

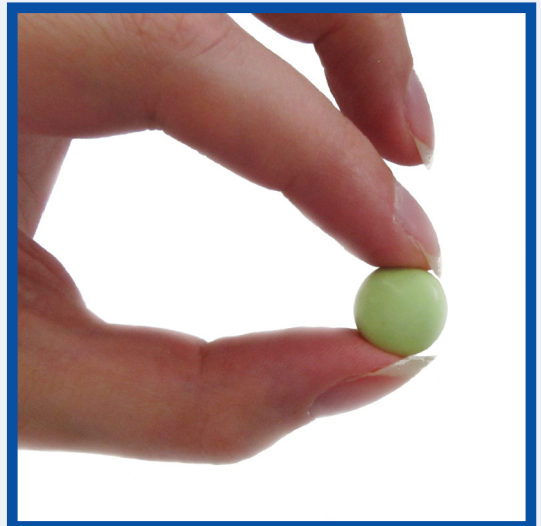
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The Scientific Foundation for Herbal Medicinal Products

Hydrastis rhizoma
Goldenseal rhizome

2013



E/S/C/O/P
EUROPEAN SCIENTIFIC COOPERATIVE
ON PHYTOTHERAPY

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Plant illustrated on the cover: *Hydrastis canadensis*

FOREWORD

It is a great pleasure for me to introduce the online era of ESCOP Monographs. Interest in herbal medicinal products continues to stimulate research on herbal substances and the body of knowledge in this field is steadily growing. ESCOP takes account of this by preparing new monographs and - as the only organisation in the field at the moment - particularly through regular revision of our published monographs. In order to provide readers and authorities with balanced compilations of scientific data as rapidly as possible, ESCOP Monographs will be published online from now on. This contemporary way of publishing adds further momentum to ESCOP's endeavours in the harmonization of European standards for herbal medicinal products.

The Board of ESCOP wishes to express its sincere gratitude to the members of the Scientific Committee, external experts and supervising editors, and to Peter Bradley, the final editor of every monograph published up to March 2011. All have voluntarily contributed their time and scientific expertise to ensure the high standard of the monographs.

Liselotte Krenn

Chair of the Board of ESCOP

PREFACE

Over the 15 years since ESCOP published its first monographs, initially as loose-leaf documents then as two hardback books, ESCOP Monographs have achieved a reputation for well-researched, comprehensive yet concise summaries of available scientific data pertaining to the efficacy and safety of herbal medicinal products. The Second Edition, published in 2003 with a Supplement in 2009, covered a total of 107 herbal substances.

The monograph texts are prepared in the demanding format of the Summary of Product Characteristics (SPC), a standard document required in every application to market a medicinal product for human use within the European Union and ultimately providing information for prescribers and users of individual products.

As a change in style, literature references are now denoted by the name of the first author and year of publication instead of reference numbers; consequently, citations at the end of a monograph are now in alphabetical order. This is intended to give the reader a little more information and perspective when reading the text.

Detailed work in studying the pertinent scientific literature and compiling draft monographs relies to a large extent on the knowledge, skills and dedication of individual project leaders within ESCOP Scientific Committee, as well as invited experts. After discussion and provisional acceptance by the Committee, draft monographs are appraised by an eminent Board of Supervising Editors and all comments are taken into account before final editing and approval. In this way a wide degree of consensus is achieved, but it is a time-consuming process.

To accelerate the publication of new and revised monographs ESCOP has therefore decided to publish them as an online series only, commencing in 2011. We trust that rapid online access will prove helpful and convenient to all users of ESCOP Monographs.

As always, ESCOP is indebted to the many contributors involved in the preparation of monographs, as well as to those who provide administrative assistance and hospitality to keep the enterprise running smoothly; our grateful thanks to them all.

NOTES FOR THE READER

From 2011 new and revised *ESCOP Monographs* are published as an online series only. Earlier monographs are available in two books, *ESCOP Monographs Second Edition (2003)* and the *Second Edition Supplement 2009*, but are not available online for copyright reasons.

