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"A COMPREHENSIVE REVIEW: ON ROLE OF AROMATIC PHYTOCHEMICALS FROM HERBS LIKE JASMIN GRANDIFLORA, AZADIRACHTA INDICA AND EUCALYPTUS LEAVE IN THE TREATMENT OF COMMON COLD"

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Abstract:

Phytochemicals are natural compounds found in plants that hold immense significance for human health. These bioactive substances encompass a diverse array of compounds, such as flavonoids, polyphenols, and alkaloids, which contribute to the vibrant colors, flavors, and protective mechanisms of various plant species. Beyond their potential in managing common cold symptoms. These compounds include flavonoids, polyphenols, and alkaloids, among others. Research suggests that phytochemical-rich foods like garlic, ginger, and echinacea may possess antiviral and immune-boosting properties, which could help alleviate common cold symptoms.

Keywords: Jasmine, Neem Leaves and Harit Pan

INTRODUCTION:

Common colds can be defined as upper respiratory tract infections that affect the predominantly nasal part of the respiratory mucosa. Because upper respiratory tract infections can affect any part of the mucosa, it is often arbitrary whereas an upper respiratory tract infection is called a "cold" or "sore throat". [1]

The common cold is the most frequent acute illness in the United States and throughout the industrialized world. About half the population gets at least one cold every year. ^[2] Colds account for 40% of all time lost from jobs among employed people (23 million days of work per year) and about 30% of absenteeism from schools (26 million school days per year). ^[3]

Seasonal patterns of infection can be identified for some of the various types of viruses that are responsible for the common cold such as parainfluenza viruses, rhinoviruses is one of the most virus affected on human health, and Adenoviruses and coronaviruses tend to produce epidemics during the winter and spring.

The pathophysiology of common cold, especially on the aspect of cellular migration and defense. Most upper respiratory tract infections are caused by rhinoviruses. The rhinovirus is a non-enveloped 30nm RNA-virus with over 100 serotypes and only replicates in primates. [4] It belongs

Picornaviridae family, consisting of small RNA-viruses ('PicoRNA Viruses') also including enteroviruses, aphto- and cardioviruses and hepatitis A virus.^[5]

Rhinoviruses are transmitted mainly via direct- or indirect contact with infected secretions and invade their host by binding to the ICAM-1 receptor on the nasal epithelium^[6,7]. Typical for rhinovirus upper respiratory tract infections are isolated scattered foci of infected epithelium, not showing any striking damage or cytopathic alterations, between large areas of normal epithelium.^[8,9]

A rhinovirus is spread from person to person by virus contaminated respiratory secretions, partially through inhalation of small-, or large-particle aerosols, but mainly via direct-or indirect contact with infected secretions. [10] In 40% up to 90% of common cold patients, a rhinovirus could be detected on the hands presumably due to frequent contact with the virus-shedding nose. [11] Hendley and Gwaltney supported the importance of hand-to-hand transmission by demonstrating that treatment of the hands with a virucidal compound significantly reduced transmission of rhinovirus inf ection. [12] Since rhinoviruses retain their virulence up to 3 days on plastic surfaces, transmission is very easy. [12]

SYMPTOMS:

When a person has a cold virus, their immune system tries to fight it off. This causes the symptoms that we recognize as a cold.^[13]

- a sore throat
- a cough
- sneezing
- a blocked or runny nose
- a headache

Rarer symptoms include:

- muscle aches
- shivering
- pinkeye
- weakness
- low appetite
- fatigue

CAUSES:

The majority of the over 200 Trusted Source viruses that can induce cold symptoms are rhinoviruses. The immune system strives to combat viruses when they enter the body. In someone with a robust immune system, symptoms might not materialize However, signs of infection will show up if the immune system is unable to combat the virus.^[13]

INTRODUCTION OF PHYTOCHEMICALS:

Phytochemicals are non-nutrient plant compounds that are biologically active and produced by the primary and secondary metabolism of plants.^[14] Phytochemicals are natural functional ingredients widely present in fruits, vegetables, seeds and nuts, whole grain products, legumes, dark chocolate, and tea, whose regular dietary intake was suggested to reduce the occurrence of many chronic illnesses.^[15]

Phytochemicals are protective for plants against ultraviolet light, predators, insects, and disease. [16 - 18]

ROLE OF PHYTOCHEMICALS IN HEALTH AND DISEASES:

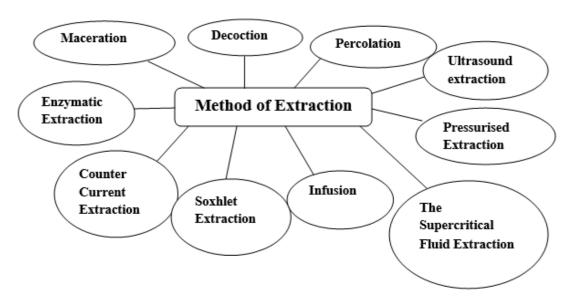
Phytochemicals play an important role in human health as antioxidants, antibacterial, antifungal, antiinflammatory, anti-allergic, antispasmodic, chemopreventive, hepatoprotective, hypotensive, prevent aging, diabetes, osteoporosis, cancer and heart diseases, induce apoptosis, diuretic, CNS stimulant, analgesic, protects from UVB-induced carcinogenesis, immuno-

modulator and carminative. [19] In humans, curcuminoids, the polyphenolic phytochemicals, acts as an anti-inflammatory and cancer preventive drug.

