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## Review article

## Role of traditional Islamic and Arabic plants in cancer therapy

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## ABSTRACT

**Ethno pharmacological relevance:** This review article underlines individual Traditional Islamic and Arabic plant (TAI) and their role in treating cancer. The aim of the study is to specifically evaluate the progress of herbs, Arabic and Islamic traditional herbs in particular, applied in cancer treatment, so far.

**Materials and methods:** Islamic and Arabic plants were selected and identified through different literature survey using “Google scholar”, “Web of science”, “Scopus” and “PubMed”. Each plant, from identified Arabic and Islamic plants list, was search individually for the most cited articles in the aforementioned databases using the keywords, “Anticancer”, “Uses in cancer treatment”, “Ethno pharmacological importance in cancer” etc.

**Results:** The current review about Islamic and Arabic plants illuminates the importance of Islamic and Arabic plants and their impact in treating cancer. There is a long list of Islamic and Arabic plants used in cancer as mentioned in review with enormous amount of literature. Each plant has been investigated for its anticancer potential. The literature survey as mentioned in table shows; these plants are widely utilized in cancer as a whole, a part thereof or in the form of isolated chemical constituent.

**Conclusions:** This review strongly supports the fact; Arabic and Islamic traditional plants have emerged as a good source of complementary and alternative medicine in treating cancer. Traditional Arab-Islamic herbal-based medicines might be promising for new cancer therapeutics with low toxicity and minimal side effects. The plants used are mostly in crude form and still needs advance research for the isolation of phytochemicals and establishing its cellular and molecular role in treating cancer.

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## 1. Introduction

The use of herbal medicine is leading modality, followed in Middle east, Europe, Israel and certain other advance countries, in order to treat cancer patients. According to latest WHO reports, even advanced countries have adapted traditional system of herbal treatment including; Belgium (31%), Australia (48%), France (49%), Canada (70%) and Germany (77%).<sup>1</sup> The 25% of the crude drugs used in last two decades are derived from plants, out of which only

5–15% have been investigated for bioactive compounds. Recent surveys reveal the use of such phytochemical for cancer treatment due to the fact; relatively low/nontoxic, antitumor property with minimal side effects, failure of the standard cancer therapy. A research finding on complementary and alternative medicines identified 143 articles from different Middle-Eastern countries. The report findings performed in Turkey, Israel and other advance countries showed, half of the patient diagnosed with cancer used CAM therapy even during chemotherapy.<sup>2</sup>

The history of cancer treatment reveals, the interest in cancer treatment goes back to the times of Islamic renaissance scholar.<sup>3</sup> As suggested by the famous scholar “Avicenna”, “if it is the start of a cancer, it is possible to make it static and prevent it from growth and hence ulceration”. Sometime it happens, that the starting

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cancer may be cured, but once it reaches to advance stages, verily it will not.<sup>4</sup> In order to reduce resistance to the existing mechanisms, modern medical research shifted its focus towards finding of new anticancer agents as an alternate. The most promising alternate which took place are herbs and other natural plant products. The easy availability, low in cost along with possessing minimal side effects, makes the herbs as mainstream for treating and playing a vital role in the prevention and treatment of cancer.<sup>5</sup> The wisdom of the past in the shape of folkloric and traditional uses served the better source for treatment of various human diseases including cancer. The most emerging role as observed for treatment or prevention in case of cancer was disclosed by Traditional Arab-Islamic (TAI) herbal-based medicines. The literature from ancient time as well as the use of Arabic and Islamic plants for cancer treatment by various Muslim and religious scholars, in contrast with standard use of these herbs in cancer now-a-days by different physicians and practitioners, is a self-comprehensible prove revealing the role of TAI herbs in cancer. The TAI herbs are promising for new cancer therapeutics due to low toxicity and minimal side effects also.<sup>6–8</sup>

Despite of advancement in treating diseases, the hallmark to cure cancer completely is not accomplished till to date. Although, endless efforts of researcher to eradicate cancer led to different molecular and cellular understanding i.e. signal transduction involved in angiogenesis, protein expression and apoptosis, the morbidity of this disease is so far rising. Research statistics showed that 20% of death in the world results from cancer, affecting more than one third of the world population.<sup>9</sup> Several treatment are available i.e. drugs from synthetic or semisynthetic origin, radiation therapy, chemotherapy etc. but these approaches are least effective and accompanied by severe side effects in most of the cases. The major effective alternate is herbal treatment, with less side effects and potentially safer in cancer. The CAM study conducted (2007) in the U.S. population reports; almost 4 out of 10 adults had used some form of CAM within the past year.<sup>10</sup> The American spent 33.0 billion U.S dollar (USD), accounting for 11.2% of total out-of-pocket health care expenditure, on Traditional products.<sup>2</sup> Even in the more developed countries the use of CAM and traditional medicine is comparably extensive.<sup>11</sup> According to WHO latest fact sheet; in India 70% of the population, in Ethiopia more than 90% of the population depends on traditional medicine for primary health care.<sup>12</sup> Proportionally, more than 70% population in Chile and 40% population in Colombia adopted the traditional medicine for their healthcare system.<sup>13</sup> The China (40%), too is in the list of countries using traditional medicine.<sup>14</sup> The advanced countries i.e. Belgium (31%), Australia (48%), France (49%), Canada (70%) and Germany (77%) showed a comparable data for the use of different CAM and traditional treatment modalities.

The importance of the traditional herbal medicine can be assumed from the fact that, the number of member state regulating the herbal medicine increased from 65 (1999) to 119 (2012) along with the upgradation of the research institute for herbal medicine from 19 (1999) to 73 (2012), respectively.<sup>1</sup>

The demand of traditional medicines and practitioners is raising on regular basis. The fact can be supported by the enormous data available i.e. an increase of 30% (1995–2005), when 750,000 visits were recorded in a two week period in Australia<sup>15</sup>; 907 million visits (2009) for the Traditional Chinese medicines, accounting for 18% of all medical visits<sup>16</sup>; a total of 18226 traditional health care services for 80% of population in Lao People's Democratic Republic<sup>17</sup> and the 560 U.S dollar/annum out-of-pocket expenditure for traditional medicines in Saudi Arabia.<sup>18</sup> Likewise, hundreds of literature data is available, which just shows the importance and utilization of herbal and traditional medicine for the treatment of diseases including cancer.

The study plans; to evaluate the claims i.e. TAI plants have folkloric uses in treatment of cancer. The main focus is on TAI alternative medicinal plants for establishing their role in prevention, treatment or procurement of cancer. This review is an eye-bird view on the ancient TAI plants used in cancer treatment along with herbal treatment research.

### 1.1. Cancer

Cancer, more appropriately described as, an uncontrolled growth or cell proliferation which invades other tissues as well. The mechanism behind tissue invading is through direct cell migration or blood and lymphatic system. The risk factors for cancer consist of chemicals, radiations, unhealthy diet, environmental factors, infection and tobacco smoke.<sup>19</sup>

There are hundred different types of cancer usually named by the tissue or organ or type of cell in which they begins. There severity can be benign (usually earlier stage) or malignant (end stage, mostly called cancer).<sup>20</sup> Cancer identified in earlier stages are cured most likely, as mentioned in their first time treatments of cancer, by Avicenna, Abulcasis and Rhazes in the earlier Islamic and Arabic era.<sup>3,21</sup>

### 1.2. Importance of plants

The advancement in drug discovery technology, diversification of the health sector and reduced funding for natural product-based drug discovery, couldn't kneel the herbs and herbal treatment systems. The natural products from plants and biological sources still remain an unlimited and uncondensed source of new phytochemicals and nutraceuticals. The World Health Organization<sup>22</sup> estimates; about 80% of the world population presently uses herbal-based medicines for some aspect of primary health care. The fact sheet also mentions the fact; herbal medicines are the most lucrative form of traditional medicine, generating billions of dollars in revenue.<sup>22</sup> The era of 1984–2003, witnessed numerous natural product-derived small molecules patent, despite of decrease in the industrial funding for natural product-based drug discovery, at the same time. A comprehensive review of human drugs introduced since 1981 suggests that, out of 847 small molecule-based drugs, 43 were natural products, 232 were derived from natural products (usually semi synthetically), and 572 were synthetic molecules. However, 262 of the 572 synthetic molecules had a natural product inspired pharmacophore or could be considered natural product analogs. Natural products continue to make the most dramatic impact in the area of cancer. From 155 anticancer drugs developed since the 1940s, only 27% could not be traced to natural products, with 47% being either a natural product or a direct derivation thereof. According to recent surveys, there are about 450 medicinal plants in the Eastern region of the Mediterranean and about 230 medicinal plants in the coastal Mediterranean region in Egypt. These plants are used by healers for the treatment and prevention of almost all types of human disease, such as cancer; skin, respiratory, digestive, and liver diseases; diabetes and others.<sup>23</sup>

### 1.3. Importance of Islamic and Arabic plants

Advanced tumors are treated usually by chemotherapy and although these drugs are effective, they are associated with severe adverse events and drug resistance.<sup>24,25</sup> Traditional Arab-Islamic herbal-based medicines might be promising candidates for new cancer therapeutics with low toxicity and minimal side effects.<sup>5,6,8</sup>

The origins of Arab-Islamic medicine can be traced back to the time of the Prophet Mohammad, Peace Be upon Him (PBUH) as a significant number of Hadiths concerning medicine are attributed

to him. Several Sahaba were successfully treated of certain diseases by following the medical advice of the Prophet Mohammad (PBUH). Despite great progress in allopathic medicine, Arab-Islamic medicine has continued to be practiced within the Mediterranean as well as most Arab and Islamic countries. In addition, Arab-Islamic therapies are most often utilized by people who have faith in spiritual healers and herbalists. These people are the first to be consulted for problems such as infertility, impotence, diabetes, obesity, epilepsy, psychosomatic troubles, and many other diseases.<sup>23</sup>

#### 1.4. Role of Islamic and Arab plants in cancer

The spreading of cancer is increasing over the world and the percentage of deaths caused by this fatal disease is rising, especially in the developing countries. Scientists and researchers are now giving more of their attention to the herbal medicine to provide treatment for more difficult diseases like cancer due to the fact that, the treatments of cancer patients with chemical therapy have serious side effects. Recently herbal medicines are coming to play a more vital role in the reduction and prevention of cancer. The rapid interest in traditional Arabic herbal medicine (TAHM) worldwide is stimulated by many factors; that herbal products are safe and economical, they exhibit an extensive spectrum of biological activities such as, stimulation of the immune system, antibacterial, antiviral, anti-hepatotoxic, antiulcer, anti-inflammatory, antioxidant, anti-mutagenic, and anti-cancer effects.<sup>5,7,26–28</sup>

A variety of grains, cereals, nuts, soy products, olives, beverages such as tea and coffee, and spices including turmeric, garlic, ginger, black pepper, cumin and caraway confer a protective effect against cancer.<sup>26,27,29–31</sup> Several studies have also documented the relationship between decreased cancer risk and high consumption of vegetables, including cabbage, cauliflower, broccoli, Brussels sprout, tomatoes, and fruits such as, apples and grapes.<sup>5,28,30,32</sup> In addition, a number of medicinal plants and herbs have also been reported to reduce the risk of cancer in multiple sites.<sup>33,34</sup>

Traditional herbal medicines provide a remarkable source for new drug development. Indeed, about 50% of the modern drugs are herbal based.<sup>35</sup> Since natural based products are inherently better tolerated in the body compared to synthetic chemicals and have higher chance to be approved as new drugs, searching for and purification of natural drug candidates is imperative. In the case of anticancer drugs, various drugs are derived from plant sources including but not limited to paclitaxel (Taxol), vinblastine, capsaicin, vincristine, the camptothecin derivatives, topotecan, irinotecan and etoposide.<sup>28,36–38</sup> Many commonly used anti-cancer herbs possess chemo preventive effects within their diverse pharmacological properties. Since cancer evolves over a long period of time, agents that inhibit or retard one or more of its stages could affect the overall course of the disease. Certain micronutrients (Oleuropein and Diallyl sulfide compounds found in olives and garlic respectively) possess potent cancer-preventive abilities.

