pathways in animal models. Additionally, it lowers cortisol levels, indicating that it might lessen stress reactions. By raising acetylcholine levels, a neurotransmitter associated with memory and learning, bacopa is also known to improve cognitive performance. <sup>[54]</sup>	Bacopa monnieri has demonstrated potential in the treatment of cognitive and anxiety problems in clinical settings. Research has indicated notable decreases in stress and anxiety levels, along with enhancements in memory, concentration, and general cognitive abilities. <sup>[55]</sup> Bacopa is very helpful in treating age-related and stress-related cognitive deterioration. Many people see benefits over the course of many weeks, and its effects are frequently gradual. Additionally, it has been demonstrated to enhance resilience and mood in those under ongoing stress. <sup>[56]</sup>
Valeriana officinalis (Valerian)	According to preclinical studies, Valerian root increases GABAergic activity, which results in sedative and anxiolytic effects. It has been shown in animal experiments to	Valerian is useful in treating anxiety and sleeplessness, especially those caused by stress or overwork, according to clinical investigations. Research indicates notable



	enhance relaxation and lessen neuronal excitability. <sup>[57]</sup> The active ingredients in Valerian, namely valerenic acid, are believed to work on the GABA-A receptor to produce a soothing effect without the potential for dependence that comes with benzodiazepines. Valerian is also known to ease tense muscles and promote relaxation in general. <sup>[58]</sup>	enhancements in the quality of sleep, as subjects report fewer nighttime awakenings and a faster beginning of sleep. <sup>[59]</sup> Although its effects might differ from person to person, Valerian has also been shown to lessen anxiety symptoms in those with mild anxiety. Particularly when used with other medicines for sleep disturbances, it is regarded as a safe and well-tolerated alternative for treating anxiety. <sup>[60]</sup>
Rhodiola rosea (Golden Root)	Rhodiola rosea may improve the body's resistance to environmental, chemical, and physical stresses, according to preclinical research. <sup>[61]</sup> It works by modifying the HPA axis, which lowers cortisol levels and raises dopamine and serotonin levels in the brain. Research on animals has demonstrated increased cognitive performance under long-term stress, improved endurance under physically demanding circumstances, and improved stress tolerance. <sup>[62]</sup>	Rhodiola has been shown in clinical trials to significantly reduce anxiety, weariness, and stress symptoms. Participants in randomized controlled studies who took Rhodiola reported feeling happier, having more energy, and having better mental clarity, especially those who were experiencing burnout or chronic stress. <sup>[63]</sup> It is also acknowledged for its capacity to improve resilience in demanding work settings and sports performance. Because of its good safety record and low incidence of adverse effects, rhodiola is a good choice for anybody looking for an adaptogen to reduce stress and elevate their mood. <sup>[64]</sup>

### 3. Benefits beyond Symptom Management

Herbal treatments for depression and anxiety provide a comprehensive approach to mental health with many advantages that go beyond symptom relief.

➤ **Cognitive Enhancement:** Numerous medicinal plants that are used to treat sadness and anxiety also improve cognitive function. Bacopa monnieri, for example, has been demonstrated to enhance memory, concentration, and general cognitive function. Bacopa supports brain function by raising levels of acetylcholine, a neurotransmitter essential for memory and learning. This makes it helpful not only for those with anxiety but also for those who are experiencing cognitive loss as a result of stress or age. Under a similar vein, Rhodiola rosea has been shown to enhance cognitive performance and mental clarity, especially under stressful situations. In those with anxiety or depression, these cognitive advantages enhance day-to-day functioning and enhance mental performance in general.<sup>[65]</sup>

➤ **Sleep Regulation:** People with anxiety and depression frequently experience sleep problems, and a number of herbs have demonstrated promise in enhancing the quality of their sleep. Valerian, or *Valeriana officinalis*, is well known for its soothing properties, which assist to relieve insomnia by shortening the time it takes to fall asleep and limiting awakenings during the night. By encouraging relaxation and lowering anxiety, lavender (*Lavandula angustifolia*) has been shown to enhance sleep quality, especially when used in aromatherapy or as an oral supplement. For those with mental health issues, getting more sleep is essential to rehabilitation because it promotes mental clarity, emotional control, and general well-being.<sup>[66]</sup>

➤ **Stress Reduction and Overall Mood Enhancement:** By addressing the underlying neurochemical imbalances linked to anxiety and depression, herbal remedies can help lower stress and elevate mood. Ashwagandha, or *Withania somnifera*, has been demonstrated to lower cortisol levels, the body's main stress hormone, while also fostering a sense of calm. In a similar vein, *Hypericum perforatum*, often known as St. John's Wort, functions by raising levels of the mood-regulating neurotransmitters serotonin, dopamine, and norepinephrine. In addition to treating the symptoms of sadness and anxiety, these herbs also assist elevate mood, encouraging emotional stability and general wellbeing.<sup>[67]</sup>

