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Review Article

Polyherbal Formulation Concept for Synergic Action: A Review

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ABSTRACT

Formulations restrain 2 or more than 2 herbs are called polyherbal formulation. Drug formulation in Ayurveda is based on 2 principles: Use as a single drug and use of more than one drug. The last is known as polyherbal formulation. The idea of polyherbalism is peculiar to Ayurveda even though it is tricky to explain in term of modern parameters. The *Ayurvedic* literature *Sarangdhara Samhita* tinted the idea of polyherbalism to attain greater therapeutic efficacy. Polyherbal formulation has been used all around the earth due to its medicinal and therapeutic application. It has also recognized as polyherbal therapy or herb-herb combination. The active phytochemical constituents of individual plants are inadequate to attain the desirable therapeutic effects. When polyherbal and herbo-mineral formulations combining the multiple herbs in a meticulous ratio, it will give an enhanced therapeutic effect and decrease the toxicity. The active constituents used from individual plant are inadequate to provide attractive pharmacological action. There are evidences that crude plant extracts often have greater potency rather than isolated constituents. In traditional medicine whole plants or mixtures of plants are used rather than isolated compounds. Due to synergism, polyherbalism confers some benefits which are not accessible in single herbal formulations. Polyherbal formulations express high effectiveness in numerous diseases with safe high dose. Based on the nature of the interaction, there are 2 mechanisms on how synergism acts (*i.e.*, pharmacodynamics and pharmacokinetic). In words of pharmacokinetic synergism, the capacity of herb to ease the absorption, distribution, metabolism and elimination of the other herbs is focused. Pharmacodynamics synergism on the other hand, studies the synergistic effect when active constituents with similar therapeutic activity are targeted by diverse mechanism of action. The present review encompasses all the significant features of polyherbal formulation.

Keywords: Polyherbal formulation, Ayurveda, Active constituents, Pharmacodynamics, pharmacokinetic

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INTRODUCTION

In the few decades, there has been exponentially growth in the field of herbal medicines. Nature always stands as a golden mark to exemplify the outstanding phenomena of symbiosis. Today about 80% of people in developing countries still relay on traditional medicine based largely on the different species of plants for their primary health care. About 500 of plants with medicinal uses are mentioned in ancient literature and 800 plants have been used in indigenous system of medicine. The various indigenous systems such as Ayurveda, siddha, unani use several plant species to treat different ailments ¹⁻³. Tyler defines herbal medicines as crude drugs of vegetable origin utilized for the treatment of disease states, often of a chronic nature, or to attain or maintain a condition of improved health. Current demands for herbal medicines have resulted in an annual

market of \$1.5 billion and increasingly widespread availability. The treatment of injury or disease by plants or plant material, either in the crude or processed state, is known as traditional herbal medicine. The medicinal plants with ethnomedicinal values are currently being screened for their therapeutic potential ⁴. Herbal product has been used abundantly over the years in curing several diseases. Natural products and related structures are essential sources of new pharmaceuticals, because of the immense variety of functionally relevant secondary metabolites of microbial and plant species ⁵. Herb-herb combinations also known as polyherbal therapy have been used in Chinese medicine practice for thousands of years, yet scientific evidence of their therapeutic benefits is lacking ⁶. Drug combination often produces a promising effect in treatment of diseases over a single drug. The concept of drug combination has

been well established in Western medicine and remarkable success has been achieved over the decades. In recent years, drug combination therapies in cancer and infectious diseases have offered new hope to patients ⁷. Naturally occurring herbs and herbal ingredients organized into certain formula have been shown to have potential interaction effects. These include mutual enhancement, mutual assistance, mutual restraint and mutual antagonism ⁸. In the Ayurvedic system of medicine mainly polyherbal compounds are used for treatment of various infections. The Unani system of medicine is also gaining global acceptance due to the amazing clinical efficiency of the formulations. Although Unani medicines have long been used, there is negligible documented evidence regarding their safety and effectiveness. The lack of evaluation has, in turn, slowed down the development of regulations and legislations ⁹. The practice of herbal medicine spread from Asia to Europe. The Greeks are known to have acquired knowledge of it over the period from 468-377 BC. In turn, the Romans learned of it from the Greeks around 100 BC. The Islamic World learned of and began to practice this science around the time the Roman Empire fell, in the 5th century. By the 10th century, the Anglo-Saxon World was practicing herbal science and describing it in writings. Throughout the middle ages, most herbalism was practiced under the authority of the church, which maintained the authority to grow medicinal herbs and to introduce new herbal medicines ¹⁰.

