



A Review Study on *Punica granatum* L

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Abstract

Punica granatum L (pomegranate) is a deciduous shrub, native to Iran. Nowadays, besides its use as a fruit, its medicinal properties have attracted the interest of researchers of many countries. Pomegranate fruit has medicinal properties such as anti-inflammatory and antibacterial activities. The pomegranate seed oil has inhibitory effect on skin and breast cancers. The pomegranate seed oil has phytoestrogenic compounds and the fruit is rich in phenolic compounds with strong antioxidant activity. Ellagic acid is one of the main components of pomegranate with phenolic structure and antioxidant activity. This review article presents the recently published findings on different aspects of this plant focusing on its medicinal properties

Keywords

pomegranate, antioxidants, free radicals, ellagic acid, breast cancer

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Introduction

Punica granatum L (pomegranate) is a deciduous shrub, native to Iran. Pomegranate has extensively been used as a source of traditional medicine.^{1,2} Pomegranate fruit has medicinal properties such as anti-inflammatory and antibacterial activities. The pomegranate seed oil has inhibitory effect on skin and breast cancers. The pomegranate seed oil has phytoestrogenic compounds and the fruit is rich in phenolic compounds with strong antioxidant activity. The fruit and bark of pomegranate are used against intestinal parasites, dysentery, and diarrhea.¹ The juice and seeds are considered a tonic for throat and heart. It is used to stop nose and gum bleeds and treating hemorrhoids.³

Today, *Punica granatum* L. as a fruit not only attracts a lot of public interest but research is also focused on its medicinal properties and food industry.³ So a wide range of research studies have already been launched in this field. However, there are not enough studies performed on the medicinal properties of pomegranate. This review article presents the recently published findings on different aspects of this plant, with a focus on its medicinal properties.

Geographical Origin and Distribution of Pomegranate

Pomegranate (*Punica granatum* L.) is one of the first domesticated fruits that has been cultivated from past times. It is indigenous to Iran and neighboring countries that gradually developed in central Asia regions to Himalaya, Eyalet of Anatolia, Middle East, and Mediterranean area. It also thrive in Arizona and California, and has been cultivated in the Mediterranean region, South Asia, and the Middle East

countries; Kandahar in Afghanistan is famous for its high-quality pomegranate. Today, pomegranate is cultivated in most regions of the world, including Iran, Spain, Italy, Afghanistan, America, India, China, Russia, Uzbekistan, Morocco, and Greece.⁴ Iran is one of the biggest producers of pomegranate in the world. In Iran, Markazi, Yazd, Fars, Khorasan, and Kerman provinces have the highest production rates.¹

Morphology and Echophysiology of Pomegranate

Pomegranate is a shrub that reaches to 1.5 to 5 m in height, with more or less irregular and thorny branches and glossy leaves that appears as a deciduous shrub in temperate regions and as evergreen in frigid regions. *Punica granatum* L belongs to the Puniceaceae family and is the smallest plant family that includes 1 genus and 2 species, including the following: *Punica granatum* (edible pomegranate) is indigenous to Iran and Mediterranean regions, and *Punica protopunica* (inedible) is endogenous to Socotra islands in Pacific Ocean. The other characteristics are:

Leaves: Leaves are seen as reciprocal in newly grown branches and as integrated in spores.

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Flowers: 1-5 flowers, one of them terminal and the rest marginal, short or without peduncle, their color is red and rarely yellow or white, odorless, and two-sex.

Fruit: Balausta in light red color to greenish yellow and rarely in some species dark purple. It is 5 to 20 cm in diameter and its weight varies from less than 200 g to more than 800 g.