➤ **Reduction in Oxidative Stress Linked to Anxiety and Depression:** The onset and course of anxiety and depression are influenced by oxidative stress. Strong antioxidants found in many medicinal plants aid in the fight against this stress. For instance, *rhodiola rosea* has been shown to lessen oxidative damage and improve the body's ability to cope with stress. Similar antioxidant qualities seen in *bacopa monnieri* aid in shielding brain cells from free radical damage, which is frequently made worse by long-term stress and depression. These herbs promote general brain health and help avoid long-term harm from anxiety and depression by lowering oxidative stress.<sup>[68]</sup>

#### 4. Comparative Analysis: Efficacy of Herbs Versus Conventional Pharmacological Treatments

There are a number of important factors to take into account when evaluating the effectiveness of medicinal herbs vs traditional pharmaceutical therapies for depression and anxiety. For many years, the mainstay of managing mental health has been traditional pharmaceutical therapies like benzodiazepines and selective serotonin reuptake inhibitors (SSRIs). For instance, SSRIs reduce the symptoms of anxiety and depression by raising

serotonin levels in the brain. However, they frequently have negative consequences include weight gain, sexual dysfunction, nausea, and sleeplessness. Although they can effectively relieve acute anxiety quickly, benzodiazepines are not recommended for long-term usage due to their potential for dependency, drowsiness, and cognitive impairment.<sup>[69]</sup>

On the other hand, clinical and preclinical research has shown that herbal treatments including *Lavandula angustifolia* (lavender), *Hypericum perforatum* (st. John's Wort), and *Withania somnifera* (ashwagandha) are effective in reducing the symptoms of sadness and anxiety. When it comes to treating mild to severe depression, herbs like St. John's Wort have been demonstrated to work similarly to SSRIs without causing as many negative side effects. Lavender's relaxing properties have been shown to dramatically enhance mood and anxiety symptoms, while ashwagandha has been shown to lower cortisol levels, which in turn lessen stress and anxiety. Herbs provide a more natural option with less side effects than pharmaceutical therapies, which can be a big plus for people who have negative responses, even though they could take longer to see obvious benefits.

#### **4.1. Synergistic Effects of Combining Herbs with Standard Therapies**

There is mounting evidence that the synergistic effects of herbal remedies and traditional pharmaceutical therapy can improve the overall therapeutic result. This combination frequently minimizes the negative effects of each therapy type while optimizing the positive effects of both. St. John's Wort, for instance, may increase serotonin levels more efficiently when taken with SSRIs, enhancing the antidepressant benefit without producing much more adverse effects. In a similar vein, *Withania somnifera*'s adaptogenic qualities may enhance the benefits of SSRIs by lowering stress and anxiety and maybe enhancing the response to traditional drugs.<sup>[71]</sup>

Combining these two strategies can result in a more well-rounded treatment plan in clinical settings, where herbs can improve the therapeutic efficacy of traditional medications while reducing their negative side effects. Given that herbs can help stabilize mood over time and lessen the need for frequent modifications to pharmaceutical prescriptions, this combined approach may also be more appropriate for people who need long-term management of anxiety or depression.<sup>[72]</sup>

## 4.2. Advantages of Herbal Medicine

For many people looking for relief from anxiety and depression, herbal medicine is an appealing choice since it offers a number of benefits over traditional pharmaceutical therapies. The fact that most herbal treatments have fewer side effects is one of their primary benefits. Herbs like *Bacopa monnieri* (Brahmi), *Valeriana officinalis* (Valerian), and *Passiflora incarnata* (Passionflower) typically have gentler, more tolerable effects than traditional drugs like SSRIs or benzodiazepines, which frequently have a long list of possible adverse effects. Because of this, they are especially attractive to those who are drug-sensitive or who would rather use a more natural form of therapy.<sup>[73]</sup>

Furthermore, another significant benefit of herbal therapy is its holistic effects. Numerous therapeutic herbs enhance general health in addition to treating the symptoms of anxiety and sadness. For example, *rhodiola rosea* and *ashwagandha* are known to improve sleep, manage stress hormones, and improve cognitive function, among other advantages that boost general well-being. In contrast, traditional pharmaceutical therapies frequently just target symptoms, ignoring underlying issues like stress, sleep deprivation, or cognitive decline. Additionally, herbal therapies are frequently less expensive than long-term pharmaceutical treatment, especially for those who need continuous prescriptions. Even while certain herbs can be pricey, they are typically a more cost-effective choice over time, particularly in areas with restricted access to medications.<sup>[74]</sup>

