REVIEW ARTICLE



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A review of the most important herbal drugs effective in chest pain due to cardiac disease

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ABSTRACT

Cardiovascular diseases is currently one of the most important health issues. Chest pain is one of the most common disorders due to cardiovascular diseases that can be a warning sign for myocardial infarction. Chest pain can be due to heart and otherwise diseases. Bioactive compounds or medicinal herbs are a rich source of antioxidant compounds, biologically active ingredients, phenols, and other substances that inhibit oxidative stress and reduce free radicals through certain mechanisms, and therefore prevent cardiovascular diseases and reduce chest pains. Medicinal plants play the role of the traditional medicine in the treatment and prevention of cardiovascular diseases and other disorders affecting myocardial and vascular tissues. Based on the results obtained from the review of numerous articles indexed in the databases ISI, Scopus, PubMed, Google Scholar, etc, a number of plants have been reported to be used for the treatment and prevention of cardiovascular diseases and chest pain due to cardiac disease, including Curcuma longa, Sophora flavescens, Calendula officinalis, Carthamus tinctorius, Tripterygium wilfordi, Salvia miltiorrhiza, Ampelopsis grossedentata, Pseudotsuga menziesii, Vitis vinifera, Styphnolobium japonicum, Allium sativum. Pharmacological studies have also investigated the therapeutic effects of medicinal herbs, and also their clinical effects and the use of their active ingredients in the production of useful natural drugs. The results of phytochemical investigations on these plants have shown that the most important compounds of the plants include flavonoids, phenolics, Alkaloids, flavonoids and phenolics, saponin and other bioactive compounds can be anti-chest pain hrugs. Due to main active ingredients and flavonoids of these plants, they can be used to produce natural drugs that reduce cardiovascular diseases and thus chest pain due to cardiac diseases, and therefore relieve the suffering of patients. The purpose of this study was to identify and report medicinal plants with potential for anti-chest pain.

Key words: Chest pain; Cardiovascular disease; Medicinal herbs; Phytotherapy

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INTRODUCTION

Chest pain is due to various causes including heart pain, stomach pain, stomach acid back, trauma, and other factors that cause pain and suffering to the patient. Because chest pain usually increases in people in the community and can be a concern for the individual and the family. Waking up at night with chest pain often leads to a heart attack. A heart attack is one of the deadliest diseases, one of the symptoms of which is chest pain. However, an attack is not always felt with chest pain and this can be misleading.

CHEST PAIN

Chest is an important part of our body, in which the

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Received: 26 November 2018; Reviewed: 10 December 2018; Accepted: 19 December 2018 heart, lungs and blood vessels are maintained and supported. The energizing movement of the human life is directed from this part to the whole body. The chest is located between the ribs and there are various problems that can occur for this part of the body (1, 2). There are usually a few signs and symptoms that are warning signs for chest diseases, most notably of which is chest pain (3, 4). The cause of chest pain can be cardiac, digestive, lung and chest wall diseases, anxiety and fear. The treatment is selected based on the cause of pain (5-10). Chest pain is a discomfort or pain affecting the neck to the upper abdomen (the last rib of the chest). Chest pain, depending on its origin, can be a serious warning or safe. Chest pain can be due to various causes divided into six main categories (11-18):

- 1. Cardiac causes: Cardiovascular diseases are one of the most important causes of chest pain, including pericarditis, mitral valve prolapse, valvular cardiac disease, and syndrome X.
- 2. Chest wall diseases: Chest wall diseases are due to severe trauma to the area, muscle spasm, and neck arthrosis that are also causes of pain in the area. This type of chest pain is less dangerous than other pains due to cardiac disease.
- **3.** Gastrointestinal symptoms, gastric reflux, bile duct diseases, , inflammation of the pancreas and esophagus, and increased sensitivity to pain can also be the causes of chest pain.
- 4. Pulmonary causes: Pulmonary infections, pneumonia, increased blood pressure in the pulmonary arteries, pulmonary abscess, pulmonary embolism, and asthma are the causes of the chest pain due to pulmonary diseases.
- 5. Mental and psychological causes: Anxiety and panic attack or fear-induced shock may also cause chest pain. Some of the symptoms associated with them may include dizziness and imbalance, dyspnea, heart palpitations and trembling, etc.
- 6. Non cardiac chest pain (NCCP) is a pain due to a variety of causes other than cardiac factors. People who are affected by this kind of pain often have signs of pressure and pain in the areas of the lower back, neck, arms and jaw (19-21).

CARDIAC PAIN

Chest pain due to a cardiac origin is referred to as angina. This pain usually occurs when adequate blood and oxygen do not reach the heart. A heart attack is one of the most common types of cardiac pains. A heart attack occurs when fatty deposits or blood clots block the blood flow to the heart and do not allow enough food and oxygen to reach the myocardium. This attack is usually accompanied by a fullness sensation, pain, pressure, and sometimes a burning sensation in the chest. The pain due to heart attack usually takes a few minutes. This pain may spread to other parts of the body. A squeezing sensation is usually experienced in the waist, neck, chin, shoulder, and arms, especially the left arm in heart attack (22-25). Apart from heart attack, there are other cardiac causes that can lead to chest pain including the inflammation of the pericardium that surrounds the heart. The disease, referred to as pericarditis, is usually due to a viral infection. In this case, chest pain is very severe and usually affects a certain point, and is accompanied by symptoms such as fever and fatigue .Coronary artery spasm, vascular diseases, especially aortic disease, etc., are among other cardiac causes of chest pain (24-31).

HERBAL TREATMENTS FOR CHEST PAIN DUE TO CARDIAC DISEASES

Historical background

In ancient Iran, herbs used to treat heart disease, pain and suffering from it. Diet and consumption of medicinal herbs play an important role in reducing chest pain due to cardiac and non-cardiac diseases, including digestive disorders, anxiety and depression (32-34).

Lavender oil can help lower blood pressure and heart rate. It has a relaxing effect on the mind. Massaging is a method for calming and healing the mind (35-37).

Garlic: Research has shown that garlic plays an important role in treating cardiac diseases and reducing vascular deposition. The use of garlic is very useful to relieve chest pain in hypertensive patients and the people whose chest pain is due to a heart attack and the following recovery period (38-40). Chest pain treatment with turmeric:

Turmeric causes relief of chest pain due to its antiinflammatory properties. Turmeric consumption for the long term will prevent cardiac disease. In addition, spices reduce high cholesterol levels (41-44).