After purchase of a single monograph, the specific items to be downloaded are:

- Front cover
- Title page
- Verso
- Foreword and Preface
- Notes for the Reader
- Abbreviations
- The monograph text
- Back cover

Information on the member organizations and people involved in ESCOP's activities can be found on the website (www.escop.com):

- Members of ESCOP
- Board of Supervising Editors
- ESCOP Scientific Committee
- Board of Directors of ESCOP

ABBREVIATIONS used in ESCOP monographs

AA	arachidonic acid
ABTS	2,2'-azino-bis(3-ethylbenzthiazoline-6-sulphonic acid)
ACE	angiotensin converting enzyme
ADP	adenosine diphosphate
ALAT or ALT	alanine aminotransferase (= SGPT or GPT)
ALP	alkaline phosphatase
anti-IgE	anti-immunoglobulin E
ASA	acetylsalicylic acid
ASAT or AST	aspartate aminotransferase (= SGOT or GOT)
ATP	adenosine triphosphate
AUC	area under the concentration-time curve
BMI	body mass index
BPH	benign prostatic hyperplasia
b.w.	body weight
cAMP	cyclic adenosine monophosphate
CI	confidence interval
C _{max}	maximum concentration of a substance in serum
CNS	central nervous system
CoA	coenzyme A
COX	cyclooxygenase
CSF	colony stimulating factor
CVI	chronic venous insufficiency
CYP	cytochrome P450
d	day
DER	drug-to-extract ratio
DHT	dihydrotestosterone
DNA	deoxyribonucleic acid
DPPH	diphenylpicrylhydrazyl
DSM	Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association)
ECG	electrocardiogram
ED ₅₀	effective dose in 50% of cases
EDTA	ethylenediamine tetraacetate
EEG	electroencephalogram
EMA	European Medicines Agency
ENT	ear, nose and throat
ER	oestrogen receptor
ERE	oestrogen-responsive element
FSH	follicle-stimulating hormone
GABA	gamma-aminobutyric acid
Gal	galactose
GFR	glomerular filtration rate
GGTP	gamma-glutamyl transpeptidase
GOT	glutamate oxalacetate transaminase (= SGOT)
GPT	glutamate pyruvate transaminase (= SGPT)
GSH	glutathione (reduced)
GSSG	glutathione (oxidised)
HAMA	Hamilton Anxiety Scale
12-HETE	12-hydroxy-5,8,10,14-eicosatetraenoic acid
HDL	high density lipoprotein
HIV	human immunodeficiency virus
HMPC	Committee on Herbal Medicinal Products (of the EMA)
HPLC	high-performance liquid chromatography
5-HT	5-hydroxytryptamine (= serotonin)
IC ₅₀	concentration leading to 50% inhibition
ICD-10	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision
ICH	The International Conference on Harmonisation of Technical Requirements for Registration of Pharmaceuticals for Human Use
ICSD	International Classification of Sleep Disorders
IFN	interferon
IL	interleukin
i.m.	intramuscular
iNOS	inducible nitric oxide synthase
INR	International Normalized Ratio, a measure of blood coagulation (clotting) tendency

i.p.	intraperitoneal
IPSS	International Prostate Symptom Score
i.v.	intravenous
kD	kiloDalton
KM Index	Kuppermann Menopausal Index
kPa	kiloPascal
LC-MS	liquid chromatography-mass spectrometry
LD ₅₀	the dose lethal to 50% of animals tested
LDH	lactate dehydrogenase
LDL	low density lipoprotein
LH	luteinizing hormone
5-LOX	5-lipoxygenase
LPS	lipopolysaccharide
LTB ₄	leukotriene B ₄
M	molar (concentration)
MAO	monoamine oxidase
MBC	minimum bactericidal concentration
MDA	malondialdehyde
MFC	minimum fungicidal concentration
MIC	minimum inhibitory concentration
Mr	molecular
MRS	Menopause Rating Scale
MRSA	methicillin-resistant <i>Staphylococcus aureus</i>
MTD	maximum tolerated dose
MTT	3-(4,5-dimethylthiazol-2-yl)-2,5-diphenyltetrazolium bromide
MW	molecular weight
NBT	nitro blue tetrazolium
NF-κB	necrosis factor kappa-B
NO	nitric oxide
NOS	nitric oxide synthase
n.s.	not significant
NSAID	non-steroidal anti-inflammatory drug
ovx	ovariectomy or ovariectomized
ORAC	oxygen radical absorbance capacity
PA	pyrrolizidine alkaloid
PAF	platelet activating factor
PCR	polymerase chain reaction
PEG	polyethylene glycol
PGE	prostaglandin E
PHA	phythaemagglutinin
p.o.	per os
POMS	profile of mood states
PVPP	polyvinylpyrrolidone
RANKL	receptor activator of nuclear factor kappa-B ligand
RNA	ribonucleic acid
RT-PCR	reverse transcription polymerase chain reaction
s.c.	subcutaneous
SCI	spinal cord injury
SERM	selective oestrogen receptor modulator
SGOT or GOT	serum glutamate oxalacetate transaminase (= ASAT or AST)
SGPT or GPT	serum glutamate pyruvate transaminase (= ALAT or ALT)
SHBG	sex hormone binding globulin
SOD	superoxide dismutase
SSRI	selective serotonin reuptake inhibitor
STAI	state-trait anxiety inventory
t _{1/2}	elimination half-life
TBARS	thiobarbituric acid reactive substances
TGF-β	transforming growth factor-beta
TNF	tumour necrosis factor
TPA	12-O-tetradecanoylphorbol-13-acetate
URT	upper respiratory tract
URTI	upper respiratory tract infection
UTI	urinary tract infection
VAS	visual analogue scale
VLDL	very low density lipoprotein