Genistein (5,7,4'-trihydroxyisoflavone) is one of two major isoflavonoids in soy. Soy isoflavonoid conjugates have chemopreventive activity in carcinogen induced rat models of breast cancer.^[20]

EXTRACTION METHOD FOR STUDYING PHYTOCHEMICALS:

Extraction method is the crucial in the first step of isolation of phytochemicals. Because it's necessary for the desired chemical constituent of phytochemicals for further separation and characterized of phytochemicals. It has been reported that the size of the plant material, properties of the solvent solid to solvent ratio extraction temperature, and extraction time will affect the extraction efficiency. [21,22] High temperature affects dispersion and solubility. High temperatures may result in solvents being lost and extracts with impurities and the degradation of thermolabile compounds. The extraction efficiency increases with extraction time will not affect the extraction. [23]



- 1. **Maceration**: In the process of maceration (for fluid extract), whole or coarsely powdered plant-drugs are kept in contact with the solvent in a sealed container for a predetermined amount of time with frequent stirring until soluble materials is dissolved. For use with medicines that are thermolabile, this approach is the most appropriate. [2,25,26,27]
- 2. **Infusion**: This is a diluted solution of the parts of the crude medicines that are easily soluble. Making fresh infusions involves briefly macerating the contents in either cold or boiling water. [25,26,27,28]
- 3. **Digestion**: This is a type of maceration where the maceration extraction process is heated gently. When a somewhat high temperature is acceptable, it is employed because it increases the menstrual fluid's ability to dissolve solvents.^[25,27,28]
- 4. **Percolation**: Percolation is a continuous process of extraction which depends on the diffusion that's already a another method of extraction. In diffusion, liquid moves from higher concentration to lower concentration (Zhang et al.,2018). In percolation, the solvent also moves or flow from higher concentration to lower concentration until it absorbs constituents from the container through bottom filtered. It has an advantage that it shows continuous gravity for flow of solvent that is fresh or unsaturated and the soluble constituents are removed by the solvent. Percolation process is continued at room temperature without agitation, until its all the constituents are extracted. [26,27,28]
- 5. **Soxhlet extraction**: This method is only necessary when the impurity is insoluble in the solvent in which the target chemical has a limited solubility. If the target component is highly soluble in a

solvent, it can be easily separated from the insoluble material via filtration. The benefit of this method is that only one batch of warm solvent is recycled, as opposed to numerous portions being passed through the sample. Because prolonged heating could cause the compounds to degrade, this approach cannot be employed with thermolabile chemicals. [25,26,27,28,29,30]

- 6. **Ultrasound extraction:** is also known as the sono extraction method. This method involves the use of ultrasound with the different frequencies ranging from the 20mhz because they increase the permeability of the cell walls. This process is used in many cases such as the extraction of the natural roots of the plants. It is used for large scale production due to their high costs. It is most simple method for the disruption of the cell walls. [26,27,31]
- 7. **Counter current extraction:** In this method, the solvent is present in a large amount and the other one i.e. solute is present in a small amount as compared to the solvents. The liquid-liquid extraction basically takes place at the same time in all tubes of the apparatus which are used for the extraction as electromechanically. The separation of the active components between thewater and organic solvents basically depends upon the hydrophillic groups which are present in the basic molecule. [25,26,27]
- 8. **Decoction**: In this extraction method, the plant parts are brought to a boil in water followed by cooling, straining, and passing sufficient cold water through the drug to produce the required volume.^[32]
- 9. **Enzymatic Extraction**: In this extraction method, enzymes are used to increase the yields during the extraction. Enzymes are used to soften the tissues of biomass and facilitate the degradation of the cells.^[26,27,33]
- 10. **The Supercritical Fluid Extraction :** In this extraction method, supercritical fluids at high temperatures and pressures above the critical values are applied to the extraction material. The pressure is adjusted, and the supercritical fluids return to their gas phase and evaporate without leaving solvent residues. [26,27,33]
- 11. **Pressurised Liquid Extraction :** This extraction method is conducted under high pressures and temperatures that aid in the high solubility of the compounds in the solvent and result in high diffusion of the solvent into the sample array.^[33]

JASMINE GRANDIFLORA: [34],[35],[36]

Taxonomical position of Jasmine grangiflora:

Kingdom	Plantae – Plants
Subkingdom	Tracheobionts - Vascular Plant
Division	Mangoliophyte - Flowering Plants
Class	Magnoliopsida- Dicotyledons
Order	Scrophulariales
Family	Oleaceae- Olive family
Genus	Jasminum
Species	Grandiflorum

VERNACULAR NAME OF JASMINE GRANDIFLORA:[37]

