



Review Article

Western herbal remedies for Urinary Tract infections

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Abstract

Fourteen medicinal plants native to North America and Europe traditionally used for treatment urinary tract infections (UTIs) were reviewed for their traditional uses, pharmacological activities, Active compounds responsible for its therapeutic potential, mechanism of action of its active compounds and In Vitro and In Vivo studies of its activity in treatment of UTIs. Those medicinal plants were Junipers (*Juniperus spp.*), Uva ursi (*Arctostaphylos uva-ursi*), Rosemary (*Rosmarinus officinalis*), Goldenrod (*Solidago canadensis*, *S. virgaurea* and *S. gigantea*), Common nettle (*Urtica dioica*), Dandelion (*Taraxacum officinale*), Cranberry (*Vaccinium macrocarpon*), Corn silk (*Stigma maydis*), Couch grass (*Agropyrum repens*). Marshmallow root (*Althaea officinalis*), Hosretail (*Equisetum arvense*), Goldenseal (*Hydrastis canadensis*). Buchu (*Agathosma betulina* and *A. crenulata*) and Oregon grape (*Mahonia aquifolium*). All of those medicinal plants found to have various pharmaceutical activities making it potent herbal remedies for UTIs in addition to various human diseases.

Introduction

Urinary Tract Infections (UTIs) are one of the most common bacterial infections, with a frequency of 50%-60% in mature females [1] Urinary tract infections could be uncomplicated or complicated. Uncomplicated UTIs affects individuals with no neurological or structural deformities in urinary tract . Uncomplicated UTIs could be separated into infection of lower UTIs (cystitis) and upper UTIs (Pyelonephritis) [2]. Underlying factor for cystitis are gender, former UTI infection, genetic susceptibility, vaginal infection, sexual activeness, overweight and diabetes [3], whereas uncomplicated UTIs arises from presence of factors debilitates host immune defenses including renal transplantation, renal failure, urine retention due to neurological disorders, immunosuppression, presence of foreign bodies with urinary tract like indwelling catheters [4]. In the United states, the indwelling catheters results in 70-80% of complicated UTIs [5] with a total of one million cases per year [6]. Etiology of UTIs includes Gram- negative , gram- positive and fungi. Uropathogenic *Escherichia Coli* (UPEC) is the most common bacterial of all types of UTIs. In the cases of Uncomplicated UTIs, UPEC is followed in frequency

by *K. pneumoniae*, *S. saprophyticus*, *Enterococcus faecalis*, Group B *Streptococcus* (GBS), *Proteus mirabilis*, *Pseudomonas aeruginosa*, *Staphylococcus aureus* and *Candida spp.* [7], whereas in complicated UTIs, UPEC is followed in frequency by *Enterococcus spp.*, *K. pneumoniae*, *Candida spp.*, *S. aureus*, *P. mirabilis*, *P. aeruginosa* and GBS [8].

The emergence and exacerbation of the bacterial drug resistance problem, beside other problems of antibiotic therapy as the adverse effects of hepatotoxicity, nephrotoxicity, ototoxicity, mutagenicity and carcinogenicity; immunosuppression; eradication of beneficial gut and mucosal surfaces flora and allergic reactions [9], made most of antibiotics worthless in treatment of many cases of UTIs and directed global attention towards finding new therapeutic alternatives.

Herbal medicine is the most important alternative therapy for classical antibiotics. Scientific research on herbal medicine confirmed the therapeutic activity of vast majority of medicinal plants known in traditional medicine of different areas worldwide for their activity in treatment microbial infections and different human diseases [10,11].

Medicinal plants in Western herbal medicine

Medicinal plants in Western herbal medicine are those plants native to North America and Europe and know traditionally to have therapeutic potential towards cases of UTIs. Fourteen medicinal plants were selected to be reviewed according to their traditional use, Pharmacological activities, Active compounds responsible for their therapeutic potential, mechanism of action of their active compounds and In Vitro and In Vivo studies of their activity in the treatment of UTIs.

Junipers. Junipers are coniferous trees and shrubs of the *Juniperus* of the family Cupressaceae. This genus contains about 50 and 67 species of junipers that are distributed throughout the northern hemisphere [12]. The antibacterial activity of different species of the genus *Juniperus* was studied for *J. communis* [12], *J. procera* [13], *J. excelsa* [14], *J. phoenicea* [15] and *J. thurifera* [16].

Extracts of berries, aerial parts, fruit and bark of different species of this plant showed anti-bacterial activity towards G+ and G- bacteria and anti-fungal activity besides other beneficial biological activities as hepatoprotective activity [17], (Manvi and Garg, 2010), anti-inflammatory activity [18], anti-oxidant activity [19], anti-diabetic and anti-hyperlipidemic activity [20], analgesic activity [21], Anti-malarial activity [22], anti-cataleptic activity [23], neuroprotective activity [24] and anti-hypercholesterolemic activity [25].

The essential oil of berries of *J. communis* showed strong to moderate antimicrobial (Antibacterial and anti-fungal) activity [26,27], whereas Leaves Essential Oil (LEO) showed no or weak antimicrobial activity [28,29]. Solvent and aqueous extracts of *J. thurifera* leaves showed anti-bacterial activity towards only gram-positive bacteria as *S. aureus*, whereas all extracts exhibited anti-oxidant activity against 2,2-diphenyl-1-picrylhydrazyl (DPPH) radical [16].

Uva ursi. The scientific name of this plant is *Arctostaphylos uva-ursi*. The common name for this species is Kinnikinnick in Canada and United States, and it is one of several related species referred to as bearberry. The meaning of the species name in Latin (*uva ursi*) is "grape of the bear" which is similar to the meaning of the genus *Arctostaphylos* that means "bear grapes". This herb is found in Europe and northern America. Leaves of this plant have long been used as urinary anti-septic and diuretic for the treatment of UTIs. The leaf extract of *A. uva-ursi* has been approved for the treatment of UTIs in Germany by the German Federal Institute for Drugs and Medical Devices. It is an Over-the-Counter (OTC) drug in the United Kingdom, United States [30]. It is reported that leaf extract of *A. uva-ursi* has anti-septic, astringent and anti-inflammatory properties [31].

Little, et al. (2010) reported on their screening of 309 women suffering from UTIs that those who used Uvacin (an over-the-counter product including *uva-ursi*) showed faster recovery duration compared with non-users of this product. Only 14% of women were taken Uvacin under an advice, whereas only 1% without an advice [32]. Also, results from a clinical trial on 57 women suffering from recurrent UTI that

UVA-E product, which composed of water and alcohol extracts of leaves of *A. uva-ursi* and root extract of dandelion (*Taraxacum officinale*) showed that this product was effective in the prevention of recurrent UTIs [33].

Leaf extract of this plant includes a set of compounds as hydroquinone glycosides (mainly arbutin), flavonoids, tannins and terpenoids, and iridoids, but the antibacterial activity towards a variety of pathogens including *E. coli*, the most causative agent of UTIs, was attributed to Arbutin (Figure 1) [31].

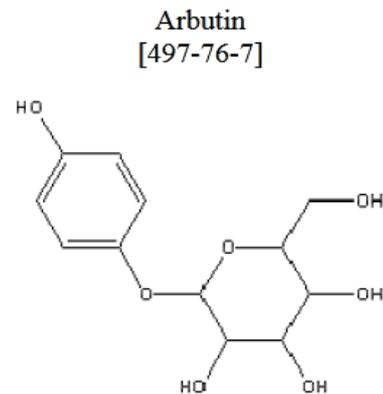


Figure 1: Arbutin, extracted from leaf of *Arctostaphylos uva-ursi* [30].

Arbutin is transformed to Hydroquinone (HQ) that exhibited anti-microbial, disinfectant and anti-oxidant activities. It is also a blocker for melanin production, and thus used in drug formulations for the treatment of skin cancer and in cosmetic products for skin-lightening [34,35] (Fujiwara and Suzuki, 1995 pat. appl.; Patrice, 1998 pat.). In a study of an experimental UV-induced pigmentation of the forearm of 15 Korean men volunteers (aged 23-27 years old), the hyperpigmentation was suppressed in 43.5% of cases by using arbutin in a concentration of 100 mg/g [36].

Rosemary. *Rosmarinus officinalis* belongs to the family Lamiaceae. It is popular as a spice and medicinal plant in many countries. Extracts of it have been found to have antibacterial, antifungal, antioxidant, anticancer, antidiabetic, anti-inflammatory and analgesic effects [37-41].

The antimicrobial activity of *R. officinalis* is attributed to diverse compounds such as phenolic compounds, rosmarinic acid, caffeic acid, carnosol, flavonoids including diosmin, zincquanine, luteolin and monoterpenes such as camphor, cineole and borneol [42].

Rosemary is one of the most plant species that has a high level of anti-oxidant activity making it the most powerful plant in fighting bacteria and cancer. The level of anti-oxidant activity varies in plant samples owing to variation in individual genetic variation, growth conditions, geographical properties, climatic conditions, method of extraction, quality of plant and harvest date [43]. Rosemary is found to have immunoboosting properties, in addition to its remarkable antibacterial activity, making it so effective in the treatment of bacterial infections [44].



Extracts of rosemary has been found more active towards gram-negative bacteria as than gram-positive bacteria. These extracts are active against many important pathogens as *E. coli*, *P. mirabilis*, *P. vulgaris*, *K. pneumoniae*, *P. aeruginosa*, *S. aureus*, *S. epidermidis* and *B. subtilis* [45-47].

Goldenrod. The scientific name of Canadian goldenrod is *Solidago canadensis*. It is an perennial herbaceous plant belongs to family Asteraceae. This herb is native to northeastern and north-central regions of North America, but it is invasive in other parts of North America, Europe and Asia. It is mostly grown as ornamental in flower gardens [48].

Goldenrod is generally used for treatment of UTIs, Urolithiasis and prostate diseases. Alos, it is used for treatment of many other diseases as rheumatism, arthritis and skin diseases as eczema [49-51].

The extracts of *S. canadensis*, *S. virgaurea* and *S. gigantea* exhibits 6 major pharmacological activities as anti-bacterial, anti-inflammatory, immunomodulatory, anti-spasmodic, analgesic and diuretic effects making these extracts an optimal herbal option for treatment of urinary tract infection [52,53].

A Non-randomized clinical trial study for the efficacy of extracts of *S. virgaurea* on treatment human cases of cystitis and irritable bladder by complex therapy with chemical drugs and extracts of *S. virgaurea* showed 90-100% increasing in the effectiveness of therapy, acceleration of recovery and reduction of likelihood of relapses with only 0.3% side effects in study population [54].

The antibacterial activity of *S. virgaurea* was attributed to clerodane diterpenes, solidagoic acids C-I, cleroda-3,13(14)-dien-16,15:18,19-diolide and cleroda-3,13(14)-dien-15,16:18,19-diolide extracted and characterized after extraction by ethanol-ethyl acetate in a ration of (1:1) with extract of *S. virgaurea* Figure 2 [55].

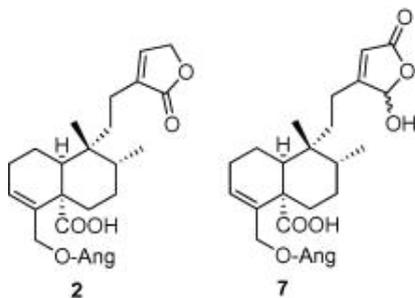


Figure 2: Cloredano diterpens isolated, purified and characterized by extraction of *S. virgaurea* with ethanol-ethyl acetate (1:1) [54].