## 2. Materials & methods

### 2.1. Searching facts

The databases used for literature search are; “PubMed”, “web of Science”, “Google scholar” and “Science direct”. The relevant research/review article, illuminating the use of Arabic and Islamic plants in cancer, was downloaded using the free access portal of University of Dammam, for specific libraries.

The keywords used mostly during the literature search were as follows;

1. Islamic and Arabic plants
2. Use of Islamic and Arabic plant in cancer
3. Anticancer activity
4. Cytotoxicity
5. Folkloric uses of plants
6. Ethno medicinal use in cancer
7. Ethno pharmacological use in cancer
8. Herbs in cancer

### 2.2. Selection and confirmation of Arabic & Islamic plants

The Islamic and Arabic plants used in the review were confirmed and referenced from the literature sources i.e.<sup>4,39–48</sup> The search for appropriate synonym of each plant, successively followed the step after confirmation.

### 2.3. Study of literature and reporting the most cited articles

The searching, confirmation and literature download step was repeated for each individual plant. This sequentially was followed by, a detail and extensive literature study for extracting out the material as mentioned in Table 1. The literature study showed an enormous contribution of these plants in cancer treatment. Table 1 shows the plants, synonym and their respective use in cancer as preventive or for treatment purposes.

## 3. Discussion

In recent years, traditional Arab-Islamic herbal medicine has been gaining interest in the scientific community, and more specifically, regarding cancer treatment. Herbal medicine is the leading modality used by patients with cancer in the Middle East (e.g., 35% of cancer patients using CAM in Jordan)<sup>49</sup> along with spiritual practices that are also prevalent (e.g., 75% of CAM users in Iranian study).<sup>50</sup> CAM use is also popular among patients with pediatric,<sup>51</sup> gynecological<sup>52</sup> and hematological<sup>53</sup> malignancies and among patients with an advanced disease.<sup>54</sup>

Several studies have been carried out for Arabic and Islamic plants. The Table 1 shows *in-vivo* and *in-vitro* studies for individual plants being applied in cancer and cancer related complications. Most of the research studies involve the application of these traditional plants against various human and animal cell lines. The same way, most of the plants, have been subjected to active isolation for the chemical entities responsible for cancer treatment.

The Table 1, mentions all the research work and literature available in order to cover or evaluate the progress of plants in cancer treatment. This study sum up the research activities specifically in the area of cancer and will help the researchers in order to utilize the available knowledge under one heading, for the applied research.

The modalities applied for treatment consists of plants in different forms i.e. crude extract (aqueous, alcoholic, hydro-alcoholic, methanolic, ethanolic etc.), fractions, sub-fractions as well as isolated active compounds. Table 1 reveals the fact i.e. traditional plants in any form are efficacious in reducing the progression or treatment of cancer. *Allium cepa* & *Allium sativum* considered as common food herbs have shown considerable results in treatment of cancer. *Anethum graveolens*, *Apium graveolens*, *Artemisia absinthium*, *Acorus calamus*, *Beta vulgaris*, *Cucumis melo*, *Zingiber officinal*, *Triticum aestivum*, *Thymus vulgaris*, *Nigella sativa* and *Crocus sativus* as well as many other such plants have been utilized since long as plants for food, nutritious or common ailments treatments purposes. These plants have folkloric and traditional uses and their applications in cancer showed considerable

**Table 1**  
Ethno-pharmacological profile of Islamic and Arabic Plants used in treatment of cancer.

Plant name	English name	Ethno pharmacological profile in cancer	References
<i>Acacia seyal</i>	Acacia	Demonstrated potential cytotoxic activities on the cancer cells HepG2 (hepatocellular carcinoma), MCF-7 (breast adeno carcinoma), A549 (lung carcinoma) and HCT-116 (colorectal carcinoma); It Prevents the development of cancer.	55–57
<i>Acorus calamus</i>	Sweet flag	Extract inhibits growth of several cell lines of mouse and human origin; Protected most of the changes in the rat brain induced by noise-stress; Studies have reported a wide range of pharmacological activities exhibited by <i>Acorus</i> rhizome and its constituents, particularly $\alpha$ - and $\beta$ -asarone.	58–60
<i>Agaricus campestris</i>	Mushroom	Showed cytotoxic effects on human cancer cell line HO-8910 & 7721; Reduced glycemia levels in patients with colorectal cancer; Demonstrated cytotoxicity against cancer cell lines of larynx carcinoma (HEp-2) and breast carcinoma (MCF-7).	61–64
<i>Allium ascalonicum</i>	Leek	Showed anti-growth activity on the cancer cell lines Jurkat and K562; Anti-angiogenic activity of fractions and sub-fractions was examined on human umbilical vein endothelial cells (HUVECs) in collagen matrix and chicken chorioallantoic membrane (CAM) models; Anticancer activity of isoliquiritigenin (ISL) was reported in human uterine cervical carcinoma (HeLa cells).	65–67
<i>Allium cepa</i>	Onion	Low risk of colorectal, breast, and lung cancers was found in individuals using onion and garlic; Reduces the risk of esophageal and stomach cancer, distal colon cancer; Reduces the ratio of prostate cancer by 30–50%.	29,30,68–77
<i>Allium sativum</i>	Garlic	Death ratio (attributed to stomach cancer) was reduced by 10 fold with the use of garlic; Low risk of colorectal, breast and lung cancer due to onion & garlic use; Reduces the risk of esophageal and stomach cancer, distal colon cancer; Reduces the ratio of prostate cancer by 30–50%.	29,30,68–75,78
<i>Aloe vera</i>	Aloe	Aqueous cream was useful in reducing dry desquamation and pain related to radiation therapy; The use of mild soap and <i>Aloe vera</i> gel showed a protective effect towards skin reactions in patients undergoing radiation therapy; Studies reported presence of anticancer activity and extract of aloe vera demonstrated suppression of cell proliferation in human neuroblastoma cell lines (IMR-32, TGW, CHP-126 and NBL-S); Hydroxyanthraquinone compound Aloe emodin (AE) demonstrated antineoplastic activity in metastatic human melanoma cell lines and in primary stem-like cells (melanospheres).	79–84
<i>Anethum graveolens</i>	Dill	Anethofuran a potential cancer chemopreventive has been isolated.	39,85
<i>Apium graveolens</i>	Celery	Bioassay guided isolation resulted different compounds, out of which, 3-n-butyl phthalide and sedanolide were both active in tumor inhibition; Topoisomerase-I and II enzymes inhibitory compounds, Senkyunolide-N, Senkyunolide-J & 3-hydroxymethyl-6-methoxy-2, 3-dihydro-1H-indol-2-ol have been isolated from the seeds; The seed extract of celery demonstrated antiproliferative activity and apoptosis on human stomach cancer cell line BGC-823.	86–89
<i>Artemisia absinthium</i>	Wormwood	<i>Artemisia absinthium</i> induced anti-proliferative effects on human breast cancer cells trigger apoptosis in both cell lines through the modulation of Bcl-2 family proteins and the MEK/ERK pathway; Wormwood ( <i>Artemisia absinthium</i> ) suppresses tumor necrosis factor alpha; <i>A. absinthium</i> and <i>A. vulgaris</i> demonstrated cytotoxic activity in breast cancer cell line (MCF7) and human embryonic kidney normal cell line (HEK293).	4,90–92
<i>Arum palaestinum</i>	Palestine Arum	Treatment of different human cancer cell lines with the ethyl acetate fraction led to dose-dependent suppression in the proliferation of both breast carcinoma cells (MCF-7) & lymphoblastic leukemia cells (1301); A novel alkylated piperazine was isolated which showed a significant cytotoxicity against cultured tumor cell lines <i>In vitro</i> ; Study showed inhibition of prostate cancer spheroids and reduce growth rate of prostate tumors in mice.	77,93–96
<i>Astoma seselifolium</i>	Astoma	Used in cancer prevention and treatment.	4
<i>Beta vulgaris</i>	Beet-Root	An <i>In-vivo</i> anti-tumor promoting activity evaluation against the mice skin and lung bioassays revealed a significant tumor inhibitory effect; The cytotoxic effect of the red beetroot extract in the androgen-independent human prostate cancer cells (PC-3) and in the well-established estrogen receptor-positive human breast cancer cells (MCF-7) suggested a potent anticancer activity; Betanin/isobetanin extract demonstrated anticancer activity in MCF-7 treated cells.	97–100
<i>Boswellia carterii</i>	Olibanum	Acetyl-11-keto- $\beta$ -boswellic acid, a compound isolated from <i>Boswellia carterii</i> , caused G1-phase cell cycle arrest with an induction of p21 and a reduction of cyclin D1 as well in prostate cancer cells; Frankincense oil derived from <i>Boswellia carterii</i> induces tumor cell specific cytotoxicity; Extracts of the plant demonstrated cytotoxicity in HepG2 and HCT 116 cell lines.	101–104
<i>Brassica nigra</i>	Mustard	Mustard acts as a potent antagonist of the adverse biological effects of the ultimate metabolites of Benzo[a]pyrene mutagenicity; Tumorcidal activity was demonstrated on <i>In vivo</i> <i>Drosophila melanogaster</i> (SMART) and the <i>In vitro</i> HL60 (human promyelocytic leukemia cell line) systems; Mustard essential oil, allyl isothiocyanate (AITC) exhibited antineoplastic activity on bladder cancer cell lines carrying a wild type (wt; RT4) or mutated (T24) TP53 gene.	105–108
<i>Brassica oleracea</i>	Wild Cabbage	Inhibit the growth of estrogen receptor (ER)-positive (ER+; MCF-7 and BT474) and ER-negative (ER-; MDA-MB-231 and BT20) human breast cancer cell lines; Widely regarded as potentially cancer preventative.	4,77,109,110
<i>Bryonia syriaca</i>	Syrian Bryony	Used in treatment of cancer.	4,77
<i>Capparis spinosa</i>	Caper	Protein are isolated from caper, which inhibited proliferation of hepatoma HepG2 cells, colon cancer HT29 cells and breast cancer MCF-7 cells; Essential oil and aqueous infusion showed high inhibitory effect on HT-29 cell proliferation and on nuclear factor $\kappa$ B (NF- $\kappa$ B) activity; Study reported <i>C. spinosa</i> . extract mediated apoptosis through mitochondrial pathway in SGC-7901 cells.	111–114
<i>Cassia senna</i>	Senna	Senna aqueous extract avoid H <sub>2</sub> O <sub>2</sub> -induced mutagenesis and toxicity in <i>Escherichia coli</i> IC203 (uvrA oxyR) and IC205 (uvrA mutM) strains;	115–117

