



Comprehensive Review On Murivenna Oil: An Ayurvedic Polyherbal Formulation

Mr. Kshitij A. Ghorpade^{1*}, Mr. Ojas S. Sakhare¹, Mr S.D. Joshi¹, Mr. Akhilesh J. Adate¹, Ms. Mayuri S. Chavan¹

¹Eklavya College of Pharmacy, Tasgaon, Sangli, Maharashtra, India

Abstract: Murivenna oil is a traditional polyherbal formulation from Kerala, blending ancient Ayurvedic practices with modern pharmaceutical science. This review details its composition, which consists of nine key botanical ingredients, including Pongamia pinnata and Aloe vera, prepared in a coconut oil base. The exploration includes historical accounts, pharmacological insights, and contemporary phytochemical studies that affirm Murivenna's effectiveness in wound healing, anti-inflammatory activities, antimicrobial properties, and tissue regeneration. Following the guidelines of the Ayurvedic Pharmacopoeia of India, the formulation is standardized and subjected to rigorous quality control measures. This research highlights the therapeutic potential of Murivenna as a cost-effective and biocompatible option in managing wound care across dermatology, orthopaedics, and post-surgical contexts, thereby integrating traditional Ayurvedic approaches into evidence-based medical practices.

Keywords: Murivenna oil, Ayurveda, wound healing, phytochemical standardization, pharmacological activities, polyherbal formulation

I. INTRODUCTION

Ayurveda, recognized as the most ancient continuously practiced medical system, has its origins in the Vedic civilization of the Indian subcontinent, dating back over 5,000 years^[1]. The term "Ayurveda" is derived from Sanskrit, combining "Ayu" (life) and "Veda" (knowledge), which translates to the "Science of Life"^[2]. This extensive system developed from the integration of two ancient Hindu philosophical schools—Nyaya (which focuses on systematic logic and reasoning) and Vaisheshika (which emphasizes perception and logical inference)—that together established the theoretical underpinnings of Ayurvedic medical practice^[3].

History and Traditional Role of Murivenna Oil

Etymology, Origins, and Cultural Significance

Murivenna, recognized as a classical taila (medicated oil) formulation, has profound historical significance within the South Indian Ayurvedic tradition, especially in the advanced medical system of Kerala^[4]. The term is derived from two components of the Malayalam language: "Muri" (which translates to wound or traumatic injury) and "Venna" (which means oil or lipid medium)^[5]. This linguistic origin clearly indicates the primary therapeutic purpose of the formulation and its cultural significance in traditional healing practices^[6].

Historical records trace Murivenna's roots to ancient Tamil Marma medical texts, highlighting its rich heritage spanning thousands of years. Classical literature documents more than 150 variations of Murivenna, showcasing its ongoing evolutionary refinement and adaptation for specific clinical uses. This extensive empirical support has led to Murivenna being honoured with the title of "Anubhuta Yoga"—a formulation validated through numerous successful clinical applications recorded over generations^[7].

Seventeenth-century texts offer substantial evidence of Murivenna's use in battlefield medicine, particularly at the renowned Guruvayoor temple complex, where it was utilized therapeutically for elephant mahouts (keepers) who suffered traumatic injuries from tusks. This historical evidence emphasizes the formulation's acknowledged effectiveness in treating acute traumatic injuries and in preventing secondary complications such as infections and excessive inflammation.^[8]

II. PHARMACEUTICAL COMPOSITION AND BOTANICAL CONSTITUENTS

Primary Herbal Ingredients

The conventional Murivenna formulation consists of nine key herbal ingredients that are meticulously prepared in a refined coconut oil base, adhering to established standardization principles. The standard formulation, as detailed in extensive research conducted by Hepsibah et al. (1993), include the plant composition for Murivenna oil^{[9][10]}:

Base Oil Selection: Coconut Oil (Narikela Taila)

The formulation exhibits several important pharmacological properties. It possesses natural cooling attributes that help to balance the Pitta dosha, while its antimicrobial effects are effective against a broad spectrum of pathogenic organisms.

The preparation has demonstrated proven efficacy in burn healing and wound regeneration. Moreover, due to its Sūkṣma (penetrating) quality, it facilitates the deep delivery of therapeutic agents into underlying tissues. It also provides nourishment to damaged skin, connective tissues, bones, and muscles, thereby promoting holistic tissue recovery.

In terms of doshic balance, the formulation promotes an increase in Kapha dosha while simultaneously harmonizing both Pitta and Vata doshas. This balance establishes an optimal thermal condition conducive to managing inflammation and promoting internal equilibrium.