Pomegranate juice: Pomegranate juice is useful for cardiac disease patients and the patients with chest pain and angina, and is a good cardiotonic agent (45, 46).

Parsley: The leaf and fruit of parsley have similar properties to the coumarin drug. Coumarin is present in parsley fruit and acts as an anticoagulant and therefore does not allow the cellular elements in the blood to stiffen. The brewed leaf and fruit of parsley is useful for cardiac disease patients with atherosclerosis (47-49).Chest pain treatment with

herbal drugs for chest pain

ginger: **Ginger** is very beneficial due to its antiinflammatory properties. In addition, based on research findings, ginger relieves gastrointestinal diseases and prevents vomiting (50-52). In general, treatments for chest pain depend on the cause of the pain. Drug therapy, non-invasive procedure, or a combination of the above-mentioned can be considered a therapeutic approach for patients with more severe and dangerous chest pain, but herbal therapy and the use of medicinal herbs and natural antioxidants to reduce the complications of the chest pain due to cardiac diseases can be a less dangerous and effective solution for the treatment and reduction of chronic and severe chest pain and cardiovascular diseases (32-52).

The present review article is to introduce medicinal herbs effective on cardiovascular diseases and the mechanism of therapeutic actions of the most important medicinal herbs occurring across the world for the chest pain due to cardiovascular disease, and to report medicinal herbs used to treat common cardiovascular diseases in the world.

METHODOLOGY

The information in this review article was obtained using the search terms chest anatomy, chronic chest pain, cardiovascular disease, chest pain due to cardiac disease, effective medicinal herbs on chest pain, effective medicinal herbs on cardiovascular diseases, medicinal herbs and Atherosclerosis, effect of herbal therapy on chest pain due to cardiac disease, effect of extracts and essential oils of medicinal herbs on myocardial tissue in mouse and human, abd effect of herbal extracts on chest pain due to non-cardiac diseases in humans to retrieve indexed articles in the databases such as Iran Medex, Irandoc, ISI, PubMed, Scopus, Web of Science, Scientific Information Database, Magiran, and Google Scholar.

In this study, a total of 100 articles were reviewed. After the preliminary review, 25 articles were found

Scientific Name	Family Name	Common Name	Action Mechanisms of Effective Medicinal Herbs on Cardiovascular Diseases	Reference
Curcuma longa	Zingiberaceae	Turmeric	Anti-inflammatory, anti-oxidizing, anti-cancer, anti-thrombotic, and cardiovascular protective agents. Turmeric with NF-kB inhibition prevents heart embolism and also prevents hyperthyroidism by inhibiting p300. It has antioxidant properties And by controlling eNOS and iNOS, the mucosal stability of the heart's myocardium prevents the effects of diabetes on the heart, and also prevents Adriamycin from inducing cardiomyopathy, and turmeric also inhibits sarcalplasmic Ca2 + -ATPase and corrects calcium defects. Turmeric also acts by induction of HO-1 (oxygenase-1), which is an antiproliferative agent, and also decreases serum cholesterol and inhibits NF-kB as an anti-aterogenic agent, and prevents heart attacks and chest pain from heart attacks he does.	53
Panax	Araliaceae	Ginseng	The effective ingredient of this plant is Ginsenosides, which is a saponin and used to treat heart disease. It has vasorelaxant properties, antioxidants, anti-inflammatory, anti-diabetes, cytoprotective, proangiogenic. This plant activates protein kinase A and stabilizes hypoxia-inducible factor-1. It also activates the signaling pathway of PI3K/Akt. It also prevents cardiac fibrosis by controlling the NFkB pathway and decreases the chest wall chest pain From cardiac fibrosis.	54
Coptis	Ranuncul- aceae	Goldthread	The original compound of this plant is Berberine, an alkaloid that has been used to treat heart disease from the past. It has Positive inotropic properties; vasodilator; cardiac cytoprotective; is antiapoptotic and causes blockage of potassium channels, also activates AMP-activated protein kinase, also activates the PI3K/Akt pathway.	54
Sophora flavescens	Fabaceae	Shrubby sophora	This plant contains active matrine alkaloids and oxymatrine, which is considered as the active ingredient of this plant. The plant has a strong protective effect on the heart, and it increases the hERG by conduction of the potassium (hERG-mediated K + conducance) and also increases its expression. The compounds in this plant reduce enzyme conversion and transforming growth factor- β and collagen. It also inhibits mitogen activation of protein kinase. This plant can positively regulate the expression of β 3-adrenoreceptors, endothelial nitric oxide and anti-apoptotic proteins, and prevent heart disorders and complications such as chest pain.	54
Calendula officinalis	Asteraceae	Marigold	A dose of 50mM of this plant extract is used to treat ischemia and has a cardiac effect by stimulating left ventricular pressure and aortic flow, as well as reducing the size of myocardial infarction and cardiomyocytes apoptosis. The protection of the heart appears to be achieved by changing the death signal from an ischemic reperfusion to a survival signal by modulating the antioxidant and anti-inflammatory pathways shown by activating Akt (Protein kinase B) and B-cell lymphoma 2 and decreasing TNF α .	55