Hindi	Chameli, Jati
Sanskrit	Balihrasa, Chambeli, Chetaki
Gujarati	Chameli
Telugu	Jai puvvu
Urdu	Yasmeen
English	Jasmin
Tamil	Anankam, Jatimalli, Jatimullai
Manipuri	Jati kuppi. [[]



Flower Leaves

CHEMICAL COMPOSITION OF JASMINUM GRANDIFLORUM [38]:

	Anac Olcay, 1986 ²⁸		Feng Huan Wei <i>et al.</i> , 2015 ²		
1.	Linalool	1.	Benzyl acetate		
2.	Benzyl acetate	2.	Nerolidol		
3.	Benzylalcohol	3.	Cedrol		
4.	Nerolidol	4.	Methyl myristate		
5.	p-cresol	5.	7-Tetradecene		
6.	Lactones	6.	Benzyl benzoate		
7.	Indole	7.	Neophytadiene		
8.	Benzoic acid	8.	Perhydrofarnesyl Acetone		
9.	Methyl linoleate +	9.	Phytol acetate		
	vanilin	10.	Nonadecane		
10.	Benzyl benzoate	11.	Geranyl linalool		
11.	Phytol (isomers)	12.	Methyl palmitate		
12.	High paraffins	13.	3,7,11,15- tetramethyl -1-		
			Hexadecen-3-ol		
		14.	Hexadecanoic acid		
		15.	3,7,11-trimethyl-1,6,10-		
			dodecatrien-3-ol		
		16.	3,7,11,15-		
			tetrameth ylhexadecanoic		
			acid methyl ester		
		17.	9,12,15-octadecatrienoic		
			acid methyl ester		
		18.			
			Phytol		
		20.	Octadecanoic acid methyl ester		
		21.	9,12,15-Octadecatrienoic acid		
		22.	Docosane		
		23.	Tricosane		
		24.	Tetracosane		
		25.	Pentacosane		
			Hexacosane		
		27.			
			Octacosane		
		29.			
		30.	Nonacosane		

PHARMACOLOGICAL ACTIVITY:

- a) **Spasmolytic activity:** In vitro, jasmine has spasmolytic activity on the uterus of rats and the post synaptic ileum of guinea pigs, which is not atropine-like. It was most likely cAMP, not cGMP, that caused the spasmolytic action of jasmine absolute. It has been suggested that the contradictory effects observed in vitro and in vivo are likely caused by the fact that jasmine absolute solely has physiological effects in vitro (producing a relaxation) as opposed to psychological effects in vivo (producing a stimulant effect in humans and enhanced movement in animals)^[39].
- **b) Anti-inflammatory activity:** Jasminum officinale, Azadirachta indica, Berberis aristata, Curcuma longa, Picrorrhiza kurroa, Rubia cordifolia, Trichosanthues dioica, Aristolochia indica, Hemidesmus indicus, Randiaspinosa, and Glycyrrhiza glabra have all been included in the polyherbal formulation Jatyadi ghrita. When compared to Diclofenac sodium, which demonstrated 33 percent inhibition, the preparation demonstrated nearly 50 percent inhibition of croton oil-induced ear edema^[40].
- c) Anti-acne activity: Using the broth dilution method, researchers have investigated the anti-acne activity of 10 natural medicines that are utilized as traditional medicine in diverse skin problems. These products target Propionibacterium acnes. It was discovered that the J. grandiflorum extract's minimal inhibitory concentrations (MIC) were less than $800 \, \mu g/ml41$. [41]
- **d) Breast cancer activity:** Flowers of J. grandiflorum are useful to women when brewed as a tonic as it aids in preventing breast cancer and stopping uterine bleeding.^[42]
- **e) Anticholinesterase Activity:** The aqueous and hydroethanolic extracts of the flower buds have the potential to inhibit CNS enzymes.^[43]
- **f) Anthelmintic activity:** Anthelmintic activity of the various extracts of flowers of Jasminum grandiflorum was investigated with Indian adult earthworms. The ethanolic extract showed significant anthelmintic activity. [44]
- g) Analgesic Activity: The various solvent extracts of leaves of Jasminum grandiflorum were investigated for analgesic activity in albino rats and mice by formalin test and hot plate method. The aqueous extract of leaves expressed high analgesic activity at a dose of 200 mg/kg.^[45]

Traditional Uses [46]:

They are useful in stomatopathy, cephalopathy, odontopathy, ophthalmopathy, leprosy, skin diseases, pruritis, strangury, dysmenorrhoea, ulcers, as refrigerant, ophthalmic and vitiated conditions of pitta.