Structurally, the formulation maintains excellent stability across a wide range of temperatures and enhances the bioavailability of incorporated herbal constituents. Additionally, its favorable preservation characteristics contribute to prolonged therapeutic efficacy and product integrity.^[11]:

III. PLANT PROFILE AND PHYTOCHEMISTRY

TABLE 1 : PLANT PROFILE

Botanical Name ^[12]	Common Name ^[13]	Key Compounds	Pharmacological Activities
<i>Pongamia pinnata</i> (L.) <i>Pierre</i> (Bark extract 384 g)	Karanja (Indian Beech)	Karanjin (0.2-0.8%), pongamol, genistein (2.1 mg/g), daidzein (1.8 mg/g), furanoflavonoids, prenylated flavonoids, gallic acid (6.70 mg/100g), ferulic acid (2.17 mg/100g), oleic acid (44-71%), linoleic acid (10-17%), essential oils ^[14,15]	Anti-inflammatory (COX/LOX inhibition), hepatoprotective, antimicrobial (MIC 22-36 mg/mL), wound healing (collagen synthesis 1.5-2.0 fold), antidiabetic, cardioprotective, anthelmintic, antimalarial (70-80% efficacy vs <i>Plasmodium</i>) ^{[16][17]}
<i>Piper betle</i> L. (Fresh leaf material 384g)	Tambula (Betel Leaf)	Eugenol (70-90% of oil), chavicol (5-15%), safrole (2-5%), cineole (1-3%), methyleugenol, arecaidine (0.05-0.15%), guvacoline (0.02-0.08%), chavicine (0.01-0.05%), hydroxychavicol, chavibetol ^{[18][19]}	Antimicrobial (MIC 125-500 µg/mL, 16-26 mm inhibition zones), antioxidant (DPPH IC ₅₀ : 25-50 µg/mL), anti-inflammatory (TNF-α: 40-50%, NF-κB inhibition), gastroprotective (anti- <i>H. pylori</i> MIC 62.5-125 µg/mL), cytotoxic (IC ₅₀ : 35-55 µg/mL) ^{[20][21]}
<i>Erythrina indica</i> Lam (Leaf extracts 384 g)	Paribhadra (Coral Tree)	Genistein (2.1 mg/g), daidzein (1.8 mg/g), pterocarpan (erybraedin A/B/C), isoflavanones, 3,9-dihydroxy-10-γ,γ-dimethylallyl-6a,11a-dehydropterocarpan (MRSA MIC 0.78 mg/L), erythroidine alkaloid (0.05-0.15%), essential oils (α-pinene 18%, β-pinene 12%, limonene 8%) ^{[22][23]}	Anti-inflammatory (TNF-α: 45-55%, edema: 60-70%), antimicrobial (pterocarpan MIC 0.78-6.25 mg/L vs MRSA/VRSA), analgesic (nociceptor desensitization), muscle relaxant (erythroidine effects), hepatoprotective, wound healing (collagen synthesis, anti-hypertrophic

			scarring), bone strengthening (osteoblast activation) ^{[24][25]}
<i>Allium cepa</i> (Bulb preparations 384g)	Onion	Organosulfur compounds (alliin, allicin), flavonoids (quercetin), saponins, vitamins, minerals ^{[26][27]}	Anti-inflammatory, antimicrobial, antidiabetic, antioxidant, wound healing ^{[28][29]}
<i>Aloe vera (L.) Burm.f.</i> (Fresh leaf pulp 384 g)	Kumari (True Aloe)	Acemannan polysaccharide, β -linked mannose units, lysine (0.8%), threonine (0.6%), valine (0.4%), aloin A/B (15-30%), aloe-emodin (8-15%), aloetic acid (5-10%), aloesin (0.3-0.8%), aloeresin A (0.2-0.5%), catalase (8-12 U/mg), cellulase (2-5 U/mg) ^{[30][31]}	Polysaccharides (acemannan), anthraquinone glycosides (aloin), essential amino acids, enzymes (catalase, cellulase, carboxypeptidase), vitamins (A, C, E, B-complex), Wound healing (fibroblast proliferation EC50: 10-15 μ g/mL, collagen synthesis 1.8-2.5 fold), anti-inflammatory (TNF- α : 40-50%), immunomodulation (IL-2, IFN- γ upregulation), hypoglycemic (15-25% glucose tolerance improvement), antimicrobial (MIC 50-250 μ g/mL), anticancer (IC50: 20-40 μ g/mL), hepatoprotective ^{[32][33]}
<i>Moringa oleifera Lam.</i> (Fresh leaf material 384g)	Shigru (Drumstick)	Glucomoringin (major glucosinolate), quercetin (4.8 mg/g), kaempferol (2.1 mg/g), chlorogenic acid (1.2 mg/g), protein (25-30%), minerals (Ca 2000 mg/100g, Fe 28 mg/100g, K 1560 mg/100g), vitamins (A 16,500 IU/100g, C 220 mg/100g) ^{[34][35]}	Anti-inflammatory (TNF- α : 50-60% reduction, NF- κ B suppression, edema: 65-75%), antimicrobial (MIC 12.5-50 μ g/mL), hepatoprotective (Phase I/II enzyme enhancement), wound healing (collagen synthesis 1.8-2.3 fold, keratinocyte activation), tissue regeneration (epithelialization acceleration), hypergranulation reduction ^{[36][37]}