## 5. Safety, Toxicity, and Challenges

### 5.1. Adverse Effects and Toxicity Profiles

There are hazards associated with medicinal plants, even though they are usually thought to be safer than many pharmaceutical medications. Depending on the particular plant, how it is prepared, and the dosage, adverse effects might differ. For instance, most people handle *St. John's Wort* well, but some people may experience gastrointestinal issues or weariness, and some may develop photosensitivity, or an increased sensitivity to sunlight. *Ashwagandha*, or *Withania somnifera*, is likewise regarded as safe, but greater dosages may cause headaches or gastrointestinal distress in certain users. Another well-known adaptogen, *rhodiola rosea*, can make some people irritable or lightheaded, especially if taken in excess.<sup>[75]</sup>

Overconsumption of herbs, particularly when the appropriate dosage is not followed, increases the risk of toxicity. Rarely, taking large dosages of *Valeriana officinalis* (Valerian) over an extended period of time might cause liver damage. Another plant with a

comparatively low toxicity profile is bacopa monnieri, often known as brahmi. However, if not administered properly, it may result in dry mouth or digestive problems. There may be a misperception that herbal remedies are always safe as they are frequently seen as "natural." To prevent adverse effects, however, as with any drug or supplement, appropriate usage and healthcare practitioner consultation are crucial.<sup>[76]</sup>

## 5.2. Drug-Herb Interactions

The possibility of interactions between herbal medicine and conventional medications is a major obstacle. By either increasing or decreasing the activity of liver enzymes that break down pharmaceuticals, several herbs can change how some prescriptions are metabolized. For instance, by accelerating the liver's metabolism of oral contraceptives, anticoagulants (like warfarin), and immunosuppressive medications, St. John's Wort has been demonstrated to lessen their efficacy. Conversely, *Withania somnifera* may intensify the sedative effects of CNS depressants, such as benzodiazepines, resulting in respiratory depression or excessive sleepiness.

Patients should tell their doctors about any herbal supplements they are taking because of these interactions, particularly if they are also taking prescription drugs. Careful monitoring is necessary to guarantee the safety and effectiveness of combining herbal therapies with prescription medications.

## 5.3. Variability in Efficacy Due To

### I. Dosage and Preparation (Teas, Capsules, Tinctures)

The dose and preparation technique can have a substantial impact on the effectiveness of medicinal plants. Teas, tinctures, capsules, and extracts are just a few of the ways that herbs can be eaten, and the degree of bioavailability may vary depending on the technique. For instance, the efficacy of lavender may vary depending on whether it is taken as a tea, an essential oil for aromatherapy, or a pill. Similar to this, *Passiflora incarnata*, often known as Passionflower, is frequently taken as a tea or tincture, however these may not be as effective as concentrated extracts or capsules.<sup>[77]</sup>

The strength of the active ingredients in herbs can also be affected by the preparation method. Certain volatile components in herbs, like the essential oils in lavender, can be degraded by drying and heat exposure during the tea-making process, which may lessen the medicinal benefits of the plants. Likewise, tinctures and extracts are typically more concentrated,

therefore dose must be modified appropriately. The inconsistent outcomes between studies and people can be attributed to variations in these preparations.

## II. Individual Patient Responses

Additionally, a patient's age, sex, general health, and genetic variations can all affect efficacy. Because of their distinct biochemistry, some people may react better to some herbs than others. For example, depending on the individual's sensitivity to the herb's components, *Bacopa monnieri* (Brahmi) may improve cognitive performance in one person while causing stomach distress in another. How well a person reacts to a particular herb may also depend on the kind and degree of their anxiety or depression (e.g., major depressive disorder vs generalized anxiety disorder).

### 5.4.Challenges in Standardization and Regulation

The absence of uniformity in both manufacturing and regulation is one of the main obstacles to the use of therapeutic plants. Herbal medicines can differ greatly in strength and composition from pharmaceuticals, which are manufactured according to stringent standards to guarantee uniformity in potency and purity. The source of the plant, the growing environment, the time of harvest, and the processing techniques may all affect the finished product. This inconsistency makes it challenging to forecast an individual's reaction to a specific preparation and to evaluate the effectiveness of herbal therapies across several investigations.

Furthermore, compared to pharmaceutical pharmaceuticals, herbal products are frequently subject to less strict regulations. Herbal goods are usually subject to less stringent standards, which means that their safety and potency may not be guaranteed, whereas pharmaceutical firms are required to adhere to strict safety and efficacy testing. This might raise the possibility of pesticide, heavy metal, or other hazardous material contamination and result in variations in the quality of herbal goods available on the market.<sup>[78]</sup>

Standardizing herbal formulations and improving quality control are two ways that attempts are being made to solve these issues. Guidelines for the safe and efficient use of medicinal herbs are being developed by the World Health Organization (WHO) and the European Union's Herbal Medicinal Products Directive. Consumers should use caution when choosing herbal products and, preferably, seek advice from medical specialists until such standardization and regulation are implemented globally.