Seed: Seeds are produced in high amounts, are triangular, albumin free, and embedded in aril.⁵

Pomegranate is one of the well-known fruits having long-term history in Iran and Middle East. This plant is mostly easy to grow in desert margins with hot dry summer and scorching heat of the sun and rather cold winter having saline water and soil. This wide compatibility range is considered as favorable ecophysiological condition for *Punica granatum* L, and so it is called Kavir ruby. Pomegranate grows in a wide range of climatic condition and can adapt itself to different types of soils. However, this plant is sensitive to soils that have low drainage and its growth in this condition is low and product quality is decreased. The best soil condition to cultivate pomegranate is deep sandy clay soils and the most growth, performance and quality of product is in regions with hot and long summers. This product can be grown up to an altitude of about 1600 m above sea level. Some species of this product are well grown in low heights and some other in higher heights. One of the most important limitations of cultivating pomegranate is its sensitivity to coldness. Pomegranate is damaged in temperatures lower than 12°C and so sweet pomegranates are more sensitive than sour ones. In this plant, temperature below 7°C is needed and fruit needs long and hot summers to ripen.^{4,5}

The Metabolites of *Punica granatum* L

The metabolites in various parts of the *Punica granatum* L fruit and tree include various kinds of sugars, organic acids, polyphenols, flavonoids, anthocyanins, fatty acids, alkaloids, vitamins, and so on. The main sugars included in *Punica granatum* L extract are composed of glucose, fructose, sucrose, and maltose, while the vitamins are C, B₁, B₂, and beta-carotene. Additionally, malic acid, fumaric acid, oxalic acid, succinic acid, citric acid, and tartaric acid are among the major organic acids in *Punica granatum* L. Alkaloids found in pomegranate peel include ellagic acid, gallic acid, chlorogenic acid, cinnamic acid, hydroxy protocatechuic acid, hydroxy benzoic acid, caffeic acid, ferulic acid, coumaric acid, *p*-coumaric acid, and *o*-coumaric acid, pelletierine, isopelletierine, methylpelletierine, pseudopelletierine, punicalagin, punicalin, phloridzin, quercetin, and catchin.^{6,7} Furthermore, the flavonoids of *Punica granatum* L are luteolin, kaempferol, and narigenin found in glycoside forms.^{7,8} The color of pomegranate is induced by its compounds, specially anthocyanin. Anthocyanin is a glycoside releasing a glucose molecule and a glycone ring (anthocyanidin).⁹ Six anthocyanins are responsible for red color of edible parts of *Punica granatum* L derived from pelargonidin (orange and red colors), cyanidins (red and deep red

colors), and delphinidins (blue and purple colors); these are 3,5-diglucoside delphinidin, 3-glycoside delphinidin, 3,5-diglucoside cyanidin, 3-glycoside cyanidin, 3,5-diglucoside pelargonidin, and 3-glycoside pelargonidin.^{9,10}

As long as *Punica granatum* L is matured, the color of the fruit is gradually changed; however, this transformation in color is very slow and increases after the middle stage of maturation. In the earlier stages of development, the amount of diglucoside anthocyanins seem to be higher than the monoglucoside forms; however, the trend changes inversely at the end of the development and ripening stages.⁹

Also the proportion and type of the anthocyanins varies depend on different cultivars.¹¹ Antioxidant activity of pomegranate fruit can be ascribed to the presence of some components like ascorbic acid and phenolic compounds, including punicalagin, punicalin, gallic acid, ellagic acid, and anthocyanins. These compounds are affected by fruit development as the highest antioxidant activity was observed in newly formed fruits (20 days).^{6,7} As the fruit grows, the antioxidant activity reduces due to the decline in the level of ascorbic and phenolic acids.¹² Besides, antioxidant activity affected by phenolic compounds and ascorbic acid varies among different varieties of pomegranate plant (Sarkhosh A, Zamani Z, Fatahi R, unpublished data). The oil derived from pomegranate seeds has recently received more attention to be used in industrial process and also in providing necessary fatty acids.¹³ Saturated and unsaturated fatty acids account for the main proportions of fatty acids composites. The ratios of fatty acids vary between 63 and 272 g/kg dry weight of seed among different varieties.¹³ In the most studied cultivars of pomegranate the predominant fatty acids are linolenic (74% to 88%) and linoleic acid (5% to 16%).¹⁴ Furthermore, some fatty acids, including oleic acid, palmitic acid, stearic acid, palmitoleic acid, arachidonic acid, lauric acid, and caprylic acid are identified in different varieties of *Punica granatum* L. Studies have shown that unsaturated fatty acids are major components of lipids in sweet cultivars of pomegranate fruit.¹³ Pomegranate seeds oil include steroidal estrogens (γ -tocopherol, 17- α -estradiol, stigmaterol, β -estriol sitosterol, and testosterone) nonsteroidal compounds (compes-trol, coumestrol).¹⁵