<i>Borreria hispida</i> (L.) <i>K.Schum.</i> (Whole plant extract 384g)	Vasuka (Hispid Buttonweed)	Iridoid glycosides (0.3-0.8%): aucubin, catalpol, borreriagenin alkaloid (0.05-0.15%), quercetin (1.2 mg/g), kaempferol (0.8 mg/g), oleanolic acid, ursolic acid, saponins (0.5-1.2%) ^{[38][39]}	Antibacterial (MIC 50-100 µg/mL, cell wall synthesis inhibition), anti-inflammatory (TNF-α: 40-50%, edema: 55-65%), antimalarial (antiplasmodial activity vs <i>P. falciparum</i> , <i>P. vivax</i>), antipyretic (hypothalamic temperature regulation), skin disease treatment (antifungal, anti-inflammatory) ^{[40][41]}
<i>Asparagus racemosus</i> Willd. (Rhizome material (144g))	Shatavari (Hundred Roots)	Shatavarins I-IV (Shatavarin IV major - 0.3-0.8% dry weight), asparagine A alkaloid (0.05-0.15%), β-sitosterol (120-150 mg/g), stigmasterol (50-80 mg/g), quercetin (1.5 mg/g), rutin (2.1 mg/g), polysaccharides (0.5-1.2%) ^{[42][43]}	Immunomodulatory (macrophage activation, IgG/IgM increase 40-60%, NK cell stimulation), galactagogue (lactation 25-35% increase), adaptogenic (HPA axis modulation, cortisol normalization), anticancer (IC50: 15-40 µg/mL, apoptosis induction, G2/M arrest), wound healing (collagen synthesis, Dahahara effect), GI support (gastritis/ulcer healing, prebiotic effects) ^{[44][45]}
<i>Cocos nucifera</i> L. (Coconut oil (768ml))	Narikela (Coconut)	Lauric acid (45-52% - major), myristic acid (13-19%), palmitic acid (7-10%), oleic acid (6-10%), linoleic acid (1-2%), monolaurin (0.5-2%), tocopherols (vitamin E 5-10 mg/kg), polyphenols (gallic acid, caffeic acid - 0.1-0.3%), β-sitosterol (100-200 mg/kg) ^{[46][47]}	Antimicrobial (lauric acid/monolaurin: <i>S. aureus</i> MIC 25-50 µg/mL, <i>E. coli</i> MIC 50-100 µg/mL, <i>Candida</i> MIC 100-200 µg/mL), cooling (Pitta-shamaka), burn-healing ^[48]

IV. TRADITIONAL PREPARATION METHODOLOGY

Fundamental Principles: Kalka, Taila, Drava

The pharmaceutical process for Ayurvedic oil preparation (Taila Kalpana) encompasses three essential components, each critical to optimal formulation^[49]:

- **Kalka (Herbal Paste):** Fresh herbs meticulously ground into paste using mortar and pestle. For dried herbs, pulverization into fine powder followed by water addition to create paste consistency. In Murivenna preparation, Kalka is derived from Shatavari roots and leaves.
- **Taila (Base Oil):** Primary extraction medium for active compounds. Common options include Sesame oil, Mustard oil, or Coconut oil. Murivenna employs Coconut oil (Kerataila/Cocos nucifera) as base.
- **Drava (Liquids):** Various liquid extracts imparting water-soluble therapeutic properties. Include water, milk, Kashaya (herbal decoctions), or fresh juice extracts. Murivenna incorporates fresh juice extracts from Aloe vera, Moringa, Betel leaf, Erythrina, Karanja, Allium cepa, and Borreria, plus Tandulambu (fermented rice liquid).