## 6. CONCLUSION

To sum up, medicinal herbs present a viable and comprehensive strategy for treating anxiety and depression; a number of them have the ability to lessen symptoms, improve cognitive function, and enhance emotional health in general. Clinical trials have shown the effectiveness of many plants, including *Bacopa monnieri*, *Hypericum perforatum*, and *Withania somnifera*, providing natural supplements or substitutes for traditional pharmaceutical therapies. When compared to conventional medications like SSRIs and benzodiazepines, which frequently entail dangers of reliance, tolerance, and withdrawal symptoms, these herbs are especially alluring since they have a lesser chance of adverse effects. Additionally, the advantages of herbal therapy go beyond just treating symptoms; many of these herbs also help with mood improvement, stress reduction, cognitive enhancement, and improved sleep regulation—all of which are critical aspects of mental health treatment. These herbs' holistic qualities enable them to address several facets of anxiety and sadness, making them a complete and maybe more long-lasting solution for mental health.

Though there is no denying the promise of medicinal herbs, a number of obstacles need to be overcome before they can be completely incorporated into the standard of care for mental health issues. Thorough clinical studies and regular regulatory monitoring are necessary to address serious problems such the absence of standardized formulations, the diversity in effectiveness, and possible drug-herb interactions. It might be challenging to guarantee consistent outcomes because to individual variances in how herbal medicines are received and variations in preparation techniques (e.g., teas, tinctures, and capsules). Furthermore, the safety and effectiveness of herbal medicines are at danger due to the lack of international guidelines for their regulation. In order to provide appropriate dosage guidelines, enhance product uniformity, and guarantee safety profiles for broad usage, it is imperative to engage in additional research. Despite these obstacles, the increasing popularity of holistic and natural approaches to mental health offers a solid basis for the use of herbal medicine in the treatment of depression and anxiety in the future. Medicinal herbs may be crucial in providing easily available, reasonably priced, and secure substitutes for traditional pharmaceutical therapies with further study, enhanced regulation, and careful incorporation into existing treatment plans.

## ACKNOWLEDGEMENT

The authors are thankful to School of Pharmaceutical Education and Research, I.TS College of Pharmacy for providing kind guidance and excellent opportunity as well as necessary facilities for the research.

**Conflicts of Interest:** The authors confirm that the content of the article has no conflict of interest.

**Data Availability:** The original data that support the findings of this study are included in the Article.

**Funding:** This research paper received no external funding.

## REFERENCES

1. Leong C, Schmid B, Buttafuoco A, Glatz M, Bosshard PP. In vitro efficacy of antifungal agents alone and in shampoo formulation against dandruff-associated *Malassezia* spp. and *Staphylococcus* spp. *International journal of cosmetic science*, 2019 Jun; 41(3): 221-7.
2. da Rocha Neto AC, Maraschin M, Di Piero RM. Antifungal activity of salicylic acid against *Penicillium expansum* and its possible mechanisms of action. *International journal of food microbiology*, 2015 Dec 23; 215: 64-70.
3. Cornwell PA. A review of shampoo surfactant technology: consumer benefits, raw materials and recent developments. *International journal of cosmetic science*, 2018 Feb; 40(1): 16-30.
4. Kumar A, Mali RR. Evaluation of prepared shampoo formulations and to compare formulated shampoo with marketed shampoos. *Evaluation*, 2010 Jul; 3(1): 025.
5. AlQuadeib BT, Eltahir EK, Banafa RA, Al-Hadhairi LA. Pharmaceutical evaluation of different shampoo brands in local Saudi market. *Saudi pharmaceutical journal*, 2018 Jan 1; 26(1): 98-106.
6. Pal RS, Saraswat N, Wal P, Wal A, Pal Y. Preparation & assessment of poly-herbal anti-dandruff formulation. *The Open Dermatology Journal*, 2020 Jul 6; 14(1).
7. Xu Z, Wang Z, Yuan C, Liu X, Yang F, Wang T, Wang J, Manabe K, Qin O, Wang X, Zhang Y. Dandruff is associated with the conjoined interactions between host and microorganisms. *Scientific reports*, 2016 May 12; 6(1): 1-9.
8. Xu Z, Wang Z, Yuan C, Liu X, Yang F, Wang T. Dandruff is associated with the conjoined interactions between host and microorganisms. *Sci Rep*, 2016; 6: 24877.