Carthamus tinctorius	Asteraceae	Safflower	It probably inhibits the dose of this extract (2.5 and 0.625 g/kg of cardiac arrhythmias and increased cardiac palpitations, decreases the concentration of IL-6 and TNF- α in the serum, and suppresses excess expression of the Bax protein and It also decreases BCI-2 expression and greatly reduces the Bax/BcI-2 ratio.	55
Tripterygium wilfordi	Celastraceae	Thunder god vine	Triptolide is the active ingredient of this plant that suppresses the immune system and anti-inflammatory drugs. The extract dose of this plant is $20 \ \mu g/kg/d$ and $100 \ \mu g/kg/d$, probably myocardial fibrosis, reduces hypertrophy and reduces cardiac dysfunction Which reduces the production of pro-vibrotic factors of TNF- α and IL-1 β . A dose of 20 ng/ml (20 ng/ml) of inflammation of H9c2 heart cells in high glucose exposure by reducing the activation of NF- κ B The mechanism by which the plant protects the body against a heart attack is probably through the inhibition of NF- κ B / IL-1 β and NF- κ B/TNF- α cascades.	56
Astragalus	Fabaceae	Milkvetch	APSA is a part of the plant that is active in this plant. APS improves cardiac function and myocardial collagen by inhibiting chymase-Ang II system Ang II-activated ERK1/2. Also, APS can improve glucose metabolism disorders in diabetic hamster by increasing the expression of the GLUT-4 gene and controlling the level of Peroxisome proliferator-activated receptor alpha. Pre-treatment with 0.8 mg/ml polysaccharide (APS) can inhibit high-glucose apoptosis in H9c2 cells by reducing the expression of the Caspases and releasing cytochrome C from mitochondria to the cytoplasm by modulating the ratio of BCL-2 to BCL2 Associated X in the mitochondria.	56
Salvia miltiorrhiza	Lamiaceae	Chinese sage	Intraperitoneal injection of salvia miltiorrhiza at a dose of 100 mg/kg/d for 4 weeks improved the cardiac performance of diabetic rats and compared with low-level thrombospondin-1 (TSP-1) and Transforming growth factor beta 1 cardiomyopathy. Protects the heart tissue. Cryptotanshinone is a major active ingredient isolated from this plant. Oral doses of 10 mg/ kg/d for 28 days reduce heartbeat in diabetic rats with streptozotocin by inhibiting the STAT3 pathway and expressing MMP-9.	56
Ampelopsis grossedentata	Vitaceae	Moyeam	Myricitrin is a flavone isolated from the root of Ampelopsis grossedentata. Pre-treatment with this flavone dose of 25 μ g /ml for 12 hours significantly reduced AGE-induced inflammatory cytokines and cell apoptosis by activating nrf2 and inhibiting NF-kB. Oral administration of 300 mg/kg/d for 8 weeks reduced cardiomyocytes apoptosis and inflammation of the diabetic mouse heart by regulating the route Protein kinase B and ERK-mediated nuclear transcription factor-erythroid 2-related factor 2.	56
Pseudotsuga menziesii	Pinaceae	Douglas fir	Taxifolin flavonoids found in Pseudotsuga taxifolia At concentrations of 40 μ g/ml and 20 can reduce the apoptosis of H9c2 cells with high blood sugar by inhibiting Reactive oxygen species production. Taxifolin reduces structure and function disorders by blocking the oxidative activity of Nicotinamide adenine dinucleotide phosphate.	56
Vitis vinifera	Vitaceae	Grape vine	Resveratrol (3, 5, 4'-trihydroxylstilbene) is a combination of natural polyphenols in grapes that prevents myocardial infarction apoptosis in a newborn's high blood sugar by inhibiting NADPH-induced ROS production and reducing activity levels An antioxidant enzyme in the heart that is probably done by the 5' AMP-activated protein kinase signaling pathway.	56
Passiflora	Passifloraceae	Passion flowers	Chrysin is a natural flavonoid present in this plant and a PPAR-γ agonist Isoproterenol-induced cardiac damage in diabetic rats reduces oxidative stress by activating PPAR-γ and inhibiting AGE- RAGE-mediating inflammation and signaling pathways.	56
Styphnolobium japonicum	Fabaceae	Japanese pagoda tree	Troxerutin is a bioflavonoid that protects against diseases and cardiac disorders, which effect through the suppression of NF- κ B and JNK in diabetic rats.	56
Citrus	Rutaceae	Citrus	Nobiletin Flavonoids found in Citrus Skin is a treatment with this combination 50mg/kg/d in. 11 weeks) reduces diabetic heart damage through oxidative stress suppression, JNK pathways, p38 MAPK, and NF-KB.	56
Grapefruit	Rutaceae	Grapefruit	Naringin (4, 5, 7-trihydroxyflavonone-7-rhamnoglycoside) is the most flavonoid glycoside present in grapefruit, causing its bitter taste. This combination with 80 μ M dose of cardiopulmonary bypass grafts contributes to high glucose damage by ROS and inhibition of waterfalls. MAPK protects.	56
Allium sativum	Amaryllidaceae	Garlic	The Allian substance present in this plant, as an inhibitor of plaque atherosclerosis and vasodilator enhancer. NO is produced by nitric oxide synthase (NOS) from L-arginine. NO stimulates Guanillac cyclase to modify GTP (Guanosine Triphosphate) to c-GMP to activate protein kinase G, which reactivates $Ca + 2$ and activates potassium channel, which is activated by calcium. Reducing the concentration of myosin light chain kinase (MLCK), $Ca + 2$ can not be phosphorylated for longer myosin, thus the bridge cycle is stopped and the smooth muscle of the blood vessels is relaxed so that vasodilation occurs.	57