Goldenseal rhizome

DEFINITION

Goldenseal rhizome consists of the whole or cut, dried rhizome and root of *Hydrastis canadensis* L. It contains not less than 2.5 per cent of hydrastine ($C_{21}H_{21}NO_6$; M_r 383.4) (dried drug) and not less than 3.0 per cent of berberine ($C_{20}H_{19}NO_5$; M_r 353.4) (dried drug).

The material complies with the monograph of the European Pharmacopoeia [Goldenseal].

CONSTITUENTS

Isoquinoline alkaloids (2.4 – 7%) [Blaschek 2007; Barnes 2007; Upton 2001; Galeffi 1997; Bradley 1992]:

- protoberberine alkaloids: berberine (2.5 – 4.5%), berberastine (2 – 3%), canadine (0.5 – 1%), corypalmine and isocorypalmine.
- phthalylisoquinoline alkaloids: hydrastine (1.5 – 4%), hydrastidine and isohydrastidine.
- benzylisoquinoline alkaloids: candaline and canadine acid.

Quinic acid derivatives (up to 2.5%), mainly 5-O-(4'-[β -D-glucopyranosyl]trans-feruloyl)quinic acid [McNamara 2004] and methylated luteolin 7-methyl ethers [Hwang 2003].

CLINICAL PARTICULARS

Therapeutic indications

Digestive disorders such as dyspeptic complaints and gastritis; as an adjuvant in menorrhagia and dysmenorrhoea [Blaschek 2007; Barnes 2007; Mills 2013; Bradley 1992].

Efficacy in these indications is plausible on the basis of human experience and long-standing use.

Posology and method of administration

Dosage

0.5-1 g of the drug as a decoction three times daily; 0.3-1 mL of a liquid extract (1:1, ethanol 60%) three times daily [Bradley 1992; Barnes 2007]. Preparations accordingly.

Method of administration

For oral administration.

Duration of administration

No restriction. If symptoms persist or worsen, medical advice should be sought.

Contraindications

None known.

Special warnings and special precautions for use

None required.

Interaction with other medicaments and other forms of interaction

Investigations in healthy volunteers with goldenseal rhizome revealed significant interactions with drugs that are metabolized by cytochrome P450 3A4/5 (e.g. midazolam) and 2D6 (e.g. debrisoquin) [Gurley 2005; Gurley 2008a; Gurley 2008b].

Pregnancy and lactation

The product should not be used during pregnancy or lactation [Blaschek 2007; Barnes 2007; Upton 2001; Mills 2013; Bradley 1992].

Effects on ability to drive and use machines

None known.

Undesirable effects

None reported.

Overdose

Although no case reports are available, exaggerated reflexes, depression, delirium, vomiting and cyanosis have been mentioned [Blaschek 2007; Barnes 2007].

PHARMACOLOGICAL PROPERTIES**Pharmacodynamic properties**

The pharmacodynamics of the key constituents berberine and hydrastine have been studied thoroughly. The following pharmacological activities have been demonstrated [Simeon 1989; Mills 2013; Upton 2001]:

For berberine:

- antibacterial, antifungal, antiparasitic
- antidiarrhoeal, intestinal antisecretory
- antiarrhythmic, positive inotropic
- cytotoxic, antitumoral
- cholagogue, choleric

For hydrastine:

- choleric
- sedative
- antibacterial
- vasoconstrictive

In vitro experiments*Antimicrobial and antiviral activity*

A 95% ethanolic extract of goldenseal rhizome exhibited antimicrobial activity against *Staphylococcus aureus*, *Klebsiella pneumoniae*, *Mycobacterium smegmatis* and *Candida albicans* with an MIC of 1 mg/mL [Gentry 1998].