9. Pramodani MP, Wickramarachchi WJ. A clinical study to evaluate the efficacy of selected traditional hair pack for dandruff. *International Journal of Research-Granthaalayah*, 2017 Jan; 5(1): 12-21.
10. Rao KJ, Paria S. Anti-Malassezia furfur activity of natural surfactant mediated in situ silver nanoparticles for a better antidandruff shampoo formulation. *RSC advances*, 2016; 6(13): 11064-9.
11. Sanfilippo A, English JC. An overview of medicated shampoos used in dandruff treatment. *P AND T*, 2006 Sep 16; 31(7): 396.
12. Sharma RM, Shah K, Patel J. Evaluation of prepared herbal shampoo formulations and to compare formulated shampoo with marketed shampoos. *Int J Pharm Pharm Sci*, 2011; 3(4): 402-5.
13. Punyoyai C, Sirilun S, Chantawannakul P, Chaiyana W. Development of Antidandruff Shampoo from the Fermented Product of *Ocimum sanctum* Linn. *Cosmetics*, 2018 Jul 15; 5(3): 43.
14. Gubitosa J, Rizzi V, Fini P, Cosma P. Hair care cosmetics: From traditional shampoo to solid clay and herbal shampoo, a review. *Cosmetics*, 2019 Feb 19; 6(1): 13.
15. Al Badi K, Khan SA. Formulation, evaluation and comparison of the herbal shampoo with the commercial shampoos. *Beni-Suef University Journal of Basic and Applied Sciences*, 2014 Dec 1; 3(4): 301-5.
16. Chen Q, Zhu L, Tang Y, Zhao Z, Yi T, Chen H. Preparation-related structural diversity and medical potential in the treatment of diabetes mellitus with ginseng pectins. *Annals of the New York Academy of Sciences*, 2017 Aug; 1401(1): 75-89.
17. Aurora RN, Punjabi NM. Obstructive sleep apnoea and type 2 diabetes mellitus: a bidirectional association. *The Lancet Respiratory Medicine*, 2013 Jun 1; 1(4): 329-38.
18. Li Z, Jin H, Chen W, Sun Z, Jing L, Zhao X, Zhu S, Guo X. Influencing factors of knowledge, attitude, and practice regarding medical nutrition therapy in patients with diabetes: a national cross-sectional study in urban China. *Journal of Diabetes Research*, 2017 Oct; 2017.
19. Forbes JM, Cooper ME. Mechanisms of diabetic complications. *Physiological reviews*, 2013 Jan; 93(1): 137-88.
20. Kim S, Shin BC, Lee MS, Lee H, Ernst E. Red ginseng for type 2 diabetes mellitus: a systematic review of randomized controlled trials. *Chinese journal of integrative medicine*, 2011 Dec; 17: 937-44.

21. Lu DY, Che JY. Rethink of diabetes treatment and drug development. *Cell Dev Biol*, 2014; 3(2): e125.
22. Tu Y. Artemisinin—a gift from traditional Chinese medicine to the world (Nobel lecture). *Angewandte Chemie International Edition*, 2016 Aug 22; 55(35): 10210-26.
23. Bai L, Gao J, Wei F, Zhao J, Wang D, Wei J. Therapeutic potential of ginsenosides as an adjuvant treatment for diabetes. *Frontiers in pharmacology*, 2018 May 1; 9: 423.
24. Yuan HD, Kim JT, Kim SH, Chung SH. Ginseng and diabetes: the evidences from in vitro, animal and human studies. *Journal of ginseng research*, 2012 Jan; 36(1): 27.
25. Shishtar E, Sievenpiper JL, Djedovic V, Cozma AI, Ha V, Jayalath VH, Jenkins DJ, Meija SB, de Souza RJ, Jovanovski E, Vuksan V. The effect of ginseng (the genus panax) on glycemic control: a systematic review and meta-analysis of randomized controlled clinical trials. *PloS one*, 2014 Sep 29; 9(9): e107391.
26. Yoon JW, Kang SM, Vassy JL, Shin H, Lee YH, Ahn HY, Choi SH, Park KS, Jang HC, Lim S. Efficacy and safety of ginsam, a vinegar extract from *Panax ginseng*, in type 2 diabetic patients: Results of a double-blind, placebo-controlled study. *Journal of diabetes investigation*, 2012 Jun; 3(3): 309-17.
27. Kim YK, Yoo DS, Xu H, Park NI, Kim HH, Choi JE, Park SU. Ginsenoside content of berries and roots of three typical Korean ginseng (*Panax ginseng*) cultivars. *Natural Product Communications*, 2009 Jul; 4(7): 1934578X0900400704.
28. Dey L, Xie JT, Wang A, Wu J, Maleckar SA, Yuan CS. Anti-hyperglycemic effects of ginseng: comparison between root and berry. *Phytomedicine*, 2003 Jan 1; 10(6-7): 600-5.
29. Bang H, Kwak JH, Ahn HY, Shin DY, Lee JH. Korean red ginseng improves glucose control in subjects with impaired fasting glucose, impaired glucose tolerance, or newly diagnosed type 2 diabetes mellitus. *Journal of medicinal food*, 2014 Jan 1; 17(1): 128-34.
30. Kwon DH, Bose S, Song MY, Lee MJ, Lim CY, Kwon BS, Kim HJ. Efficacy of Korean red ginseng by single nucleotide polymorphism in obese women: randomized, double-blind, placebo-controlled trial. *Journal of Ginseng Research*, 2012 Apr; 36(2): 176.
31. Liu L, Huang J, Hu X, Li K, Sun C. Simultaneous determination of ginsenoside (G-Re, G-Rg1, G-Rg2, G-F1, G-Rh1) and protopanaxatriol in human plasma and urine by LC–MS/MS and its application in a pharmacokinetics study of G-Re in volunteers. *Journal of Chromatography B.*, 2011 Jul 15; 879(22).
32. Reeds DN, Patterson BW, Okunade A, Holloszy JO, Polonsky KS, Klein S. Ginseng and ginsenoside Re do not improve  $\beta$ -cell function or insulin sensitivity in overweight and