Table 1 (continued)

Plant name	English name	Ethno pharmacological profile in cancer	References
		Rhein (0.1 and 1 µg/ml) significantly reduced cell proliferation as well as mitogen-activated protein (MAP) kinase activation.	
<i>Ceterach officinarum</i>	Yellow pincushion	The chemical 3,4-dihydroxybenzaldehyde present in <i>Officinarum</i> acts as an inhibitor of growth of human cancer cells; Plasmid DNA after treatment with UV and H <sub>2</sub> O <sub>2</sub> , supercoiled DNA was successfully protected in the presence of 20 mg/ml or above concentrations of aqueous extract.	4,39,118,119
<i>Chrysanthemum coronarium</i>	Crown Daisy	Sesquiterpene lactones is isolated, which showed weak activities against human cancer cell lines such as A549, PC-3, HCT-15; Dihydrochrysanolide derivatives isolated were also examined for their cytotoxic activity against such human cell lines as A549, PC-3 and HCT-15;	4,39,120–122
<i>Cichorium intybus</i>	Chicory	Essential oil of <i>Chrysanthemum coronarium</i> demonstrated antiproliferative effect in human colon cancer cell lines. Chicory showed tumor-inhibitory effect against Ehrlich ascites carcinoma in mice; Protected DNA against oxidative damage to its deoxyribose moiety; Demonstrated notable growth inhibition in leukemia cell lines.	77,123–125
<i>Cinnamomum camphora</i>	Camphor	Camphorin isolated, which showed inhibition to the human hepatocarcinoma cell-line 7721 and solid melanoma in the skin of the nude mouse; Subamone a novel <i>Cinnamomum</i> monoterpenoid, was evaluated against A549 (human lung cancer cell), and DU-145 and LNCaP (human prostate cancer cell lines).	126–128
<i>Citrullus colocynthis</i>	Colocynth	Cucurbitacin glucosides exhibit pleiotropic effects on cells, causing both cell cycle arrest and apoptosis;	129–131
<i>Commiphora molmol</i>	Myrrh	Cucurbitacins-type triterpene glucoside had potent inhibitory activity on HepG2. <i>C. molmol</i> offered protection against mucosal damage caused by indomethacin and its combination with ethanol; Emulsion used protected against PbAc-induced hepatic oxidative damage and immunotoxicity; Hybrids from the compound Myrrhanone-C demonstrated significant anticancer activity in human lung A-549, cervical (Hela), breast (MCF-7), renal (ACHN), colon (Colo-205) and mouse melanoma (B-16) cell lines; Gulgulipid extract from the plant exhibited anticancer activity in human prostate cancer cell line LNCaP (androgen-dependent) and its androgen-independent variant (C81).	132–136
<i>Crataegus azarolus</i>	Azarole Hawthorn	Hexanoic extract showed cytotoxic effect against larynx HEP-2 cells; <i>Crataegus azarolus</i> ethyl acetate extract showed antiproliferative activity and apoptosis in human metastatic colorectal cancer cell lines HCT-116 and HT-29; It also demonstrated growth inhibition in mice B16F10 melanoma cells and inhibited melanin synthesis.	4,39,136–138
<i>Crocus sativus</i>	Saffron	Crocin from <i>Crocus Sativus</i> possesses significant Anti-Proliferation effects on human colorectal cancer cells; human lung adenocarcinoma cell lines A549 and SPC-A1 and mice MCF-7 cell lines	139–143
<i>Cucumis melo</i>	Cucumber	Isolated carotenoid ingredients of saffron demonstrated cytotoxic activity against in vitro tumor cells. Cucurbitane-type triterpenoids showed significant cytotoxic activity against the proliferation of A549/ATCC and BEL7402 cells in vitro; Reduces risk of cancer and other chronic diseases; Cucurbitacin-E (CuE) isolated from the plant may have antitumor activity in glioma therapy.	144–147
<i>Matricaria aurea</i>	Chamomile	Exhibited cytotoxic effect on PC-3, A-549 and MCF-7 cancer cells; Showed positive effects in Anti-genotoxicity studies. Apigenin glucosides are present which inhibited cancer cell growth; Bisabolol and $\alpha$ -Bisabolol-Rich Oils showed anticancer properties.	4,39,148–151
<i>Narcissus tazetta</i>	Bunchflower daffodil	Extracts strongly decreased the survival rate of cell lines: HL-60, K562, KT1/A3, and A3R; Pseudolycorine alkaloid showed remarkable antileukemic activity; Fractions of narcissus bulbs has been demonstrated against Ehrlich ascites tumor and # 6C3HED solid lymphosarcoma cells in mice; Cytotoxic effect was studied for different part of the plant.	4,39,152–154
<i>Nigella sativa</i>	Black seed	Seeds ethanol extract possess antitumor activity in mice tumor primary cells; Thymoquinone, main active compound inhibited cell proliferation of many types of cancer cell lines i.e. breast, ovarian and human pancreatic adenocarcinoma, colorectal cancer, uterine sarcoma, human osteosarcoma, neoplastic keratinocytes and fibrosarcoma, lung carcinoma and suppression of, anti-apoptotic genes expression (e.g., IAP1, IAP2, XIAP Bcl-2, Bcl-xL), NF-kappa B activation pathway and thus enhances apoptosis induction	155–164
<i>Olea europaea</i>	Olive	Hydroxytyrosol was found to induce apoptosis and arrest cell cycle progression at the G1 phase; Incidence of breast cancer was 70% less in rats group fed with olive oil; The oil extract was shown to reduce DNA damage (initiation), increase barrier function (promotion), and reduce cell invasion of surrounding tissue (metastasis); Oleuropein and hydroxytyrosol, major phenolic compound of olive oil, decreased cell viability, inhibited cell proliferation, induced cell apoptosis in MCF-7 breast cancer cells and may possibly be used to prevent cardiotoxicity induced by doxorubicin;	165–172
<i>Peganum harmala</i>	Harmala, Africa Rue	Phenolic extract obtained from virgin olive oil was effective as antiproliferative and apoptosis-inducer in HL60 cells. Harmane alkaloids present causes DNA topoisomerase inhibition; Harmine alkaloids present showed cytotoxicity against HL60 and K562 cell lines; Showed minor anticancer activity against several cell lines (human bladder carcinoma RT112, human laryngeal carcinoma Hep2 and human myelogenous leukemia K562); $\beta$ -carboline compounds are inhibitors of cyclin dependent kinases; Alkaloids isolated from the plant exhibited antiproliferative activity in human gastric cancer cells MCG-803.	4,39,173–177
<i>Pistacia Lentiscus</i>	Mastic Tree	Anthocyanins extracted induces apoptosis in haepatocellular carcinoma; <i>P. lentiscus</i> inhibit proliferation and induce death of HCT116 human colon cancer cells <i>in vitro</i> ; Increase cell membrane integrity in cultured PC12 and HepG2 cells; Fixed oil and phenolic extract of the plant demonstrated antiproliferative activity in BHK21 cancer cell lines.	4,39,178–181
<i>Punica granatum</i>	Pomegranate	Fruit extract decreases proliferation and induced apoptosis of DU-145 prostate cancer cells and suppressed invasive potential of PC-3 cells; Showed significant inhibition of tumor growth in prostate tumor model mice; It is effective in inhibition of lung tumorigenesis in mice; Pomegranate inhibits inflammatory cell signaling in colon cancer; Peel and seeds oil have been shown to be effective against tumor cell proliferation, cell cycle, invasion and angiogenesis;	182–192

(continued on next page)

Table 1 (continued)

Plant name	English name	Ethno pharmacological profile in cancer	References
		Methanolic extract of peel and seeds exhibited antitumor activity in A549 (lung non small cell carcinoma), MCF-7 (breast adenocarcinoma), SKOV3 (ovarian cancer cells), and PC-3 (prostate adenocarcinoma) cells; Polyphenolic-rich extracts of the non-edible parts of <i>P. granatum</i> induced apoptosis in human U266 multiple myeloma cells.	
<i>Quercus calliprinos</i>	Palestine Oak	Fruit and bark decoction used for cancer treatment as Arab medicine	4,5,7,39
<i>Thymus vulgaris</i>	Thyme	Exhibited cytotoxic effect against PC-3, A-549 and MCF-7 cancer cells; Demonstrated notable growth inhibition in leukemia cell lines.	125,148,193
<i>Triticum aestivum</i>	Wheat	Wheat bread can prevent colon tumorigenesis; Lignans (in wheat) are also thought to be involved in cancer prevention in mice probably by apoptotic mechanisms; Bioactive components i.e. vitamins, lignans, isoflavones, and phenolic acids act as antioxidants or via mechanisms related to inhibition of tumor progression; Demonstrated antiproliferative activity in HCT 116 and A549 cancer cell lines; A phenolic compound in the plant Triticumside demonstrated apoptosis in human lung cancer cells.	194–199
<i>Zingiber officinal</i>	Ginger	Exhibited cytotoxic effect against PC-3, A-549 and MCF-7 cancer cells; Studies reported the benefits of ginger supplementation in reducing risk of liver cancer and breast neoplasms.	148,200–202
<i>Urtica pilulifera</i>	Stinging Nettle	Flavonoid glycosides were isolated showing high intracellular killing activity; The root extract are used in treatment of benign prostate hyperplasia; Leaves aqueous extract showed inhibition of adenosine deaminase activity in prostate cancer; Studies reported cytotoxic activity.	4,39,203–206
<i>Viscum cruciatum</i>	Red-berry mistletoe	Hirsutanone isolated showed cytotoxicity against melanoma, renal and breast cells; Hexanoic extract showed cytotoxic effect against larynx HEp-2 cells; Mistletoe also showed anticancer activity against BJAB cells, with IC50 value of 14.21 µg/ml.	4,39,137,207,208
<i>Vitis vinifera</i>	Grapes	Exhibited cytotoxic effect against PC-3, A-549 and MCF-7 cancer cells; Extracts isolated from the plant seeds and stems demonstrated antitumor activity in human breast cancer cell lines MCF-7 and MDA-MB-23), colon (HT29), renal (786-O and Caki-1), thyroid (K1), hepatocellular carcinoma cell lines, oral squamous cell carcinoma and normal human fibroblasts.	148,209–213

results in treating or reducing the cancer progression. Most of the aforementioned (Table 1) plants have been studied in-depth for immunomodulatory and cancer treatment purposes i.e. *N. sativa*, *Acacia seyal*, *A. sativum*, *Olea europaea*, *Vitis vinifera*, resulting in isolation of lead compound with promising results in treating cancer. Resveratrol is a leading example isolated from *V. vinifera* applied effectively in treating cancer. Likewise Thymoquinone from *N. sativa* is proved an immunomodulatory for treatment in cancer therapy along with alliin and alliin from *A. sativum* and *Oleuropein/omega-3* fatty acids from *Olea europaea* showed antioxidant and anticancer effects.