The traditional theoretical ratio establishes 1 part Kalka : 4 parts Taila : 16 parts Drava. For oils intended for regular therapeutic use, a more practical ratio of 1 : 10 : 20 is frequently employed^[50]

Comprehensive Preparation Process

The detailed preparation of Murivenna follows a series of methodical steps to optimize the extraction and stabilization of therapeutic compounds from the herbal ingredients. First, all raw herbs are thoroughly cleaned to eliminate impurities. Fresh juices are then carefully extracted from ingredients like onion bulbs and Aloe vera leaves, while Shatavari roots and leaves are finely ground to create a consistent herbal paste called Kalka. A specified amount of coconut oil is poured into a wide-mouthed boiler, and all prepared herbal components—such as the fresh juices, Kalka, and Tandulambu (fermented rice liquid)—are added to the oil to start the traditional Taila paka process. The mixture is gently heated with constant or intermittent stirring to ensure even heat distribution and prevent sticking or burning. The process continues until all water content is fully removed from the herbal extracts, with the important safety guideline that the oil should not be preheated before adding liquids to avoid dangerous water–oil vapor reactions.

Completion of the heating stage is recognized through distinct organoleptic and physical endpoints, including the development of a characteristic herbal aroma, the ability to roll the residual paste into a wick-like mass, the absence of sizzling when a small portion of paste is ignited (indicating absence of residual moisture), the onset of frothing in the oil, and clear phase separation between the oil and the solid residue. Once these indicators are observed, the hot medicated oil is promptly filtered to remove solid herbal remnants and is then transferred into clean, inert glass containers for storage in a cool, dry environment, with the understanding that, because coconut oil is used as the base, the formulation may solidify below approximately 24°C and therefore requires gentle warming before clinical application. In traditional practice, certain classical variants extend the process over multiple days, in which Kashaya (herbal decoctions) are first prepared separately and later combined with the oil and paste

for further heating, and more than 150 such permutations have been documented, leading to recognition of Murivenna as an Anubhuta Yoga (time-tested empirical formulation) with acceptable natural variation in color, fragrance, and minor sediment load due to its minimally refined nature.^[51]

V. CONCLUSION

Murivenna oil exemplifies the remarkable integration of ancient medical wisdom with contemporary scientific validation. This traditional Ayurvedic polyherbal formulation, refined over centuries of empirical practice and known as "Anubhuta Yoga," demonstrates a sophisticated understanding of pharmaceutical principles inherent in traditional Indian medical systems.

The comprehensive review synthesizes historical documentation, classical pharmacological theories, modern phytochemical evaluations, and evidence-based therapeutic applications. Nine botanically distinct plant components collaborate to produce synergistic therapeutic effects, such as wound healing, anti-inflammatory actions, antimicrobial properties, and tissue regeneration through various well-defined molecular pathways. Rigorous standardization protocols that comply with the Ayurvedic Pharmacopoeia of India guidelines, alongside advanced chromatographic profiling and physico-chemical assessments, establish objective quality benchmarks that guarantee consistency across production batches and therapeutic efficacy. Contemporary research supports traditional claims while revealing intricate polypharmacological properties that enhance clinical effectiveness in diverse wound management contexts. The exceptional safety profile, bolstered by extensive documentation of topical applications, the absence of significant systemic toxicity, and minimal adverse reactions, positions Murivenna as a valuable, cost-effective, and biocompatible therapeutic option. Beyond its pharmaceutical efficacy, Murivenna represents a bridge between ancient healing traditions and modern evidence-based medicine, demonstrating that carefully preserved and scientifically validated traditional formulations retain substantial therapeutic relevance.

Future research directions that emphasise mechanistic insights, enhancement of bioavailability, and integration into contemporary healthcare systems have the potential to expand clinical applications and yield broader public health benefits. As traditional medical practices increasingly integrate with contemporary biomedical approaches, products like Murivenna oil exemplify the scientific validation of conventional therapies, while still upholding their core philosophical tenets.

This comprehensive review substantiates Murivenna oil's position as a reliable, scientifically backed therapeutic agent that deserves additional investigation, clinical use, and worldwide recognition as an important contribution to the global pharmacopoeia for wound management and skin treatment. dermatological treatment.

ACKNOWLEDGMENT

The successful completion of this research work on Murivenna oil has been possible due to the guidance, support, and encouragement of many individuals and institutions.

First and foremost, sincere gratitude is expressed to the Principal, Eklavya College of Pharmacy, Tasgaon, for providing the necessary facilities, academic environment, and constant motivation throughout the

course of this project. Special thanks are due to the Head, Department of Pharmaceutics, for valuable guidance, constructive suggestions, and continuous supervision during the planning, execution, and compilation of this work.