Extraction of aboveground parts of 3 species of *Solidago* (*S. canadensis*, *S. gigantea* and *S. virgaurea*) by ethanol and hexane showed potent activity of such extracts towards Gram-positive bacterial pathogens of *S. aureus*, *S. faecalis*, *B. subtilis*, and Gram-negative pathogens of *E. coli*, *K. pneumoniae* and *P. aeruginosa*. The ethanolic extracts of *S. canadensis* showed strongest activity

towards Gram-positive bacteria with minimal inhibitory concentration of 5-10 mg/ml, whereas ethanol extracts of *S. canadensis* and *S. gigantea* showed strongest activity towards Gram-positive bacteria too with minimal inhibitory concentration of 5-10 mg/ml [50].

Solvent and aqueous extracts of *S. canadensis* of rhizome and areal parts showed potent anti-oxidative activity by using three methods of assay of, Phosphomolybdenum assay, DPPH radical scavenging activity and lipid peroxidation assay. Extracts of areal parts with ethyl acetate and diethyl ether were most potent in equal measure, but reaction was slower in the case of diethyl ether assay. For rhizome extracts, The most potent anti-oxidative activity resulted from extract of ethyl acetate followed by extracts of butanol, diethyl ether, water and n-hexane, respectively [56].

The Essential Oils (EOs) of *S. canadensis* were tested for its antimicrobial activity towards plant fungal and bacterial pathogens and showed high activity towards most of plant fungal and bacterial pathogens [57].

Common nettle. Stinging nettle and nettle leaf are common names of *Urtica dioica* [Urticaceae]. This plant is worldwide distributed but it is native to Europe, much of temperate Asia and western North Africa. This species divided into 6 subspecies, 5 of them harbored stinging hollow hair on leaves and stems called trichomes, which act as hypodermic needles to inject " histamine " in human skin causing a stinging sensation up on contact that called " contact urticarial", a form of contact dermatitis [58].

Common nettle has many pharmacological activities, which are anti-oxidant activity, Anti-diabetic activity, Hepatoprotective activity, Anti-hyperlipidemic Activity, Diuretic Activity, Antiviral Activity, Antimicrobial Activity, Cardiovascular Effect, Anti-inflammatory, Analgesic and Anti-arthritis Activity, Immunomodulatory Activity, Anthelmintic Activity, Effect on Benign Prostatic Hyperplasia, Anticancer Activity, Hypotensive Effect [59].

Many of pharmacological activities of common nettle made it an ideal herbal remedy for UTIs and many other human diseases. Extracts of this plant showed antibacterial activity towards G+ and G- pathogens as *S. pyogenes*, *S. aureus*, *S. epidermidis*, *E. coli*, *P. aeruginosa* and *K. pneumoniae*, but it is highly active against G+ bacteria [60-63]. The flavonoids patuletin isolated from extracts of this plant showed high antimicrobial activity towards bacterial and fungal pathogens with MIC of 0.001, 0.002 and 0.02 g/ml for *C. albican*, *S. faecalis* and *S. aureus*, respectively Figure 3 [64].

The aqueous extract of whole plant found to have diuretic and natriuretic activity in rabbits [65]. Aqueous extracts of areal parts of this plant given orally at small dose (4 mg/kg/h) and big dose (24 mg/kg/h) resulted in an elevation of diuresis of 11 and 84%, respectively, and natriuresis of 28 and 143%, respectively, which indicated for potential diuretic activity [66]. The ethanolic extracts of this plant at dose 1 g/kg (p.o) had no diuretic activity, but in dose of 500 mg/kg (i.p), it resulted

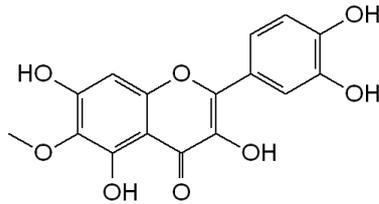


Figure 3: Patuletin extracted from *Urtica dioica* that has antibacterial and antifungal activity [58].

in increased urine output [67]. In rat model, an increase of 20% in urine production was reported after administration of oral dose of 1g/kg of 10% decoction of leaves powder [67]. The diuretic activity of nettle leaf is approximately equal to 25% of that achieved by hydrochlorothiazine (25 mg/kg) [68].

A methanolic extract of aerial parts of this plant was assayed for its anti-urolithiatic activity in a rat model of renal stone induced by ethylene glycol and ammonium chloride. In control group, results showed an increase in urinary calcium oxalate and creatinine levels in addition to increased level of renal deposition of calcium, oxalate and creatinine, whereas in treatment group with ethanolic extracts of this plant, a significant decrease in urinary level of calcium and oxalate and significant decrease in the level renal deposition of calcium and oxalate [69].

Dandelion. The *Taraxacum spp.* is commonly named dandelion. It perennial herbaceous plant of family Asteraceae (Compositae). Dandelion is corruption of the French "*dent de lion*", meaning "lion's tooth due to shape of toothed margins of leaves. The genus is native to Eurasia and North America [70].

Extracts of different parts of Dandelion of roots, leaves and flowers had various biological activities or pathological state in which activity has been documented as anti-oxidant activity, anti-inflammatory, anti-hyperlipidemia activity, anti-hyperglycaemic activity, anti-cancer activity, thrombosis and ischaemia, liver disorder, gastroenterology, antibacterial and antiviral activity, analgesic activity, immunomodulatory activity and urinary disorders [71].

Hexane extract of *T. officinale* leaves showed high antibacterial activity against *S. aureus* with MIC of 200 µg/ml, moderate activity towards *E. coli* and *K. pneumoniae* with MIC of 400 µg/ml and low activity towards against *P. mirabilis* with MIC of 800 µg/ml [72].

Similar results were reported with methanol hydrophobic crude extract of *T. officinale*. Methanol extract of *T. officinale* showed strongest activity against *S. aureus* and *B. subtilis* [73].

Dandelion leaf extract has potent diuretic activity as those of furosemide [74]. Dandelion exhibits high diuretic activity much more than those of other herbs as equisetum and juniper berry [75,76].

A clinical trial study on human for confirmation of diuretic activity of dandelion leaves showed that ethanol extracts

of dandelion exerted diuretic action on sample size of 17 volunteers [77].

Cranberry. *Vaccinium macrocarpon* known as large Cranberry or American cranberry belongs to the family Ericaceae. It is an evergreen groundcover shrubs that grow up to four meters. Cranberry is native to North America. Its flower is pink colored and berries are reddish black in color. This plant is widespread throughout cool temperature northern hemisphere [78].

Cranberry used by native American Indians for treatment of UTIs [79]. Chemical composition of cranberry fruit is water (Up to 88%), Catechins, anthocyanidins, Flavonoids, Triterpenoids, in addition to high concentration of Vitamin C of about 200 mg / kg of fresh fruit [79]. The anthocyanidins and proanthocyanidins (PAC) are responsible for plant defense against microbes [79,80]. Numerous studies reported a connection between administration of Cranberry and prevention of UTIs [80–84]. The underlying mechanism of ability of cranberry in prevention and treatment of UTIs is based on prevention of bacterial adherence to uroepithelial cell, hence, stop colonization and invasion of bacterial pathogens. This property is attributed to two components of cranberry, Fructose and proanthocyanidins (PACs). The Fructose blocks type 1 fimbriae (Mannose sensitive) and PACs blocks P fimbriae (mannose resistant). PACs are subdivided into Type A and B. Only Type A, that present in Cranberry, can block P fimbriae. Figures 4,5 [85].

Cranberry products are available commercially now at different pharmaceutical forms as capsules, pills, Juice, syrup and lozenges. Hundreds of cranberry products are available now as cranberry alone or with other components as a herbal remedies for treatment of UTIs.

corn silk (*Stigma maydis*). *Zea mays* L. [Family Gramineae]. Native to central parts of America and distributed along parts of North America, and distributed to all over the world [87]. Corn silk (CS) or stigmas is the yellowish threads extends from female flower of *Z. mays* [88]. Historically, the native Indian

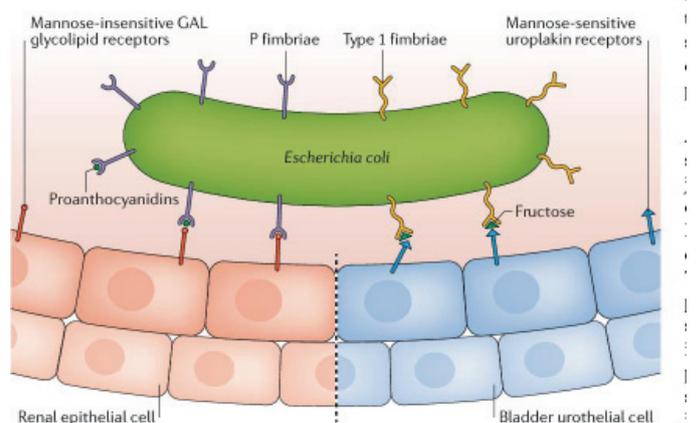


Figure 4: Mechanisms of action of anti-adhesive activity of Cranberry. On Renal epithelial cells (Pink cells), Proanthocyanidins binds P fimbriae and prevent it from binding to Mannose-insensitive GAL glycolipid receptors. On bladder epithelial cells, Fructose binds to Type 1 fimbriae preventing it from binding to Mannose-sensitive uroplakin receptors [85].

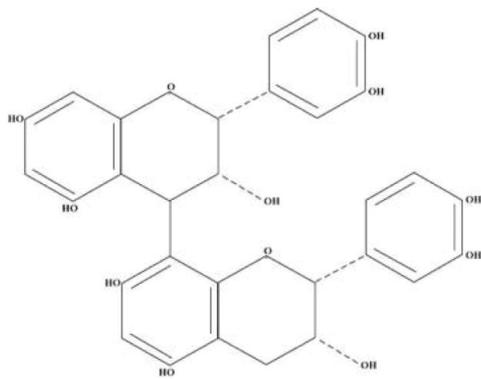


Figure 5: Proanthocyanidin.

American used CS for treatment of UTIs beside treatment of malaria and heart problem (?). It is used traditionally worldwide for treatment of different diseases related with genitourinary system as cystitis, prostate disorders, renal stones, urinary infections and bedwetting [89-92].

CS has many pharmacological activities as antioxidant activity [93,94], Kaliuresis and Diuresis Effect [91], Hyperglycemia Reduction [95], Anti-depressant Activity [96], Anti-hyperlipidemic Effects [97], Anti-diabetic Effects [96], Anti-inflammatory Activity [98], Neuroprotective Effects [99].

Alam (2011) reported that CS had no anti-bacterial action towards G+ and G- bacteria [100], but many other studies confirmed high antibacterial activity towards Gram-positive pathogens [101-103].