Application of Pomegranate in Traditional Medicine

Flowers, leaves, bark of young shoots and roots, fruit peel, and pomegranate sauce have been traditionally used.¹⁶ All components of *Punica granatum* L fruit with abundant tannins show relatively strong astringent effects. Several infusions or decoctions of the plant flowers have been used in traditional medicine to treat simple diarrhea, vaginal discharge, and also this extract accompanied with pomegranate peel have usually been gurgled to relieve pancreas inflammation of the pancreas.¹⁷ Refreshing juice of *Punica granatum* L fruit is recommended to heal gallbladder diseases. The fruit contains strong tannin considered as bitter nutrition. Its decoction appears to be helpful for treating diseases such as ordinary diarrhea, dysentery,

and stomach disorders.¹⁷ Tannin content of pomegranate seed, however, is not remarkable and it is usually used to treat women vaginal discharge and wound healing.¹⁸ Fresh or dried root barks or ethanol extracts of pomegranate are used to remove intestinal parasites due to the alkaloid substances. It is also used in traditional medicine because of the antibacterial and anti-inflammatory properties.^{17,18}

Pharmacological Properties of Pomegranate

Fermented juice of pomegranate fruit has been found to have antioxidant activity. Extracted juice of pomegranate flowers can reduce blood sugar and lipids.¹⁹ Flavonoids and tannins of pomegranate juice can prevent the growth of cancer cells.²⁰ Flavonoids observed in the watery extract and fruit peel have shown estrogenic activity.²¹ In addition, luteolin and naringenin have indicated an activity similar to the hormone usually secreted prior to pregnancy in women. Polyphenols of fermented extract of pomegranate fruit potentially appear to have antioxidant activity and pericarp tannins may increase antioxidant potential of fruit extract.²² The stronger activities in polyphenols of fermented extract than nonfermented extract is likely due to the breakdown of flavonoid-sugar complexes during fermentation that the final products will contain high concentrations of free polyphenols (with high biological activity).²⁰ It has been proven that flavonoids contained in peels are found in glycoside forms.²⁰ They have no estrogenic activity in glycoside forms while they behave inversely when they are released and hydrolyzed.²³ The estrogenic effect of pericarp polyphenols and pomegranate fermented juice is possibly referred to their binding to the estrogen receptors like estrogenic flavonoids, including kaempferol, quercetin, naringenin, luteolin, caemestrol, and weak 17- α -estradiol estrogen so that it prohibits estrogenic activity of 17- β -estradiol. Watery parts of pomegranate can inhibit estrogen-dependent and estrogen-independent breast cancer cells. However, this inhibitory effect has been reported to be doubled for estrogen-dependent case.^{23,24} Ellagic acid and gallic acid are among the constituents observed in pomegranate peels, and the former is a dimeric derivative of gallic acid and is found mostly in higher plants, such as fruits and nuts.²⁵ Ellagic acid shows antimutagenic, antiviral, antioxidant, and skin-bleaching activity and has already been added to food as an antioxidant in Japan.²⁶ Antioxidant capacity of extracts derived from pomegranate peel in producing phospholipid complex has been measured. The base of method is established on the recovery of molybdenum(VI) to molybdenum(V) using antioxidant compounds and creation of green molybdenum(V) compounds with maximum absorption at 695 nm.²⁷ Antioxidant capacity of extracts from pomegranate peels is due to the presence of the phenols such as ellagic tannins, ellagic acid, and gallic acid.^{20,28} Antimutagenic and anticarcinogenic properties of the extracts were examined against the azide sodium by the Ames test. The experiment showed that juice extract of pomegranate peel can inhibit mutation and cancer using azide sodium in 2 species of salmonella.²⁹ The results of the experiment showed that juice has

the lowest antioxidant activity and the highest antimutagenic activity while methanol extract acts in the opposite way.