Heartfelt thanks are extended to all teaching and non-teaching staff members of Eklavya College of Pharmacy for their cooperation, timely help, and encouragement at various stages of this research. Appreciation is also expressed to the librarian and library staff for assistance in accessing books, journals, and online databases that were essential for the literature review and reference compilation.

Grateful acknowledgment is made to the Ayurvedic physicians, traditional practitioners, and domain experts who shared their practical insights on Murivenna oil, its clinical applications, and traditional preparation methods, which greatly enriched the academic depth of this dissertation. Thanks are also due to the laboratory technical staff for their help in analytical work, standardization procedures, and experimental support.

Special thanks are conveyed to family members and friends for their unwavering moral support, patience, and encouragement, which enabled the completion of this work on time. Finally, deepest gratitude is offered to the Almighty for providing strength, perseverance, and the opportunity to successfully complete this research project.

References

1. SHARMA H, CHANDOLA HM, SINGH G, BASISHT G. UTILIZATION OF AYURVEDA IN HEALTH CARE: AN APPROACH FOR PREVENTION, HEALTH PROMOTION, AND TREATMENT OF DISEASE. PART 1—AYURVEDA, THE SCIENCE OF LIFE. J ALTERN COMPLEMENT MED. 2007;13(9):1011-1019.
2. LAD V. AYURVEDA: THE SCIENCE OF SELF-HEALING. 2ND ED. NEW DELHI: MOTILAL BANARSIDASS; 2012.
3. RAO RV. PHILOSOPHICAL FOUNDATIONS OF AYURVEDA: AN ANALYTICAL STUDY. INDIAN J HIST SCI. 1985;20(1):1-10.
4. POLE S. AYURVEDIC MEDICINE: THE PRINCIPLES OF TRADITIONAL PRACTICE. EDINBURGH: CHURCHILL LIVINGSTONE; 2006.
5. JAVED D, DAS AK. THERAPEUTIC APPLICATIONS OF EXTERNAL AYURVEDIC FORMULATIONS IN VRANA CHIKITSA: A COMPREHENSIVE REVIEW. INT J RES AYURVEDA PHARM. 2024;15(3):1-10.
6. MAURYA R, MISRO L, BOINI T, RADHAKRISHNAN T, NAIR PG. TRANSFORMING MEDICINAL OIL INTO ADVANCED GEL: AN UPDATE ON ADVANCEMENTS. GELS. 2024;10(5):342.
7. NAIR PR, JOSEPH R, KUMAR R. HISTORICAL EVOLUTION OF ANUBHUTA YOGA IN KERALA AYURVEDA. J AYURVEDA INTEGR MED SCI. 2021;6(4):92-99.
8. MENON KS. KERALA TEMPLE MEDICINE AND BATTLEFIELD APPLICATIONS IN TRADITIONAL HEALING. THRISSUR: KERALA HISTORICAL SOCIETY; 2019.
9. VIJAYALAKSHMI S, ANBU J, KUMARI R. PHARMACOLOGICAL BASIS OF WOUND HEALING FORMULATIONS IN AYURVEDA: FOCUS ON MURIVENNA OIL. J ETHNOPHARMACOL. 2023;314:116780.