AZADIRACHTA INDICA [NEEM LEAVES] [47,48]:

Taxonomical position of *Azadirachta indica* (neem):

Family	Meliaceae
Subfamily	Melioideae
Order	Rutales
Suborder	Rutinae
Genus	Azadirachta
Species	Indica

VERNACULAR NAME OF AZADIRACHTA INDICA [49]:

Hindi	Neem
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Gujarati	Dhanujhada
Tamil	Veppai, Sengumaru
Sansakrit	Pakvakrita, Nimbaka
Marathi	Nimbay
Telugu	Vepa

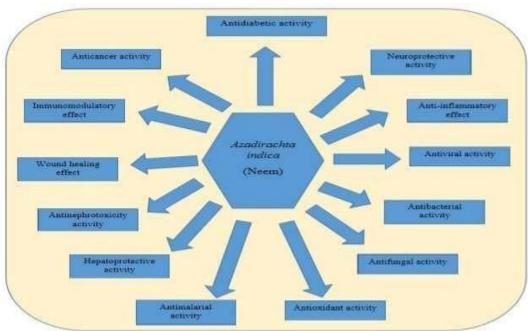


Neem Leaves Neem Fruits

CHEMICAL COMPOSITION OF AZADIRACHTA INDIC [50]:

Sr. No	Source	Chemical Constituents	Uses
3	Seed Oil	Nimbidin	Anti-inflammatory, Anti-arthritics, Hypoglycemic, Antipyretic, Spermicidal, Antifungal, Antibacterial, Diuretic.
2	Seed Oil	Azadirachtin	Antimalarial
2 3 4 5 6 7	Seed Oil	Nimbin	Spermicidal
4	Seed Oil	Nimbolide	Antimalarial, Antibacterial
5	Seed Oil	Gedunin	Antimalarial, Antifungal
6	Seed Oil	Mahmoodin	Antibacterial
7	Bark	Gallie Acid and Catechin	Antibacterial
	Bark	Margolone, Margolonone and isomargolonone	Antibacterial
9	Leaf	Cyclic Trisulphide and Cyclic tetrasulphide	Antifungal
10	Leaf	Polysaccharides	Anti-inflammatory
9 10 11 12 13	Bark	Polysaccharides G1A, G1B	Antitumour
12	Bark	Polysaccharides G2A	Anti- inflammatory
13	Bark	NB-2 Peptidoglucon	Immunomodulatory

PHARMACOLOGICAL ACTIVITY:



a) Anti-inflammatory effect : Anti-inflammatory effect of neem plants has been reported by various studies. In an experimental study based on rat models, nimbidin from neem trees was used orally to

evaluate its anti-inflammatory response. It was confirmed that the phagocytosis was inhibited, and further, the migration of macrophages to their peritoneal cavities was significantly inhibited in response to inflammatory stimuli.^[51]

- **b) Wound-healing effect :** As a folk medicine, wound-healing properties of the neem leaves are known since ancient times. In one study, the effects of neem oil in the treatment of chronic, nonhealing wounds were performed, and the results showed that after 8 weeks of treatment, 50% wound healing was observed in almost 44% patients. In another study, the aqueous extract of neem leaves was used to check the wound-healing activities, and a significant reduction in the longest diameter wounds has been observed. [52]
- **c) Immunomodulatory effect**: Neem oil is also used as a nonspecific immunostimulant as it plays a role in the activation of cell-mediated immune mechanisms to elicit an enhanced response to subsequent mitogens. Besides this, neem infusion has been found to successfully improve the antibody titer growth performance when used at the level of 50 ml/l of fresh drinking water. ^[53]
- **d)** Cardioprotective effect: As a folk medicine, the neem tree extract is well known for its cardioprotective properties as well. In this regard, A. indica extract at a dose of 250–1000 mg/kg significantly restores most of the hemodynamic, biochemical, and histopathological parameters. The study further concluded that neem extract shows equipotent cardioprotective activities as compared to Vitamin E.^[54]
- e) Antimicrobial activity: Neem extracts are rich in antimicrobial compounds as some studies have clearly shown that neem extracts can be potentially useful to control some foodborne pathogens and other spoilage organisms. Antiviral activity of neem bark extract confirmed that bark extract extensively blocked HSV-1 entry into cells at $50-100 \, \mu g/ml$ concentration. Antifungal activity of extracts of seed on Candida spp. has also been evaluated, and the finding of the study has concluded that neem seed extract appears to be hopeful anticandidal agents. [55]
- **f) Antidiabetic effect**: The neem tree extract has also been evaluated for its antidiabetic activities. Earlier finding confirmed that diabetic rats treated with neem extract (250 mg/kg b. w.) exhibited glucose levels significantly less as compared to the control group. Neem root bark extract showed reduction in blood sugar level at dose of 200 and 400 mg/kg b. w. Higher dose of this extract (800 mg/kg b. w.) showed significant reduction in blood sugar level and it reduced blood sugar level by 54% as comparison to control. [56]

TRADITIONAL USES [57]:

Traditionally, neem leaves, blossoms, seeds, fruits, roots, and bark have all been used to cure fever, infections, inflammation, skin conditions, and dental issues. The therapeutic benefits of neem leaf in particular have been documented. Immunomodulatory, anti-inflammatory, antihyperglycemic, antiulcer, antimalarial, antifungal, antibacterial, antiviral, antioxidant, antimutagenic, and anticarcinogenic qualities have all been shown for neem leaf and its compounds. The extensive variety of pharmacological actions of neem leaf is summarized in this paper.