- obese subjects with impaired glucose tolerance or diabetes. *Diabetes care*, 2011 May 1; 34(5): 1071-6.
33. Simu SY, Ahn S, Castro-Aceituno V, Yang DC. Ginsenoside Rg5: Rk1 exerts an anti-obesity effect on 3T3-L1 cell line by the downregulation of PPAR $\gamma$  and CEBP $\alpha$ . *Iranian Journal of Biotechnology*, 2017; 15(4): 252.
34. Siraj FM, SathishKumar N, Kim YJ, Kim SY, Yang DC. Ginsenoside F2 possesses anti-obesity activity via binding with PPAR $\gamma$  and inhibiting adipocyte differentiation in the 3T3-L1 cell line. *Journal of enzyme inhibition and medicinal chemistry*, 2015 Jan 2; 30(1): 9-14.
35. Gao Y, Yang MF, Su YP, Jiang HM, You XJ, Yang YJ, Zhang HL. Ginsenoside Re reduces insulin resistance through activation of PPAR- $\gamma$  pathway and inhibition of TNF- $\alpha$  production. *Journal of ethnopharmacology*, 2013 May 20; 147(2): 509-16.
36. Ha TS, Lee JS, Choi JY, Park HY. Ginseng total saponin modulates podocyte p130Cas in diabetic condition. *Journal of Ginseng Research*, 2013 Mar; 37(1): 94.
37. Guo M, Guo G, Xiao J, Sheng X, Zhang X, Tie Y, Cheng YK, Ji X. Ginsenoside Rg3 stereoisomers differentially inhibit vascular smooth muscle cell proliferation and migration in diabetic atherosclerosis. *Journal of Cellular and Molecular Medicine*, 2018 Jun; 22(6): 3202-14.
38. Du N, Xu Z, Gao M, Liu P, Sun B, Cao X. Combination of Ginsenoside Rg1 and Astragaloside IV reduces oxidative stress and inhibits TGF- $\beta$ 1/Smads signaling cascade on renal fibrosis in rats with diabetic nephropathy. *Drug design, development and therapy*, 2018 Oct 18: 3517-24.
39. Liu Z, Li W, Li X, Zhang M, Chen L, Zheng YN, Sun GZ, Ruan CC. Antidiabetic effects of malonyl ginsenosides from *Panax ginseng* on type 2 diabetic rats induced by high-fat diet and streptozotocin. *Journal of Ethnopharmacology*, 2013 Jan 9; 145(1): 233-40.
40. Shen J, Zhao Z, Shang W, Liu C, Zhang B, Zhao L, Cai H. Ginsenoside Rg1 nanoparticle penetrating the blood-brain barrier to improve the cerebral function of diabetic rats complicated with cerebral infarction. *International Journal of Nanomedicine*, 2017 Sep 5: 6477-86.
41. Yu H, Zhen J, Yang Y, Gu J, Wu S, Liu Q. Ginsenoside Rg1 ameliorates diabetic cardiomyopathy by inhibiting endoplasmic reticulum stress-induced apoptosis in a streptozotocin-induced diabetes rat model. *Journal of Cellular and Molecular Medicine*, 2016 Apr; 20(4): 623-31.