Many compounds present in CS extracts with different solvents active against different bacterial and yeast pathogens. Flavonoid glycosides are amongst the most potent antibacterial compounds in CS. Two compounds of flavonoid glycosides were isolated and tested towards bacterial pathogens and *Candida albicans*. Figure 6. Those compounds were found to active towards G- bacterial pathogens like *P. aeruginosa*, *P. mirabilis*, *P. vulgaris*, *Shigella sonnei*, *Sh. flexneri*, *Salmonella paratyphi*, *S. typhi*, and G+ pathogens like *S. aureus*, *B. subtilis*, *B. cereus* and *Enterobacter aerogenes*, but not against *E. coli* and *Candida albicans* [102].

A Clinical trial study on 42 volunteer patients for treatment

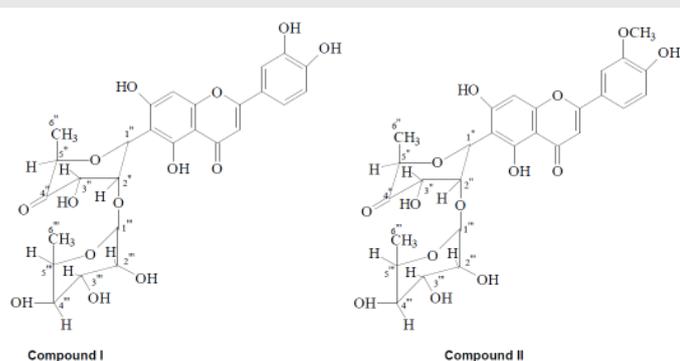


Figure 6: Chemical structure of two flavonoid glycosides isolated from solvent extraction of corn silk by methanol and fractionation with n-butanol. Compound I: is Maysin, Compound II: is maysin-3'-methyl ether [101].

of UTIs by oral administration of aqueous extracts of CS showed significant decrease in symptoms of UTIs accompanied with decrease in urine content of Pus cells, Red blood cells and Crystals with no side effects reported during study period. Those results were indicated for the efficacy and safety of CS extract in treatment of UTIs [104].

Couch grass [*Agropyrum repens*]. A perren. Or Common couch is, a perennial herb native to Most parts of Europe, Arctic region, Asia and northwest parts of Africa [105]. Extracts of rhizomes of this grass used traditionally in Europe as a remedy for uncomplicated urinary tract infection [106]. The European Medicines Agency published on 2011 that couch grass has diuretic activity and it is beneficial in the cases of minor urinary complaints to increase the flow of urine to alleviate pain related with such complaints [107].

Animal Rat model confirmed the diuretic activity of couch after oral and intra-peritoneal administration of aqueous extracts of this plant [108]. Two uncontrolled clinical studies showed positive effects of hydrochloric extracts of couch on cases of cystitis, irritable bladder, urethritis and prostatitis [109] in addition to cystitis and prostatic adenoma [110].

Various pharmacological properties of couch were reported including hypoglycemic activity [111], anti-hyperlipidemic activity [112], Anti-inflammatory activity [113] that is comparable to activity of glucocorticoid activity [114] and diuretic activity [115] and Anti-adhesive activity [116].

The diuretic activity of couch is attributed to sugar " Mannitol " present in high percentage of chemical constituents in this herb, and it is called as an 'osmotic diuretic' as it is absorbed totally from large intestine and excreted largely from kidney tubules, hence, kidney tubules excreted large amounts of water to maintain osmotic pressure. Besides, Vanillin and saponins present in Couch extract results in diuretic effects. Both of anti-adhesive and diuretic activities of couch results in flushing out bacterial pathogens in cases of UTIs [115]. The commercial product for the fluid extract of rhizomes of couch grass (Acorus® drops) directed for treatment of UTI or irritable bladder were monitored for its efficacy on clinical cases. Results of treatment of 313 patients for duration of 12 days with 50-60 Acorus® drops showed that 69-91% of patients were relieved during therapy course and between 32-53% of patients were recovered completely from all symptoms of their disease. Acorus® drops was well tolerated from patients with no side effects seen in any patients towards that drops making it an effective and safe therapy for UTI and irritable bladder [109]. In an open clinical trial of ethanolic extract of couch (60 drops ×3 times daily) for 28-31 days on 99 volunteer patients with micturition disorders. Results showed that symptoms of dysuria, nycturia, urge incontinence owing to presence of prostatitis or adenoma of prostate or cystitis were mostly reduced in 44.4 to 100% of patients. Urinalysis showed all parameters of blood cells, pus cells, protein and epithelial cells were normalized and 96% of patients confirmed that this therapy is good or very good while no adverse effects reported in any case [109].



The an acetone extract (AAE) of couch showed significant anti-adhesive activity towards T24 bladder cells at concentration of 250 µg/ml. Bioassay fractionation of AAE revealed that the compound hexadecyl-coumaric acid ester ((E)-hexadecyl-3-(4-hydroxyphenyl)-acrylate) was responsible for the anti-adhesive activities of AAE of couch by specific invasion assay [106].

Marshmallow root. *Althaea officinalis* L. (Malvaceae) known as marshmallow and althaea, is a perennial herb about 60–120 cm high. Marshmallow is native to USA, Asia and Europe [116]. Traditionally it is used for treatment of different infectious and inflammatory diseases of skin, gastrointestinal and urinary tracts [117].

Various pharmacological activities were reported for *A. officinalis* as Anti-complement activity [118], Anti-inflammatory and immunostimulant activity [118,119], Antitussive activity [120], Antiviral activity [121], Antioxidant activity [122], Antimicrobial activity [123], Antibiofilm activity [124], Antifungal activity [123], Cytotoxic activity [121], Antitubercular activity [125], Hypoglycemic effect [126].

Extracts of *A. officinalis* found to be active towards Gram-positive bacteria as *S. aureus* but not towards Gram-negative bacteria [127]. Water extracts of aerial parts of *A. officinalis* and *A. cannabina* exerted anti-bacterial action towards food-borne bacteria of Gram-positive bacteria and Gram-negative bacteria of *Bacillus* spp., *Enterobacter hormachei*, *Kocuria rosea* and *Acidovorax facilis* [128]. Extracts of aerial parts of *A. officinalis* showed varying degrees of antibacterial effects *S. aureus* and *St. agalactiae*, *E. coli* and *K. pneumoniae*, but most powerful effects were towards *E. coli* and *K. pneumoniae* [129].

Horsetail (*Equisetum arvense*). Commonly known as common horsetail or field horsetail is a perennial fern of family Equisetaceae. Native to the arctic and temperate parts of northern hemisphere, particularly Europe [130]. Traditionally it is indicated in the cases of suppressed urination accompanied by blood and severe pain during urination (dysuria) [131].

Horsetail has many pharmacological properties as antioxidant and anti-inflammatory activity [132], diuretic activity ([132], anti-bacterial activity [130,133], Anticancer activities [134,135].

Ethanol and water extracts of *E. arvense* showed anti-bacterial activity towards bacterial pathogens of UTIs as *E. coli*, *K. pneumoniae*, *P. mirabilis*, *P. aeruginosa*, *S. aureus*, *S. saprophyticus*, *Enterococcus faecalis*. Ethanolic extracts had higher antibacterial activity than aqueous [133].

Rat animal model for treatment of experimental UTI with a food containing 0.2% ethanolic root extract of *E. arvense* in one group, and only regular food in another as a negative control was studied. Results for cystometry with acetic acid study of two groups showed that administration of root extract resulted in decrease in bladder muscle contraction in treatment group comparing with control group. Levels of adrenaline and noradrenaline hormones in rat plasma were much more lower

in treatment group than those of control group. Furthermore, levels of urinary adenosine triphosphate in treatment group were smaller than those of control group. These results approved efficacy of ethanolic extracts of horsetail in affecting activity of bladder by decreasing urinary adenosine triphosphate making it effective therapeutic option for diseases of urinary tract [136].

Goldenseal (*Hydrastis canadensis*). Belongs to family Ranunculaceae. It is native to north America and found naturally from Ontario to Arkansas, up to Southern regions of United states to Georgia and north to Quebec [137].

Numerous studies confirmed that extracts of *H. canadensis* have antibacterial activity towards bacterial pathogens *In Vitro* and *In Vivo* [138–142]. The antibacterial activity of *H. canadensis* is attributed to the alkaloid compounds, berberine [142,143], that has antibacterial activity against Gram-positive pathogens, including MRSA [144]. Root extract are rich in alkaloids as berberine, hydrastine and canadine. Figure 7. [145]. Root/leaf extract of goldenseal showed anti-bacterial activity towards *S. aureus* and *Campylobacter jejuni*, whereas showed minimum impact towards beneficial bacterium *Lactobacillus acidophilus* [146].

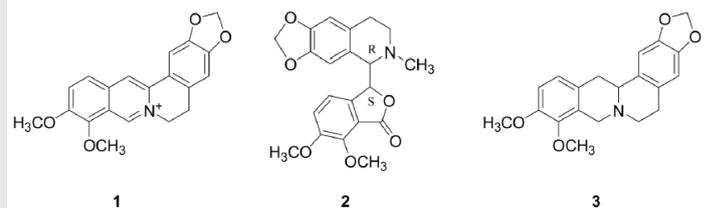


Figure 7: Three alkaloids of root extract of *Hydrastis canadensis*. 1) Berberine . 2) Hydrastine. 3) Canadine (tetrahydroberberine) [144].

The efflux pump inhibitory activity in *H. canadensis* is associated with areal part extracts [145]. Five bands in thin layer chromatography and Bio-autographic studies were related to the efflux pump inhibition activity. The chemical identity of those bands could not be diagnosed with GC/MS due to its volatility, but LC/MS analysis revealed a list of possible compounds in those bands [146].

Inhibition of efflux pumps is very important to overcome the drug-resistance problem of bacterial pathogens. Efflux pumps work to pump out the antibiotic and increases the minimum inhibitory concentration (MIC) of the antibiotic. Thus, the inhibition of efflux pumps would render bacterial cell sensitive to antibiotic and decrease its MIC to be more effective towards bacterial pathogens [147].

Leaf extracts of showed potent efflux pumps inhibition activity towards different pump superfamilies in both *S. aureus* and *C. jejuni*. These extracts resulted in reduction in MICs of antimicrobials at least 2 fold reduction for antimicrobials against *S. aureus*, and 16 folds reduction in MICs for antimicrobials directed against *C. jejuni* by combining antimicrobials agents. Leaf extracts works to inhibit MDR efflux pumps via repressing genes coding for these pumps [146].

Buchu (*Agathosma betulina* and *A. crenulata*). Belongs to family Rutaceae. Native people in South Africa first used buchu as a medicinal plant for European immigrants in the Cape, and spread subsequently from them to Europe and America where it became famous as a herbal medicine [148]. Traditionally, buchu is used as a herbal medicine for treatment of different diseases and to achieve different activities as a diuretic and treatment of urinary disorders, respiratory and gastrointestinal disorder [148]. The primary use of buchu leaves in western herbal medicine is for treatment of genitourinary diseases like infections of kidney, bladder, urethra and prostate in addition to kidney stones and incontinence linked to prostate [149].

The antibacterial activity of buchu leaves has been attributed to essential oil of the oil glands located on the underside of leaves. These oils consist of monoterpenes, diosphenol. These oils are absorbed by the stomach and excreted in kidney to pass through the genito-urinary tract and exert their antibacterial effects towards bacterial pathogens [149].

The GC-MS reference analysis for the structure of essential oil of buchu showed that EO of *Agathosoma crenulata* had a high content of pulegone (50–66%), whereas those of *A. betulina* have a percentage of 15–35% of diosphenol, 12–30% of pseudo-diosphenol, 4–26% of isomenthone and 5–24% of limonene. Figure 8 [150].