Scientific Name	Effective material	Ref.
Curcuma longa	Diarylheptanoids, curcumin, demethoxycurcumin, bisdemethoxycurcumin, germacrone, atlantone, zingiberene	53
Panax	Ginsenosides, saponin, polyacetylenic alcohols	54
Coptis	Berberin, Alkaloids, isoquinoline alkaloids berberine, palmatine, and coptisine	54
Sophora flavescens	Alkaloids, Matrine, oxymatrine, kurarinol, kushenol I/N and kurarinone.	54
Calendula officinalis	flavonol glycosides, triterpene oligoglycosides, oleanane-type triterpene glycosides, saponins, sesquiterpene glucoside.	55
Carthamus tinctorius	linoleic acid, adiponectin, flavonoids and phenolics.	55
Tripterygium wilfordi	Triptolide, Celastrol, pentacyclic triterpenoid, diterpene	56
Astragalus	lavonoids, saponins, polysaccharides	56
Salvia miltiorrhiza	salvianolic acid, dihydrotanshinone, tanshinone I, tanshinone IIA	56
mpelopsis grossedentata	Myricitrin, flavonoids, dihydromyricetin, epigallocatechin-3-gallate	56
Pseudotsuga menziesii	Taxifolin, daglesioside II [kaempferol 3-O-[2", 5"-O-(4"'-hydroxy)-beta-truxinoyl]-alpha-L- arabinofuranoside] (2), daglesioside III [kaempferol 3-O-[2", 5"-di-O-(E)-p-coumaroyl]-alpha-L- arabinofuranoside] (3), and daglesioside IV [kaempferol 3-O-[3", 6"-di-O-(E)-cinnamoyl]-beta- D-glucopyranoside] (4). In addition, the known flavonoids (E)-tiliroside, (E)-ditiliroside, astragalin (kaempferol 3-O-beta-D-glucopyranoside), isorhamnetin, kaempferol, and quercetin	56
Vitis vinifera	Resveratrol (3, 5, 4'-trihydroxylstilbene), Anthocyanins, hydroxycinnamic acids proanthocyanidins, Stilbenoids	56
Passiflora	Chrysin, formic, butyric, linoleic, linolenic, malic, myristic, oleic, palmitic acids, phenolic, amino acid α -alanine. Esters, ethyl butyrate, ethyl caproate, n-hexyl butyrate and n-hexyl caproate	56
Styphnolobium japonicum	Troxerutin, rutin, quercetin., flavonoid glycosides sophoricoside, genistin, rutin, flavonoid aglycones genistein, kaempferol, sophorabioside, sophoricoside, genistein-7-diglucoside, genistein-7- diglucorhamnoside, glycosides kaempferol-3-sophoroside, kaempferol-3-rhamnodiglucoside., cytisine, N-methylcytisine, sophocarpine, matrine, stizolamine	56
Citrus	Nobiletin, flavonoids, limonoids	56
Grapefruit	Naringin (4, 5, 7-trihydroxyflavonone-7-rhamnoglucoside)	56
Allium sativum	Alliin, ajoene, polysulfides, vinyldithiins, S-allylcysteine, saponins, flavonoids	57

Table 2: Effective material of the herbal plant

to address the subject of our study and were selected for analysis.

RESULTS

medicinal herbs that were addressed in this article are effective in some way on the treatment and prevention of cardiovascular diseases (atherosclerosis, heart attacks, etc.) and chest pain due to cardiac and noncardiac diseases (Table 1). Based on the results of this review, a number of plants have been reported to prevent cardiovascular diseases (atherosclerosis, heart attack, etc.) and chest pain due to cardiac and non-cardiac disease, Including, Curcuma longa, Panax, Coptis, Sophora flavescens, Calendula officinalis, Carthamus tinctorius, Tripterygium wilfordi, Astragalus, Salvia miltiorrhiza, Ampelopsis grossedentata, Pseudotsuga menziesii, Vitis vinifera, Passiflora, Styphnolobium japonicum, Citrus, grapefruit and Allium sativum.

Additional information on medicinal and therapeutic plants is given in Table 1. The results from phytochemical investigations of plants have shown that the most important compounds of the plants include total flavonoids and phenolics, steroids, Alkaloids, linoleic acid, adiponectin, flavonoids and phenolics., Myricitrin, Nobiletin, flavonoids, limonoids, Naringin(4, 5, 7 trihydroxyflavonone-7rhamnoglucoside), Alliin, Alkaloids, isoquinoline alkaloids berberine, palmatine, and coptisine, gallic acid, rutin and saponin, ect. The most important active ingredients and important flavonoids in these plants are shown in Table 2.

DISCUSSION

Today, phytotherapy, referred to as the use of plantbased products and herbal extracts, is widespread around the world, even in industrialized countries that are the pioneers of technology and science in the use of synthetic herbal drugs. Medicinal herbs have important antioxidant and anticancer properties due to their strong phenolic compounds and flavonoids, and these plants reduce oxidative markers, such as ROS and NOS, that damage free radicals that are the cause of certain diseases such as liver injury, gum tissue damage, atherosclerosis, cardiovascular disease, and chest pain (58-72). Today, cardiovascular diseases are one of the most important health issues. Bioactive compounds or medicinal herbs, which are a rich source of antioxidant substances, reduce free radicals and control oxidative stress. As the phytochemical investigations of medicinal herbs effective to reduce cardiovascular disorders have shown, these plants have numerous flavonoids and antioxidants that, through certain mechanisms and by means of antioxidant substances, inhibit oxidative stress and prevent dyslipidemia and cardiac diseases (64-78). Antioxidant properties of medicinal herbs are due to the presence of many active ingredients, including flavonoids, phytosterols, vitamins, quercetin, terpenoids, carotenoids, curcumin, lignin and saponin, etc. However, the phenolic compounds and polyphenols contribute most significantly to this action; therefore, there is a significant relationship between the polyphenolic compounds in the extract and its antioxidant activity (53-57). Besides, medicinal herbs Curcuma longa, Sophora flavescens, Calendula officinalis, Carthamus tinctorius, Tripterygium wilfordi, Salvia miltiorrhiza, Ampelopsis grossedentata, Pseudotsuga menziesii, Vitis vinifera, Styphnolobium japonicum and Allium sativum. have strong antioxidant activity and produce protective effects against cardiovascular diseases by inhibiting hyperglycemia and oxidative stress. These plants produce protective effects against cardiovascular damage and chest pain due to cardiac diseases induced by free radicals, as well

as against damaging agents to cardiovascular tissues by inhibiting apoptosis signaling and triggering apoptosis pathways in cardiovascular system cells, and therefore reduce chest pain and improve cardiac function.

The results from phytochemical investigations of the medicinal herbs have indicated that their antioxidant and functional properties may be due to active ingredients and flavonoids, such as, total flavonoids, phenolics, steroids, alkaloids, linoleic acid, adiponectin, phenolics, myricitrin, nobiletin, limonoids, naringin (4,5,7-trihydroxyflavonone-7rhamnoglucoside), Alliin, alkaloids, isoquinoline alkaloids berberine, palmatine, and coptisine, gallic acid, rutin and saponin, etc. which produce potent antioxidant effects and reduce chest pain due to cardiac diseases (53-57). Since illnesses associated with neurological and psychiatric illness cause suffering to the patient, the use of medicinal herbs that can reduce these diseases and pain is a good therapeutic approach and medicinal herbs are used not only in the treatment of diseases, but also in the prevention and control of diseases and as cosmetics (79-91). Therefore, the available observations are important for the treatment of cardiovascular diseases and the reduction of chronic chest pain, as well as for future studies on traditional medicine for the development of herbal drugs.

Declaration of conflicting interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Authors' contributions

All authors searched, studies, reviewed and contributed to the design of the research. All authors reviewed, commented and approved the final draft.