Advantages of polyherbal formulation over single herb

Ayurvedic and herbal medicinal products contain a combination of botanicals; each of these contains a number of chemical compounds that may give the anticipated activity in combination. The increasing interest in the use of plant-based formulations is leading to a fast growing market for Ayurvedic ¹¹. Herbal medicines are in widespread use and although many believe herbal medicines are safe, they are often used in combination and are drawn from plant sources with their own variability in species, growing conditions, and biologically active constituents. A major hypothetical advantage of botanicals over conventional single-component drugs is the presence of multiple active compounds that together can provide a potentiating effect that may not be achievable by any single compound. Polyherbal formulations have plant-based pharmacological agents which may exert synergistic, potentiative, agonistic antagonistic actions by virtue of its associated diverse active principles themselves.

These pharmacological principles work together in a dynamic way to produce maximum therapeutic efficacy with minimum side effects ¹². Based on the nature of the interaction, there are two mechanisms on how synergism acts (i.e., pharmacodynamics and pharmacokinetic) ¹³. In terms of pharmacokinetic synergism, the ability of herb to facilitate the absorption, distribution, metabolism and elimination of the other herbs is focused. Pharmacodynamics synergism on the other hand, studies the synergistic effect when active constituents with similar therapeutic activity are targeted to a similar receptor or physiological system. Other than that, it is believed that multiplicity of factors and complications cause diseases in most of the cases, leading to both visible and invisible symptoms. Here, combination of herbals may act on multiple targets at the same time to provide a thorough relief ¹⁴. Due to synergism, polyherbalism offers some great benefits which lacks in single herbal formulation. It is evident that better therapeutic effect can be reached with a single multi-constituent formulation. For this, a lower dose of the herbal preparation would be needed to achieve desirable pharmacological action, thus reducing the risk of deleterious side-effects. Besides, PHFs bring to improved convenience for patients by eliminating the need of taking more than one different single herbal formulation at a time, which indirectly leads to better compliance and therapeutic effect. All these benefits have resulted in the popularity of PHF in the market when compared to single herbal formulation ¹⁵. Polyherbal formulation also having multiple types of molecules against a disease complication so different molecules cure a disease by different mechanism so provide a complete therapy against a disease condition ¹⁶.

Limitations of polyherbal formulation

When combinations of plants with these constituents are combined together it may show better activity when compared to the individual extract. But at the same time presence of many constituents may lead to chemical incompatibility which may result in instability ¹⁷. In India, whereas most of the Ayurvedic PHFs are manufactured and exported, the regulation of Ayurvedic herbal preparation manufacturing is somewhat less stringent, despite the establishment of Drugs and Cosmetic Act to control the manufacture and quality control. According to the good clinical practices, toxicity studies and clinical trials on herbal formulations are not mandatory for application of patents and grant of manufacturing licenses to the Ayurvedic herbal formulation manufacturer ^{8,19}.

Table 1: Polyherbal formulation along with the different pharmacological activities