A 70% ethanolic extract of goldenseal rhizome (standardized to 10 mg/mL berberine) showed antimicrobial activity against *Staphylococcus aureus* and *Streptococcus sanguis* with MICs of 0.12 mg/mL and 0.5 mg/mL (expressed as berberine) respectively. The bactericidal activity was evaluated in a contact test: the extract at 10 mg/mL was bactericidal within 4 to 30 min against the test strains compared to 0.5 - 4 min for hydrogen peroxide at 30 mg/mL [Scazzocchio 2001; Villinski 2003].

A 95% methanolic extract of goldenseal rhizome inhibited the growth of 15 strains of *Helicobacter pylori* with an MIC₅₀ range of 12.5-50 µg/mL [Mahady 2003].

In a screening of herbal extracts for antibacterial activity against *H. pylori* and *Campylobacter jejuni* a goldenseal rhizome extract (ethanol 45%; DER 1:3) showed inhibition of both organisms [Cwikla 2010].

A methanolic (100%) extract of goldenseal rhizome showed antimicrobial activity against *Streptococcus mutans* and *Fusobacterium nucleatum* with MICs of 250 µg/mL and 62.5 µg/mL respectively. A bioguided fractionation of the extract led to the isolation of berberine (MIC: 125 µg/mL and 15.6 µg/mL, respectively) and 6-C-methylfluteolin 7-methyl ether (MIC: 250 µg/mL and 375 µg/mL, respectively) as active compounds [Hwang 2003].

A 50% ethanolic extract of goldenseal rhizome completely

inhibited influenza A growth in RAW 264.7 cells from a concentration of 2.5 µM of berberine (IC₅₀ = 0.22 µM) compared to pure berberine (IC₅₀ 0.01 µM) and amantadine (IC₅₀ 27 µM) [Cecil 2011].

Smooth muscle relaxant activity

A 70% ethanolic extract of goldenseal rhizome dose-dependently inhibited the contractions induced by adrenaline on rabbit aorta strips (IC₅₀ 0.88 µM, calculated as berberine). The activity of the isolated alkaloids berberine, canadine and canadine was less pronounced (IC₅₀ 2.6 – 5.2 µM) [Palmerly 1996].

An extract of goldenseal rhizome providing berberine at 2.45 µM significantly (p<0.01) inhibited the contractions of rabbit prostate strips induced by noradrenaline or phenylephrine [Baldazzi 1998].

A 70% ethanolic extract of goldenseal rhizome induced relaxation in bladder detrusor muscle strips comparable to isoproterenol (88% of the isoproterenol-evoked response). Propranolol reduced this response by 69% suggesting that β-adrenergic stimulation was not the only mechanism [Bolte 1998].

A 70% ethanolic extract of goldenseal rhizome dose-dependently inhibited spontaneous contractions of uterine strips of non-pregnant rats (IC₅₀ 10 µg/mL) and contractions induced by serotonin (IC₅₀ 19.9 µg/mL), oxytocin (IC₅₀ 10.5 µg/mL) and acetylcholine (IC₅₀ 10 µg/mL). The extract also relaxed carbachol precontracted guinea-pig trachea (EC₅₀ 1.6 µg/mL). The effect was partially antagonized by timolol, suggesting again that β-adrenergic stimulation was not the only mechanism [Cometa 1998].

In another study using the same guinea-pig trachea model the relaxant effect of a 70% ethanolic extract of goldenseal rhizome was confirmed (EC₅₀ 1.5 µg/mL). The EC₅₀ value of isolated alkaloids was also determined: hydrastine (72.8 µg/mL), berberine (34.2 µg/mL), canadine (11.9 µg/mL) and canadine (2.4 µg/mL). Timolol antagonized the effect of canadine and canadine but not that of berberine and hydrastine, while an adenosine receptor antagonist (xanthine amine congener) antagonized the effect of canadine and hydrastine, but not of berberine and canadine. Extract concentrations from 0.01 to 0.1 µg/mL significantly (p<0.01) potentiated the relaxant effect of isoprenaline [Abdel-Haq 2000].