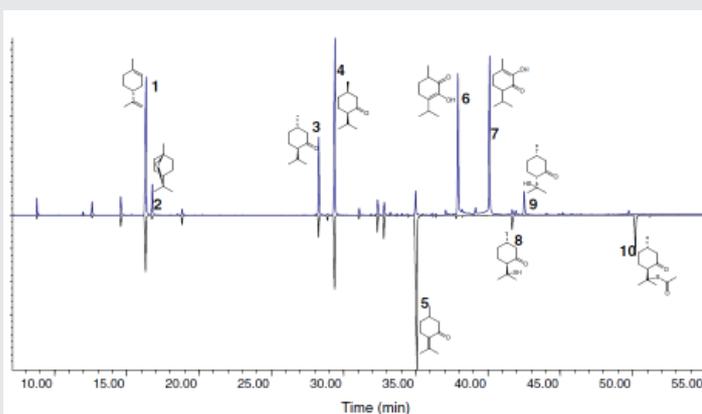


Figure 8: GC chromatogram of essential oil (EO) of *Agathosoma betulina* (Upper) and *A. crenulata* (Lower) illustrating the chemical composition revealed. 1) Limonene, 2) Cineole, 3) Menthone, 4) Isomenthone, 5) Pulegone, 6) Pseudo-diosphenol, 7) Diosphenol, 8) trans-8-Mercapto-menthan-3-one, 9) cis-8-Mercapto-menthan-3-one, 10) trans-3-Oxo-pmenthan-8-thiol acetate [149].

Moola (2005) reported that essential oil and non-volatile compounds of leaf extract of *A. betulina* had antibacterial activity towards *S. aureus*, *B. subtilis* and *K. pneumoniae* [148]. Others found that essential oils of *A. betulina* and *A. crenulata* had antibacterial action towards *Enterococcus hirae* and *P. aeruginosa* and very low activity against *E. coli*, *S. aureus* and *Saccharomyces cerevisiae* [151]. O'Brien (2005) confirmed that essential oils of *A. betulina* had no antimicrobial activity towards urinary tract pathogens, but only anti-oxidant activity [152].

Lis-Balchin reported that extract of *A. betulina* acts on cyclic adenosine monophosphate and exerts spasmolytic action [151]. Antispasmodic drugs relax the smooth muscles of the

urinary bladder. The anti-spasmodic drug acts on smooth muscles of bladder, thus, increasing the capacity of bladder and effectively decrease or even eliminate urge incontinence [153]. The spasmolytic action of essential oil of *A. betulina* may be attributed to healing effects of the plant for UTIs.

Oregon grape (*Mahonia aquifolium*). *Mahonia* is the second largest genus of family Berberidaceae and composed of nearly 70 species that are native to central and north of America and eastern parts of Asia [154]. *M. aquifolium* is native to Pacific Northwest of the United States of America. Owing to its yellow flower and red fruit, it spread to other parts of the world to be used as an ornamental plant in gardens [155].

M. aquifolia has various pharmacological activities as anti-oxidant activity and anti-inflammatory activity [156–158], Anti-bacterial [155,159,160], Anti-fungal activity [161], Antitumoral and Immunomodulatory activity [162].

The anti-bacterial activity of *M. aquifolium* is attributed to two of its major alkaloids, of stem bark, berberine chloride and oxyacanthine sulphate and shown to have bactericidal activity towards nice species of oral pathogens. Figure 9. [155]. The antimicrobial activity of berberine extract was evaluated towards 17 bacterial and fungal species. Bacterial species were *E. coli*, *P. aeruginosa*, *S. aureus* and *B. subtilis*, whereas fungal species were *Aspergillus niger*, *Penicillium chrysogenum*, *Trichoderma viride*, *Aureobasidium pullulans*, *Mycrosporium gypseum*, *Fusarium nivale*, *Trichoderma viride*, *Saccharomyces cerevisiae* and *Candida albicans*. All extracts showed antimicrobial activity against all test microbes [163].

Berberine is responsible for the golden yellow appearance of Oregon grape root. Berberine is also found in few other plants as Chinese goldenthread, goldenseal and desert berry. Berberine acts to prevent attachment of *E. coli* to uro-epithelial cells through reduction of expression of genes encoding Fimbriae. The anti-infectious activity of Berberine is attributed to suppressive activity of this compound for genes responsible for synthesis and assembly of fimbrial subunits that results in prevention of adhesion and colonization of *E. coli* associated UTIs Figure 10 [163].

Conclusions and recommendations

The fourteen medicinal plants illustrated in details above showed various pharmaceutical activities as Anti-microbial, Anti-inflammatory, anti-oxidant, anti-adhesive, diuretic activities associated with treatment of UTIs, and other activities related with treatment of other human diseases. It is highly recommended to study the therapeutic activities of all medicinal plants alone and in combination with each other to obtain highest pharmaceutical activities for treatment of UTIs *In Vitro* and *In Vivo*. Further phytochemical studies are required to reveal the chemical composition for all potential compounds responsible for all pharmaceutical activities of the fourteen medicinal plants. Toxicological and genetical studies concerning all potential adverse effects, mutagenic and carcinogenic activities of those medicinal plants are highly recommended to complete the picture of pharmaceutical importance of those medicinal plants.

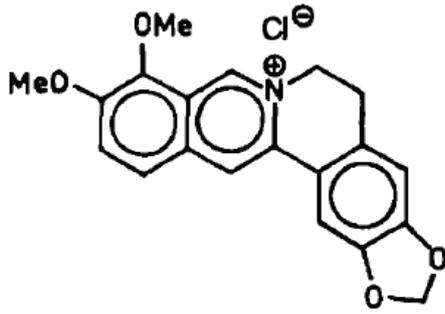


Figure 9: Berberine chloride [162].

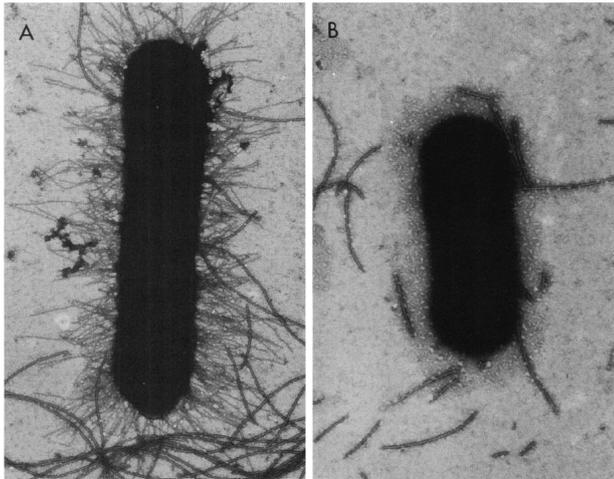


Figure 10: (A) Strain *E. coli* C16 seen heavily piliated and flagellated after growing in brain-heart infusion broth for 18 hrs. (B) Losing of piliation and disruption of flagella in *E. coli* C16 after incubation in brain-heart infusion broth for 18 hrs in the presence of 200 mcg / ml of media. Magnification is $\times 33200$ [163].

References

- Flores-Mireles AL, Walker JN, Caparon M, Hultgren SJ (2015) Urinary tract infections: epidemiology, mechanisms of infection and treatment options. *Nat Rev Microbiol* 13: 269-284. [Link: https://bit.ly/2DVF0YX](https://bit.ly/2DVF0YX)
- Hannan TJ, Totsika M, Mansfield KJ, Moore KH, Schembri, MA, et al. (2012) Host-pathogen checkpoints and population bottlenecks in persistent and intracellular uropathogenic *Escherichia coli* bladder infection. *FEMS Microbiol Rev* 36: 616-648. [Link: https://bit.ly/20CJq9e](https://bit.ly/20CJq9e)
- Foxman B (2014) Urinary tract infection syndromes: occurrence, recurrence, bacteriology, risk factors, and disease burden. *Infect Dis Clin North Am* 28: 1-13. [Link: https://bit.ly/3jmfjy](https://bit.ly/3jmfjy)
- Levison ME, Kaye D (2013) Treatment of complicated urinary tract infections with an emphasis on drug-resistant Gram-negative uropathogens. *Curr Infect Dis Rep* 15: 109-115. [Link: https://bit.ly/2CnHyi6](https://bit.ly/2CnHyi6)
- Lo E, Nicolle EL, Coffin SE, Gould C, Maragakis LL, et al. (2014) Strategies to prevent catheter-associated urinary tract infections in acute care hospitals: 2014 update. *Infect Control Hosp Epidemiol* 35: 464-479. [Link: https://bit.ly/399F5ny](https://bit.ly/399F5ny)
- Foxman B (2010) The epidemiology of urinary tract infection. *Nature Rev Urol* 7: 653-660. [Link: https://bit.ly/2DPlcZ](https://bit.ly/2DPlcZ)
- Kline KA, Schwartz DJ, Lewis WG, Hultgren SJ, Lewis AL (2011) Immune activation and suppression by group B *Streptococcus* in a murine model of urinary tract infection. *Infect Immun* 79: 3588-3595. [Link: https://bit.ly/2DLuUtt](https://bit.ly/2DLuUtt)
- Chen YH, Ko WC, Hsueh PR (2013) Emerging resistance problems and future perspectives in pharmacotherapy for complicated urinary tract infections. *Expert Opin Pharmacother* 14: 587-596. [Link: https://bit.ly/3jidSP6](https://bit.ly/3jidSP6)
- Lopez A, Hudson JB, Towers GHN (2001) Antiviral and antimicrobial activities of Colombian medicinal plants. *J Ethnopharmacol* 77: 189-196. [Link: https://bit.ly/30khOLq](https://bit.ly/30khOLq)
- Cowan MM (1999) Plant Products as Antimicrobial Agents. *Clin Microbiol Rev* 12: 564-582. [Link: https://bit.ly/2Ww4rGK](https://bit.ly/2Ww4rGK)
- Parmar N, Rawa M (2012) Medicinal plants used as Antimicrobial agents: A review. *Int Res J Pharm* 3: 31-40. [Link: https://bit.ly/30p02Vs](https://bit.ly/30p02Vs)
- Sela F, Karapandzova M, Stefkov G, Cvetkovikj I, Trajkovska Dokik E, et al. (2013) Chemical composition and antimicrobial activity of leaves essential oil of *Juniperus communis* (Cupressaceae) grown in Republic of Macedonia. *Maced pharm bull* 59: 23-32. [Link: https://bit.ly/20CJYv0](https://bit.ly/20CJYv0)
- Ibrahim EH, Kilany M, Ghramh HA, Ali Khan K, Islam S (2019) Cellular proliferation/cytotoxicity and antimicrobial potentials of green synthesized silver nanoparticles (AgNPs) using *Juniperus procera*. *Saudi J Bio Sci* 26: 1689-1694. [Link: https://bit.ly/3eHdz1N](https://bit.ly/3eHdz1N)
- Omaria KEI, Hamzea M, Alwanc S, Osmana M, Jamad C, et al. (2019) In-vitro evaluation of the antibacterial activity of the essential oils of *Micromeria barbata*, *Eucalyptus globulus* and *Juniperus excelsa* against strains of *Mycobacterium tuberculosis* (including MDR), *Mycobacterium kansasii* and *Mycobacterium goodii*. *J Infect Pub Heal* 12: 615-618. [Link: https://bit.ly/20y33PG](https://bit.ly/20y33PG)
- Ramdani M, Lograda T, Silini H, Zeraibi A, Chalard P, et al. (2013) Antibacterial Activity of Essential oils of *Juniperus phoenicea* from Eastern Algeria. *J App Pharm Sci* 3: 022-028 023. [Link: https://bit.ly/30rtyf4](https://bit.ly/30rtyf4)
- Manel M, Nouzha H, Rim M, Imane M, Sana A, et al. (2018) Antibacterial and antioxidant activity of *Juniperus thurifera* L. leaf extracts growing in East of Algeria. *Veterinary World* 11: 373-378. [Link: https://bit.ly/2DLvHur](https://bit.ly/2DLvHur)
- Tunon H, Olavsdotter C, Bohlin L (1995) Evaluation of anti-inflammatory activity of some Swedish medicinal plants. Inhibition of prostaglandin biosynthesis and PAF-induced exocytosis. *J Ethnopharm* 48: 61-76. [Link: https://bit.ly/30m0bu0](https://bit.ly/30m0bu0)
- Hoferl M, Stoilova I, Schmidt E, Wanner J, Jirovetz L, et al. (2014) Chemical composition and antioxidant properties of Juniper Berry (*J. communis* L.) Essential oil. Action of the essential oil on the antioxidant protection of *Saccharomyces cerevisiae* model organism. *Antioxidants* 3: 81-98. [Link: https://bit.ly/20x992S](https://bit.ly/20x992S)
- Banerjee S, Singh H, Chatterjee TK (2013) Evaluation of anti-diabetic and anti-hyperlipidemic potential of methanolic extract of *Juniperus Communis* (L.) in streptozotocin-induced diabetic rats. *Int J Pharma Bio Sci* 4: 10-17. [Link: https://bit.ly/3eG1GsS](https://bit.ly/3eG1GsS)
- Banerjee S, Mukherjee A, Chatterjee TK (2012) Evaluation of analgesic activities of methanolic extract of medicinal plant *Juniperus communis* Linn. *International Journal of Pharmacy and Pharmaceutical Sciences* 4: 547-550. [Link: https://bit.ly/2WylXKD](https://bit.ly/2WylXKD)
- Milhou G, Valentin A, Benoit F, Mallie M, Bastide JM, et al. (1997) In vitro antimalarial activity of eight essential oils. *J Essen Oil Res* 9: 329-333. [Link: https://bit.ly/2WwBY3G](https://bit.ly/2WwBY3G)
- Bais S, Gill NS, Rana N (2014) Effect of *J. communis* extract on reserpine induced catalepsy. *Inventi Rapid: Ethnopharmacology* 2014: 1-4. [Link: https://bit.ly/2WwC0sk](https://bit.ly/2WwC0sk)
- Rana N, Bais S (2014) Neuroprotective effect of *J. communis* in Parkinson disease induced animal model. 2014.
- Akdogan A, Koyu A, Ciris M, Yildiz K (2012) Anti-hypercholesterolemic activity of *J. communis* Oil in rats: a biochemical and histopathological investigation. *BioMed Res* 23: 321-328. [Link: https://bit.ly/2ZEWph5](https://bit.ly/2ZEWph5)