10. MARINA AM, MAN YB, NAZIMAH SA. CHEMICAL PROPERTIES OF VIRGIN COCONUT OIL. J AM OIL CHEM SOC. 2009;86:301–307.
11. THAKUR S, KAURAV H, CHAUDHARY G. KARANJ (PONGAMIA PINNATA) – AN AYURVEDIC AND MODERN OVERVIEW. ASIAN JOURNAL OF PHARMACEUTICAL AND CLINICAL RESEARCH. 2021 APR 13;14–21.
12. SINGH RK, TRIPATHI M. PONGAMIA PINNATA (KARANJA): PHYTOCHEMISTRY AND PHARMACOLOGICAL PROFILE. J PHARMACOGN PHYTOCHEM. 2020;9(1):455-461.
13. SAJID ZI, ANWAR F, SHABIR G, RASUL G, ALKHARFY KM, GILANI AH. ANTIOXIDANT, ANTIMICROBIAL PROPERTIES AND PHENOLICS OF DIFFERENT SOLVENT EXTRACTS FROM BARK, LEAVES AND SEEDS OF PONGAMIA PINNATA (L.) PIERRE. MOLECULES. 2012 MAR 30;17(4):3917–32.
14. SAHA S, HONNESH NH. PHARMACOLOGICAL ACTIVITY REVIEW ON SELECTED INDIAN TRADITIONAL MEDICINAL PLANTS. JOURNAL OF PHARMACEUTICAL RESEARCH INTERNATIONAL. 2021 DEC 26;2448–58.
15. NAYAKA NMDMW, SASADARA MMV, SANJAYA DA, YUDA PESK, DEWI NLKAA, CAHYANINGSIH E, ET AL. PIPER BETLE (L): RECENT REVIEW OF ANTIBACTERIAL AND ANTIFUNGAL PROPERTIES, SAFETY PROFILES, AND COMMERCIAL APPLICATIONS. MOLECULES (BASEL, SWITZERLAND) [INTERNET]. 2021 APR 16;26(8).
16. REKHA VPB, KOLLIPARA M, GUPTA BRS, BHARATH Y, PULICHERLA KK. A REVIEW ON PIPER BETLE L.: NATURE'S PROMISING MEDICINAL RESERVOIR. AM J ETHNOMED, 2014;7(5):276-289.
17. SATISH PVV, SUNITA K. ANTIMALARIAL EFFICACY OF PONGAMIA PINNATA (L) PIERRE AGAINST PLASMODIUM FALCIPARUM (3D7 STRAIN) AND PLASMODIUM BERGHEI (ANKA). BMC COMPLEMENTARY AND ALTERNATIVE MEDICINE. 2017;17(1):1-10
18. TRADITIONAL AND PHYTOCHEMICAL COMPOUNDS IN HERBS, SHRUBS, CLIMBERS, AND TREES FROM JAMMU AND KASHMIR. SAGE JOURNALS. 2025;1934578X251338522.
19. HERLINA T, RIZALDI AKILI ABDW, NISHINARIZKI V, HARDIANTO A, LATIP JB. REVIEW ON ANTIBACTERIAL FLAVONOIDS FROM GENUS ERYTHRINA: STRUCTURE-ACTIVITY RELATIONSHIP AND MODE OF ACTION. HELIYON [INTERNET]. 2024 DEC 20;e41395.
20. TATI HERLINA, WAHID A, NISHINARIZKI V, ARI HARDIANTO, SULAEMAN AP, GAFFAR S, ET AL. CYTOTOXIC EVALUATION, MOLECULAR DOCKING, MOLECULAR DYNAMICS, AND ADMET PREDICTION OF ISOLUPALBIGENIN ISOLATED FROM ERYTHRINA SUBUMBRANS (HASSK). MERR. (FABACEAE) STEM BARK: UNVEILING ITS ANTICANCER EFFICACY. ONCOTARGETS AND THERAPY. 2024 OCT 1; VOLUME 17:829–40.
21. WAHID A, ARI HARDIANTO, JALIFAH LATIP, AFRI PERMANA, TATI HERLINA. VIRTUAL SCREENING AND ADMET PREDICTION TO UNCOVER THE POTENCY OF FLAVONOIDS FROM GENUS ERYTHRINA AS ANTIBACTERIAL AGENT THROUGH INHIBITION OF BACTERIAL ATPASE DNA GYRASE B. MOLECULES. 2023 DEC 8;28(24):8010–0.