| Anti-inflammatory activity | | | |
|----------------------------------|--|---|-----|
| Product | Composition of polyherbal formulation | Experimental model | Ref |
| DHU001 | <i>Ficus carica, Liriope spicata, Platycodon grandiflorum, Schisandra chinensis, Glycyrrhiza uralensis, Zingiber officinale, Mentha arvensis</i> | Dinitrofluorobenzene-induced contact dermatitis | 20 |
| Wu-Zi-Yan- Zong | <i>Cuscuta chinensis, Lycium barbarum, Rubus chingii, Schizandra chinensis, Plantago asiatica, Epimedium brevicornu</i> | Lipopolysaccharides induced neuro inflammatory | 21 |
| IBS-20 | 20-herb Chinese medicinal formula | Inhibit proinflammatory cytokine production | 22 |
| Jatyadi ghrita | <i>Jasmine officinale, Azadirachta indica, Berberis aristata, Curcuma longa, Picrorrhiza kurroa, Rubia cordifolia, T. Dioica, Aristolochia indica, Hemidesmus indicus, Randia spinosa, Glycyrrhiza glabra, Cow's ghee.</i> | Carrageenan-induced model | 23 |
| Bhux | <i>Commiphora mukul, Terminalia arjuna, Boswellia serrata, Semecarpus anacardium, Strychnos nux vomica</i> | Carrageenan-induced model | 24 |
| Brazilian polyherbal formulation | <i>Eucalyptus globulus, Peltodon radicans, Schinus terebinthifolius</i> | TPA, capsaicin-induced mouse ear edema, Carrageenan-induced model | 25 |
| Entox | <i>Terminalia chebula, Embelica officinalis, Punica granatum, Terminalia arjuna, Rubia cordifolia, Withania somnifera, Tinospora cordifolia, Curcuma longa</i> | Carrageenan-induced model and cotton pellet granuloma method | 26 |
| Triphla | <i>Emblica officinalis gaertn, Terminalia chebula, Terminalia bellerica</i> | Adjuvant-induced arthritis | 27 |

