

Phyto- medicine in improving quality of life during chemotherapy

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Abstract

Plants are man's first medicines. In ancient times, "medical" care mainly involved using plants as medicines. Throughout history, people all over the world have used herbs to maintain and improve health into the art of healing. A constant process of searching, testing, and verifying in all cultures across the globe resulted in the development of an empirical science. Many plants have an established place within scientific medicine and are used for a broad range of health conditions. An herb is a plant or its part used for its scent, flavor, or therapeutic properties. They are sold as tablets, capsules, powders, teas, extracts, and fresh or dried plants.

In 2010, the inventory of a British-American team of researchers revised the previously stated number of plants down from 900,000 plants to between 300,000 and 400,000 of which only 6% have been screened systematically for their biological activity and 15% have been investigated phytochemically and just under 10% have had any form of research carried out into the possible use as medicines. It is predictable that natural compounds and their derivatives comprise nearly 60% of all drugs in clinical use and medicinal plants contribute not less than 25%. In Germany, herbal medicine is identified as one of the elements of naturopathy, and approximately 600–700 plant-derived medicines are accessible and prescribed by approximately 70% of German physicians. In 2011, 20% of herbal drugs were sold as prescriptions and 80% over the counter in Germany. In the EU, annual revenues from herbal medicines surpassed US\$ 6 billion in 2003.

Phyto medicine used for quality of, their constituents, their properties and recommended dose, Iris pallida – Lam (Dalmation Iris, Sweet iris, Fragrant Iris, Zebra Iris), The fresh root possesses diuretic, emetic and cathartic properties. If given in large doses, it will occasion nausea, vomiting, purging and colic. The drug was formerly employed in the treatment of bronchitis and chronic diarrhoea, and was considered a useful remedy in dropsy. Dosage: Not more than 500 milligrams per day.

A systematic review of published material is used to assess health technologies. From 1987 to November 2, 2014, an electronic literature search was conducted in the Cochrane Central Register of Controlled Trials, Cochrane Database of Systematic Reviews, Medline, PubMed, Science Direct, SCOPUS, EMBASE, LANCET, and Google Scholar databases for randomised controlled trials, observational analytical studies, case control and cohort studies pertaining to phytomedicine and herbal medicine in cancer treatment published in the Cochrane Central Register of Controlled Trials, Cochrane Database of Systematic Reviews Changes in mortality and adverse event profile were among the overall outcome measures obtained. The Risk of Bias Table from the Cochrane Review Manager was used to assess the risk of bias.

This review included 14 studies with a total of 1965 participants (817 received phytomedicine or herbal medicine in addition to conventional therapy, and 1148 received conventional therapy only) suffering from various cancers (including cancers of the breast, prostate, nasopharynx, pancreas, stomach, ovary, non-small cell lung cancer, and osteosarcoma). Phytomedicine resulted in a significant reduction in mortality when compared to conventional therapy: Risk Ratio (RR) 0.67 (95 percent Confidence Interval (CI) 0.51 to 0.90). A significant reduction in adverse medication reactions was observed when phytomedicine was combined with conventional therapy: RR 0.62. (95 percent CI 0.54 to 0.71). The addition of phytomedicine to chemotherapy increased annual treatment costs by INR 1.241 billion (US\$ 19.64 million) while preventing 25,217 deaths: the cost-effectiveness of phytomedicine is INR 49,237 per death avoided (US\$ 779 per death avoided).

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