42. Yu HT, Zhen J, Pang B, Gu JN, Wu SS. Ginsenoside Rg1 ameliorates oxidative stress and myocardial apoptosis in streptozotocin-induced diabetic rats. *Journal of Zhejiang University. Science. B.*, 2015 May; 16(5): 344.
43. Yang N, Chen P, Tao Z, Zhou N, Gong X, Xu Z, Zhang M, Zhang D, Chen B, Tao Z, Yang Z. Beneficial effects of ginsenoside-Rg1 on ischemia-induced angiogenesis in diabetic mice. *Acta Biochim Biophys Sin*, 2012 Dec 1; 44(12): 999-1005.
44. Yang N, Chen P, Tao Z, Zhou N, Gong X, Xu Z, Zhang M, Zhang D, Chen B, Tao Z, Yang Z. Beneficial effects of ginsenoside-Rg1 on ischemia-induced angiogenesis in diabetic mice. *Acta Biochim Biophys Sin*, 2012 Dec 1; 44(12): 999-1005.
45. Takamura Y, Nomura M, Uchiyama A, Fujita S. Effects of aerobic exercise combined with panaxatriol derived from ginseng on insulin resistance and skeletal muscle mass in type 2 diabetic mice. *Journal of Nutritional Science and Vitaminology*, 2017; 63(5): 339-48.
46. Wang JS, Yin HJ, Guo CY, Huang Y, Xia CD, Liu Q. Influence of high blood glucose fluctuation on endothelial function of type 2 diabetes mellitus rats and effects of Panax Quinquefolius Saponin of stem and leaf. *Chinese journal of integrative medicine*, 2013 Mar; 19: 217-22.
47. Sen S, Chen S, Wu Y, Feng B, Lui EK, Chakrabarti S. Preventive effects of North American ginseng (*Panax quinquefolius*) on diabetic retinopathy and cardiomyopathy. *Phytotherapy Research*, 2013 Feb; 27(2): 290-8.
48. Tsai CC, Chan P, Chen LJ, Chang CK, Liu Z, Lin JW. Merit of ginseng in the treatment of heart failure in type 1-like diabetic rats. *BioMed Research International*, 2014 Mar 17; 2014.
49. Imam SS. The future of non-invasive ways to treat cancer. *Int J Pharm Sci & Res*, 2021; 12(8): 4684-96.
50. Imam SS, Agarwal S. A Pragmatic Approach To Treat Lung Cancer Through Loading Theaflavin -3,3'-Digallate And Epigallocatechin Gallate In Spanlastic. *Asian J Pharm Clin Res*, 2021 Nov 7; 14(11): 1-8.
51. Imam SS, Imam ST, Mdwasifathar, Kumar R, Ammar MY. Interaction Between Ace2 And Sars-Cov2, And Use Of EGCG And Theaflavin To Treat Covid 19 In Initial Phases. *International Journal of Current Pharmaceutical Research*, 2022 Mar; 14(2): 5-10.
52. Imam SS, Sharma R. Natural compounds promising way to treat Lung Cancer. *International Journal of Pharmaceutical Research and Applications*, 2023; 8(2): 552- 558.



53. Imam SS, Sharma S, Kumari D, Khan S, Pathak P, Katiyar D. An Expedient Approach to Treat Asthma through Non-Steroidal, Natural Transferosomes Aerosol System. *Innovare journal of medical sciences*, 2022; 10(6): 7-11.
54. Imam SS, Imam ST, Agarwal S, Kumar R, Ammar MY, Athar MW, Akthar A. Lung Cancer Therapy Using Naturally Occurring Products and Nanotechnology. *Innovare journal of medical sciences*, 2022; 10(4): 1-5.
55. Imam ST, Imam SS. The Cream which relieves the pain of Menstrual cramps without interfering with the Hormones or Period Cycle. *Research Journal of Pharmacy and Technology*, 2023; 16(3): 1239-6.
56. Imam SS. Topical Formulation Constituted with Transferosomes for the Treatment Of Non-Melanoma Skin Cancer. *Asian J Pharm Clin Res*, 2023 May 7; 16(5): 27-32.
57. IMAM SS. NANOPARTICLES: THE FUTURE OF DRUG DELIVERY. *Int J Curr Pharm Sci*, 2023 Nov. 15; 15(6): 8-15.
58. Imam SS, Mehdi S, Mansuri A. A COMPREHENSIVE REVIEW ON THE PHARMACOLOGICAL POTENTIAL OF RED GINSENG OIL, TEA TREE OIL AND HEMP SEED OIL. *European Journal of Biomedical*, 2024; 11(4): 167-77.
59. Imam SS. Sublingual Tablets Amalgamated with Nano-particles and natural products to treat Oral Cancer, 2024; 17(5): 2056-62.
60. Imam SS, Mehdi S. Factors Affecting Pharmaceutical Pricing In India. *INTERNATIONAL JOURNAL OF PHARMACEUTICAL SCIENCES*, 2024; 2(4): 1367-1384. DOI: 10.5281/zenodo.11314004.
61. Mehdi S, Tabrez UZ, Imam SS. Management of Green Pharmaceuticals. *International Journal of Pharmaceutical Sciences And Research*, 2024; 15(7): 1951-1962. DOI: 10.13040/IJPSR.0975-8232.15(7).1951-62.
62. Mechoulam R, Parker LA, Gallily R. Cannabidiol: an overview of some pharmacological aspects. *The Journal of Clinical Pharmacology*, 2002 Nov; 42(S1): 11S-9S.
63. Di Marzo V. New approaches and challenges to targeting the endocannabinoid system. *Nature Reviews Drug Discovery*, 2018 Sep; 17(9): 623-39.
64. Costa B, Colleoni M, Conti S, Parolaro D, Franke C, Trovato AE, Giagnoni G. Oral anti-inflammatory activity of cannabidiol, a non-psychoactive constituent of cannabis, in acute carrageenan-induced inflammation in the rat paw. *Naunyn-Schmiedeberg's archives of pharmacology*, 2004 Mar; 369: 294-9.