Ethical Approval

In preparation of this review article we tried to consider all ethical issues.

REFERENCES

- 1. Chasen MH, Charnsangavej CH. Venous chest anatomy: clinical implications. <u>Eur J</u> <u>Radiol.</u> 1998;27(1):2-14. [PubMed]
- Goodacre S, Cross E, Arnold J, Angelini K, Capewell S, Nicholl J. The health care burden of acute chest pain. Heart 2005;91(2):229-230. [PubMed] DOI: <u>10.1136/hrt.2003.027599</u>
- Flannery L, Lahoud RM, Saleeb SF, Li WY, Warren SZ. Causes of chest pain. Pediatric Evidence. 2016.
- Bajgoric S, Boyd-Carson W, Day C, Rajagopalan S. An often forgotten cause of chest pain. BMJ. 2016;353:1846. [PubMed] DOI: <u>10.1136/bmj.i1846</u>
- 5. Cayley WE Jr. Diagnosing the cause of chest pain. Am Fam Physician. 2005;72(10):2012-21. [PubMed] [Free Full Text]
- Lee TH, Goldman L. Evaluation of the patient with acute chest pain. N Engl J Med. 2000;342(16):1187-95. [PubMed] DOI: <u>10.1056/</u> <u>NEJM200004203421607</u>
- Canto JG, Shlipak MG, Rogers WJ, Malmgren JA, Frederick PD, Lambrew CT, et al. Prevalence, clinical characteristics, and mortality among patients with myocardial infarction presenting without chest pain. <u>JAMA.</u> 2000;283(24):3223-9. [PubMed]
- Patel P, Mendall MA, Carrington D, Strachan DP, Leatham E, Molineaux N, et al. Association of Helicobacter pylori and Chlamydia pneumoniae infections with coronary heart disease and cardiovascular risk factors. BMJ. 1995;311(7007):711-4. [PubMed] DOI: 10.1136/bmj.311.7007.711
- Frassi F, Gargani L, Tesorio P, Raciti M, Mottola G, Picano E. Prognostic value of extravascular lung water assessed with ultrasound lung comets by chest sonography in patients with dyspnea and/or chest pain. J Card <u>Fail.</u> 2007;13(10):830-5. [PubMed] DOI: <u>10.1016/j.cardfail.2007.07.003</u>
- 10. Malinowska K. The relationship between chest pain and level of

perioperative anxiety in patients with lung cancer. <u>Pol Przegl</u> <u>Chir.</u> 2018;90(2):23-7. [<u>PubMed</u>] DOI: <u>10.5604/01.3001.0011.7490</u>

- 11. Cayley WE Jr. Diagnosing the cause of chest pain. Am Fam Physician. 2005;72(10):2012-21. [PubMed] [Free Full Text]
- Katon W, Hall ML, Russo J, Cormier L, Hollifield M, Vitaliano PP, et al. Chest pain: relationship of psychiatric illness to coronary arteriographic results. Am J Med. 1988;84(1):1-9. [PubMed]
- 13. McCord J. Jneid H. Hollander JE. de Lemos JA, Cercek B, Hsue P, et al. Management of cocaine-associated chest pain and myocardial infarction: a scientific statement from the American Heart Association Acute Cardiac Care Committee of the Council on Clinical Cardiology. Circulation. 2008;117:14:1897-907. [PubMed] DOI: <u>10.1161/</u> CIRCULATIONAHA.107.188950
- Hayek SS, Ko YA, Awad M, Soto ADM, Ahmed H, Patel K, Sperling L. Depression and chest pain in patients with coronary artery disease. Int J Cardiol. 2017;230:420-6. [PubMed] DOI: <u>10.1016/j.ijcard.2016.12.091</u>
- Greenslade JH, Hawkins T, Parsonage W, Cullen L. Panic disorder in patients presenting to the emergency department with chest pain: prevalence and presenting symptoms. <u>Heart Lung Circ.</u> 2017;26(12):1310-6. [PubMed] DOI: <u>10.1016/j.hlc.2017.01.001</u>
- das Virgens CM, Lemos L Jr, Noya-Rabelo M, Carvalhal MC, Cerqueira Junior AM, Lopes FO, et al. Accuracy of gestalt perception of acute chest pain in predicting coronary artery disease. World J Cardiol. 2017;9(3):241-7. [PubMed] DOI: 10.4330/wjc.v9.i3.241
- Kisely SR, Campbell LA, Yelland MJ, Paydar A. Psychological interventions for symptomatic management of non specific chest pain in patients with normal coronary anatomy. Cochrane Database Syst Rev. 2015:CD004101. [PubMed] DOI: 10.1002/14651858.

CD004101.pub5

- Webster R, Norman P, Goodacre S, Thompson AR, McEachan RR. Illness representations, psychological distress and non-cardiac chest pain in patients attending an emergency department. Psychol Health. 2014;29(11):1265-82. [PubMed] DOI: 10.1080/08870446.2014.923885
- Jones H, Cooper P, Miller V, Brooks N, Whorwell PJ. Treatment of noncardiac chest pain: a controlled trial of hypnotherapy. <u>Gut.</u> 2006;55(10):1403–8. [PubMed] DOI: 10.1136/gut.2005.086694
- Svansdottir E, Hreggvidsdottir S, Sigurdardottir B, Benedikz E, Andersen K, Karlsson HD. Noncardiac chest pain and its association with persistent chest pain and poor mental well-being. Laeknabladid. 2018;104(2):71-7. [PubMed] DOI: 10.17992/lbl.2018.02.172
- 21. Rosengreg A. Psychology in chest pain. Heart. 2008;94(3):266-7:1 [PubMed] DOI: <u>10.1136/</u> <u>hrt.2006.108126</u>
- Cannon RO, Epstein SE. Microvascular angina as a cause of chest pain with angiographically normal coronary arteries. Amer J Cardiol. 1988;61(15):1338-43. [PubMed]
- Ilangkovan N, Mogensen CB, Mickley H, Lassen AT, Lambrechtsen J, Sand NP, et al. Prevalence of coronary artery calcification in a non-specific chest pain population in emergency and cardiology departments compared with the background population: a prospective cohort study in Southern Denmark with 12-month follow-up of cardiac endpoints. BMJ Open. 2018;8(3):e018391. [PubMed] DOI: 10.1136/bmjopen-2017-018391
- 24. Santi L, Farina G, Gramenzi A, Trevisani F, Baccini M, Bernardi M, et al. The HEART score with high-sensitive troponin T at presentation: ruling out patients with chest pain in the emergency room. Intern Emerg Med. 2017;12(3):357-64. [PubMed] DOI: 10.1007/s11739-016-1461-3

