

The Janus Corner



This occasional section within the journal surveys visions and achievements, often not on the main track of the developing biomedical sciences, but all relating to discoveries and developments of medicinal – both ancient and modern. What they have in common, in one way or another, is providing further background and glances around the edges of the core discipline of pharmacognosy, as it has been and continues to evolve within our times.

Unripe *Coccinia grandis* Fruit have Anti-diabetes Properties

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Coccinia grandis (L.) fruit (commonly known as ivy gourd) is a component of Bengali cuisine and is also prized for its medicinal properties. The gourd is reputed to maintain a healthy digestive tract by maintaining the microbiome balance, improving metabolism and preventing renal disease.¹ A recent study has confirmed that the gourd also has anti-diabetic properties.² The authors reported that the gourd extracts had a significant impact on several markers of diabetes. The extract slowed the rise in blood glucose following a meal and decreased protein glycation thereby decreasing the level of blood advanced glycation end products (AGEs). Furthermore, the same study also reported high antioxidant capacities for the gourd extracts and correlated the antidiabetic properties to these antioxidant levels. Whilst much of the photochemistry of the

gourd is yet to be determined, saponins were detected and the authors of the study linked these with the hypoglycaemic and antioxidant properties of the gourd.

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Herbal Medicines may Counter-indicate or Antagonise Prescription Drugs

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A recent study published in the British Journal of Clinical Pharmacology analysed approximately 50 cases studies with 15 of those cases reporting adverse drug reactions.¹ The patients in the 50 published studies suffered from a variety of diseases including cancer, cardiovascular disease and kidney transplants. These patients were prescribed alkylating agents, warfarin and cyclosporine respectively. Substantial drug interactions were noted, especially in cardiovascular patients administered warfarin and/or statins. The interactions occurred when the patients also took sage, flaxseed, St John's wort, cranberry, goji juice, green tea or chamomile. Interestingly, these counter-indications are particularly well known.² Despite this, there appears to be disconnect between allopathic medical

practitioners and complementary medicine. This study serves to emphasise the need for medical practitioners and their patients to also consider complementary medicines, as well as foods and beverages when commencing a term of treatment.

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