EUCALYPTUS LEAVE [58]:

Taxonomical Classification of Eucalyptus Leave:

monnean Class	nonnear classification of Euchypius Ecuve:		
Kingdom	Plantae		
Phylum	Spermatophyta		
Class	Dicotyledonae		
Order	Myrtales		
Family	Myrtaceae		

Genus	Eucalytu

VERNACULAR NAME OF EUCALYPTUS [59]:

Hindi	Neelgir
English	Gum Eucalyptus
Sanskrit	Tail Pan
Gujarati	Harit Pan





Eucalyptus Leave

Eucalyptus Flower

CHEMICAL COMPOSITION OF EUCALYPTUS [60]: Compound

RI	Compound	Percent Composition
931	α-Pinene	28.74
1033	1,8-Cineole	27.18
1078	Linalool oxide	0.40
1094	Linalool	1.17
1109	β-Fenchol	1.10
1138	trans-Pinocarveol	3.27
1167	Borneol	3.00
1179	Terpinen-4-ol	1.18
1196	Myrtenol	0.19
1208	ρ-Menth-1-en-8-ol	5.24
1226	cis-Carveol	0.23
1432	β-Gurjunene	0.95
1426	β-Caryophyllene	2.99
1437	Aromadendrene	1.58
1454	α-Humulene	0.56
1458	allo-Aromadendrene	1.12
1489	Eremophilene	0.59
1575	Spathulenol	6.63
1581	Globulol	6.53
1585	epi-Globulol	0.77
1592	Viridiflorol	3.00
1640	α-Cadinol	0.70
	Total identified	97.61
	Monoterpenoids	71.70
	Sesquiterpenoids	25.91

PHARMACOLOGICAL ACTIVITY:

a) Antibacterial and Antiseptic Activity: Traditional uses of eucalyptus plants included antiseptic properties and the management of respiratory tract diseases.^[61] The herb is also effective against

colds, the flu, sore throats, and chest infections, such as pneumonia and bronchitis.^[62] EO from E. globulus has been shown in several studies to exhibit moderate antimicrobial activity against both Gram-positive and Gram-negative bacteria, including Staphylococcus aureus, Enterococcus faecium, Listeria monocytogenes 4b, and Listeria monocytogenes EGD-e, as well as bacteriostatic activity against all strains tested, with the exception of Pseudomonas aeruginosa.^[63]

- **b) Anti-inflammatory Activity**: Analgesic, anti-inflammatory, and antipyretic medications are made from the aromatic components of EO. The effects of eucalyptol on the synthesis and production of leukotriene B4, thromboxane B2, interleukin-1 β (IL-1 β), and tumor necrosis factor- α (TNF- α) in human blood monocytes were studied by Juergens et al. Their findings suggest that eucalyptol is a potent cytokine inhibitor that may be used to treat bronchial asthma and other steroid-sensitive conditions over the long term. ^[64]
- c) Antioxidants Activity: The process of infection often results in inflammation, which controls the phagocytes' production of free radicals. Reactive oxygen species, often known as free radicals, can be scavenged by antioxidant molecules, shielding cells from harm and eventual death. These free radicals are physiologically significant for the synthesis of certain biomolecules, the production of energy, phagocytosis, and cell development in living systems. [65]
- **d) Cytotoxic and Toxic Effects:** Aspects Certain Eucalyptus species' extracted extracts and constituents exhibited cytotoxic properties. The cytotoxicity of the eucalyptus-derived chemicals was assessed in the two experiments included in this section by calculating the sample concentration that inhibited 50% of cell growth (IC50). Using a myeloid leukemia cell line as a model, the first study was done on the formylated triterpene called "Cladocalol," which was extracted from the leaves of E. cladocalyx. HL-60.^[66]

TRADIIONAL USES [67,68]:

In Zimbabwe, eucalyptus species have been utilized to clean up mine tailings dams. However, eucalyptus leaves are used as a traditional medical remedy (TMR) for the treatment of minor acute respiratory illnesses, such as the flu and the common cold.

Approximately 900 species make up the genus Eucalyptus L'Heritier, and more than 300 of those species have volatile essential oil in their leaves. Among them, about 20 species have a significant percentage of 1,8-cineole (more than 70%), which is commercially exploited to produce essential oils for the cosmetic and medicinal industries, including antimicrobial, antiseptic, antioxidant, and gastrointestinal disorder treatment, wound healing, and insecticidal/insect repellent, herbicidal, acaricidal, nematicidal, and perfumes, soap making and grease remover

CONCLUSION:

phytochemicals found in various plants have shown promise in the management of common cold symptoms. Compounds such as flavonoids, polyphenols, and alkaloids found in herbs like echinacea, ginger, garlic, and others may possess antiviral and immune-boosting properties. While there is some evidence to support their effectiveness in reducing the duration and severity of cold symptoms, more rigorous clinical studies are needed to establish their efficacy and determine optimal dosages. Additionally, it's essential to use herbal remedies under the guidance of a healthcare professional, especially if you have underlying health conditions or are taking medications, to ensure safety and effectiveness. Overall, phytochemicals offer a natural and complementary approach to managing the common cold, but further research is required for a comprehensive understanding of their role in cold prevention and treatment.