- Cannon RO, Epstein SE. Microvascular angina as a cause of chest pain with angiographically normal coronary arteries. Amer J Cardiol. 1988;61(15):1338-43. [PubMed]
- Rusk RA, Kenny A. Congenital pericardial defect presenting as chest pain. Heart. 1999;81(3):327-8. [PubMed] DOI: <u>10.1136/hrt.81.3.327</u>
- 27. Wächter C, Markus B, Schieffer B. Cardiac causes of chest pain. Der Internist. 2017;58(1):8-21. [PubMed] DOI: <u>10.1007/s00108-016-0165-0</u>
- Fanaroff AC, Rymer JA, Goldstein SA, Simel DL, Newby LK. Does this patient with chest pain have acute coronary syndrome? JAMA. 2015;314(18):1955-65. [PubMed] DOI: <u>10.1001/jama.2015.12735</u>
- Bell EJ, Grist NR. Coxsackie virus infections in patients with acute cardiac disease and chest pain. Scott Med J. 1968;13(2):47-51. [PubMed] DOI: <u>10.1177/003693306801300204</u>
- Sara JD, Widmer RJ, Matsuzawa Y, Lennon RJ, Lerman LO, Lerman A. Prevalence of coronary microvascular dysfunction among patients with chest pain and nonobstructive coronary artery disease. JACC Cardiovasc Interv. 2015;8(11):1445-53. [PubMed] DOI: 10.1016/j. jcin.2015.06.017
- Richards HM, Reid ME, Watt GC. Socioeconomic variations in responses to chest pain: qualitative study. BMJ. 2002;324(7349):1308. [PubMed] DOI: <u>10.1136/</u> bmj.324.7349.1308
- Subha R, Madan MP, Rawat AKS. Traditional herbs: a remedy for cardiovascular disorders. Phytomedicine. 2016;23(11):1082-9. DOI: 10.1016/j.phymed.2015.10.012
- Johnson KA. Complementary and alternative veterinary medicine: where things stand for feline health. Sci Tech Libraries. 2018;37(4):338-76.
- 34. Gong P, Li Y, Yao C, Guo H, Hwang H, Liu X, et al. Traditional chinese medicine on the treatment of coronary heart disease in recent 20 years. J Altern Complement Med. 2017;23(9):659-66. [PubMed] DOI: 10.1089/

acm.2016.0420

- Salamati A, Mashouf S, Sahbaei F, Mojab F. Effects of inhalation of lavender essential oil on open-heart surgery pain. <u>Iran J Pharm Res</u>. 2014;13(4):1257–61. [PubMed]
- 36. Mohammadi N, Pooria A, Yarahmadi S, Tarrahi MJ, Najafizadeh H, Abbasi P, et al. Effects of cold application on chest tube removal pain in heart surgery patients. <u>Tanaffos</u>. 2018;17(1):29-36. [PubMed]
- Pourjabali M, Mohammadrezaei-Khorramabadi R, Abbaszadeh S, Naghdi N, Naji Haddadi S, Bahmani F. Medicinal plants used for hypertension. J Pharm Sci Res. 2017;9(5):537-41. [Free Full Text]
- Johnston TP, Korolenko TA, Pirro M, Sahebkar A. Preventing cardiovascular heart disease: promising nutraceutical and non-nutraceutical treatments for cholesterol management. <u>Pharmacol Res.</u> 2017;120:219-25. [PubMed] DOI: <u>10.1016/j.phrs.2017.04.008</u>
- 40. Moradi B, Abbaszadeh S, Shahsavari S, Alizadeh M, Beyranvand F. The most useful medicinal herbs to treat diabetes. Biomed Res Therap. 2018;5(8):2538-51. DOI : <u>10.15419/</u> <u>bmrat.v5i8.463</u>
- 41. Ammon HPT, Wahl MA. Pharmacology of Curcuma longa. <u>Planta</u> <u>Med.</u> 1991;57(1):1-7. DOI: <u>10.1055/</u> s-2006-960004
- Aggarwal BB, Harikumar KB. Potential therapeutic effects of curcumin, the anti-inflammatory agent, against neurodegenerative, cardiovascular, pulmonary, metabolic, autoimmune and neoplastic diseases. <u>Int J Biochem Cell Biol.</u> 2009;41(1):40-59. [PubMed] DOI: <u>10.1016/j.</u> <u>biocel.2008.06.010</u>
- Himesh S, Sharan PS, Mishra K, Govind N, Singhai AK. Qualitative and quantitative profile of curcumin from ethanolic extract of Curcuma longa. Intern Res J Pharm. 2011;2(4):180-4. [Free Full Text]
- Rathaur P, Raja W, Ramteke PW, John SA. Turmeric: The golden spice of life. Herbal Medicine: Biomolecular and Clinical Aspects. 2nd ed.

2012;3(8):1987.