25. Filipowicz N, Madanecki P, Gołebowski M, Stepnowski P, Ochocka JR (2009) HS-SPME/GC analysis reveals the population variability of terpene contents in *Juniperus communis* needles. *Chem Biodivers* 6: 2290-2301. [Link: https://bit.ly/2ZEqT2v](https://bit.ly/2ZEqT2v)
26. Stassi V, Verykokidou E, Loukis A, Harvala A, Philianos S (1995) Essential Oil of *Juniperus oxycedrus* L. subsp. *macrocarpa* (Sm.) Ball. *J Essent Oil Res* 7: 675-676. [Link: https://bit.ly/2CfLiCp](https://bit.ly/2CfLiCp)
27. Angioni A, Barra A, Russo MT, Coroneo V, Dessi S, et al. (2003) Chemical composition of the essential oils of *Juniperus* from ripe and unripe berries and leaves and their antimicrobial activity. *J Agric Food Chem* 51: 3073-3078. [Link: https://bit.ly/3eDJ6BB](https://bit.ly/3eDJ6BB)
28. Asili J, Emami SA, Rahimizadeh M, Fazly-Bazzaz BS, Hassanzadeh MK (2008) Chemical and antimicrobial studies of *Juniperus communis* subsp. *hemisphaerica* and *Juniperus oblonga* essential oils. *J Essent Oil Bear PI* 11: 96-105. [Link: https://bit.ly/2OH6ZNX](https://bit.ly/2OH6ZNX)
29. American Botanical Council. Uva Urui leaf. [Link: https://bit.ly/2ZDpJUT](https://bit.ly/2ZDpJUT)
30. EMA European Medicines Agency (2012) Assessment report on *Arctostaphylos uva-ursi* (L.) Spreng. *folium*.
31. Little P, Moore MV, Turner S, Rumsby K, Warner G, et al. (2010) Effectiveness of five different approaches in management of urinary tract infection: randomised controlled trial. *BMJ* 340: c199. [Link: https://bit.ly/30ppk7M](https://bit.ly/30ppk7M)
32. Larsson B, Jonasson A, Fianu S (1993) Prophylactic effect of UVA-E in women with recurrent cystitis: a preliminary report. *Curr Ther Res* 53: 441-443. [Link: https://bit.ly/2WNgD6v](https://bit.ly/2WNgD6v)
33. Fujiwara N, Suzuki I (1995) pat. appl. Arbutin extracted from plants for therapeutic and cosmetic uses. Japan Kokai Tokkyo Koho, 4. Abstract from Toxcenter 212731.
34. Patrice T (1998) [assignee: Centre Hospitalier Universitaire de Nantes]. pat. Depigmenting agent in compositions for treating skin cancer. French Patent No. 2759289. Issue date: August 14, 1998. Fr. Demande, 17. Abstract from Chem. Abstr. 129:298382.
35. Choi S, Park YI, Lee SK, Kim JE, Chung MH (2002) Aloesin inhibits hyperpigmentation induced by UV radiation. *Clin Exp Dermatol* 27: 513-515. [Link: https://bit.ly/30tvYDU](https://bit.ly/30tvYDU)
36. Bak rel T, Bak rel U, Kele OÜ, Ülgen SG, Yardibi H (2008) In vivo assessment of antidiabetic and antioxidant activities of rosemary (*Rosmarinus officinalis*) in alloxan-diabetic rabbits. *J Ethnopharmacology* 116: 64-73. [Link: https://bit.ly/30o5ppH](https://bit.ly/30o5ppH)
37. Bozin B, Mimica-Dukic N, Samojlik I, Jovin E (2007) Antimicrobial and antioxidant properties of rosemary and sage (*Rosmarinus officinalis* L. and *Salvia officinalis* L., Lamiaceae) essential oils. *Journal of agricultural and food chemistry* 55: 7879-7885. [Link: https://bit.ly/2CGpaAN](https://bit.ly/2CGpaAN)
38. Campo JD, Amiot MJ, Nguyen-The C (2000) Antimicrobial effect of rosemary extracts. *J Food Prot* 63: 1359-1368. [Link: https://bit.ly/2ZHrDnL](https://bit.ly/2ZHrDnL)
39. Cheung S, Tai J (2007) Anti-proliferative and antioxidant properties of rosemary *Rosmarinus officinalis*. *Oncol Rep* 17: 1525-1531. [Link: https://bit.ly/3eJFNZE](https://bit.ly/3eJFNZE)
40. Yesil-Celiktas O, Sevimli C, Bedir E, Vardar-Sukan F (2010) Inhibitory effects of rosemary extracts, carnosic acid and rosmarinic acid on the growth of various human cancer cell lines. *Plant foods for human nutrition* 65: 158-163. [Link: https://bit.ly/2Bbku5F](https://bit.ly/2Bbku5F)
41. Peng Y, Yuan J, Liu F, Ye J (2005) Determination of active components in rosemary by capillary electrophoresis with electrochemical detection. *J Pharm Biomed Anal* 39: 431-437. [Link: https://bit.ly/2WuyL4G](https://bit.ly/2WuyL4G)
42. Andrade JM, Faustino C, Garcia C, Ladeiras D, Reis CP, et al. (2018) *Rosmarinus officinalis* L.: an update review of its phytochemistry and biological activity. *Future science OA* 4: FSO283. [Link: https://bit.ly/2Wu0Nxx](https://bit.ly/2Wu0Nxx)
43. Habtemariam S (2016) The therapeutic potential of rosemary (*Rosmarinus officinalis*) diterpenes for Alzheimer's disease. *Evid Based Complement Alternat Med* [Link: https://bit.ly/3eG36Ue](https://bit.ly/3eG36Ue)
44. Ahmady AS, Mostafapour M (2018) Anti-bacterial interactions Rosemary (*Rosmarinus officinalis*) and essential oils of lavender (*Lavandula stoechas*) on two Gram-positive and three Gram-negative bacteria in vitro. *Iranian Journal of Cellular and Molecular Researches* 31: 177-187. [Link: https://bit.ly/3hgigRT](https://bit.ly/3hgigRT)
45. Jafari-Sales A, Hossein-Nezhad P (2019) Antimicrobial effects of *Rosmarinus officinalis* methanolic extract on *Staphylococcus aureus*, *Bacillus cereus*, *Escherichia coli* and *Pseudomonas aeruginosa* in laboratory conditions. *Journal of Medicinal and Chemical Sciences* 103-108. [Link: https://bit.ly/3fFp8Ib](https://bit.ly/3fFp8Ib)
46. Zakerin A, Ahmadi E, Fasihi-Ramandi M, Abdollahi S, Molazadeh A, et al. (2015) The Effects of Ecologic Condition on Antimicrobial Activity of Endemic Herbal Extracts in Fars Province. *Journal of Fasa University of Medical Sciences* 5: 111-119. [Link: https://bit.ly/2ZFBTwc](https://bit.ly/2ZFBTwc)
47. John SC, Rachel EC (2006) "Solidago canadensis". In *Flora of North America Editorial Committee (ed.)*. *Flora of North America North of Mexico (FNA)*. 20. *New York and Oxford – via eFloras.org*, Missouri Botanical Garden, St. Louis, MO & Harvard University Herbaria, Cambridge, MA.
48. Apati P, Szentmihalyi K, Kristo Sz. T, Papp I, Vinkler P, et al. (2003) Herbal remedies of Solidago - correlation of phytochemical characteristics and antioxidative properties. *J Pharm Biomed Anal* 32: 1045-1053. [Link: https://bit.ly/2OEDzju](https://bit.ly/2OEDzju)
49. Kołodziej B, Kowalski R, Kędzia B (2011) Antibacterial and antimutagenic activity of extracts aboveground parts of three Solidago species: *Solidago virgaurea* L., *Solidago canadensis* L. and *Solidago gigantea*. *J Med Plants Res* 5: 6770-6779. [Link: https://bit.ly/396Wq0c](https://bit.ly/396Wq0c)
50. Sutovska M, Capek P, Kocmalova M, Franova S, Pawlaczyk I, et al. (2013) Characterization and biological activity of *Solidago canadensis* complex. *International J Biol Macromol* 52: 192-197. [Link: https://bit.ly/32uSEws](https://bit.ly/32uSEws)
51. Kalembe D (2000) Constituents and biological activity of the essential oils of some Solidago and Artemisia species. *Scientific Papers Technical University of Lodz* 857: 1-118.
52. Meyer B, Schneider W, Elstner EF (1995) Antioxidative properties of alcoholic extracts from *Fraxinus excelsior*, *Populus tremula* and *Solidago virgaurea*. *Arzneimittelforschung* 45: 174-176. [Link: https://bit.ly/3jf4TmK](https://bit.ly/3jf4TmK)
53. Savustyanenko AV (2014) The Use of Extracts of Goldenrod (*Solidago Virgaurea* L.) for the Treatment of Diseases of the Urinary Tract. *Počki*. [Link: https://bit.ly/3jiPz8v](https://bit.ly/3jiPz8v)
54. Starks CM, Williams RB, Goering MG, O'Neil-Johnson M, Norman VL, et al. (2010) Antibacterial clerodane diterpenes from Goldenrod (*Solidago virgaurea*). *Phytochem* 71: 104-109. [Link: https://bit.ly/3haFZmj](https://bit.ly/3haFZmj)
55. Nowak M, Jezierska-Domaradzka A, Szumera M, Domaradzki K, Matkowski A, et al. (2014) Anti-oxidative activity of Canadian goldenrod (*Solidago canadensis* L.). *Ukrain*. [Link: https://bit.ly/2CHRu00](https://bit.ly/2CHRu00)
56. Elshafie HS, Gruľová D, Baranová B, Caputo L, De Martino L, et al. (2019) Antimicrobial Activity and Chemical Composition of Essential Oil Extracted from *Solidago canadensis* L. Growing Wild in Slovakia. *Molecules* 24: 1206. [Link: https://bit.ly/3jgiaLO](https://bit.ly/3jgiaLO)
57. Krystofova O, Adam V, Babula P, Zehnalek J, Beklova M, et al. (2010) Effects of various doses of selenite on stinging nettle (*Urtica dioica* L.). *Int J Environ Health Res Public Health* 7: 3804-3815. [Link: https://bit.ly/2DP9FXH](https://bit.ly/2DP9FXH)
58. Joshi BC, Mukhija M, Kalia AN (2014) Pharmacognostical review of *Urtica dioica* L. *Int J Green Pharm* 8: 201-209. [Link: https://bit.ly/20xZLfr](https://bit.ly/20xZLfr)
59. Brantner A, Grein E (1994) Antibacterial activity of plant extracts used externally in traditional medicine. *J Ethnopharmacol* 44: 35-40. [Link: https://bit.ly/3fDXu6](https://bit.ly/3fDXu6)