REFERENCE:

1. Lauber B., "The common cold", *J Gen Intern Med* 1996;11:229–236.

- 2. Blueston E.C.D., Connell J.T., Doyle W.J. Symposium, "Questioning the efficacy and safety of antihistamines in the treatment of upper respiratory infection", *Journal of Pediatric Infectious Disease*. 1988;7:215–242.
- 3. Thompkins R.K., "The effectiveness and cost of acute respiratory illness", *Medical care provided by physicians. Med Care*, 1977;15:991–1103.
- 4. Winther B (1997), P. Van Cauwenberge P, Wang D-Y, Ingels K et al, "Pathogenesis of viral induced rhinitis", (eds) *The Nose Kugler Publications Amsterdam*, 135-140.
- 5. Brooks GF, Butel JS, Ornston LN (1991) Medical Microbiology, 19th edition, Appleton & Lange Publishers.
- 6. Rossman MG, Palmenberg AC (1988), "Conservation of the putative receptor attachment site in picornaviruses", Virol 164:373-382.
- 7. Staunton DE, Merluzzi VS (1989), "A cell adhesion molecule, ICAM-1, is the major surface receptor for rhinoviruses", Cell 56:849-853.
- 8. Arrunda E, Boyle TR, Winther B et al.,(1995), "Localisation of human rhinovirus replication in the upper respiratory tract by in situ hybridization", *J Infect Dis* 171:1329-1333.
- 9. Turner RB, Winther B, Henley JO et al., (1984), "Sites of virus recovery and antigen detection in epithelial cells during experimental rhinovirus infection", *Acta Otolaryngol*, (Suppl) 413:9-14.
- 10. Turner RB, "Epidemiology, pathogenesis and treatment of the common cold", *Ann Allergy Asthma Immunol* 78: 531-540, 1997.
- 11. Gwaltney JM Jr, Hendley JO, "Transmission of experimental rhinovirus infection by contaminated surfaces", *Am J Epidemiol* 116: 828-833, 1982.
- 12. Hendley JO, Gwaltney JM Jr, "Mechanisms of transmission of rhinovirus infections", *Epidemiol Rev* 10: 243-258, 1988.
- 13. Medically reviewed by Nancy Choi, M.D. By Michael Paddock https://www.medicalnewstoday.com/articles/166606.
- 14. Vasmehjani, A.A.; Darabi, Z.; Nadjarzadeh, A.; Mirzaei, M.; Hosseinzadeh, M., "The relation between dietary phytochemical indexand metabolic syndrome and its components in a large sample of Iranian adults: A population-based study", *BMC Public Health* 2021, 21, 1587.
- 15. Mendoza, N.; Silva, E.M.E., "Introduction to phytochemicals: Secondary metabolites from plants with active principles for pharmacological importance", In Phytochemicals: Source of Antioxidants and Role in Disease Prevention; Asao, T., Asaduzzaman, M.,Eds.; IntechOpen: London, UK, 2018; pp. 25–47.
- 16. Lara, M.V.; Bonghi, C.; Famiani, F.; Vizzotto, G.; Walker, R.P.; Drincovich, M.F. Stone, "Fruit as Biofactories of Phytochemicals with Potential Roles in Human Nutrition and Health", *Front. Plant Sci.* 2020, 11, 562252.
- 17. Liu, R.H., "Potential synergy of phytochemicals in cancer prevention: Mechanism of action", *J. Nutr.* 2004, 134, 3479S–3485S.
- 18. Carrera-Quintanar, L.; LópezRoa, R.I.; Quintero-Fabián, S.; Sánchez-Sánchez, M.A.; Vizmanos, B.; Ortuño-Sahagún, "Phytochemicals that influence gut microbiota as prophylactics and for the treatment of obesity and inflammatory diseases", *Mediat. Inflamm.* 2018, 2018, 9734845.
- 19. C.J. Dillard and J.B. German, "Review Phytochemicals: nutraceuticals and human health", *J. Sci. Food Agri.*, 80, 1744-1756, 2000.
- 20. S.N. Nichenametla, T.G. Taruscio, D.L. Barney and J.H. Exon, "A review of the effects and mechanism of polyphenolics in cancer", *Critical Rev. Food Sci. Nut.*, 46,161-183, 2006.
- 21. Li, P.; Xu, G.; Li, S.-P.; Wang, Y.-T.; Fan, T.-P.; Zhao, Q.-S.; Zhang, Q.-W., "Optimizing Ultraperformance Liquid Chromatographic Analysis of 10 Diterpenoid Compounds in Salvia Miltiorrhiza Using Central Composite Design", *J. Agric. Food Chem*, 2008, 56, 1164–1171.
- 22. Mordeniz, C., "Integration of Traditional and Complementary Medicine into Evidence-Based Clinical Practice", *In Traditional and Complementary Medicine*; IntechOpen: London, UK, 2019.