The aforementioned examples are an indication for the folkloric TAI plants implicated in the form of crude extract, fractions or sub-fraction in treating cancer, to be studied further in order to isolate active drug for cancer treatment. This review article provides data regarding TAI plants having folkloric uses and utilized in TAI system for treating cancer. The purpose of this study is to highlight these plants in order to be studied more for their biological, therapeutic and toxicological properties. Advancement in science and analytical techniques provides opportunities to study these plants for reducing any toxicological effects related to the use of these plants in cancer. These plants, as showed considerable results in treating cancer, even in the form of crude extract can be converted to nanoparticles or nanoemulsions in order to enhance its bioavailability and targeted therapy in the affected areas of cancer. These plants have a wide scope to be utilized for covering the deficient areas and hurdles of treating cancer as they having reports for folkloric uses with well-established research literature mentioned in Table 1 for individual plants.

The Table 1, helps to provide a list of plants used in cancer as well as available literature in order to accomplish the purpose of study i.e. TAI plants needs more research exploration. Despite the fact; some plants have been studied in the form of crude extract as well as isolation of therapeutic ingredient, via bioassay guided isolation, still most of the plants having lack of studies with respect to toxicity and mechanism involved during cancer treatment and hence needs further research profiling. Similarly most of the isolated active drugs showed greater toxicity as compared to crude extract. Table 1 gathers all these plants and the literature study

regarding use in cancer providing sufficient information to use these plants in crude form as well as combination of these plants in raw or crude extract form for the treatment of cancer.

As mentioned in table, different types of cancer and tumors have been treated with these TAI plants which includes; hepatocellular carcinoma, breast adeno carcinoma, lung carcinoma, colorectal carcinoma, colorectal, breast, and lung cancers, esophageal and stomach cancer, prostate cancer, solid melanoma in the skin and benign prostate hyperplasia. The TAI plants showed cytotoxicity against different cell lines i.e.; larynx HEp-2 cells, BJAB cells, PC-3, A-549 and MCF-7 cancer cells, PC12 and HepG2 cells, HCT116 human colon cancer cells, human bladder carcinoma RT112, human laryngeal carcinoma Hep2 and human myelogenous leukemia K562, HL60 and K562 cell lines, 6C3HED solid lymphosarcoma cells, A549 (human lung cancer cell), and DU-145 and LNCaP (human prostate cancer cell lines), (ER)-positive (ER+; MCF-7 and BT474) and ER-negative (ER-; MDA-MB-231 and BT20) human breast cancer cell lines and HO-8910 & 7721 cell lines showing effective cancer treatment by these plants.

Different mechanism i.e.; chemo preventive, antioxidants, Topoisomerase-I and II enzymes inhibitory, suppresses tumor necrosis factor alpha, G1-phase cell cycle arrest with an induction of p21 and a reduction of cyclin D1, inhibitory effect on nuclear factor κB (NF-κB) activity, mitogen-activated protein (MAP) kinase activation, protected DNA against oxidative damage to its deoxyribose moiety and inhibition of adenosine deaminase activity in prostate cancer were evaluated for these TAI showing promising result.

The literature cited in current review article highlights the lead compounds isolated which may be a target and source of new drug development for researchers in order to modify, carry out SAR and study new pathways in order to find a complete cure for cancer. The lead compounds isolated and discussed are; Hirsutanone, Flavonoid glycosides, Lignans, isoflavones, and phenolic acids, Anthocyanins, Harmene and Harmine alkaloids, Oleuropein and hydroxytyrosol, Hydroxytyrosol, Thymoquinone, Pseudoglycorine alkaloid, Cucurbitane-type triterpenoids, Crocin and carotenoid ingredients of saffron, Cucurbitacins-type triterpene glucoside, Subamone a novel *Cinnamomum* monoterpene and Camphorin,

Sesquiterpene lactones and Dihydrochrysanolide derivatives, Acetyl-11-keto- $\beta$ -boswellic acid, 3-n-butyl phthalide and sedanolide and Senkyunolide-N, Senkyunolide-J & 3-hydroxymethyl-6-methoxy-2, 3-dihydro-1H-indol-2-ol and Anethofuran. The nature and structures as well as classes of aforementioned compounds are source of knowledge for finding effective class of drugs to be utilized in cancer treatment.

The table also includes herbs which are used as food or nutraceuticals. These Arabic and Islamic plants, used in any of the modality as aforementioned, showed the better alternative source for the treatment of cancer and malignancies. The extracted material from literature survey of these Arabic and Islamic traditional medicinal plants as mentioned in Table 1 justifies the fact; Arabic and Islamic traditional plant as medicine, are well documented in literature. The next major outcome of the study proved significant is; the active use of these folkloric used traditional plants by most of the practitioners, even today. These plants are the major source for research too and numerous pharmacological, toxicological, biological and cytotoxicity studies have been carried out for these herbs as shown by the unlimited literature available for each plant.

#### 4. Conclusion

The wisdom of the past led to the discovery of chemopreventive drugs. The Arabic and Islamic plants studied in this review article are more important as alternate for cancer research and treatment. These traditional plants and their folkloric/traditional pharmacological profile need to be preserved. The main area of emphasis; isolation of the active chemical having potency to treat cancer with minimal side effects and ensuring the safe use of these medicinal plants, should be strived more. These plants need effective utilization in order to make a hallmark through complete cancer cure and cheap regimen to be available for ordinary population.

#### References

- World Health Organization, W.H.O. *Traditional Medicine Strategy*; 2014–2023. available at: <http://www.who.int/en/>.
- National Centre for Complementary and Alternative Medicine. *National Survey Reports on Consumer Spending for CAM Products and Services*; 2011. <http://nccam.nih.gov/health/whaticam/>.
- Avi Senna AH. *Alkanoon Fi Altib (The Rules of Medicine)*. 1037. Four Volumes, Printed in 1993 by Iz Aldin Publications, Beirut, Lebanon (in Arabic).
- Zaid H, Rayan A, Said O, Saad B. Cancer treatment by Greco-Arab and Islamic herbal medicine. *Open Nutraceuticals J*. 2010;3:203–212.
- Saad B, Azaizeh H, Said O. Arab herbal medicine. *Bot Med Clin Prac*. 2008;4:31.
- Saad B, Azaizeh H, Abu-Hijleh G, Said O. Safety of traditional Arab herbal medicine. *eCAM*. 2006;3:433–439.