60. Keles O, Bakirel T, Alpmar A (2001) The antibacterial activity of some plants used for medicinal purposes against pathogens of veterinary importance. *Folia Vet* 1: 22-25.
61. Kukric ZZ, Topalic-Trivunovic LN, Kukavica BM, Matos SB, Pavicic SS, et al. (2012) Characterization of antioxidant and antimicrobial activities of nettle leaves (*Urtica dioica* L.). *Acta periodica technologica (APTEFF)* 43: 257-272. [Link: https://bit.ly/2Cl6qky](https://bit.ly/2Cl6qky)
62. Turker AU, Usta C (2008) Biological screenings of some Turkish medicinal plant extracts for antimicrobial and toxicity activities. *Nat Prod Res* 22: 136-146. [Link: https://bit.ly/2Wwo5Cl](https://bit.ly/2Wwo5Cl)
63. Saeed A, El-Eraqy W, Ahmed Y (1995) Flavonoids of *Urtica urens* L. and biological evaluation. *Egypt J Pharm Sci* 36: 1-6. [Link: https://bit.ly/3haQki5](https://bit.ly/3haQki5)
64. Dizaye K, Alberzingi B, Sulaiman S (2013) Renal and vascular studies of aqueous extract of *Urtica dioica* in rats and rabbits. *Iraq J Vet Sci* 27: 25-31. [Link: https://bit.ly/3fH2A9I](https://bit.ly/3fH2A9I)
65. Tahri A, Yamani S, Legssyer A, Aziz M, Mekhfi H, et al. (2000) Acute diuretic, natriuretic and hypotensive effects of a continuous perfusion of aqueous extract of *Urtica dioica* in the rat. *J Ethnopharmacol* 73: 95-100. [Link: https://bit.ly/3eJuEbg](https://bit.ly/3eJuEbg)
66. Carceres A, Giron LM, Martínez AM (1987) Diuretic activity of plants used for the treatment of urinary ailments in Guatemala. *J Ethnopharmacol* 19: 233-245. [Link: https://bit.ly/2ZH2dqm](https://bit.ly/2ZH2dqm)
67. Tita B, Faccendini P, Bello U, Martinoli L, Bolle P (1993) *Urtica dioica* Linn.: Pharmacological effect of ethanol extract. *Pharmacol Res* 27: 21-22.
68. Zhang H, Li N, Li K, Li P (2014) Protective effect of *Urtica dioica* methanol extract against experimentally induced urinary calculi in rats. *Molecular Medicine Reports* 10: 3157-3162. [Link: https://bit.ly/394Us0q](https://bit.ly/394Us0q)
69. Yarnell E, Abascal K (2009) Dandelion (*Taraxacum officinale* and *T mongolicum*). *Integ Med* 8: 35-38. [Link: https://bit.ly/3j94ySq](https://bit.ly/3j94ySq)
70. Gonzalez-Castejon M, Visioli F, Rodriguez-Casado A (2012) Diverse biological activities of dandelion. *Nut Rev* 70: 534-547. [Link: https://bit.ly/32AUQ5H](https://bit.ly/32AUQ5H)
71. Díaz K, Espinoza L, Madrid A, Pizarro L, Chamy R (2018) Isolation and Identification of Compounds from Bioactive Extracts of *Taraxacum officinale* Weberex F. H. Wigg. (Dandelion) as a Potential Source of Antibacterial Agents. *Evidence-Based complementary and Alternative Medicine* 2018: 2706417. [Link: https://bit.ly/3jbuuWZ](https://bit.ly/3jbuuWZ)
72. Kenny O, Brunton NP, Walsh D, Hewage CM, McLoughlin P, et al. (2015) Characterisation of antimicrobial extracts from dandelion root (*Taraxacum officinale*) using LC-SPE-NMR. *Phytother Res* 29: 526-532. [Link: https://bit.ly/3jeUV4L](https://bit.ly/3jeUV4L)
73. Clare BA, Conroy RS, Spelman K (2009) The Diuretic Effect in Human Subjects of an Extract of *Taraxacum officinale* Folium over a Single Day. *J Alt Comp Med* 15: 929-934. [Link: https://bit.ly/399uTeM](https://bit.ly/399uTeM)
74. Bisset NG, Phillipson JD, Czygan FC, et al. (1994) *Herbal Drugs and Phytopharmaceuticals: A Handbook for Practice on a Scientific Basis*. Boca Raton, FL: CRC Press 486-489.
75. Newall CA, Anderson LA, Phillipson JD (1996) *Herbal Medicines: A Guide for Health-Care Professionals*. London: The Pharmaceutical Press. [Link: https://bit.ly/2CGdcHn](https://bit.ly/2CGdcHn)
76. Clare BA, Conroy RS, Spelman K (2009) The diuretic effect in human subjects of an extract of *Taraxacum officinale* folium over a single day. *J Altern Complem Med* 15: 929-934. [Link: https://bit.ly/399uTeM](https://bit.ly/399uTeM)
77. Krishnaeswari V, Manikandan S, Vijayakumar J (2019) Bioactive components of *Vaccinium macrocarpon* and its antioxidant activity: an In-Vitro study. *IJPSPR* 10: 438-444. [Link: https://bit.ly/397MXph](https://bit.ly/397MXph)
78. Johnson DE, Russell RG, Lockatell CV, Zulty JC, Warren JW, et al. (1993) Contribution of *Proteus mirabilis* urease to persistence, urolithiasis, and acute pyelonephritis in amouse model of ascending urinary tract infection. *Infect Immun* 61: 2748-2754. [Link: https://bit.ly/2Wxlpn7](https://bit.ly/2Wxlpn7)
79. Wang CH, Fong CC, Chen NC, Liu S, You PH, et al. (2012) Cranberry-containing products for prevention of urinary tract infections in susceptible populations: A systematic review and meta-analysis of randomized controlled trials. *Arch Intern Med* 172: 988-996. [Link: https://bit.ly/2ZDDKSu](https://bit.ly/2ZDDKSu)
80. Howell AB (2007) Bioactive compounds in cranberries and their role in prevention of urinary tract infections. *Mol Nutr Food Res* 51: 732-737. [Link: https://bit.ly/30jY9LO](https://bit.ly/30jY9LO)
81. Nowack R, Schmitt W (2008) Cranberry juice for prophylaxis of urinary tract infections—Conclusions from clinical experience and research. *Phytomed* 15: 653-667. [Link: https://bit.ly/3jggwd6](https://bit.ly/3jggwd6)
82. Raz RB, Chazan B, Dan M (2004) Cranberry juice and urinary tract infection. *Clin Infect Dis* 38: 1413-1419. [Link: https://bit.ly/39jmsO5](https://bit.ly/39jmsO5)
83. Tempera G, Corsello S, Genovese C, Caruso FE, Nicolosi D (2010) Inhibitory activity of cranberry extract on the bacterial adhesiveness in the urine of women: An ex-vivo study. *Int J Immunopathol Pharmacol* 23: 611-618. [Link: https://bit.ly/2WvTI4K](https://bit.ly/2WvTI4K)
84. Jepson RG, Craig JC (2008) Cranberries for preventing urinary tract infections. *Cochrane Data base Syst Rev* 1: CD001321.
85. Sihra N, Goodman A, Zakri R, Sahai A, Malde S (2018) Nonantibiotic prevention and management of recurrent urinary tract infection. *Nat Rev Urol* 15: 750-776. [Link: https://bit.ly/30teSMO](https://bit.ly/30teSMO)
86. Hernández JAS (2009) The origin and diversity of maize in the American continent. *Greenpeace México, Santa Margarita 227, Col. del Valle, C.P. 03100, Mexico, Mexico City*. [Link: https://bit.ly/30qCUBf](https://bit.ly/30qCUBf)
87. Maksimović Z, Malenčić Đ, Kovačević N (2005) Polyphenol contents and antioxidant activity of *Maydis stigma* extracts. *Bioresour Technol* 96: 873-877. [Link: https://bit.ly/3jf2NmS](https://bit.ly/3jf2NmS)
88. Caceres A, Giron LM, Martinez AM (1987) Diuretic activity of plants used for the treatment of urinary ailments in Guatemala. *J Ethnopharmacol* 19: 233-245. [Link: https://bit.ly/2ZH2dqm](https://bit.ly/2ZH2dqm)
89. Dat DD, Ham NN, Khac DH, Lam NT, Son PT, et al. (1992) Studies on the individual and combined diuretics effects of four Vietnamese traditional herbal remedies (*Zea mays*, *Imperatocylindrica*, *Plantago major* and *Orthosiphonstamineus*). *J Ethnopharmacol* 36: 225-231. [Link: https://bit.ly/3h8GIo4](https://bit.ly/3h8GIo4)
90. Grases F, March JG, Ramis M, Costa-Bauzá A (1993) The influence of *Zea mays* on urinary risk factors for kidney stones in rats. *Phytother Res* 7: 146-149. [Link: https://bit.ly/2Bb22tL](https://bit.ly/2Bb22tL)
91. Yesilada E, Honda G, Sevik E, Tabata M, Fujita T, et al. (1995) Traditional medicine in Turkey. V. Folk medicine in the inner Taurus Mountains. *J Ethnopharmacol* 46: 133-152. [Link: https://bit.ly/3jhh0zy](https://bit.ly/3jhh0zy)
92. El-Ghorab A, El-Massry KF, Shibamoto T (2007) Chemical composition of the volatile extract and antioxidant activities of the volatile and nonvolatile extracts of Egyptian corn silk (*Zea mays* L.). *J Agric Food Chem* 55: 9124-9127. [Link: https://bit.ly/2ZEVMWw](https://bit.ly/2ZEVMWw)
93. Mohsen SM, Ammar ASM (2009) Total phenolic contents and antioxidant activity of corn tassel extracts. *Food Chemistry* 112: 595-298. [Link: https://bit.ly/20CIXni](https://bit.ly/20CIXni)
94. Guo J, Liu T, Han L, Liu Y (2009) The effects of corn silk on glycaemic metabolism. *Nutr Metab* 6: 47. [Link: https://bit.ly/3heJRD4](https://bit.ly/3heJRD4)
95. Zhao W, Yin Y, Yu Z, Liu J, Chen F (2012) Comparison of anti-diabetic effects of polysaccharides from corn silk on normal and hyperglycemia rats. *Int J Biol Macromol* 50: 1133-1137. [Link: https://bit.ly/2DVqNv5](https://bit.ly/2DVqNv5)