Antioxidant activity

A 70% ethanolic extract of goldenseal rhizome showed an antioxidant activity in the ABTS assay in a dilution of 1:1000. The effect was comparable to 40 µM trolox [Pereira da Silva 2000].

Immunomodulating activity

A 50% ethanolic extract of goldenseal rhizome reduced the production of TNF-α and the interleukins 6, 10 and 12 in lipopolysaccharide-stimulated macrophages in a dose-dependant manner [Clement-Kruzel 2008].

A 50% ethanolic extract of goldenseal rhizome significantly (p<0.05) inhibited the production of TNF-α and PGE₂ in influenza A infected RAW 264.7 cells at a concentration corresponding to 25 µM of berberine [Cecil 2011].

Influence on cytochrome P450

Serial dilutions (from 100% to 1.56%) of 21 commercial ethanolic herbal extracts and tinctures were analyzed for their ability to inhibit CYP3A4 via a fluorometric microtiter plate assay. An ethanolic extract of goldenseal rhizome gave the strongest inhibition with a calculated IC₅₀ of 0.03% [Budzinski

2000]. In the same assay an aqueous extract of two commercial products (product 1 containing 450 mg goldenseal rhizome powder per capsule; product 2 containing 250 mg extract, standardised to 10% alkaloids, and 65 mg rhizome powder per capsule) gave an IC_{50} of 3.03 and 3.23 mg/mL, respectively [Budzinski 2008].

A commercial extract of goldenseal rhizome (containing approximately 17 mM berberine and hydrastine) inhibited CYP2C9 (diclofenac 4-hydroxylation), CYP2D6 (bufuralol 1'-hydroxylation) and CYP3A4 (testosterone 6 β -hydroxylation) in human hepatic microsomes. The inhibition of CYP3A4 was non-competitive with an apparent K_i (= dissociation constant of inhibitor) of 0.1% extract [Chatterjee 2003].

An aqueous and ethanolic extract of goldenseal rhizome (equivalent to 20 μ M berberine plus hydrastine) exerted more than 50% inhibition of the activity of CYP2C8 (paclitaxel 6 α -hydroxylation), CYP2D6 (dextromethorphan O-demethylation) and CYP3A4 (midazolam 1-hydroxylation and testosterone 6 β -hydroxylation) in human hepatic microsomes. CYP2E1 activity (p-nitrophenol hydroxylation) was inhibited by 20 μ M berberine, but was not affected by either the extracts or hydrastine (20 μ M). The extracts, as well as berberine and hydrastine, stimulated human P-glycoprotein (Pgp) ATPase activity at about 50% of the activity of verapamil (20 μ M) [Etheridge 2007]. Goldenseal rhizome tea (containing 0.2% hydrastine and 1.0% berberine) had a greater stimulatory effect on Pgp ATPase than verapamil (20 μ M) [Budzinski 2008].

In contrast to the previous study, CYP2E1 activity (p-nitrophenol hydroxylation) was inhibited by berberine (4 μ M, 11% decrease), hydrastine (4 μ M, 64% decrease) and by a 50% ethanolic extract of goldenseal rhizome (corresponding to 1.7 μ M berberine and 1.2 μ M hydrastine, 55% decrease). Inhibition of CYP2E1 appeared to be competitive with a K_i of 18 μ M, 2.8 μ M and 0.1%, respectively [Raner 2007].

In vivo experiments

Antidiabetic activity

Goldenseal rhizome, incorporated into the diet at 6.25% for 9 days, significantly ($p < 0.05$) reduced hyperphagia and polydipsia in streptozotocin-diabetic mice [Swanston-Flat 1989].

Immunomodulating activity

Goldenseal rhizome extract (not further specified) was administered to rats for 6 weeks (1 g/l of drinking water). At days 0, 14 and 28 the antigen KLH (keyhole limpet haemocyanin) was injected. The treated group showed a significant ($p < 0.05$) increase in the primary IgM response during the first 2 weeks, whereas the IgG levels in treated and control rats were identical [Rehman 1999].

Lipid-lowering activity

Berberine (1.8 mg/animal) or goldenseal rhizome extract (125 μ L/animal, equivalent to 0.9 mg berberine) was administered intraperitoneally to hyperlipidaemic hamsters once per day for 24 days. Goldenseal significantly ($p < 0.001$) reduced total plasma cholesterol by 31%, LDL-cholesterol by 25% and triglycerides by 33% compared to control. The activity of berberine was almost identical [Abidi 2006].