- 23. Zhang, Q.-W.; Lin, L.-G.; Ye, W.-C., "Techniques for Extraction and Isolation of Natural Products: A Comprehensive Review", *Chin. Med.* 2018, 13, 20.
- 24. Velavan, S., "Phytochemicals Techniques—A Review", World J. Sci. Res. 2015, 1, 80–91.
- 25. Ingle KP, Deshmukh AG, Padole DA, Dudhare MS, Moharil MP, Khelurkar VC., "Phytochemicals: Extraction methods, identification, and detection of bioactive compounds from plant extracts", *J Pharmacogn Phytochem.* 2017;6:32–6.
- 26. Azwanida NN., "A review on the extraction methods use in medicinal plants, principle, strength, and limitation", *Med Aromat Plants*, 2015;4:196.
- 27. Pandey A, Tripathi S. Concept of standardization, extraction, and pre-phytochemical screening strategies for herbal drug. J Pharmacogn Phytochem. 2014;2:115–9.
- 28. Majekodunmi SO. Review of extraction of medicinal plants for pharmaceutical research. MRJMMS. 2015;3:521–7.
- 29. Hossain MA, Al-Hdhrami SS, Weli AM, Al-Riyami Q, Al-Sabahi JN., "Isolation, fractionation and identification of chemical constituents from the leaves crude extracts of Mentha piperita", L grown in sultanate of Oman. *Asian Pac J Trop Biomed*, 2014;4:S368–72.
- 30. Sutar N, Garai R, Sharma US, Sharma UK., "Anthelmintic activity of Platycladus orientalis leaves extract", *International Journal of Parasitology Research*, 2010; 2(2):1-3.
- 31. Altemimi A, Lakhssassi N, Baharlouei A, Watson DG, Lightfoot DA., "Phytochemicals: Extraction, isolation, and identification of bioactive compounds from plant extracts", Plants. 2017;6:42.
- 32. Handa, S.; Khanuja, S.; Longo, G.; Rakesh, D., "Extraction Technologies for Medicinal and Aromatic Plants", *International Centre for Science and High Technology; Trieste*, Italy, 2008; pp. 21–25.
- 33. Lu, M.; Ho, C.T.; Huang, Q., "Extraction, Bioavailability and Bioefficacy of Capsaicinoids", *J. Food Drug Anal*, 2017, 25, 27–36.
- 34. Edwin JE, Edwin JS., "Color Atlas of Medicinal Plants", New Delhi: CBS Publishers and Distributors, 2006:156-157.
- 35. Frank SD, Amelio SR., "A Phyto Cosmetic Desk Reference: Botanicals", *London: CRC Press*, 1999: 138.
- 36. Kulkarni PH, Ansari Shahida., "The Ayurvedic Plants Indian Medical Science series No. 132", New Delhi: Sri Satguru Publications, Indological and Oriental Publications A division of Book centre, 2004: 191.
- 37. http://www.flowersofindia.net/catalog/slides/Royal%20Jasmine.html
- 38. P. Rajasri Bharathi, Shubashini K. Sripathi * and A. Naga Lakshmi, "JASMINUM GRANDIFLORUM LINN. AN UPDATE REVIEW", May 2020International Journal of Pharmaceutical Sciences and Research; 11(5):1994-2010
- 39. Lis-Balchin, Hart SM, Lo BWH., "Jasmine absolute (Jasminum grandiflorum L.) and its mode of action on guinea-pig ileum in vitro", *Phytotherapy Research* 2002; 16(5): 437-439.
- 40. Fulzele SV, Sattkrwar PM, Joshi SB, Dorle AK, "Studies on anti-inflammatory Activity of a poly herbal formulation Jatyadi ghrita", *Indian Drugs* 2002; 39(1): 42-44.
- 41. Kumar GS, Khanam S., "Anti-acne activity of Natural products", *Indian J Nat Prod* 2004; 30(4): 7-9.
- 42. Joshi SG. Oleaceae: Medicinal Plants.New Delhi: Oxford & IBH Publishing Co. Pvt. Ltd, 2000: 298–300.
- 43. Federico F, Clara G, Angel G, Patrica V and Paula BA: "Assessing Jasminum grandiflorum L. authenticity by HPLC DAD ESI / MSn and effects on physiological enzymes and oxidative species", *Journal of Pharmaceutical and Biomedical Analysis* 2014; 88: 157-61
- 44. 48. Radha R, Aarthi CK, Santhoshkumar V and Thangakamatchi G: "Pharmacognostical, phytochemical and anthelmintic activity on flowers of Jasminum grandiflorum Linn. (Oleaceae)", *International Journal of Pharmacognosy*, 2016; 3(10): 455-60.