65. Walter L, Franklin A, Witting A, Wade C, Xie Y, Kunos G, Mackie K, Stella N. Nonpsychotropic cannabinoid receptors regulate microglial cell migration. *Journal of Neuroscience*, 2003 Feb 15; 23(4): 1398-405.
66. McHugh D, Tanner C, Mechoulam R, Pertwee RG, Ross RA. Inhibition of human neutrophil chemotaxis by endogenous cannabinoids and phytocannabinoids: evidence for a site distinct from CB1 and CB2. *Molecular pharmacology*, 2008 Feb 1; 73(2): 441-50.
67. Poupot R, Bergozza D, Fruchon S. Nanoparticle-based strategies to treat neuro-inflammation. *Materials*, 2018 Feb 9; 11(2): 270.
68. Chen T, He J, Zhang J, Zhang H, Qian P, Hao J, Li L. Analytical characterization of hempseed (seed of *Cannabis sativa* L.) oil from eight regions in China. *Journal of dietary supplements*, 2010 May 1; 7(2): 117-29.
69. Roche HM. Unsaturated fatty acids. *Proceedings of the Nutrition Society*. 1999 May; 58(2): 397-401.
70. Saini RK, Keum YS. Omega-3 and omega-6 polyunsaturated fatty acids: Dietary sources, metabolism, and significance—A review. *Life sciences*, 2018 Jun 15; 203: 255-67.
71. Menezes R, Rodriguez-Mateos A, Kaltsatou A, González-Sarriás A, Greyling A, Giannaki C, Andres-Lacueva C, Milenkovic D, Gibney ER, Dumont J, Schär M. Impact of flavonols on cardiometabolic biomarkers: A meta-analysis of randomized controlled human trials to explore the role of inter-individual variability. *Nutrients*, 2017 Feb 9; 9(2): 117.
72. Citti C, Pacchetti B, Vandelli MA, Forni F, Cannazza G. Analysis of cannabinoids in commercial hemp seed oil and decarboxylation kinetics studies of cannabidiolic acid (CBDA). *Journal of Pharmaceutical and Biomedical Analysis*, 2018 Feb 5; 149: 532-40.
73. Cohen PA, Sharfstein J. The opportunity of CBD—reforming the law. *N Engl J Med*, 2019 Jul 25; 381(4): 297-9.
74. Mander L, Liu HW. *Comprehensive natural products II: chemistry and biology*. Elsevier; 2010 Mar 5.
75. Antonelli M, Benedetti B, Cannazza G, Cerrato A, Citti C, Montone CM, Piovesana S, Laganà A. New insights in hemp chemical composition: a comprehensive polar lipidome characterization by combining solid phase enrichment, high-resolution mass spectrometry, and cheminformatics. *Analytical and bioanalytical chemistry*, 2020 Jan; 412: 413-23.
76. Cerrato A, Cannazza G, Capriotti AL, Citti C, La Barbera G, Laganà A, Montone CM, Piovesana S, Cavaliere C. A new software-assisted analytical workflow based on high-

resolution mass spectrometry for the systematic study of phenolic compounds in complex matrices. *Talanta*, 2020 Mar 1; 209: 120573.

77. Gupta RC, Srivastava A, Lall R, editors. *Nutraceuticals in veterinary medicine*. Cham, Switzerland: Springer, 2019 May 21.
78. Gupta RC, Srivastava A, Lall R, editors. *Nutraceuticals in veterinary medicine*. Cham, Switzerland: Springer, 2019 May 21.