| | | | |
|------------------------------|---|--|----|
| | <i>gaertn</i> | | |
| Unani eye drop | <i>Berberis aristata, Cassia absus, Coptis teeta, Symplocos racemosa, Azadirachta indica, Rosa damascena</i> | Turpentine liniment-induced ocular inflammation in rabbit's eye | 28 |
| PM014 | <i>Stemona sessilifolia, Asparagus cochinchinensis, Scutellaria baicalensis, Schizandra chinensis, Rehmannia glutinosa, Prunus armeniaca, Paeonia suffruticosa.</i> | Cockroach allergen-induced model. | 29 |
| Sudard | <i>Commiphora mukul, Pluchea lanceolata, Paederia foetida, Vitex negundo, Zingiber officinalis, Ricinus communis, Lepidium sativum, Colchicum luteum, Smilax glabra, Strychnous nuxvomica, Mineral pitch</i> | Formalin, carrageen induced model | 30 |
| Septilin | <i>Balsamodendron mukul, Sank Bhasma, Maharasnadi qoath, Tinospora cordifolia, Emblica officinalis, Moringa pterigosperma, Glycyrrhiza glabra</i> | Carrageenan-induced model, cotton pellet granuloma and Freund's adjuvant induced-arthritis models, Tail flick response, Glacial acetic acid induced writhing | 31 |
| Ghanaian | <i>Alstonia boonei, Rauvolfia vomitoria, Elaeis guineensis</i> | Carrageenan induced model | 32 |
| PHF | <i>Aegle marmeloes, Coriandrum sativum, Cyperus rotundus, Vetiveria zinzanoids</i> | Acetic acid-induced colitis in mice and indomethacin-induced enterocolitis in rats | 33 |
| Ajmodadi churna | <i>Trachyspermum ammi, Cedrus deodara, Piper longum, Terminalia chebula, Argyreia nervosa, Zingiber officinale</i> | Carrageenan-induced model and air pouch inflammation models | 34 |
| Antidiabetic activity | | | |
| Diarun plus | <i>Emblica officinalis, Curcuma longa, Momordica charantia, Eugenia jambolana, Trigonella foenum graecum, gymnema sylvestre and salacia reticulata.</i> | Streptozotocin induced model. | 35 |
| Diabrid | <i>Gymnema sylvestre, Momordica charantia, Eugenia Jambolana, Trigonella graeceium</i> | Alloxan-Induced model | 36 |
| Okudiabet | <i>Stachytarpheta angustifolia, Alstonia congensis, Xylophia aethiopica</i> | Alloxan- induced model | 37 |
| PHF | <i>Allium sativum, Cinnamomum zeylanicum, Citrullus colocynthis, Juglans regia, Nigella sativa, Olea europaea, Punica granatum, Salvia officinalis, Teucrium polium, Trigonella foenum, Urtica dioica, Vaccinium arctostaphylos</i> | Streptozotocin-induced model | 38 |
| PHF | <i>Cystoseira trinodis, Allium sativum, Glycyrrhiza glabra, Zingiber officinale</i> | Alloxan-induced model | 39 |
| PHF | <i>Foeniculum vulgare, Brassica alba</i> | Glucose tolerance tests | 40 |
| Ayurslim | <i>Garcinia camogia, commiphora wightii, gymnema sylvestre, terminalia chebula, trigonella foenum-graecum</i> | Streptozotocin induced model | 41 |
| PHF | <i>Salacia oblonga, Salacia roxburgii, Garcinia indica, Lagerstroemia parviflora</i> | Streptozotocin induced model | 42 |
| Hal | <i>Momordica charantia, Trigonella foenum-graecum, Withania somnifera</i> | Glucose tolerance test, streptozotocin model | 43 |
| Triphla churna | <i>Emblica officinalis, Terminalia chebula, Terminalia bellerica</i> | Rat model of insulin resistance. | 44 |
| Diasulin | <i>Cassia auriculata, Caccinia indica, Curcuma longa, Emblica officinalis, Gymnema sylvestre, Momordica charantia, Scoparia dulcis, Syzigium aumini, Tinospora cordifolia, Trigonella foenum graecum.</i> | Alloxan induced model | 45 |
| Dihar | <i>Syzygium cumini, Momordica charantia, Emblica officinalis, Gymnema sylvestre, Enicostemma Littorale, Azadirachta indica, Tinospora cordifolia, Curcuma longa</i> | Streptozotocin induced model | 46 |
| Siddha PHF | <i>Asparagus racemosus, Emblica Officinalis, Salacia oblonga, Syzygium aromaticum, Tinospora cordifolia</i> | In the liver of type 2 diabetic adult male rats | 47 |
| Wen-pi-tang-Hab-Wu-ling-san | <i>Codonopsis pilosula, Salvia miltiorrhiza, Pinellia ternate, Coptis chinensis, Epimedii herba, Rhei radix, Perilla frutescens Glycyrrhiza uralensis, Artemisia capillaris, Alisma plantago-aquatica, Atractylodes macrocephala, Polyporus umbellatus, Cinnamomi ramulus</i> | Streptozotocin-induced model | 48 |
| PHF | <i>Alnus hirsuta, Rosa davurica, Acanthopanax senticosus, Panax schinseng</i> | Streptozotocin induced model | 49 |
| PHF | <i>Withania somnifera, Allium sativum, Gymnema sylvestre, ferula foetida, murraya koenigii</i> | Streptozotocin induced model | 50 |
| Gynocare capsules | <i>Ashoka, Vasaka, Durva, Chandan, Musk</i> | Safety profile on albino wistar rats | 51 |
| Ziabeen | <i>Aloe barbadensis, Azedarachta indica, Eugenia jambolana, Gymnema sylvestre, Swertia chirata, Momordica charantia, Holarrhena antidysenterica, Piper nigrum.</i> | Normal and alloxan-induced model | 52 |
| PHF | <i>Tinospora cordifolia, Adhatoda vasica, Stevia rebaudiana, Pterocarpus marsupium, Withania somnifera, Tridax procumbens, Boer haavia diffusa, Syzygium cumini</i> | Alpha amylase inhibitory assay, haemoglobin Glycosylation | 53 |
| PHF | <i>Tribulus terrestris, Piper nigrum, Ricinus communis</i> | Alloxan induced model | 54 |
| Transina | <i>Withania somnifera, Tinospora cordifolia, Eclipta alba, Ocimum sanctum, Picrorrhiza kurroa, Shilajit,</i> | Streptozotocin, hyperglycaemia, SOD | 55 |
| PHF | <i>G. pentaphylla, T. procumbens, M. indica</i> | Streptozotocin-nicotinamide induced | 56 |
| Hyponidd | <i>Momordica charantia, Melia azadirachta, Pterocarpus marsupium, Tinospora cordifolia, Gymnema sylvestre, Enicostemma littorale,</i> | Streptozotocin induced model | 57 |