- 45. Mohammad SM, Kashani HH. Chemical composition of the plant Punica granatum L. (Pomegranate) and its effect on heart and cancer. J Med Plants Res. 2012;6(40):5306-10. [Free Full Text]
- Razani Z, Dastani M, Kazerani HR. Cardioprotective effects of pomegranate (punica granatum) juice in patients with ischemic heart disease. <u>Phytother Res.</u> 2017;31(11):1731-8. [PubMed] DOI: <u>10.1002/ptr.5901</u>
- Sachan AK, Kumar S, Kumari K, Singh D. Medicinal uses of spices used in our traditional culture: Worldwide. J Med Plants Studies. 2018;6(3):116-22. [Free Full Text]
- Heidari T, Moazedi AA, Seyyednejad SM, Borojeni MP. The role of histaminergic H2 receptors on spasmolytic activity of hydroalcoholic extract of parsley (petroselinum crispum) seeds in isolated rat's ileum. J Natural Remedies. 2018;17(3):114-24. DOI: <u>10.18311/jnr/2017/12469</u>
- Agyare C, Appiah T, Boakye YD, Apenteng JA. Petroselinum crispum: a review. Medicinal Spices and Vegetables from Africa. 2017;527-47.
- 50. Sharma I, Gusain D, Dixit VP. Hypolipidaemic and antiatherosclerotic effects of Zingiber officinale in cholesterol fed rabbits. Phytotherapy Res. 1996;10(6):517-8.
- Al-Yahya MA, Rafatullah S, Mossa JS, Ageel AM, Parmar NS, Tariq M. Gastroprotective activity of ginger zingiber officinale rosc., in albino rats. <u>Am J Chin Med.</u> 1989;17(1-2):51-6. [PubMed] DOI: <u>10.1142/</u> <u>S0192415X89000097</u>
- Iwami M, Shiina T, Hirayama H, Shima T, Takewaki T, Shimizu Y. Inhibitory effects of zingerone, a pungent component of Zingiber officinale Roscoe, on colonic motility in rats. <u>J Nat Med.</u> 2011;65(1):89-94. [PubMed] DOI: <u>10.1007/s11418-010-0463-0</u>
- Wongcharoen W, Phrommintikul A. The protective role of curcumin in cardiovascular diseases. Int J Cardiol. 2009;133(2):145-

51. [PubMed] DOI: <u>10.1016/j.</u> ijcard.2009.01.073

- 54. Hao P, Jiang F, Cheng J, Ma L, Zhang Y, Zhao Y. Traditional chinese medicine for cardiovascular disease: evidence and potential mechanisms. J Am Coll Cardiol. 2017 Jun 20;69(24):2952-66. [PubMed] DOI: <u>10.1016/j.</u> jacc.2017.04.041
- 55. Al-Snafi AE. Therapeutic properties of medicinal plants: a review of plants with cardiovascular effects (part 1). Int J Pharm Tox. 2015;5(3):163-76. [Free Full Text]
- 56. Tian J, Zhao Y, Liu Y, Liu Y, Chen K, Lyu S. Roles and mechanisms of herbal medicine for diabetic cardiomyopathy: Current status and perspective. Oxidative Med Cell Longevity. 2017;2017: 8214541. DOI: 10.1155/2017/8214541
- 57. Ilmawati RR, Amin AZ, Amin M. Alliin as a Natural bioactive from single bulb garlic (allium sativum) for nitric oxide (no) increasing in atherosclerotic process based on insilico screening. Bio Medich. 2017;6(2):59-62.
- 58. <u>Karimi</u> M, <u>Parsaei</u> P, <u>Shafiei-Alavijeh</u> S, <u>Rafieian Kopaei</u> M, <u>Asadi</u> SY. Effect of silymarin alcoholic extract on surgery induced intraperitoneal adhesion in rats. Surg Prac. 2016;20(1):27-33. DOI: 10.1111/1744-1633.12157
- Asadi SY, Parsaei P, Karimi M and Rafieian-Kopaei M. Effect of ethanolic extract of green tea (Camellia sinensis) on intraabdominal adhesions in rats. Int J Surg. 2013;11(9):811-5. [PubMed] DOI: <u>10.1016/j.ijsu.2013.08.014</u>
- Moradi B, Abbaszadeh S, Shahsavari S, Alizadeh M, Beyranvand F. The most useful medicinal herbs to treat diabetes. Biomed Res Ther. 2018;5(8):2538-51. DOI: <u>10.15419/</u> <u>bmrat.v5i8.463</u>
- 61. Tajallaie-Asl F, Mardani M, Shahsavari S, Abbaszadeh S. Menstruation phytotherapy according to iran ethnobotanical sources. J Pharmace Sci Res. 2017;9(6):986-90. [Free Full Text]
- 62. Djeridane A, Yousfi M, Nadjemi B, Boutassouna D, Stocker P, Vidal N.

Antioxidant activity of some Algerian medicinal plants extracts containing phenolic compounds. <u>Food Chem.</u> 2006;97(4):654-60.

- 63. Behroozi-Lak T, Ebrahimpour M, Zarei L, Pourjabali M, Farhad N, Mohaddesi H. Systemic administration of curcumin nanoparticles protects ischemiareperfusion injury in ovaries: An animal model study. Revista da Associacao Medica Brasileira. 2018;64(1):22-31. DOI: <u>10.1590/1806-9282.64.01.22</u>
- 64. Ghamari S, Abbaszadeh S, Mardani M, Shahsavari S. Identifying medicinal plants affecting the teeth from the Southern district of llam province, Iran. J Pharm Sci Res 2017;9(6):800-3. [Free Full Text]
- Naghdi N. Folklore medicinal plants used in liver disease: A review. Intern J Green Pharm. 2018;12(03):363-74. DOI: <u>10.22377/ijgp.v12i03.2006</u>
- 66. Mohsenzadeh A, Ahmadipour S, Ahmadipour S, Asadi-Samani M. Iran's medicinal plants effective on fever in children: A review. Der Pharmacia Lett. 2016;8(1):129-34. [Free Full Text]
- Shayganni E, Bahmani M, Asgary S, Rafieian-Kopaei M. Inflammaging and cardiovascular disease: Management by medicinal plants. Phytomedicine. 2016;23(11):1119-26. [PubMed] DOI: <u>10.1016/j.phymed.2015.11.004</u>
- Bahmani M, Sarrafchi A, Shirzad H, Rafieian-Kopaei M. Autism: Pathophysiology and promising herbal remedies. Current Pharmac Design. 2016;22(3):277-85.
- 69. Jivad N, Asadi-samani M, Moradi MT. The most important medicinal plants effective on migraine: A review of ethnobotanical studies in Iran. Der Pharma Chemica. 2016;8(2):462-6. [Free Full Text]
- Pourjabali M, Mohammadrezaei Khorramabadi R, Abbaszadeh S, Naghdi N, Naji Haddadi S, Bahmani F. Medicinal plants used for hypertension. J Pharmace Sci Res. 2017;9(5):537-41. [Free Full Text]
- 71. Sanaei N, Mohammadi R, Raisi A, Zarei L. Extract of berula angustifolia (l.) mertens enhances wound healing

in streptozotocin induced diabetic rats. Wounds. 2018;30(8):242-8. [PubMed]