- Saad B, Azaizeh H, Said O. Arab herbal medicines. *Bot Med*. 2008;16:32.
- Said O, Fulder S, Khalil K, Azaizeh H, Kassis E, Saad B. Maintaining a physiological blood glucose level with 'glucoselevel', a combination of four anti-diabetes plants used in the traditional Arab herbal medicine. *eCAM*. 2008;5:421–428.
- Toni I, Flamini E, Mercatali L, Sacanna E, Serra P, Amadori D. Pathogenesis of osteoblastic bone metastases from prostate cancer. *Cancer*. 2010;116:1406–1418.
- Barnes PM, Bloom B, Nahin RL. Complementary and alternative medicine use among adults and children: United States. *Natl Health Stat Rep*. 2007;12:1–23.
- World Health Organization., W.H.O. at 11–12. TM Strategy, supra note 4.
- World Health Organization., W.H.O. at 9. supra note 4.
- World Health Organization., W.H.O. at 11. TM Strategy, supra note 4.
- World Health Organization., W.H.O. at 1. TM Strategy, supra note 4.
- Australian social trends. *Complementary Therapies*; 2008. Sydney, Australian Bureau of Statistics, 2008 (Report No.4102.0) <http://www.abs.gov.au/AUSSTATS/abs>.
- Report of a survey on T&CM basic situation in 2009*. 2011 (in Chinese). Place of publication, State Administration of Traditional Chinese Medicine.
- Lao Ministry of Health and World Health Organization. *Health Service Delivery Profile, Lao PDR, 2012*; 2012. Compiled in collaboration between WHO and Ministry of Health, Lao PDR, 2012 [http://www.wpro.who.int/health\\_services/service\\_delivery\\_profile\\_laopdr.pdf](http://www.wpro.who.int/health_services/service_delivery_profile_laopdr.pdf).
- AlBedah AMN, Khalil MKM, Elolemy AT, et al. The use of and out-of-pocket spending on complementary and alternative medicine in Qassim province, Saudi Arabia. *Ann Saudi Med*. 2013;33:282–289.
- Anand P, Kunnumakkara AB, Sundaram C, et al. Cancer is a preventable disease that requires major lifestyle changes. *Pharm Res*. 2008;25:2097–2116.
- Becker WM, Kleinsmith LJ, Hardin J, Bertoni GP. *The World of the Cell*. 7th ed. San Francisco: Pearson Education, Inc., publishing as Pearson Benjamin Cummings; 2009:757–790.
- Rhazes. *AlHawy (The comprehensive)*. 925; Dar AlKalam Publishing Beirut, Lebanon (in Arabic).
- World Health Organization. W.H.O. *Fact Sheet No. 134: Traditional Medicine*; 2003. available at: <http://www.who.int/mediacentre/factsheets/fs134/en/>.
- Saad B, Said O. *Greco-Arab and Islamic Herbal Medicine: Traditional System, Ethics, Safety, Efficacy, and Regulatory Issues by Bashar Saad and Omar Said*. Copyright\_2011. John Wiley & Sons, Inc; 2011.
- Baguley BC. Multidrug resistance in cancer. *Methods Mol Biol*. 2010;596:1–14.
- Yan Q, Wajapeyee N. Exploiting cellular senescence to treat cancer and circumvent drug resistance. *Cancer Biol Ther*. 2010;9:166–175.
- Al-Johar D, Shinwari N, Arif J, et al. Role of Nigella sativa and a number of its antioxidant constituents towards azoxymethane-induced genotoxic effects and colon cancer in rats. *Phytother Res*. 2008;22:1311–1323.
- Boon H, Wong J. Botanical medicine and cancer: a review of the safety and efficacy. *Expert Opin Pharm*. 2004;5:2485–2501.
- Cragg GM, Newman DJ. Plants as a source of anti-cancer agents. *J Ethnopharmacol*. 2005;100:72–79.
- Challier B, Perarnau JM, Viel JF. Garlic, onion and cereal fibre as protective factors for breast cancer: a French case-control study. *Eur J Epidemiol*. 1998;14:737–747.
- Chan JM, Wang F, Holly EA. Vegetable and fruit intake and pancreatic cancer in a population-based case-control study in the San Francisco bay area. *Cancer Epidemiol Biomarkers Prev*. 2005;14:2093–2097.
- Clifford JL, Digiiovanni J. The promise of natural products for blocking early events in skin carcinogenesis. *Cancer Prev Res (Phila)*. 2010;3:132–135.
- Vainio H, Weiderpass E. Fruit and vegetables in cancer prevention. *Nutr Cancer*. 2006;54:111–142.
- Kroll DJ, Shaw HS, Oberlies NH. Milk thistle nomenclature: why it matters in cancer research and pharmacokinetic studies. *Integr Cancer Ther*. 2007;6:110–119.
- Park EJ, Pezzuto JM. Botanicals in cancer chemoprevention. *Cancer Metastasis*. 2002;21:231–255.
- Harvey AL. Natural products in drug discovery. *Drug Discov Today*. 2008;13:894–901.
- Butler MS, Newman DJ. Mother Nature's gifts to diseases of man: the impact of natural products on anti-infective, anticholesteremic and anticancer drug discovery. *Prog Drug Res*. 2008;65:3–44.
- Cragg GM, Grothaus PG, Newman DJ. Impact of natural products on developing new anti-cancer agents. *Chem Rev*. 2009;109:3012–3043.
- Saklani A, Kutty SK. Plant-derived compounds in clinical trials. *Drug Discov Today*. 2008;13:161–171.
- Zaid H, Said O, Saad B. Cancer treatment in the Arab-Islamic medicine: integration of tradition with modern experimental trails. *Jamia*. 2010;14:13–40.
- Farooqi MIH. 4th ed. *Medicinal plants in the traditions of Prophet*. Dr M.I.H. Farooqi, Sidrah Publishers, Shahid Apartments, Gola Ganj, Lucknow. 226018.
- Farooqi MIH. 9th ed. *List of Quranic and Prophetic Plants*. Dr M.I.H. Farooqi, Sidrah Publishers, Shahid Apartments, Gola Ganj, Lucknow-226018.
- Marwat SK, Khan MA, Fazal-ur-Rehman, Bhatti IU. Aromatic plant species mentioned in the Holy Quran and Ahadith and their ethnomedicinal importance. *Pak J Nutr*. 2009;8:1472–1479.
- Marwat SK, Khan MA, Khan MA, et al. Fruit plant species mentioned in the Holy Quran and Ahadith and their ethnomedicinal importance. *American-Eurasian J Agr Env Sci*. 2009;5:284–295.
- Ahmad M, Khan MA, Marwat SK, et al. Useful medicinal flora enlisted in Holy Quran and Ahadith. *American-Eurasian J Agr Env Sci*. 2009;5:126–140.
- Saad B, JadAllah R, Daraghme H, Said O. Medicines and method of therapy in the Arab and Islamic medicine. *Int J Biosci Biotechnol Res Comm*. 2009;2:123–132.
- Azaizeh H, Saad B, Khaleel KH, Said O. The state of the art of traditional Arab herbal medicine in the Eastern Region of the Mediterranean: a review. *eCAM*. 2006;3:229–235.
- Azaizeh H, Saad B, Cooper E, Said O. Traditional Arabic and Islamic Medicine (TAIM) now join CAM, Kampo, and Ayurveda. *eCAM*. 2007. <http://dx.doi.org/10.1093/ecam/nem157>.
- Azaizeh H, Saad B, Cooper E, Said O. Traditional Arabic and Islamic Medicine (TAIM), a re-emerging health aid. *eCAM*. 2008;1–6. <http://dx.doi.org/10.1093/ecam/nen039>.
- Affif FU, Wazaify M, Jabr M, Treish E. The use of herbal preparations as complementary and alternative medicine (CAM) in a sample of patients with cancer in Jordan. *Comp Ther Clin Prac*. 2010;16:208–212.
- Montazeri A, Sajadian A, Ebrahimi M, Haghghat S, Harirchi I. Factors predicting the use of complementary and alternative therapies among cancer patients in Iran. *Eur J Cancer Care*. 2007;16:144–149.
- Genc RE, Senol S, Turgay AS, Kantar M. Complementary and alternative medicine used by paediatric patients with cancer in western Turkey. *Oncol Nurs Forum*. 2009;36:159–164.