96. Kaup SR, Arunkumar N, Bernhardt LK, Vasari RG, Shetty SS, et al. (2011) Antihyperlipidemic activity of *Cynodon dactylon* extract in high-cholesterol diet fed Wistar rats. *Genomic Med Biomark Health Sci* 3: 98-102. [Link: https://bit.ly/3hg1nGZ](https://bit.ly/3hg1nGZ)
97. Wang GQ, Xu T, Bu XM, Liu BY (2011) Anti-inflammation effects of corn silk in a rat model of carrageenin-induced pleurisy. *Inflammation* 35: 822-827. [Link: https://bit.ly/30ldeg1](https://bit.ly/30ldeg1)
98. Kan A, Orhan I, Coksari G, Sener B (2011) In-vitro neuroprotective properties of the maydis stigma extracts from four corn varieties. *Int. J Food Sci Nutr* 63: 1-4. [Link: https://bit.ly/2DRg9j9](https://bit.ly/2DRg9j9)
99. Alam EA (2017) Evaluation of antioxidant and antibacterial activities of Egyptian *Maydis stigma* (*Zea mays* hairs) rich in some bioactive constituents. *J Am Sci* 7: 726-729.
100. de Carvalho ABL, Cruz CL, de Freitas CLA, Aguiar JJS, de Souza Nunes PLW, et al. (2019) Chemical Profile, Antibacterial Activity and Antibiotic-Modulating Effect of the Hexanic *Zea Mays* L. Silk Extract (Poaceae). *Antibiotics* 8: 7. [Link: https://bit.ly/32sSeqa](https://bit.ly/32sSeqa)
101. Nessa F, Ismail Z, Mohamed N (2012) Antimicrobial Activities of Extracts and Flavonoid Glycosides of Corn Silk (*Zea mays* L.). *Int J Bacteriol Biotechnol Wellness Indus* 1: 115-121. [Link: https://bit.ly/32xFRT0](https://bit.ly/32xFRT0)
102. Morshed S, Shahinul Islam SM (2015) Antimicrobial Activity and Phytochemical Properties of Corn (*Zea mays* L.) Silk. *SKUAST Journal of Research* 17: 8-14. [Link: https://bit.ly/30mCGI9](https://bit.ly/30mCGI9)
103. Sahib AS, Mohammed IH, Hamdan SJ (2012) Use of aqueous extract of corn silk in the treatment of urinary tract infection. *J Intercult Ethnopharmacol* 1: 93-96. [Link: https://bit.ly/32wj8xw](https://bit.ly/32wj8xw)
104. Al-Snafi AE (2015) Chemical constituents and pharmacological importance of *Agropyron repens* – A review. *Res J Pharm Toxicol* 1: 37-41. [Link: https://bit.ly/30kcYhn](https://bit.ly/30kcYhn)
105. Beydokthi SS, Sendker J, Brandt S, Hensel A (2017) Traditionally used medicinal plants against uncomplicated urinary tract infections: Hexadecyl coumaric acid ester from the rhizomes of *Agropyron repens* (L.) P. Beauv. with antiadhesive activity against uropathogenic *E. coli*. *Fitoterapia* 117: 22-27. [Link: https://bit.ly/3jiMkOn](https://bit.ly/3jiMkOn)
106. Committee on Herbal Medicinal Products (HMPC) (2010) European Medicines Agency. Community herbal monograph on *Agropyron repens* (L.) P. Beauv, rhizoma. [Link: https://bit.ly/3eiNZcy](https://bit.ly/3eiNZcy)
107. Racz-Kotilla E, Mozes E (1971) Contributii la cunosterea actiunii diuretice a drogului rhizomes graminis. *Rev Med* 17: 82-84.
108. Hautmann C, Scheithe K (2000) Fluid extract of *Agropyron repens* for the treatment of urinary tract infections or irritable bladder. Results of multicentric post-marketing surveillance. *Zeitschrift für Phytotherapie* 21: 252-255. [Link: https://bit.ly/3haNV73](https://bit.ly/3haNV73)
109. Barsom S (1981) Die Behandlung von Miktionsbeschwerden mit dem Phytopharmakon *Acorus*. *Erfahrungsheilkunde* 30: 1011-1016.
110. Eddouks M, Maghrani M, Michel JB (2005) Hypoglycaemic effect of *Triticum repens* P. Beauv. in normal and diabetic rats. *J Ethnopharmacol* 102: 228-232. [Link: https://bit.ly/2Bb180I](https://bit.ly/2Bb180I)
111. Committee on Herbal Medicinal Products (HMPC) (2011) European Medicines Agency. Assessment report on *Agropyron repens* (L.) P. Beauv, rhizome. [Link: https://bit.ly/3fhAGub](https://bit.ly/3fhAGub)
112. Petrova AP, Krasnov EA, Saprykina EV, Subbotina YA, Ermilova EV (2009) Chemical composition of couch grass and studies of its antioxidant activity in allergic contact dermatitis. *Pharm Chemistry J* 43: 30-32. [Link: https://bit.ly/2OwWdKm](https://bit.ly/2OwWdKm)
113. Mascolo N (1987) Biological screening of Italian medicinal plants for anti-inflammatory activity. *Phytother Res* 1: 28-29. [Link: https://bit.ly/3fF2kbf](https://bit.ly/3fF2kbf)
114. Bone K, Mills S (2013) Principles and Practice of Phytotherapy-Modern Herbal Medicine. Churchill Livingstone. 2nd edition. [Link: https://bit.ly/2ZCCwa8](https://bit.ly/2ZCCwa8)
115. Shah SMA, Akhtar N, Akram M, Shah PA, Saeed T, et al. (2011) Pharmacological activity of *Althaea officinalis* L. *J Med Plants Res* 5: 5662-5666. [Link: https://bit.ly/30tcZ2G](https://bit.ly/30tcZ2G)
116. Al-Snafi AE (2013) The Pharmaceutical Importance of *Althaea officinalis* and *Althaea rosea* : A Review. *Int J PharmTech Res* 5: 1378-1385. [Link: https://bit.ly/20CI1zi](https://bit.ly/20CI1zi)
117. Scheffer J, Wagner H, Proksch A (1991) Radix althaeae und Flores chamomillae Extrakte auf Entzündungsreaktionen humaner neutrophiler Granulozyten, Monozyten und Rattenmastzellen. In: Abstracts of the Third Phytotherapy Congress. Lübeck-Travemünde: Abstract P9.
118. Committee on Herbal Medicinal Products (HMPC) (2009) European Medicines Agency Evaluation of Medicines for Human Use. Assessment report on *Althaea officinalis* L. Radix.Doc.
119. Nosal'ova G, Saab BR, Pashayan N, El CS (1992) Antitussive efficacy of the complex extract and the polysaccharide of marshmallow (*Althaea officinalis* L. var. *Robusta*). *Pharm* 47: 224-226. [Link: https://bit.ly/398mMil](https://bit.ly/398mMil)
120. May G, Willuhn G (1985) Antiviral activity of aqueous extracts from medicinal plants in tissue cultures. *Arzneim-Forsch* 28: 1-7.
121. Masaki H, Sakaki S, Atsumi T, Sakurai H (1995) Active-oxygen scavenging activity of plant extracts. *Biol Pharm Bull* 18: 162-166. [Link: https://bit.ly/32w0AXd](https://bit.ly/32w0AXd)
122. Naovi SAH, Khan MSY, Vohora SB (1991) Antibacterial, anti-fungal and anthelmintic investigations on Indian medicinal plants. *Fitoterapia* 62: 221-228. [Link: https://bit.ly/2BdLotC](https://bit.ly/2BdLotC)
123. Aminnezhad S, Kasra R, Kermanshahi K, Ranjbar R (2016) Effect of *Althaea officinalis* Extract on Growth and Biofilm Formation in *Pseudomonas aeruginosa*. *J Pure Appl Microbiol* 10: 7. [Link: https://bit.ly/3fGTFoG](https://bit.ly/3fGTFoG)
124. Mahboubi M (2020) Marsh Mallow (*Althaea officinalis* L.) and Its Potency in the Treatment of Cough. *Complement Med Res* 27: 174-182. [Link: https://bit.ly/3hcmCJw](https://bit.ly/3hcmCJw)
125. Tomoda M, Shimizu N, Oshima Y (1987) Hypoglycemic activity of twenty plant mucilages and three modified products. *Planta Med* 53: 8-12. [Link: https://bit.ly/3fdUA9G](https://bit.ly/3fdUA9G)
126. Rezaei M, Dadgar Z, Noori-Zadeh A, Mesbah-Namin SA, Pakzad I, et al. (2015) Evaluation of the antibacterial activity of the *Althaea officinalis* L. leaf extract and its wound healing potency in the rat model of excision wound creation. *Avicenna J Phytomed* 5: 105-112. [Link: https://bit.ly/3h5m4Fk](https://bit.ly/3h5m4Fk)
127. Ozturk S, Ercisli S (2007) Antibacterial Activity of Aqueous and Methanol Extracts of *Althaea officinalis* and *Althaea cannabina* from Turkey. *Pharm Biol* 45: 235-240. [Link: https://bit.ly/3eAC54p](https://bit.ly/3eAC54p)
128. Zarei B, Saifi T, Fazeli A, Khodadadi E, Namavar A (2013) Evaluation of Antibacterial effects of marshmallow (*Althaea officinalis*) On four strains of bacteria. *Intl J Agri Crop Sci* 5: 4. [Link: https://bit.ly/30nMD1H](https://bit.ly/30nMD1H)
129. Pallag A, Filip GA, Olteanu D, Clichici S, Baldea I. et al. (2018) Extract Induces Antibacterial Activity and Modulates Oxidative Stress, Inflammation, and Apoptosis in Endothelial Vascular Cells Exposed to Hyperosmotic Stress. *Oxidative Medicine and Cellular Longevity* 2018: 3060525.
130. Carneiro DM, Jardim TV, Araújo YCL, Arantes AC, de Sousa AC, et al. (2019) *Equisetum arvense*: New Evidences Supports Medical use in Daily Clinic. *Pharmacogn Rev* 13: 50-58. [Link: https://bit.ly/3hg2yWD](https://bit.ly/3hg2yWD)
131. Gründemann C, Lengen K, Sauer B, Garcia-Käufer M, Zehl M, et al. (2014) *Equisetum arvense* (common horsetail) modulates the function of inflammatory immunocompetent cells. *BMC Complement Altern Med* 14: 283. [Link: https://bit.ly/3hfZ4DP](https://bit.ly/3hfZ4DP)