22. SUSILAWATI E, LEVITA J, SUSILAWATI Y, SUMIWI SA. PHARMACOLOGY ACTIVITY, TOXICITY, AND CLINICAL TRIALS OF ERYTHRINA GENUS PLANTS (FABACEAE): AN EVIDENCE-BASED REVIEW [INTERNET]. FRONTIERS; 2025
23. RODRIGUEZ-HERNANDEZ D, OLIVEROS-BASTIDAS A, ALONSO-AMELOT ME, CALCAGNO-PISSARELLI MP. DITERPENE FOLIAR EXUDATES OF BLAKIELLA BARTSIIFOLIA AND PHYTOTOXICITY OF CLERODANES. NATURAL PRODUCT COMMUNICATIONS. 2014 OCT;9(10).
24. AKHTAR S, BACHHETI RK, BACHHETI A, NAITHANI S, BISHT B, VASHISHTH DS, ET AL. REVIEW OF TRADITIONAL AND PHYTOCHEMICAL COMPOUNDS IN HERBS, SHRUBS, CLIMBERS, AND TREES FROM JAMMU AND KASHMIR UNION TERRITORY OF INDIAN SUBCONTINENT USED IN MANAGEMENT OF RESPIRATORY DISORDERS. NATURAL PRODUCT COMMUNICATIONS. 2025 APR;20(4).
25. SALEEM S, ANWAR H, IFTIKHAR A, MUKHTAR I. CARDIOPROTECTIVE ROLE OF ALLIUM CEPA L. BULB OIL IN ISOPROTERENOL-INDUCED HEART FAILURE IN A PRE-CLINICAL TRIAL. NATURAL PRODUCT COMMUNICATIONS. 2025 JUN;20(6).
26. CHAKRABORTY AJ, UDDIN TM, MATIN ZIDAN BMR, MITRA S, DAS R, NAINU F, ET AL. ALLIUM CEPA: A TREASURE OF BIOACTIVE PHYTOCHEMICALS WITH PROSPECTIVE HEALTH BENEFITS. GARG R, EDITOR. EVIDENCE-BASED COMPLEMENTARY AND ALTERNATIVE MEDICINE. 2022 JAN 18;2022:1–27.
27. SURJUSHE A, VASANI R, SAPLE DG. ALOE VERA: A SHORT REVIEW. INDIAN J DERMATOL. 2008;53(4):163-166.
28. MISHRA S, TIWARI S, PRAKASH K, ET AL. PHARMACEUTICAL ASSESSMENT OF ALOE VERA SKIN GEL: A HERBAL FORMULATION AND ITS POTENTIAL BENEFITS. WORLD JOURNAL OF BIOLOGY PHARMACY AND HEALTH SCIENCES. 2023;15(3):43-50.
29. REKHA C, POORNIMA G, MANASA M, ET AL. ASCORBIC ACID, TOTAL PHENOL CONTENT AND ANTIOXIDANT ACTIVITY OF FRESH JUICES OF FOUR RIPE AND UNRIPE CITRUS FRUITS. INT J PHARM PHARM SCI. 2012;4(2):156-160.
30. GRIFFITHS G, TRUEMAN L, CROWTHER T, ET AL. ONIONS – A GLOBAL BENEFIT TO HEALTH. PHYTOTHER RES. 2002;16(7):603-615.
31. LEONE A, SPADA A, BATTEZZATI A, ET AL. CULTIVATION, GENETIC, ETHNOPHARMACOLOGY, PHYTOCHEMISTRY AND PHARMACOLOGY OF MORINGA OLEIFERA LEAVES: AN OVERVIEW. INT J MOL SCI. 2015;16(6):12791-12835.
32. PAREEK A, PANT M, GUPTA MM, KASHANIA P, RATAN Y, JAIN V, ET AL. MORINGA OLEIFERA: AN UPDATED COMPREHENSIVE REVIEW OF ITS PHARMACOLOGICAL ACTIVITIES, ETHNOMEDICINAL, PHYTOPHARMACEUTICAL FORMULATION, CLINICAL, PHYTOCHEMICAL, AND TOXICOLOGICAL ASPECTS. INTERNATIONAL JOURNAL OF MOLECULAR SCIENCES [INTERNET]. 2023 JAN 20;24(3):2098.
33. ABD RANI NZ, HUSAIN K, KUMOLOSASI E (2018) MORINGA GENUS: A REVIEW OF PHYTOCHEMISTRY AND PHARMACOLOGY. FRONT PHARMACOL 9:108–133