52. Yildirim Y, Tinar S, Yorgun S, et al. The use of complementary and alternative medicine (CAM) therapies by Turkish women with gynaecological cancer. *Eur J Gynaecol Oncol*. 2006;27:81–85.
53. Paltiel O, Avitzour M, Peretz T, et al. Determinants of the use of complementary therapies by patients with cancer. *J Clin Oncol*. 2001;19:2439–2448.
54. Tarhan O, Alacacioglu A, Somali I, et al. Complementary alternative medicine among cancer patients in the western region of Turkey. *J Balkan Uni Oncol*. 2009;14:265–269.
55. Al-Assaf S, Phillips G, Sasaki Y, Katayama T. Google Patent; US20060240166 A1. Apr 9. 2004.
56. El-Hallouty SM, Fayad W, Meky NH, EL-Menshawi BS, Wassel GM, Hasabo AA. In vitro anticancer activity of some Egyptian plant extracts against different human cancer cell lines. *Int J Pharm Tech Res*. 2015;8:267–272.
57. Patel A, Hafez E, Elsaid F, Amanullah M. Anti-cancer action of a new recombinant lectin produced from *Acacia* species. *Int J Med Sci*. 2014;5:1.
58. Mehrotra S, Mishra KP, Maurya R, et al. Anticellular and immunosuppressive properties of ethanolic extract of *Acorus calamus* rhizome. *Int Immunopharmacol*. 2003;3:53–61.
59. Manikandan S, Srikumar R, Parthasarathy NJ, Devi RS. Protective effect of *Acorus calamus* LINN on free radical scavengers and lipid peroxidation in discrete regions of brain against noise stress exposed rat. *Biol Pharm Bull*. 2005;28:2327–2330.
60. Mukherjee Pulok Kumar, Kumar Venkatesan, Mal Mainak, Houghton Peter J. *Acorus calamus*: SCIENTIFIC validation of Ayurvedic tradition from natural resources. *Pharm Biol*. 2007;45:8.
61. Shi-feng LI, Gui-chen C, Yu-rong BI. Studies on antioxidative and antitumor activities for two wild edible fungi. *Edible Fungi China*. 2005;3.
62. Fortes RC, Novaes MRGC, Recóva VL, Melo AL. Immunological, hematological, and glycaemia effects of dietary supplementation with *Agaricus sylvaticus* on patients' colorectal cancer. *Exp Biol Med (Maywood)*. 2009;234:53–62.
63. Ikekawa T, Uehara N, Maeda Y, Nakanishi M, Fukuoka F. Antitumor activity of aqueous extracts of edible mushrooms. *Cancer Res*. 1969;29:734–735.
64. Elbatrawy EN, Ghonimy EA, Alassar MM, Wu FS. Medicinal mushroom extracts possess differential antioxidant activity and cytotoxicity to cancer cells. *Int J Med Mushrooms*. 2015;17:471–479.
65. Seyfi P, Mostafaie A, Mansouri K, Arshadi D, Mohammadi-Motlagh Hamid-Reza, Kiani A. In vitro and in vivo anti-angiogenesis effect of shallot (*Allium ascalonicum*): a heat-stable and flavonoid-rich fraction of shallot extract potentially inhibits angiogenesis. *Toxicol In Vitro*. 2010;24:1655–1661.
66. Mohammadi-Motlagh Hamid-Reza, Mostafaie A, Mansouri K. Anticancer and anti-inflammatory activities of shallot (*Allium ascalonicum*) extract. *Arch Med Sci*. 2011;7:38–44.
67. Hsu YL, Chia CC, Chen PJ, Huang SE, Huang SC, Kuo PL. Shallot and licorice constituent isoliquiritigenin arrests cell cycle progression and induces apoptosis through the induction of ATM/p53 and initiation of the mitochondrial system in human cervical carcinoma HeLa cells. *Mol Nutr Food Res*. 2009;53:826–835.
68. Mei X, Wang MC, Xu HX. Garlic and gastric cancer—the effect of garlic on nitrite and nitrate in gastric juice. *Acta Nutr Sin*. 1982;4:53–56.
69. Takezaki T, Gao CM, Ding JH, Liu TK, Li MS, Tajima K. Comparative study of lifestyles of residents in high and low risk areas for gastric cancer in Jiangsu Province, China; with special reference to allium vegetables. *J Epidemiol*. 1999;9:297–305.
70. Dorant E, Van den Brandt PA, Goldbohm RA, Sturmans F. Consumption of onions and a reduced risk of stomach carcinoma. *Gastroenterol*. 1996;110:12–20.
71. Steinmetz KA, Kushi LH, Bostick RM, Folsom AR, Potter JD. Vegetables, fruit & colon cancer in the Iowa Women's health study. *Am J Epidemiol*. 1994;139:1–15.
72. Gao CM, Takezaki T, Ding JH, Li MS, Tajima K. Protective effect of allium vegetables against both oesophageal and stomach cancer: a simultaneous case-referent study of a high-epidemic area in Jiangsu Province, China. *Jpn J Cancer Res*. 1999;90:614–621.
73. Setiawan VW, Yu GP, Lu QY. Allium vegetables and stomach cancer risk in China. *Asian Pac J Cancer Prev*. 2005;6:387–395.
74. Colli JL, Amling CL. Chemoprevention of prostate cancer: what can be recommended to patients? Search results. *Curr Urol Rep*. 2009;10:165–171.
75. Hsing AW, Chokkalingam AP, Gao YT, et al. Allium vegetables and risk of prostate cancer: a population-based study. *J Natl Cancer Inst*. 2002;94:1648–1651.
76. Kim JY, Kwon O. Garlic intake and cancer risk: an analysis using the Food and Drug Administration's evidence-based review system for the scientific evaluation of health claims. *Am J Clin Nutr*. 2009;89:257–264.
77. Said O, Zaid H, Saad B. Greco-Arab and Islamic herbal medicine and cancer treatment/prevention. In: Watson RR, Preedy VR, eds. *Foods, Herbs, and their Extracts: Cancer Treatment and Prevention*. Taylor & Francis Group; 2009.
78. Ekins S, Ring BJ, Grace J, McRobbie-Belle J, Wrighton SA. Present and future in vitro approaches for drug metabolism. *J Pharmacol Toxicol Methods*. 2000;44:313–324.
79. Sue Heggie, Bryant Guy, Tripcony Lee, et al. A Phase III study on the efficacy of topical aloe vera gel on irradiated breast tissue. *Cancer Nurs*. 2002;25:442–451.
80. Olsen DL, Raub WJ, Bradley C, et al. The effect of aloe vera gel/mild soap versus mild soap alone in preventing skin reactions in patients undergoing radiation therapy. *Oncol Nurs Forum*. 2001;28:543–547.
81. Naveena, Bharath BK, Selvasubramanian. Antitumor activity of Aloe vera against Ehrlich ascites carcinoma in Swiss Albino mice. *Int J Pharm Bio Sci*. 2011;2:2.
82. Yonehara A, Tanaka Y, Kulkeaw K, Era T, Nakanishi Y, Sugiyama D. Aloe vera extract suppresses proliferation of neuroblastoma cells in vitro. *Anticancer Res*. 2015;35:4479–4485.
83. Radha MH, Laxmipriya NP. Evaluation of biological properties and clinical effectiveness of Aloe vera: a systematic review. *J Tradit Complement Med*. 2014;5:21–26.
84. Tabolacci C, Cordella M, Turcano L, et al. Aloe-emodin exerts a potent anti-cancer and immunomodulatory activity on BRAF-mutated human melanoma cells. *Eur J Pharmacol*. 2015;762:283–292.
85. Zheng GQ, Kenney PM, Lam LK. Anethofuran, carvone and limonene: potential cancer chemoprotective agents from dill weed oil and caraway oil. *Plant Med*. 1992;5:338–341.
86. Zheng G, Kenney PM, Zhang J, Lam LKT. Chemoprevention of benzo[a]pyrene-induced forestomach cancer in mice by natural phthalides from celery seed oil. *Nutr Cancer*. 1993;19.
87. Momina RA, Naira MG. Antioxidant, cyclooxygenase and topoisomerase inhibitory compounds from *Apium graveolens* Linn. Seeds. *Phytomedicine*. 2002;9:312–318.
88. Subhadradevi V, Khairunissa K, Asokkumar K, Umamaheswari M, Sivashanmugam A, Jagannath P. Induction of apoptosis and cytotoxic activities of *Apium graveolens* Linn. Using in vitro models. *Middle-East J Sci Res*. 2011;9:90–94.
89. Gao LL, Feng L, Yao ST, et al. Molecular mechanisms of celery seed extract induced apoptosis via s phase cell cycle arrest in the BGC-823 human stomach cancer cell line. *Asian Pac J Cancer Prev*. 2011;12:2601–2606.
90. Shafi G, Hasan TN, Syed NA, et al. Artemisia absinthium (AA): a novel potential complementary and alternative medicine for breast cancer. *Mol Biol Rep*. 2012;39:7373–7379.
91. Krebs S, Omer TN, Omer B. Wormwood (*Artemisia absinthium*) suppresses tumor necrosis factor alpha and accelerates healing in patients with Crohn's disease – a controlled clinical trial. *Phytomedicine*. 2010;17:305–309.
92. Gordanian B, Behbahani M, Carapetian J, Fazilati M. In vitro evaluation of cytotoxic activity of flower, leaf, stem and root extracts of five *Artemisia* species. *Res Pharm Sci*. 2014;9:91–96.
93. El-Desouky SK, Kim KH, Ryu SY, Eweas AF, Gamal-Eldeen AM, Kim Young-Kyoon. A new pyrrole alkaloid isolated from *Arum palaestinum* Boiss. and its biological activities. Article Drug Discovery *Arch Pharma Res*. 2007;30:927–931.
94. El-Desouky SK, Ryu SY, Kim Young-Kyoon. Piperazirum, a novel bioactive alkaloid from *Arum palaestinum* Boiss. *Tetrahedron Lett*. 2007;48:4015–4017.
95. Ali-Shtayeh MS, Jamous RM, Al-Shafie JH, et al. Traditional knowledge of wild edible plants used in Palestine (Northern West Bank): a comparative study. *J Ethnobiol Ethnomed*. 2008;4:13.
96. Cole C, Burgoyne T, Lee A, Stehno-Bittel L, Zaid G. Erratum to: *Arum Palaestinum* with isovanillin, linolenic acid and  $\beta$ -sitosterol inhibits prostate cancer spheroids and reduces the growth rate of prostate tumors in mice. *BMC Complement Altern Med*. 2015;15:322.
97. Kapadia GJ, Tokudab H, Konoshimac T, Nishinod H. Chemoprevention of lung and skin cancer by *Beta vulgaris* (beet) root extract. *Cancer Lett*. 1996;100:211–214.
98. Govind JK, Magnus AA, Subba Rao G, Takanari A, Akira I, Harukuni T. Cytotoxic effect of the red beetroot (*Beta vulgaris* L.) extract compared to doxorubicin (Adriamycin) in the human prostate (PC-3) and breast (MCF-7) cancer cell lines. *Anticancer Agents Med Chem*. 2011;11:280–284 (Formerly Current Medicinal Chemistry - Anti-Cancer Agents).
99. Georgiev V, Weber J, Kneschke Eva-Maria, Denev PN, Bley T, Pavlov AI. Antioxidant activity and phenolic content of betalain extracts from intact plants and hairy root cultures of the red beetroot *Beta vulgaris* cv. Detroit dark red. *Plant Foods Hum Nutr*. 2010;65:105–111.
100. Nowacki L, Vigneron P, Rotellini L, et al. Betanin-enriched red beetroot (*Beta vulgaris* L.) extract induces apoptosis and autophagic cell death in MCF-7 cells. *Phytother Res*. 2015;29:1964–1973.
101. Yuan Hui-Qing, Kong Feng, Wang Xiao-Ling, Young YFC, Hu Xiao-Yan, Lou Hong-Xiang. Inhibitory effect of acetyl-11-keto- $\beta$ -boswellic acid on androgen receptor by interference of Sp1 binding activity in prostate cancer cells. *Biochem Pharmacol*. 2008;75:2112–2121.
102. Frank FM, Yang Q, Osban J, et al. Frankincense oil derived from *Boswellia carteri* induces tumor cell specific cytotoxicity. *BMC Complement Altern Med*. 2009;9:6.
103. Chevrier MR, Ryan AE, Lee DY, Zhongze M, Wu-Yan Z, Via CS. *Boswellia carteri* extract inhibits TH1 cytokines and promotes TH2 cytokines in vitro. *Clin Diagn Lab Immunol*. 2005;12:575–580.
104. Ahmed HH, Abd-Rabou AA, Hassan AZ, Kotob SE. Phytochemical analysis and anti-cancer investigation of *Boswellia serrata* bioactive constituents in vitro. *Asian Pac J Cancer Prev*. 2015;16:7179–7188.
105. Polasa K, Kumar PU, Krishnaswamy K. Effect of *Brassica nigra* on Benzo[a]pyrene mutagenicity. *Food Chem Toxicol*. 1994;32:777–781.
106. Zikalova H, Vasak J. The role and effects of glucosinolates of *Brassica* species – a review. *Rostl Vyroba*. 2002;48:175–180.
107. Lozano-Baena MD, Tasset I, Obregón-Cano S, de Haro-Bailon A, Muñoz-Serrano A, Alonso-Moraga Á. Antigenotoxicity and tumor growing inhibition by Leafy *Brassica carinata* and Sinigrin. *Molecules*. 2015;20:15748–15765.