Anti-carcinogenic activity

Oral administration of a 90% ethanolic extract (not further specified; 0.06 mL three times daily for 4 months) to mice chronically fed p-dimethylaminoazobenzene (0.06% in the diet) and phenobarbital (0.05% in the diet) markedly reduced the liver tumour incidence and the elevation of serum phosphat-

ases and transferases. This was confirmed histopathologically by a decrease of necrosis, vascular congestion, fibrosis and damage to intracellular organelles in livers of the treated mice [Karmakar 2010].

Pharmacological studies in humans

In a randomized, cross-over study 12 healthy volunteers received a goldenseal rhizome extract (900 mg, 3 times daily) for 28 days. Probe drug cocktails (midazolam and caffeine, chlorzoxazone and debrisoquin) were administered before and at the end of supplementation. Determination of cytochrome P450 activity 1A2, 2D6, 2E1 and 3A4/5 revealed a significant ($p < 0.05$) inhibition (approximately 40%) of CYP2D6 and CYP3A4/5 [Gurley 2005].

In a cross-over study, the pharmacokinetics of indinavir were characterized in 10 healthy volunteers before and after treatment with goldenseal rhizome (1140 mg, twice daily for 28 days). No significant differences in peak concentration or oral clearance were observed, suggesting that interactions with drugs metabolized by CYP3A4 are unlikely [Sandhu 2003]. However indinavir is less suitable as a probe for assessing changes in CYP3A4/5 activity due to its high oral bioavailability [Gurley 2005].

In a randomised, cross-over study the effect of treatment with a standardized goldenseal rhizome extract (1070 mg, containing 24.1 mg isoquinoline alkaloids, 3 times daily for 14 days) on digoxin pharmacokinetics was determined in 20 healthy volunteers. No clinically relevant effects on digoxin pharmacokinetics were observed. When compared to rifampin (= rifampicin) and clarithromycin, goldenseal rhizome does not seem to be a potent modulator of P-glycoprotein [Gurley 2007].

Sixteen healthy volunteers received a goldenseal rhizome extract, corresponding to 132 mg hydrastine and 77 mg berberine per day, for 14 days. Midazolam (8 mg, per os) was administered 1 day before and on the last day of treatment. Comparison of pre- and post-treatment midazolam pharmacokinetic parameters revealed significant inhibition of CYP3A: AUC(0- ∞): 108 vs. 175 ng*h/mL ($p < 0.001$); apparent oral clearance normalised to body weight: 1.3 vs. 0.8 l/h/kg ($p < 0.001$); $T_{1/2}$ elimination: 2.0 vs. 3.2 h ($p < 0.001$) and C_{max} : 51 vs. 71 ng/mL ($p < 0.05$) [Gurley 2008b]. In a comparable study, debrisoquin (5 mg, orally) was administered before and at the end of goldenseal treatment (same product, same dose). Comparison of pre- and post-treatment urinary recovery ratios of debrisoquin revealed significant ($p < 0.05$) inhibition of CYP2D6: 0.71 vs. 0.37 [Gurley 2008a].

Clinical studies

No data available.

Pharmacokinetic properties

No data available for goldenseal rhizome.

Pharmacokinetics in animals

After oral administration of berberine sulphate to rats at doses of up to 1 g/kg body weight only very small amounts of berberine were detected in a few tissues. As anticipated for a quaternary alkaloid, examination of the intestines revealed that berberine was neither well absorbed nor destroyed [De Smet 1992].

After oral administration of berberine to rats at a lower dose of 40 mg/kg, berberine, four metabolites and their glucuronide conjugates were found in plasma, bile and urine. Berberine reached its peak plasma concentration (10 μ g/l) after 2 hours and was eliminated within 12 hours (AUC(0- ∞): 37 ng*h/mL). However, the peak plasma concentration and AUC(0- ∞) values

of the metabolites were much higher: e.g. AUC(0-∞) of 1880 ng*h/mL for the main metabolite berberrubine. About 34% of the oral dose was absorbed from the gastrointestinal tract within 1 hour. [Zuo 2006].