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| | <i>Emblca officinalis, Eugenia jambolana, Cassia auriculata, Curcuma longa</i> | | |
| Cogent db | <i>Azadirachta indica, Curcuma longa, Phyllanthus emblica, Rotula aquatic, Syzigium cumini, Terminalia chebula, Terminalia bellerica, Tribulus terrestris, Trigonella foenum graecum</i> | Alloxan-induced model | 58 |
| Diasulin | <i>Cassia auriculata, Coccinia indica, Curcuma longa, Emblica officinalis, Gymnema sylvestre, Momordica charantia, Scoparia dulcis, Syzigium cumini, Tinospora cardifolia, Trigonella foenum-graecum</i> | Alloxan-induced model | 59 |
| Okchun-san | <i>Oryza sativa, Glycyrrhiza uralensis, Pueraria thunbergiana, rehmannia glutinosa, Schizandra chinensis, Trichosanthes kirilowii</i> | C57BL/KsJDb/db type-2 diabetic mice | 60 |
| DRF/AY/5001 | <i>Emblca officinalis, Gymnema sylvestre, Momordica charantia, Pterocarpus Marsupium, Syzigium cumini, Terminalia Bellerica, Terminalia chebula</i> | Epinephrine and alloxan-induced model | 61 |
| Diabegon | <i>Aegle marmelos, Asfetum Punjabinum, Berberis aristata, Citrullus culocynthis, Curcuma Longa, Cyperus rotondous, Embelica officinalis, Eugena Jambolana, Gymnema sylvestre, Momordica charantia, Piper Longum, Pterocarpus marsupion, Plumbago zeylanica, Swertia Chirata, Terminalia balerica, Terminalia chebula, TrigonellaFoenum-graecum, Zingiber officinale</i> | High fructose diet-fed rats | 62 |
| Glyoherb | <i>Gudmar, Mahamejva, Katuki, Chirata, Karela, Indrajav, Amla, Gokshur, Harde, Jambubij, Methi, Neem patti, Chanraprabha, Arogyavardhini, Harida, Bang bhasma, Devdar</i> | Streptozotocin-induced model | 63 |
| MAC-ST/001 | <i>Azadirachta indica, Caesalpinia Bonducella, Momordica charantia, Syzygium cumini, Trigonella F-graecum</i> | streptozotocin-induced model | 64 |
| Dia-2 | <i>Allium sativum, Lagerstroemia speciosa</i> | 3T3-L1 cells | 65 |
| Sr10 | <i>Radix astragali, Radix codonopsis, Cortex lycii</i> | Type 2 diabetic mice | 66 |
| Diakyur | <i>Cassia auriculata, Cassia javanica, Gymnema sylvestre, Mucuna pruriens, Salacia reticulata, Syzygium jambolanum, Terminalia arjuna</i> | Alloxan-induced model | 67 |
| Karnim plus | <i>Azadirachta indica, Momordica charantia, Ocimum sanctum, Picrorrhiza kurroa, Zingiber officinale</i> | Alloxan-induced model | 68 |
| PHF | <i>Azadirachta indica, Gymnema sylvestre, Momordica charantia, Syzygium cumini, Trigonella foenum</i> | Alloxan-induced model | 69 |
| 5EPHF | <i>Aegle marmelos, Murraya koenigii, Aloe vera, Pongamia pinnata, Elaeodendron glaucum</i> | Alloxan-induced model | 70 |
| PHF | <i>Eugenia jambolana, Gymnema sylvestre, Momordica charantia, Mucuna pruriens, Trigonella Foenum graecum, Withania somnifera</i> | 93 diabetic patients | 71 |
| Diabecon (d-400) | <i>Asparagus racemosus, Balsamodendron Mukul, Eugenia jambolana, Gymnema Sylvestre, Momordica charantia, Ocimum Sanctum, Pterocarpus marsupium</i> | 30/ 43 diabetic patients | 72, 73 |