108. Sávio AL, da Silva GN, Salvadori DM. Inhibition of bladder cancer cell proliferation by allyl isothiocyanate (mustard essential oil). *Mutat Res.* 2015;771:29–35.
109. Brandi G, Schiavano GF, Zaffaroni N, et al. Mechanisms of action and antiproliferative properties of Brassica oleracea juice in human breast cancer cell lines. *J Nutr.* 2005;135:1503–1509.
110. Beecher CW. Cancer preventive properties of varieties of Brassica oleracea: a review. *Am J Clin Nutr.* 1994;59:1166S–1170S.
111. Lam Sze-Kwan, Ng Tzi-Bun. A protein with antiproliferative, antifungal and HIV-1 reverse transcriptase inhibitory activities from caper (*Capparis spinosa*) seeds. *Phytomedicine.* 2009;16:444–450.
112. Kulisic-Bilusica T, Schmöllerb I, Schnäbele K, Siracusac L, Rubertoc G. The anticarcinogenic potential of essential oil and aqueous infusion from caper (*Capparis spinosa* L.). *Food Chem.* 2012;132:261–267.
113. Upadhyay RK. Kareel plant: a natural source of medicines and nutrients. *IJGP.* 2011;4:255–265.
114. Ji YB, Yu L. N-butanol extract of *Capparis spinosa* L. induces apoptosis primarily through a mitochondrial pathway involving mPTP open, cytochrome C release and caspase activation. *Asian Pac J Cancer Prev.* 2014;15:9153–9157.
115. Silva CR, Monteiro MR, Rocha HM, et al. Assessment of antimutagenic and genotoxic potential of senna (*Cassia angustifolia* Vahl.) aqueous extract using in vitro assays. *Toxicol In Vitro.* 2008;22:212–218.
116. Aviello G, Rowland I, Gill CI, et al. Anti-proliferative effect of rhein, an anthraquinone isolated from *Cassia* species, on Caco-2 human adenocarcinoma cells. *J Cell Mol Med.* 2010;14:2006–2014.
117. Kannappan Gopalakrishnan. Anticancer activity of *Cassia senna* against prostate carcinogenesis. *J Pharm Res.* 2010;3:3028.
118. Froissard D, Rapior S, Bessière JM, et al. Asplenioidae species as a reservoir of volatile organic compounds with potential therapeutic properties. *Nat Prod Commun.* 2015;10:1079–1083.
119. Berk S, Tepe B, Arslan S, Sarikurucu C. Screening of the antioxidant, antimicrobial and DNA damage protection potentials of the aqueous extract of *Asplenium ceterach* DC. *Afr J Biotechnol.* 2011;10:8902–8908.
120. Lee KD, Park KH, Park KM, Kim JH, Rim YS, Yang MS. Cytotoxic activity and structural analogues of Guaianolide derivatives from the flower of *Chrysanthemum coronarium* L. *J Appl Biol Chem.* 2003;46:29–32.
121. Lee KD, Yang MS, Ha TJ, Park KM, Park KH. Isolation and identification of dihydrochrysanolide and its 1-epimer from *Chrysanthemum coronarium* L. *Biosci Biotechnol Biochem.* 2002;66:862–865.
122. Bardaweel SK, Hudaib MM, Tawaha KA, Bashatwah RM. Studies on the in vitro antiproliferative, antimicrobial, antioxidant, and acetylcholinesterase inhibitory activities associated with *Chrysanthemum coronarium* essential oil. *Evid Based Complement Altern Med.* 2015;2015.
123. Hazra B, Sarkar R, Bhattacharyya S, Roy P. Tumour inhibitory activity of chicory root extract against Ehrlich ascites carcinoma in mice. *Fitoterapia.* 2002;73:730–733.
124. Sultana S, Perwaiz S, Iqbal M, Athar M. Crude extracts of hepatoprotective plants, *Solanum nigrum* and *Cichorium intybus* inhibit free radical-mediated DNA damage. *J Ethnopharmacol.* 1995;45:189–192.
125. Esmailbeig M, Kouhpayeh SA, Amirghofran Z. An investigation of the growth inhibitory capacity of several medicinal plants from Iran on tumor cell lines. *Iran J Cancer Prev.* 2015;8:4032.
126. Ling Jun, Liu Wang-Yi. Cytotoxicity of two new ribosome-inactivating proteins, cinnamomin and camphorin, to carcinoma cells. *Cell Biochem Funct.* 1996;14:157–161.
127. Lin RJ, Lo WL, Wang YD, Chen CY. A novel cytotoxic monoterpene from the leaves of *Cinnamomum subavenium*. *Nat Prod Res Former Nat Prod Lett.* 2008;22:1055–1059.
128. Banerjee S, Welsch CW, Rao AR. Modulatory influence of camphor on the activities of hepatic carcinogen metabolizing enzymes and the levels of hepatic and extrahepatic reduced glutathione in mice. *Cancer Lett.* 1995;88:163–169.
129. Tannin-Spitz T, Grossman S, Dovrat S, Gottlieb HE, Bergman M. Growth inhibitory activity of cucurbitacin glucosides isolated from *Citrullus colocynthis* on human breast cancer cells. *Biochem Pharmacol.* 2007;73:56–67.
130. Ayyad SN, Abdel-Lateff A, Alarif WM, Patacchioli FR, Badria FA, Ezmirly ST. In vitro and in vivo study of cucurbitacins-type triterpene glucoside from *Citrullus colocynthis* growing in Saudi Arabia against hepatocellular carcinoma. *Environ Toxicol Pharmacol.* 2012;33:245–251.
131. Mukherjee A, Patil SD. Effects of alkaloid rich extract of *Citrullus colocynthis* fruits on *Artemia Salina* and Human Cancerous (MCF-7 AND HEPG-2) cells. *J PharmaSciTech.* 2012;1:15–19.
132. Al-Harbi MM, Qureshi S, Raza M, Ahmed MM, Afzal M, Shah AH. Gastric antiulcer and cytoprotective effect of *Commiphora molmol* in rats. *J Ethnopharmacol.* 1997;5:141–150.
133. Ashrya KM, El-Sayed YS, Khamissa RM, El-Ashmawy IM. Oxidative stress and immunotoxic effects of lead and their amelioration with myrrh (*Commiphora molmol*) emulsion. *Food Chem Toxicol.* 2010;48:236–241.
134. Al-Harbi MM, Qureshi S, Ahmed MM, Rafatullah S, Shah AH. Effect of *Commiphora molmol* (Oleo-gum-resin) on the cytological and biochemical changes induced by cyclophosphamide in mice. *Am J Chin Med.* 1994;22:77–82.
135. Mallavadhani UV, Chandrashekar M, Nayak VL, Ramakrishna S. Synthesis and anticancer activity of novel fused pyrimidine hybrids of myrrhanone C, a bicyclic triterpene of *Commiphora mukul* gum resin. *Mol Divers.* 2015;19:745–757.
136. Xiao D, Zeng Y, Prakash L, Badmaev V, Majeed M, Singh SV. Reactive oxygen species-dependent apoptosis by guggulipid extract of Ayurvedic medicine plant *Commiphora mukul* in human prostate cancer cells is regulated by c-Jun N-terminal kinase. *Mol Pharmacol.* 2011;79:499–507.
137. Sáenz MT, Ahumada MC, García MD. Extracts from *Viscum* and *Crataegus* are cytotoxic against larynx cancer cells. *Z Naturforsch.* 1997;52c:42–44.
138. Mustapha N, Pinon A, Limami Y, et al. *Crataegus azarolus* leaves induce antiproliferative activity, cell cycle arrest, and apoptosis in human HT-29 and HCT-116 colorectal cancer cells. *J Cell Biochem.* 2016;117:1262–1272.
139. Aung HH, Wang CZ, Ni M, et al. Crocin from *Crocus sativus* possesses significant anti-proliferation effects on human colorectal cancer cells. *Exp Oncol.* 2007;29:175–180.
140. Abdullaev FI, Riverón-Negrete L, Caballero-Ortega H, et al. Use of in vitro assays to assess the potential antigenotoxic and cytotoxic effects of saffron (*Crocus sativus* L.). *Toxicol In Vitro.* 2003;17:731–736.
141. Salomi MJ, Nair SC, Panikkar KR. Inhibitory effects of *Nigella sativa* and saffron (*Crocus sativus*) on chemical carcinogenesis in mice. *Nutr Cancer.* 1991;16:67–72.
142. Chen S, Zhao S, Wang X, et al. Crocin inhibits cell proliferation and enhances cisplatin and pemetrexed chemosensitivity in lung cancer cells. *Transl Lung Cancer Res.* 2015;4:775–783.
143. Bakshi HA, Hakkim FL, Sam S. Molecular mechanism of Crocin induced caspase mediated MCF-7 cell death: in vivo toxicity profiling and ex vivo macrophage activation. *Asian Pac J Cancer Prev.* 2016;17:1499–1506.
144. Chen C, Qiang S, Lou L, Zhao W. Cucurbitane-type triterpenoids from the stems of *Cucumis melo*. *J Nat Prod.* 2009;72:824–829.
145. Lester G. Melon (*Cucumis melo* L.) fruit nutritional quality and health functionality. *HortTechnology.* 1997;7:222–227.
146. Vasundra Devi PA, Sharmila S, Divyapriya S. In-vitro cytotoxicity and free radical scavenging activity of aqueous extract of *Cucumis melo*. *IJPBR.* 2011;2:150–156.
147. Hsu YC, Chen MJ, Huang TY. Inducement of mitosis delay by cucurbitacin E, a novel tetracyclic triterpene from climbing stem of *Cucumis melo* L., through GADD45γ in human brain malignant glioma (GBM) 8401 cells. *Cell Death Dis.* 2014;5.
148. Zu Y, Yu H, Liang L, et al. Activities of ten essential oils towards Propionibacterium acnes and PC-3, A-549 and MCF-7 cancer cells. *Molecules.* 2010;15:3200–3210.
149. Romero-Jiménez M, Campos-Sánchez J, Analla M, Muñoz-Serrano A, Alonso-Moraga A. Genotoxicity and anti-genotoxicity of some traditional medicinal herbs. *Mutat Res/Gen Toxicol Env Mutagen.* 2005;585:147–155.
150. Srivastava JK, Gupta S. Extraction, characterization, stability and biological activity of flavonoids isolated from chamomile flowers. *Mol Cell Pharmacol.* 2009;1:138.
151. Kamatou GPP, Viljoen AM. A review of the application and pharmacological properties of α-bisabolol and α-bisabolol-rich oils. *J Am Oil Chem Soc.* 2010;87:1–7.
152. Liu J, Li Y, Ren W, Hu Wei-Xin. Apoptosis of HL-60 cells induced by extracts from *Narcissus tazetta* var. *chinensis*. *Cancer Lett.* 2006;242:133–140.
153. Furusawa E, Furusawa S, Morimoto S, Cutting W. Therapeutic activity of narcissus alkaloid on Rauscher Leukaemia and comparison with standard drugs. *Exp Biol Med (Maywood).* 1971;136:1168–1173.
154. Talib WH, Mahasneh AM. Antimicrobial, cytotoxicity and phytochemical screening of Jordanian plants used in traditional medicine. *Molecules.* 2010;15:1811–1824.
155. Musa D, Dilsiz N, Ulakoglu G, Ulakoglu G, Bitiren M. Antitumor activity of an ethanol extract of *Nigella sativa* seeds. *Biologia.* 2004;59:735–740.
156. Ghosheh OA, Houdi AA, Crooks PA. High performance liquid chromatographic analysis of the pharmacologically active quinones and related compounds in the oil of the black seed (*Nigella sativa* L.). *JPhBA.* 1999;19:757–762.
157. Kaseb AO, Chinnakannu K, Chen D, et al. Androgen receptor and E2F-1 targeted thymoquinone therapy for hormone-refractory prostate cancer. *Cancer Res.* 2007;67:7782–7788.
158. Sethi G, Ahn KS, Aggarwal BB. Targeting nuclear factor-kappa B activation pathway by thymoquinone: role in suppression of antiapoptotic gene products and enhancement of apoptosis. *Mol Cancer Res.* 2008;6:1059–1070.
159. Shoiab AM, Elgayyar M, Dudrick PS, Bell JL, Tithof PK. In vitro inhibition of growth and induction of apoptosis in cancer cell lines by thymoquinone. *Int J Oncol.* 2003;22:107–113.
160. Gali-Muhtasib HU, Diab-Assaf M, Boltze C, et al. Thymoquinone extracted from black seed triggers apoptotic cell death in human colorectal cancer cells via a p53-dependent mechanism. *Int J Oncol.* 2004;25:857–866.
161. Gali-Muhtasib HU, Abou Kheir WG, Kheir LA, Darwiche N, Crooks PA. Molecular pathway for thymoquinone-induced cell cycle arrest and apoptosis in neoplastic keratinocytes. *Anticancer Drugs.* 2004;15:389–399.
162. Worthen DR, Ghosheh OA, Crooks PA. The in vitro antitumor activity of some crude and purified components of black seed, *Nigella sativa* L. *Anticancer Res.* 1998;18:1527–1532.
163. Roepke M, Diestel A, Bajbouj K, et al. Lack of p53 augments thymoquinone-induced apoptosis and caspase activation in human osteosarcoma cells. *Cancer Biol Ther.* 2007;6:160–169.
164. Yi T, Cho SG, Yi Z, et al. Thymoquinone inhibits tumour angiogenesis and tumour growth through suppressing AKT and extracellular signal-regulated kinase signalling pathways. *Mol Cancer Ther.* 2008;7:1789–1796.