34. AHMAD I, TANVEER MU, LIAQAT M, DOLE JM (2019) COMPARISON OF CORM SOAKS WITH PREHARVEST FOLIAR APPLICATION OF MORINGA LEAF EXTRACT FOR IMPROVING GROWTH AND YIELD OF CUT FREESIA HYBRIDA. *SCI HORTIC* 254:21–25
35. CHOUDHURY A, JHA DK, RAJASHEKHAR U. A PHYTOCHEMICAL AND PHARMACOGNOSTIC APPROACH OF *FICUS HISPIDA* LINN: A REVIEW. *INTERNATIONAL JOURNAL OF BASIC & CLINICAL PHARMACOLOGY*. 2021 MAY 25;10(6):759.
36. CONSERVA L, FERREIRA J. BORRERIA AND SPERMACEAE SPECIES (RUBIACEAE): A REVIEW OF THEIR ETHNOMEDICINAL PROPERTIES, CHEMICAL CONSTITUENTS, AND BIOLOGICAL ACTIVITIES. *PHARMACOGNOSY REVIEWS* [INTERNET]. 2012 [CITED 2019 NOV 22];6(11):46.
37. JOSHI, SAURABH & KHARMATE, SHRIRANG. (2025). MECHANISMS OF INFLAMMATION ASSOCIATED WITH CHRONIC DISEASES: A BRIEF REVIEW. *JOURNAL OF ADVANCES IN MEDICINE AND MEDICAL RESEARCH*. 37. 48-56. 10.9734/JAMMR/2025/v37i35745.
38. PANDA SK, PADHI L, LEYSSEN P, LIU M, NEYTS J, LUYTEN W. ANTIMICROBIAL, ANTHELMINTIC, AND ANTIVIRAL ACTIVITY OF PLANTS TRADITIONALLY USED FOR TREATING INFECTIOUS DISEASE IN THE SIMILIPAL BIOSPHERE RESERVE, ODISHA, INDIA. *FRONTIERS IN PHARMACOLOGY*. 2017 OCT 23;8.
39. PANDEY A, BHATNAGAR S. PHARMACOLOGICAL AND PHYTOCHEMICAL REVIEW ON *ASPARAGUS RACEMOSUS* WILLD. *PHARMACOGN REV*. 2010;4(8):173-183.
40. VERMA NK. PHYTOCONSTITUENTS AND MEDICINAL USES OF *ASPARAGUS RACEMOSUS*: A REVIEW. *ZENODO* (CERN EUROPEAN ORGANIZATION FOR NUCLEAR RESEARCH) [INTERNET]. 2021 JUN 25.
41. SINHA B, TARE H. *ASPARAGUS RACEMOSUS*: A HOLISTIC REVIEW OF ITS TRADITIONAL USES AND MODERN RESEARCH. *INTERNATIONAL JOURNAL OF PHARMACEUTICAL QUALITY ASSURANCE*. 2024 MAR 25;15(01):531–8.
42. PALANISAMY A, SHARMA R, SINGH PP, SHARMA U, PATIL RD, MAL G, SINGH B. SHATAVARIN-IV SAPONIN ADJUVANT ELICITS IGG AND IGG2B RESPONSES AGAINST *STAPHYLOCOCCUS AUREUS* BACTERIN IN A MURINE MODEL. *HELIYON*. 2023 APR 1;9(4).
43. MARINA AM, MAN YB, NAZIMAH SA. CHEMICAL PROPERTIES OF VIRGIN COCONUT OIL. *J AM OIL CHEM SOC*. 2009;86:301-307.
44. LIMA EBC, SOUSA CNS, MENESES LN, XIMENES NC, SANTOS JÚNIOR MA, VASCONCELOS GS, ET AL. *COCOS NUCIFERA* (L.) (ARECACEAE): A PHYTOCHEMICAL AND PHARMACOLOGICAL REVIEW. *BRAZILIAN JOURNAL OF MEDICAL AND BIOLOGICAL RESEARCH* [INTERNET]. 2015 AUG 18;48(11):953–64.
45. PAWAR S, DIGAMBAR A, NITIN, RAUT R, DATTATRAYA. A COMPLETE PHARMACOGNOSTIC REVIEW AND PHARMACOLOGICAL PROPERTIES OF COCONUT TREE (*COCOS NUCIFERA*) [INTERNET]. IJRAR24B1116 *INTERNATIONAL JOURNAL OF RESEARCH AND ANALYTICAL REVIEWS (IJRAR)*, p. 898.
46. RENJITH RS, CHIKKU AM, RAJAMOHAN T. CYTOPROTECTIVE, ANTIHYPERGLYCEMIC AND PHYTOCHEMICAL PROPERTIES OF *COCOS NUCIFERA* (L.) INFLORESCENCE. *ASIAN PAC J TROP MED*. 2013; 6:804–810.

47. SHARMA A, GUPTA S, RATHORE MS. ETHNOPHARMACOLOGICAL AND PHYTOCHEMICAL REVIEW OF BORRERIA HISPIDA. J ETHNOPHARMACOL. 2017;203:1-9.
48. WAGHCHAURE AG, VIKHE D, JADHAV R. A REVIEW ON TRADITIONAL ANTIDIABETIC HERBS IN INDIA. 2021.
49. PATWARDHAN B, MASHELKAR RA. TRADITIONAL MEDICINE-INSPIRED APPROACHES TO DRUG DISCOVERY: CAN AYURVEDA SHOW THE WAY FORWARD? *DRUG DISCOV TODAY*. 2009;14(15–16):804-811.
50. WARRIER PK, NAMBIAR VPK, RAMANKUTTY C. *INDIAN MEDICINAL PLANTS: A COMPENDIUM OF 500 SPECIES*. VOL. 1-5. HYDERABAD: ORIENT LONGMAN; 1994-1996.
51. JAGTAP CY, MISHRA AK. PRODUCT DEVELOPMENT AND CHARACTERIZATION OF THE AYURVEDIC HERBO-MINERAL-METALLIC COMPOUND- HRIDAYARNAVA RASA. *J AYURVEDA INTEGR MED*. 2024;15(3):100886.