- 72. <u>Karimi M, Yazdan AS, Parsaei P, Rafieian-Kopaei M, Ghaheri H, Ezzati S. The Effect of ethanol extract of rose (rosa damascena) on intra-abdominal adhesions after laparotomy in rats. Wounds. 2016;28(5):167-74. [PubMed]</u>
- Moradi B, Abbaszadeh S, Shahsavari S, Alizadeh M, Beyranvand F. The most useful medicinal herbs to treat diabetes. Biomed Res Ther. 2018;5(8):2538-51. DOI: <u>10.15419/</u> <u>bmrat.v5i8.463</u>
- 74. Ilkhanizadeh B, Mehrshad A, Seddighnia A, Zarei L. Comparison between effects of free and niosomal formulations of Artemisia annua L. (asteraceae) on chronic myelogenous leukemia (K562) cell line. Intern J Pharmacol. 2017;13(2):191-7. DOI: 10.3923/ijp.2017.191.197
- 75. Tosun F, Akyüz Kizilay C. Anthraquinones and flavonoids from rheum ribes. Fac. Pharm. 2003;32 (1):31–5. [<u>Free Full</u> <u>Text</u>]
- Cheng MC, Lin LY, Yu TH, Peng R. Hypolipidemic and antioxidant activity of mountain celery essential oil. J Agric Food Chem. 2008;56(11):3997-4003. [PubMed] DOI: 10.1021/jf703593v
- 77. Shahrani M, Pilehvarian A, Khayri S, Asgahri A, Farokhi E, Parvin N, et al. Effects of Kelussia odoratissima Mozaffarian (KOM) extract on blood lipid in Balb/c mice. J Shahrekord Univ Med Sci. 2009;10(4):50-6. [Free Full Text]
- 78. Madani H, Ahmadi Mahmood Abadi N, Vahdati A. Effects of hydroalcoholic extract of Anethum graveolens (Dill) on plasma glucose and lipid levels in diabetes induced rats. Iranian J Diab Lipid. 2006;2(5):109-16.
- Philip K, Elizabeth MM, Cheplogoi PK, T. Samuel KT. Ethnobotanical Survey of antimalarial medicinal plants used in butebo county, eastern uganda. EJMP. 2017;21(4):1-2. DOI: <u>10.9734/</u> EJMP/2017/35368
- 80. Charandabi SM, Rezaei N, Hakimi S, Khatami SH, Valizadeh R, Azadi

A. Sleep disturbances and sexual function among men aged 45-75 years in an urban area of Iran. Sleep Sci. 2016;9(1):29-34. [PubMed] DOI: 10.1016/j.slsci.2016.01.001

- Valizadeh R, Veisani Y, Delpisheh A, Kikhavani S, Sohrabnejad A. Major depression and psychiatric disorders in Iranian prisoners based on a clinical interview: A systematic review and meta-analysis. Shiraz E Med J. 2017;18(6):e44979. DOI: <u>10.5812/</u> <u>semi.44979</u>
- Valizadeh R, Sarokhani D, Sarokhani M, <u>Sayehmiri</u> K, <u>Ostovar</u> R, Angh P, et al. A study of prevalence of anxiety in Iran: Systematic review and metaanalysis. Der Pharma Chemica. 2016;8(21):48-57. [Free Full Text]
- Faryadyan P, Khosravi A, Faryadian S, Kashiri M, Valizadeh R. The Aqueous extract of ziziphora persica cause positive mood on depressive rat. Biomed Pharmacol J. 2014;7(1):2866. DOI: <u>10.13005/bpj/460</u>
- 84. Ghamari S, Mohammadrezaei-Khorramabadi R, Mardani M, Shahsavari S. An overview of the most important medicinal plants used as Mouth Freshener. J Pharm Sci

Res. 2017;9(6):804-7. [Free Full Text]

- 85. Ghamari S, Mohammadrezaei-Khorramabadi R, Mardani M, Shahsavari S. An overview of the most important medicinal plants with anti-toothache property based on ethnobotanical sources in Iran. J Pharm Sci Res. 2017;9(6):796-9. [Free Full Text]
- Froushani SMA, Zarei L, Ghaleh HEG, Motlagh BM. Estragole and methyl-eugenol-free extract of Artemisia dracunculus possesses immunomodulatory effects. <u>Avicenna</u> <u>J Phytomedicine.</u> 2016;6(5):526-34. DOI: <u>10.22038/ajp.2016.6479</u>
- Abbasi N, Azizi JF, Abdi M, Saifmanesh M. A comparative study of the antimicrobial effect of Scrophularia striata Boiss. Extract and selective antibiotics against Staphylococcus aureus and Pesudomonas aeruginosa. J Medicinal Plants. 2007;1(Suppl 3):10-18. [Free Full Text]
- Bahmani M, Khaksarian M, Rafieian-Kopaei M, Abbasi N. Overview of the therapeutic effects of origanum vulgare and hypericum perforatum based on Iran's ethnopharmacological

documents. J Clin Diagn Res. 2018;12(7):1-4. DOI: <u>10.7860/</u> JCDR/2018/34177.11728

- Shokri Z, Khoshbin M, Koohpayeh A, Abbasi N, Bahmani F, Rafieian-Kopaei, M, et al. Thyroid diseases: Pathophysiology and new hopes in treatment with medicinal plants and natural antioxidants. Int J Green Pharm. 2018;12(3 Suppl):473-82. DOI: <u>10.22377/ijgp.v12i03.2007</u>
- <u>Abbasi N, Mohammadpour S, Karimi</u> <u>E, Aidy A, Karimi P, Azizi M, et al.</u> Protective effects of smyrnium cordifolium boiss essential oil on pentylenetetrazol-induced seizures in mice: Involvement of benzodiazepine and opioid antagonists. J Bio Regulators Homeostatic Agents. 2017;31(3):683-9.
- <u>Tajbakhsh M, Karimi A, Tohidpour A, Abbasi N, Fallah F, Akhavan MM</u>. The antimicrobial potential of a new derivative of cathelicidin from Bungarus fasciatus against methicillin-resistant Staphylococcus aureus. J Microbiol. 2018;56(2):128-37. [PubMed] DOI: <u>10.1007/s12275-018-7444-5</u>