| PHF | <i>Aloe vera, Cocos nucifera, Curcuma longa, Glycyrrhiza glabra, Musa paradisiacal, Pandanus odoratissimus</i> | 20 patients | 74 |
| Glucoselevel | <i>Atriplex halimus, Juglans regia, Olea europea, Urtica dioica</i> | 16 patients | 75 |
| Diamed | <i>Azadirachta indica, Cassia auriculata, Momordica charantia</i> | Alloxan-induced model | 76 |
| Mersina | <i>Gymnema sylvestre, Momordica charantia, Syzium cumini, Phyllanthus emblica, Trigonella foenum graecum, Coccinia indica, Tinospora cordifolia, Melia azadirachta, Javakhar, Cassia auriculata</i> | Cholesterol, TGL, SGPT, SGOT, ALP, BUN, creatinine, glucose | 77 |
| Byesukar | <i>Cassia auriculata, Eugenia jambolana, Thespesia populnea</i> | Alloxan-induced model | 78 |
| Diashis | <i>Syzygium cumuni, Gymnema sylvestre, Holarrhena antidysenterica, Tinospora cordifolia, Pongamia pinnata, Asphultum, Psoralea corylifolia, Momordica charantia</i> | Streptozotocin induced model | 79 |
| APKJ-004 | <i>Eugenia jambolana, Cinnamomum zeylenicum</i> | Streptozotocin induced model | 80 |
| Madhumeh | <i>Musta, Daruharidra, Arjuna, Khadir, Lodhra, Guduchi, Patol, Vata, Udumbar, Gudmar, Asana, Shilajit, Kumbha, Nimba</i> | Streptozotocin- nicotinamide induced model | 81 |
| Li85008f or Adipromin | <i>Moringa olefera, Murrya koenigii, Curcuma longa</i> | Insulin sensitivity linked with obesity | 82 |
| Niddwin | <i>Tinospora cordifolia, Gymnema sylvestre, Terminalia tomentosa, Tribulus terrestris, Emblica officinalis, Mucuna pruriens, Sida cordifolia, Withania somnifera, Terminalia belerica, Terminalia chebula, Momordica charantia</i> | Alloxan induced model | 83 |
| BCB | <i>Aloe vera, Acinos ravens, Chenopodium murale, Cinnoamomum aromaticum, Citrus aurantifolia</i> | Lipid peroxidation assay | 84 |
| SH-01D | <i>Tinospora cardifolia, Salacia reticulata, Aegle marmelos, Melia azadirachta, Cyprus rotundus, Syzygium cumini, Phyllanthus emblica, Curcuma longa, Vanga bhasma</i> | Dexamethasone and fructose-induced insulin resistance | 85 |
| Mehaharadashem ani | <i>Haritaki, Amalaki, Bibhitaki, Guduchi, Haridra, Kiratatikta, Karavellaka, Asana, Meshashringi, Hatavar</i> | Reduced blood sugar level | 86 |
| Dianex | <i>Gymnema sylvestre, Eugenia jambolana, Momordica charantia Azadirachta indica, Cassia auriculata, Aegle marmelose, Withania somnifera, Curcuma longa</i> | Streptozotocin induced model | 87 |
| Some polyherbal formulation in market to treat diabetes ex. Diabecon, Diasulin, Pancreatic tonic 180 cp, Ayurveda alternative Herbal formula to Diabetes, Dia-care, Diabetes-daily care, Diabecure, Diabeta, Syndrex ⁸⁸ . | | | |
| Antihistaminic activity | | | |
| HK-07 | <i>Curcuma longa, Zingiber officinale, Piper longum, Emblica officinalis,</i> | Active anaphylaxis model in rats. | 89 |