165. Owen RW, Giacosa A, Hull WE, Haubner R, Spiegelhalter B, Bartsch H. The antioxidant/anticancer potential of phenolic compounds isolated from olive oil. *Eur J Cancer*. 2000;36:1235–1247.
166. Covas MI. Bioactive effects of olive oil phenolic compounds in humans: reduction of heart disease factors and oxidative damage. *Inflammopharmacology*. 2008;16:216–218.
167. Fito M, de la Torre R, Farre-Albaladejo M, Khymenetz O, Marrugat J, Covas MI. Bioavailability and antioxidant effects of olive oil phenolic compounds in humans: a review. *Ann Ist Super Sanita*. 2007;43:375–381.
168. Goulas V, Exarchou V, Trognanis AN, et al. Phytochemicals in olive-leaf extracts and their antiproliferative activity against cancer and endothelial cells. *Mol Nutr Food Res*. 2009;53:600–608.
169. Han J, Talorete TP, Yamada P, Isoda H. Anti-proliferative and apoptotic effects of oleuropein and hydroxytyrosol on human breast cancer MCF-7 cells. *Cytotechnology*. 2009;59:45–53.
170. Andreadou I, Sigala F, Iliodromitis EK. Acute doxorubicin cardiotoxicity is successfully treated with the phytochemical oleuropein through suppression of oxidative and nitrosative stress. *J Mol Cell Cardiol*. 2007;42:549–558.
171. Visioli F, Galli C. Phenolics from olive oil and its waste products. Biological activities in vitro and in vivo studies. *World Rev Nutr Diet*. 2001;88:233–237.
172. Fabiani R, De Bartolomeo A, Rosignoli P, et al. Virgin olive oil phenols inhibit proliferation of human promyelocytic leukaemia cells (HL60) by inducing apoptosis and differentiation. *J Nutr*. 2006;136:614–619.
173. Sobhani AM, Ebrahimi SA, Mahmoudian M. An in vitro evaluation of human DNA topoisomerase-I inhibition by Peganum harmala L. seeds extract and its beta-carboline alkaloids. *J Pharma Sci*. 2002;5:19–23.
174. Jahaniani F, Ebrahimi SA, Rahbar-Roshandel N, Mahmoudian M. Xanthomicrol is the main cytotoxic component of *Dracocephalum kotschyii* and a potential anti-cancer agent. *Phytochem*. 2005;66:1581–1592.
175. Khelifi D, Sghaier RM, Amouri S, Laouini D, Hamdi M, Bouajila J. Composition and anti-oxidant, anti-cancer and anti-inflammatory activities of *Artemisia herba-alba*, *Ruta chalcensis* L. and *Peganum harmala* L. *Food Chem Toxicol*. 2013;55:202–208.
176. Li Y, Liang F, Jiang W, et al. DH334, a  $\beta$ -carboline anti-cancer drug, inhibits the CDK activity of budding yeast. *Cancer Biol Ther*. 2007;6:8.
177. Wang CH, Zeng H, Wang YH, et al. Antitumor quinazoline alkaloids from the seeds of *Peganum harmala*. *J Asian Nat Prod Res*. 2015;17:595–600.
178. Longo L, Platini F, Scardino A, Alabiso O, Vasapollo G, Tessitore L. Therapeutics, targets, and development autophagy inhibition enhances anthocyanin-induced apoptosis in hepatocellular carcinoma. *Mol Cancer Ther*. 2008;7:2476–2485.
179. Balan KV, Prince J, Han Z, Dimas K, Cladaras M, Wyche JH. Antiproliferative activity and induction of apoptosis in human colon cancer cell treated in vitro with constituents of a product derived from *Pistacia lentiscus* var *chia*. *Phytomedicine*. 2007;14:263–272.
180. Ljubuncic P, Azaizeh H, Portnaya I, et al. Antioxidant activity and cytotoxicity of eight plants used in traditional Arab medicine in Israel. *J Ethnopharmacol*. 2005;99:43–47.
181. Mezni F, Shili S, Ben Ali N, Larbi Khouja M, Khaldi A, Maaroufi A. Evaluation of *Pistacia lentiscus* seed oil and phenolic compounds for in vitro antiproliferative effects against BHK21 cells. *Pharm Biol*. 2016;54:747–751.
182. Malik A, Mukhtar H. Prostate cancer prevention through pomegranate fruit. *Cell Cycle*. 2006;5:371–373.
183. Khan N, Afaq F, Kweon MH, Kim K, Mukhtar H. Oral consumption of pomegranate fruit extract inhibits growth and progression of primary lung tumours in mice. *Cancer Res*. 2007;67:3475–3482.
184. Adams LS, Seeram NP, Aggarwal BB, Takada YS, Heber D. Pomegranate juice, total pomegranate ellagitannins, and punicalagin suppress inflammatory cell signalling in colon cancer cells. *J Agr Food Chem*. 2006;54:980–985.
185. Kohno H, Suzuki R, Yasui Y, Hosokawa M, Miyashita K, Tanaka T. Pomegranate seed oil rich in conjugated linolenic acid suppresses chemically induced colon carcinogenesis in rats. *Cancer Sci*. 2004;95:481–486.
186. Syed DN, Afaq F, Mukhtar H. Pomegranate derived products for cancer chemoprevention. *Semin Cancer Biol*. 2007;17:377–385.
187. Lansky EP, Jiang W, Mo H, et al. Possible synergistic prostate cancer suppression by anatomically discrete pomegranate fractions. *Invest New Drugs*. 2005;23:11–20.
188. Seidi K, Jahanban-Esfahlan R, Abasi M, Abbasi MM. Anti tumoral properties of *Punica granatum* (Pomegranate) seed extract in different human cancer cells. *Asian Pac J Cancer Prev*. 2016;17:1119–1122.
189. Mandal A, Bishayee A. Mechanism of breast cancer preventive action of pomegranate: disruption of estrogen receptor and Wnt/ $\beta$ -catenin signaling pathways. *Molecules*. 2015;20:22315–22328.
190. Bishayee A, Mandal A, Bhattacharyya P, Bhatia D. Pomegranate exerts chemoprevention of experimentally induced mammary tumorigenesis by suppression of cell proliferation and induction of apoptosis. *Nutr Cancer*. 2016;68:120–130.
191. Modaeinama S, Abasi M, Abbasi MM, Jahanban-Esfahlan R. Anti tumoral properties of *Punica granatum* (Pomegranate) peel extract on different human cancer cells. *Asian Pac J Cancer Prev*. 2015;16:5697–5701.
192. Kiraz Y, Neerghen-Bhujun VS, Rummun N, Baran Y. Apoptotic effects of non-edible parts of *Punica granatum* on human multiple myeloma cells. *Tumour Biol*. 2015 [Ahead of print].
193. Sertel S, Eichhorn T, Plinkert PK, Efferth T. Cytotoxicity of Thymus vulgaris essential oil towards human oral cavity squamous cell carcinoma. *Anticancer Res*. 2011;31:81–87.
194. Kritchevsky D. Protective role of wheat bran fibre: preclinical data. *Am J Med*. 1999;106:285–315.
195. Omar RM, Ismail HM, El-Lateef BM, Youssif MI, Gomaa NF, Sheta M. Effect of processing on folic acid fortified Baladi bread and its possible effect on the prevention of colon cancer. *Food Chem Toxicol*. 2009;47:1626–1635.
196. Qu H, Madl RL, Takemoto DJ, Baybutt RC, Wang W. Lignans are involved in the antitumor activity of wheat bran in colon cancer SW480 cells. *J Nutr*. 2005;135:598–602.
197. Aydos OS, Avc A, Ozkan T, et al. Antiproliferative, apoptotic and antioxidant activities of wheatgrass (*Triticum aestivum* L.) extract on CML (K562) cell line. *Turk J Med Sci*. 2011;41:657–663.
198. Mathankumar M, Tamizhselvi R, Manickam V, Purohit G. Assessment of anticarcinogenic potential of *Vitex trifolia* and *Triticum aestivum* Linn by in vitro rat liver microsomal degradation. *Toxicol Int*. 2015;22:114–118.
199. Poudel B, Ki HH, Luyen BT, Lee YM, Kim YH, Kim DK. Triticumoside induces apoptosis via caspase-dependent mitochondrial pathway and inhibits migration through downregulation of MMP2/9 in human lung cancer cells. *Acta Biochim Biophys Sin (Shanghai)*. 2016;48:153–160.
200. Rahman S, Salehin F, Iqbal A. Retraction: in vitro antioxidant and anticancer activity of young Zingiber officinal against human breast carcinoma cell lines. *BMC Complement Altern Med*. 2012;12:206.
201. Zhou Y, Li Y, Zhou T, Zheng J, Li S, Li HB. Dietary natural products for prevention and treatment of liver cancer. *Nutrients*. 2016;8.
202. Karimi N, Dabidi Roshan V, Fathi Bayatizyari Z. Individually and combined water-based exercise with ginger supplement, on systemic inflammation and metabolic syndrome indices, among the obese women with breast neoplasms. *Iran J Cancer Prev*. 2015;8.
203. Akbay P, Basaran AA, Undeger U, Basaran N. In vitro immunomodulatory activity of flavonoid glycosides from *Urtica dioica* L. *Phytother Res*. 2003;17:34–37.
204. Durak I, Biri H, Devrim E, Sözen S, Avc Ashlan. Aqueous extract of *Urtica dioica* makes significant inhibition on adenosine deaminase activity in prostate tissue from patients with prostate cancer. *Cancer Biol Ther*. 2004;3:9.
205. Koch E. Extracts from fruits of saw palmetto (*Sabal serrulata*) and roots of stinging nettle (*Urtica dioica*): viable alternatives in the medical treatment of benign prostatic hyperplasia and associated lower urinary tracts symptoms. *J Med Plant Nat Prod Res Plant Med*. 2001;67:489–500.
206. Husein AI, Ali-Shtayeh MS, Jondi WJ, Zatar NA, Abu-Reidah IM, Jamous RM. In vitro antioxidant and antitumor activities of six selected plants used in the Traditional Arabic Palestinian herbal medicine. *Pharm Biol*. 2014;52:1249–1255.
207. Martin-Cordero C, López-Lázaro M, Agudo MA, Navarro E, Trujillo J, Ayuso MJ. A cytotoxic diarylheptanoid from *Viscum cruciatum*. *Phytochemistry*. 2001;58:567–569.
208. Assaf AM, Haddadin RN, Aldouri NA, et al. Anti-cancer, anti-inflammatory and anti-microbial activities of plant extracts used against haematological tumours in traditional medicine of Jordan. *J Ethnopharmacol*. 2013;145:728–736.
209. Durak I, Cetin R, Devrim E, Erguder IB. Effects of black grape extract on activities of DNA turn-over enzymes in cancerous and non-cancerous human colon tissues. *Life Sci*. 2005;76:2995–3000.
210. Jo JY, Gonzalez de Mejia E, Lila MA. Catalytic inhibition of human DNA topoisomerase II by interactions of grape cell culture polyphenols. *J Agr Food Chem*. 2006;54:2083–2087.
211. Giovannelli L, Innocenti M, Santamaria AR, Bigagli E, Pasqua G, Mulinacci N. Antitumoural activity of viniferin-enriched extracts from *Vitis vinifera* L. cell cultures. *Nat Prod Res*. 2014;28:2006–2016.
212. Sahnazidou D, Geromichalos GD, Stagos D, et al. Anticarcinogenic activity of polyphenolic extracts from grape stems against breast, colon, renal and thyroid cancer cells. *Toxicol Lett*. 2014;230:218–224.
213. Aghbali A, Hosseini SV, Delazar A, et al. Induction of apoptosis by grape seed extract (*Vitis vinifera*) in oral squamous cell carcinoma. *Bosn J Basic Med Sci*. 2013;13:186–191.