132. Geetha RV, Lakshmi T, Roy A (2011) In Vitro Evaluation Of Anti Bacterial Activity Of Equisetum Arvense Linn On Urinary Tract Pathogenes. *Int J Phar Pharamc Sci* 3: 323-325. [Link: https://bit.ly/32BrKmm](https://bit.ly/32BrKmm)
133. Cetojevic-Simin DD, Canadanovic-Brunet JM, Bogdanovic GM, Djilas SM, Cetkovic GS, et al. (2010) Antioxidative and antiproliferative activities of different horsetail (*Equisetum arvense* L.) extracts. *J Med Food* 13: 452-459. [Link: https://bit.ly/2Wugt3w](https://bit.ly/2Wugt3w)
134. Yamamoto Y, Inoue T, Hamako J (2004) Crude proteins extracted from *Equisetum arvense* L. increase the viability of cancer cells in vivo. *Seibutsu Shiryō Bunseki* 27: 409-412.
135. Zhang H, Li N, Li K, Li P (2015) Effect of ethanol root extract of *Equisetum arvense* (L) on urinary bladder activity in rats and analysis of principal plant constituents. *Trop J Pharm Res* 14: 1451-1458. [Link: https://bit.ly/3fGChRc](https://bit.ly/3fGChRc)
136. Pengelly A, Bennett K, Spelman K, Tims M (2012) An Appalachian plant monographs: Goldenseal. *Hydrastis canadensis* L. Appalachian Center for Ethnobotanical Studies. [Link: https://bit.ly/3heq0n8](https://bit.ly/3heq0n8)
137. Hwang BY, Roberts SK, Chadwick L, Wu CD, Kinghorn DA (2003) Antimicrobial constituents from goldenseal (the rhizomes of *Hydrastis canadensis*) against selected oral pathogens. *Planta Med* 69: 623-627. [Link: https://bit.ly/2B8Zb4w](https://bit.ly/2B8Zb4w)
138. Khosla PK, Neeraj VI, Gupta SK, Satpathy G (1992) Berberine, a potential drug for trachoma. *Rev IntTrach Pathol Ocul Trop Subtrop Sante Publique* 69: 147-165. [Link: https://bit.ly/20xPyQ0](https://bit.ly/20xPyQ0)
139. Knight SE (1999) Goldenseal (*Hydrastis canadensis*) versus penicillin: a comparison of effects on *Staphylococcus aureus*, *Streptococcus pyogenes*, and *Pseudomonas aeruginosa*. *Bios* 70: 3-10. [Link: https://bit.ly/32vZyBl](https://bit.ly/32vZyBl)
140. Mahady GB, Pendland SL, Stoia A, Chadwick L (2003) In vitro susceptibility of *Helicobacter pylori* to isoquinoline alkaloids from *Sanguinaria canadensis* and *Hydrastis canadensis*. *Phytother Res* 17: 217-221. [Link: https://bit.ly/2OBYWCo](https://bit.ly/2OBYWCo)
141. Scazzocchio F, Cometa MF, Tomassini L, Palmery M (2001) Antibacterial activity of *Hydrastis canadensis* extract and its major isolated alkaloids. *Planta Med* 67: 561-564. [Link: https://bit.ly/2WsbUGY](https://bit.ly/2WsbUGY)
142. Chadwick LR, Wu CD, Kinghorn AD (2001) Isolation of alkaloids from goldenseal (*Hydrastis canadensis* rhizomes) using pH-zone refining countercurrent chromatography. *J Liq Chrom RelTechnol* 24: 2245-2453. [Link: https://bit.ly/3jpMZ0K](https://bit.ly/3jpMZ0K)
143. Villinski JR, Dumas ER, Chai HB, Pezzuto JM, Angerhofer CK, et al. (2003) Antibacterial activity and alkaloid content of *Berberis thunbergii*, *Berberis vulgaris* and *Hydrastis canadensis*. *PharmBiol* 41: 551-557. [Link: https://bit.ly/2DRdUSF](https://bit.ly/2DRdUSF)
144. Etefagh KA, Burns JT, Junio HA, Kaatz GW, Cech NB (2011) Goldenseal (*Hydrastis canadensis* L.) extracts synergistically enhance the antibacterial activity of berberine via efflux pump inhibition. *Planta Med* 77: 835-840. [Link: https://bit.ly/2ZFj0K9](https://bit.ly/2ZFj0K9)
145. Rangineni J (2011) Effect of Goldenseal (*Hydrastis Canadensis*) On Bacterial Multi Drug Resistant Efflux Pumps. Ph.D. Dissertation. Clemson University. [Link: https://bit.ly/32r2gZ3](https://bit.ly/32r2gZ3)
146. Lewis K, Ausubel FM (2006) Prospects for plant-derived antibacterials. *Nature Biotechnol* 24: 1504-1507. [Link: https://go.nature.com/2CGa3r3](https://go.nature.com/2CGa3r3)
147. Moola A (2005) A Phytochemical and Pharmacological Investigation of Indigenous *Agathosma* Species. M.Sc. thesis. University of the Witwatersrand, Johannesburg. South Africa. [Link: https://bit.ly/2WvOVuG](https://bit.ly/2WvOVuG)
148. Geetha RV, Roy A, Lakshmi T (2012) In vitro evaluation of anti bacterial activity of leaf extract of *Agathosoma betulina* on urinary tract pathogens. *Int J Pharm Sci Rev Res* 14: 94-97. [Link: https://bit.ly/2WxtWaW](https://bit.ly/2WxtWaW)
149. Sandasi M, Kamatou GPP, Baranska M, Viljoen AM (2010) Application of vibrational spectroscopy in the quality assessment of Buchu oil obtained from two commercially important *Agathosma* species (Rutaceae). *South African Journal of Botany* 76: 692-700. [Link: https://bit.ly/2WvxVos](https://bit.ly/2WvxVos)
150. Lis-Balchin M, Hart S, Simpson E (2001) Buchu (*Agathosma betulina* and *A. crenulata*, Rutaceae) essential oils: their pharmacological action on guinea-pig ileum and antimicrobial activity on microorganisms. *J Pharm Pharmacol* 53: 579-582. [Link: https://bit.ly/2CKwccg](https://bit.ly/2CKwccg)
151. O'Brien D (2005) A phytochemical-bioactivity investigation of the South African traditional herbal medicine. *Agathosma betulina* (buchu). Ph.D. thesis. University of Reading. [Link: https://bit.ly/396oW25](https://bit.ly/396oW25)
152. Gill BC (2019) What is the role of antispasmodic drugs in the treatment of neurogenic bladder?. *Medscape*. [Link: https://wb.md/2WuEUht](https://wb.md/2WuEUht)
153. Andreicuț A, Părvu AE, Moț AC, Părvu M, Fischer-Fodor E, et al. (2018) Anti-Inflammatory And Antioxidant Effects Of *Mahonia aquifolium* Leaves And Bark Extracts. *Farmacia* 66: 49-58. [Link: https://bit.ly/2OCFUvm](https://bit.ly/2OCFUvm)
154. Rohrer U, Eva M, Kuz K, Lenkeit K, Schaffner W, Meyer JRG (2007) Antimicrobial activity of *Mahonia aquifolium* and two of its alkaloids against oral bacteria. *Schweiz Monatsschr Zahnmed* 117: 1126-1131. [Link: https://bit.ly/3eFU0v](https://bit.ly/3eFU0v)
155. Zhang L, Ravipati AS, Koyyalamudi SR, Jeong SC, Reddy N, et al. (2011) Antioxidant and anti-inflammatory activities of selected medicinal plants containing phenolic and flavonoid compounds. *J Agric Food Chem* 59: 12361-12367. [Link: https://bit.ly/2ZEFwY5](https://bit.ly/2ZEFwY5)
156. Coklar H, Akbulut M (2017) Anthocyanins and phenolic compounds of *Mahonia aquifolium* berries and their contributions to antioxidant activity. *Journal of Functional Foods* 35: 166-174. [Link: https://bit.ly/2Ce67Oz](https://bit.ly/2Ce67Oz)
157. Rackova L, Oblozinsky M, Kostalova D, Kettmann V, Bezakova L (2007) Free radical scavenging activity and lipoxygenase inhibition of *Mahonia aquifolium* extract and isoquinoline alkaloids. *J Inflamm* 4: 15. [Link: https://bit.ly/39jilS9](https://bit.ly/39jilS9)
158. Li AR, Zhu Y, Li XN, Tian XJ (2007) Antimicrobial activity of four species of Berberidaceae. *Fitoterapia* 78: 379-381. [Link: https://bit.ly/32yuC3x](https://bit.ly/32yuC3x)
159. Cernáková M, Kostálová D (2002) Antimicrobial Activity of Berberine- a Constituent of *Mahonia aquifolium*. *Folia Microbiol (Praha)*, 47: 375-378. [Link: https://bit.ly/2OD2PXI](https://bit.ly/2OD2PXI)
160. Volleková A, Kostálová D, Kettmann V, Tóth J (2003) Antifungal activity of *Mahonia aquifolium* extract and its major protoberberine alkaloids. *Phytother Res* 17: 834-837. [Link: https://bit.ly/3eEoxVL](https://bit.ly/3eEoxVL)
161. Andreicuț AD, Fischer-Fodor E, Părvu AE, Țigu AB, Cenariu M, et al. (2019) Antitumoral and Immunomodulatory Effect of *Mahonia aquifolium* Extracts. *Oxi Med Cell Long* 2019: 6439021. [Link: https://bit.ly/2B88VMM](https://bit.ly/2B88VMM)
162. Černáková M, Košťálová D (2002) Antimicrobial activity of berberine—a constituent of *Mahonia aquifolium*. *Folia Microbiol* 47: 375-378. [Link: https://bit.ly/3eFLWpM](https://bit.ly/3eFLWpM)
163. Sun D, Abraham SN, Beachey EH (1998) Influence of Berberine Sulfate on Synthesis and Expression of Pap Fimbrial Adhesin in Uropathogenic *Escherichia coli*. *Antimicrob Agents Chemother* 32: 1274-1277. [Link: https://bit.ly/32sOqFo](https://bit.ly/32sOqFo)