Intravenous administration of berberine to rats at 10 mg/kg resulted in T_{1/2} elimination of 0.3 h and AUC_{0-∞} of 265 µg*min/mL (plasma)/1470 µg*min/mL (bile). Only a small amount of berberine was detected in urine. Berberine was rapidly transported from blood into liver and bile (via P-glycoprotein) and metabolised with phase I demethylation (CYP450) and phase II glucuronidation [Tsai 2004].

The cumulative urinary and biliary excretion of berberine after i.v. administration of 2 mg/kg to rabbits was 4.9% and 0.5% of the administered dose respectively (AUC: 0.84 µg*h/mL) [Chen 1995].

Berberine was given orally to dogs in a single dose of 280 mg/kg body weight and resulted in a C_{max} of 15.5 µg/mL, T_{max} of 3.7 h and AUC_{0-∞} of 777 µg*h/mL. At this high dose vomiting occurred within 1 h [Upton 2001].

Pharmacokinetics in humans

In an uncontrolled study, 56 patients with congestive heart failure received 1.2 g berberine per day orally for 2 weeks. Peak plasma levels were reached in about 2.4 h ranging from 0.07 to 0.19 mg/l [Zeng 1999].

After oral administration of berberine to 5 volunteers at a dose of 900 mg/day for 3 days, 3 sulphate-conjugated metabolites were isolated and identified in the urine [Pan 2002].

An oral dose of 300 mg berberine was given 3 times daily for 2 days to 12 healthy volunteers. In their urine 7 metabolites could be identified: phase I metabolites formed by cleavage of the dioxymethylene ring or by demethylation, most of them were conjugated with glucuronic or sulphuric acid (phase II metabolites) [Qiu 2008].

Preclinical safety data

Acute and repeated dose toxicity

The oral LD₅₀ of an extract of goldenseal rhizome in mice was 1620 mg/kg body weight [Blaschek 2007; Mills 2013].

The oral LD₅₀ of berberine in mice was 329 mg/kg body weight. Oral doses of up to 100 mg/kg of berberine sulphate have been well tolerated in animal studies without permanent effects. However, prolonged administration caused organ damage and death after 8 to 10 days [De Smet 1992; Mills 2013].

The LD₅₀ values of hydrastine in rats were 1000 mg/kg body weight (oral), 1270 mg/kg (subcutaneous) and 104 mg/kg (intraperitoneal) [Blaschek 2007].

Chronic toxicity

In a two-year toxicity study goldenseal rhizome powder (3.9% berberine, 2.8 hydrastine and 0.2% canadine) was administered to male and female rats and mice at up to 25% of the feed. The primary finding was an increase in liver tumours in rats and mice at the highest dose (25%) [Dunnick 2011].

Reproductive toxicity

In a preliminary experiment, non-pregnant, female rats were dosed by oral gavage with a liquid extract of goldenseal rhizome (45% ethanol; 333 mg/mL goldenseal; standardized to 9.3 mg/mL berberine and 8.4 mg/mL hydrastine) at incremental doses for 8 days. The maximum dose of 1.86 g/kg body weight/day was

non-maternotoxic. This dose was administered daily to female rats on either gestation days (GD) 1-8 or GD 8-15. Controls received an equivalent dose of ethanol. On GD 20, foetuses were weighed and examined for signs of external, internal, or skeletal malformations: differences between the treated and control group could not be demonstrated. When rat embryos were explanted and cultured with the extract at concentrations from 0.5 to 6 µL/mL, growth retardation and embryotoxicity were demonstrated in a dose-dependent manner. A possible poor absorption of orally administered goldenseal could explain the discrepancy between the in vivo and in vitro results [Yao 2005].

Berberine was administered in the feed and by gavage to pregnant rats on GD 6-20 and to pregnant mice on GD 6-17. A mortality of 33% of the mice exposed to 792 mg/kg/day berberine by gavage was observed. The following NOAEL (no observed adverse effect level) and LOAEL (lowest observed adverse effect level) values were determined [Jahnke 2006]:

	LOAEL (mg/kg/day)	NOAEL (mg/kg/day)
Rat maternal toxicity	420	223
Rat developmental toxicity	>792	792
Mouse maternal toxicity	666	450
Mouse developmental toxicity	792	666

Clinical safety data

In an 11 year old girl with diabetic ketoacidosis, the degree of hypernatraemia and hyperosmolality was enhanced after intake of 500 mg goldenseal (not further specified) 2 to 3 times daily for 2 weeks, but a causal relationship could not be demonstrated [Bhowmick 2007].

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