- 45. Sandeep S, Padmaa PM, Saikat S, Raja, Angad V and Sridhar C: "Evaluation of analgesic activity of Jasminum grandiflorum Linn leaf extracts", *Journal of Pharmacy and Chemistry*, 2011; 5(1): 22-25.
- 46. Mittal Arun ¹, Sardana Satish ², Pandey Anima ³, "Phytopharmacological Profile of Jasminum grandiflorum Linn. (Oleaceae)", *Chin J Integr Med*, 2016 Apr;22(4):311-20.
- 47. Ogbuewu IP, Odoemenam VU, Obikaonu HO, Opara MN, et al., "The growing importance of neem (Azadirachta indica A. Juss) in agriculture, industry, medicine and environment: a review", *Res J Med Plants*, 2011;5:230-45
- 48. Girish K., "Neem S. B. S. A green treasure", *Electronic Journal of Biology*, 2008;4:102–111.http://www.flowersofindia.net/catalog/slides/Neem.html
- 49. Akash Gupta, Shagufta Ansari, Siddharth Gupta, et.al, "Therapeutics role of neem and its bioactive constituents in disease prevention and treatment", *Journal of Pharmacognosy and Phytochemistry*, 2019; 8(3): 680-691.
- 50. 19. Kaur G, Sarwar Alam M, Athar M., "Nimbidin suppresses functions of macrophages and neutrophils: Relevance to its antiinflammatory mechanisms", *Phytother Res* 2004;18:419-24.
- 51. Osunwoke EA, Olotu EJ, Allison TA, Onyekwere JC., "The wound healing effects of aqueous leave extracts of Azadirachta indicaon wistar rats", *J Nat Sci Res* 2013;3:181-6.
- 52. Durrani FR, Chand N, Jan M, Sultan A, Durrani Z, Akhtar S., "Immunomodulatory and growth promoting effects of neem leaves infusion in broiler chicks", *Sarhad J Agric* 2008;24:655-9.
- 53. Peer PA, Trivedi PC, Nigade PB, Ghaisas MM, Deshpande AD., "Cardioprotective effect of Azadirachta indica A. juss. on isoprenaline induced myocardial infarction in rats", *Int J Cardiol* 2008;126:123-6.
- 54. Natarajan V, Venugopal PV, Menon T., "Effect of Azadirachta indica (neem) on the growth pattern of dermatophytes", *Indian J Med Microbiol* 2003;21:98-101.
- 55. Dholi SK, Ramakrishna R, Mankala SK, Nagappan K. In vivo antidiabetic evaluation of neem leaf extract in Alloxan induced rats. J Appl Pharmaceut Sci 2011;7:100-5.
- 56. R Subapriya¹, S Nagini, "Medicinal properties of neem leaves: a review", *National Library of Medicine*, 2005 Mar;5(2):149-6.
- 57. J.-H. Kim, M.-J. Kim, S.-K. Choi, S.-H. Bae, S.-K. An, Y.-M. Yoon. (2011), "Antioxidant and antimicrobial effects of lemon and eucalyptus essential oils against skin floras", *Journal of the Society of Cosmetic Scientists of Korea*, 37(4): 303-308.
- 58. https://www.researchgate.net/figure/Vernacular-names-of-Eucalyptus-lobulus_tbl1_352056276
- 59. Zhi Long Liu*, Meng Yu, Xiao Mei Li, Tao Wan and Sha Sha Chu, "Repellent Activity of Eight Essential Oils of Chinese Medicinal Herbs to Blattella germanica L", *ACG Publication* Rec. Nat. Prod. 5:3 (2011) 176-183.
- 60. Chevallier A. Encyclopedia of Medicinal Plants. St. Leonards, New South Wales, Australia: DK Publishing 2001.
- 61. Williams LR, Stockley JK, Yan W, Home VN., "Essential oils with high antimicrobial activity for therapeutic use", *Int J Aromather* 1998; 8(4):30-9.
- 62. Ait-Ouazzou A, Lorán S, Bakkali M, et al., "Chemical composition and antimicrobial activity of essential oils of Thymus algeriensis, Eucalyptus globulus and Rosmarinus officinalis from Morocco", *J Sci Food Agric* 2011; 91(14): 2643-51.
- 63. Juergens UR, Stöber M, Vetter H., "Inhibition of cytokine production and arachidonic acid metabolism by eucalyptol (1.8-cineole) in humanblood monocytes in vitro", *Eur J Med Res* 1998; 3(11): 508-10.
- 64. Packer L, Cadenas E, Davies KJ., "Free radicals and exercise: an introduction", Free Radic *Biol Med* 2008; 44(2): 123-5.
- 65. Benyahia S, Benayache S, Benayache F, et al., "Cladocalol, a pentacyclic 28-nor-triterpene from Eucalyptus cladocalyx with cytotoxic activity", *Phytochemistry* 2005; 66(6): 627-32.

- 66. Artwell Kanda¹, France Ncube², Takudzwa K Goronga³, "Trace Elements in Leaf Extracts of Eucalyptus grandis Traditionally Used to Treat Common Cold and Flu", *National Library of Medicine*, 2019 Dec 6;9(24):191214.
- 67. Ashok K Dhakad ¹, Vijay V Pandey ², Sobia Beg ³, Janhvi M Rawat ³, Avtar Singh ¹, "Biological, medicinal and toxicological significance of Eucalyptus leaf essential oil: a review", *National Library of Medicine*, 2018 Feb;98(3):833-848.