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|------------------------------|---|---|-----|
| | <i>Terminalia bellerica, Ocimum sanctum, Adhatoda vasica, Cyperus rotundus</i> | histamine-induced in guinea pigs | |
| KOB0 ₃ | <i>Atractylodis rhizoma, Astragali radix, Saposhnikoviae radix, Osterici radix, Scutellariae radix</i> | Systemic anaphylaxis, ovalbumin-induced allergic rhinitis | 90 |
| Unani eye drop | <i>Berberis aristata, Cassia absus, Coptis teeta, Symplocos racemosa, Azadirachta indica, Alum and distillate of Rosa damascene</i> | Isolated guinea pig ileum | 91 |
| Novel polyherbal formulation | <i>Adhatoda vasica, Clerodendrum serratum, Curcuma longa, Solanum xanthocarpum, Piper longum</i> | Mast cell degranulation, triple antigen-induced anaphylaxis in rats | 92 |
| Bharangyadi | <i>Clerodendrum serratum, Hedychium spicatum, Inula racemosa</i> | Histamine induced model | 93 |
| Ashmi | <i>Ganoderma lucidum, Sophora flavescens, Glycyrrhiza uralensis</i> | Th2 cytokine secretion, eotaxin -1 secretion | 94 |
| AKL1 | <i>Picrorrhiza kurroa, Apocynin, Picrorrhiza kurroa, Zingiber officinale, Ginkgo biloba.</i> | RDBPC cross-over study | 95 |
| CUF2 | <i>Astragalus mongholius, Cordyceps sinensis, Radix stemonae, Bulbus fritillariae, Radix scutellariae</i> | Double-blind, placebo-controlled trial | 96 |
| Pentapala-04 | <i>Adhatoda vasica, Ocimum sanctum, Coleus aromaticus, Glycyrrhiza glabra, Alpinia galangal</i> | Al(OH) ₃ induced lung damage | 97 |
| Bresol, (Hk-07) | <i>Curcuma longa, Ocimum sanctum, Adhatoda vasica, trikatu, Triphala, Embelia ribes, Cyperus rotundus, Cinnamomum zeylanicum, Elettaria cardamomum, Cinnamomum tamala, Mesua ferrea</i> | Phase III clinical trial | 98 |
| E-721B | <i>Rhus succidanea, Solanum xanthocarpum, Tylophora indica, Albizzia lebeck, Glycyrrhiza glabra, Achyranthes aspera</i> | Acetylcholine induced bronchospasm in guinea pigs | 99 |
| Antioxidant activity | | | |
| Bharangyadi | <i>Clerodendrum serratum, Hedychium spicatum, Inula racemosa</i> | ABTS, superoxide anion, lipid per-oxidation assay | 100 |
| AVS022 | <i>H. perforate, C. micracantha, C. indicum, F. racemosa, T. triandra</i> | HaCaT cells line | 101 |
| PHF | <i>Achillea millefolium, Hyssopus officinalis, Equisetum arvense, Echinacea purpurea</i> | DPPH, ABTS assays | 102 |
| NR-ANX-C | <i>W. somnifera, O. sanctum, C. sinensis</i> | Haloperidol-induced catalepsy, brain SOD | 103 |
| AO-8 | <i>Mangifera indica, Glycyrrhiza glabra, Vitis vinifera, Syzygium aromaticum, Emblica officinalis, Daucus carota</i> | lipid peroxidation | 104 |
| PHF | <i>Cajanus cajan, Lawsonia inermis, Mimosa pudica, Uraria picta, Operculina turpethum</i> | Glutathione, superoxide dismutase, lipid peroxidation | 105 |
| Triglize | <i>Terminalia arjuna, Cissus quadrangularis, Boerhaavia diffusa, Commiphora mukul, Phyllanthus embilica, Terminalia bellerica, Terminalia chebula, Tribulus terrestris, Allium sativum, Trigonella foenum graecum</i> | DPPH, LPS-induced free radicals | 106 |
| Panchvalkala | <i>Ficus benghalensis, F. glomerata, F. religiosa, F. virensand, Thespesia populnea</i> | DPPH, reducing power assay | 107 |
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| Jati kalpa ghrita | <i>Jasminum officinale, Azadirachta indica, Stereospermum suaveolens, Hemidesmus indicus, Pongamia pinnata, Vetiveria zizanioides, Glycyrrhiza glabra, Rubia cordifolia, Symplocos racemosa, Curcuma longa, Berberis aristata, Nelumbo nucifera, Woodfordia fruticosa, Copper sulphate</i> | Excision wound model | 199 |

CONCLUSION

In the rising countries increased cost of medicine as well as their side effects has become a great task when the public health is concerned. The scientific advancement carries with it the improvement in polyherbal formulations, through the study of various phytoconstituents and discovery of useful herbs combinations which work synergistically to produce desirable effect. Although polyherbal formulation is commonly used in many parts of the world, but scientifically it has not been explored. PHFs provide treatment of diseases in a holistic approach. The scientific advancement carries with it the improvement in Ayurvedic formulation of PHFs, through the study of various phytoconstituents and discovery of useful herbs combinations, which work synergistically to produce desirable effect. Many herbal therapies are still under *in vivo* evaluation and have not been evaluated by clinical trials. Moreover, safety evaluations such as toxicological studies have not performed. There is need of time to evaluate polyherbal formulation using scientific methods such as clinical trial, possible bioactive compounds and mechanism of action for the future world. Only with correct and rational use, PHFs can exert the best effect in human health. This review reveals the diversity of polyherbal formulation which have been using for long time traditionally as well as in dosage form.

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