These abilities can be ascribed to the presence of phenols and also their capacities in regulating the free radicals.²⁹⁻³² The seeds and thin whitish membrane in pomegranate constitutes 13% of the fruit. These 2 parts play a key role in diagnosis of the disease, health of edible part of the fruit, especially in the prevention of the fruit discoloration and browning. Such tissues should be an enriched resource of active biological substances. More recent studies have shown that the aforementioned parts of the pomegranate fruit are enriched with a strong antioxidant called punicalagin that controls superoxide and free radicals of DPPH (1,1-diphenyl-2-picrylhydrazyl).^{22,33} The best extraction and separation way is done by methanol. Punicalagin is capable to regulate the activity of superoxide and DPPH radicals.³⁴ Moreover, it can inhibit lipid peroxidation due to the presence of hydroxyl groups in their structures and peroxidation of the chain termination (by removing peroxide radicals).^{24,34} The antioxidant activity of different parts of fruit (peel, flesh, and seed) has been examined. This approach is based on the reduction of a colored form of trivalent iron compound called ferric-tripyridyltriazin in the presence of divalent iron antioxidants. This method is known as FRAP (ferric reducing antioxidant power assay). In accordance with this method, FRAP value of peel, flesh, and seed were 82.11, 3.1, and 0.72, respectively.³⁴

In an additional research, the blood plasma derived from person who had taken pomegranate juice containing ellagic acid (25 mg) and ellagitannins (318 mg, especially punicalagin) was analyzed.³⁵ The main purpose of the earlier study was to assess the amount and time duration of ellagic acid bioavailability in plasma following consumption. According to the results, the highest ratio of ellagic acid in the blood plasma was measured at 0.5, 1, 2, 3, 4, 5, and 6 hours after taking pomegranate juice. The highest and lowest ratios were observed at 1 hour and 4, 5, and 6 hours after consumption, respectively.

The presence of the free ellagic acid in the blood plasma is induced by its breakdown under biologic pH of stomach. Thus, it can be used as a biologic marker in bioavailability studies confirming the consumption of ellagic acid from food resources.²⁵

Polyphenols of oil prohibit the activity of eicosanoid and cyclooxygenase enzymes. 18C trans fatty acids known as conjugated linoleic acid, structurally related to punicic acid, possess cancer-arresting properties.¹³

Protective chemical effects of pomegranate seed oil were investigated for possible skin cancer development. Skin cancer is among the most prevalent types of cancer in the United States. About 1 000 000 cases of skin cancer and consequently 9000 deaths were reported in 2002.³⁶ Increased incidence of this type of cancer is mainly due to the permanent exposure of skin to the environmental cancer-causing agents, especially chemicals and ultraviolet radiation.³⁶ The previous experiments in order to prevention from skin cancer have proven the functionality and application of natural products extracted from onion and garlic oil. Skin cancer induced by chemicals and

ultraviolet ray include 3 steps: (1) initiation, (2) increment, and (3) promotion. Initiation step can be stimulated by application of a skin carcinogen, that is, 7,12-dimethyl benzanthracene (DMBA) in vivo (this reaction is necessarily irreversible); however, it is noteworthy that applying such a substance for one time cannot produce considerable tumors and it is only possible through permanent application of a tumor-promoting agents like 12-*O*-tetradecanoylphyl phorbol 13-acetate (TPA). Such tumor-promoting can provoke an enzyme known as ornithinedecarboxylase (ODC) with a limited activity scope in polyamine synthesis and also an important molecular agent to chemical prevention from skin cancer.³⁶ Pomegranate seed oil consists of 80% conjugated fatty acids, particularly punic acid and octadecatrienoic acid.^{13,37} Punic acid acts as an inhibitor of prostaglandin biosynthesis as well as a cytotoxin for cancer w2a cells; such activity is possibly due to the inhibitory effect against fat peroxidation. Punic acid of pomegranate seed oil inhibits prostaglandin biosynthesis (promote ornithine decarboxylase enzyme activity at lower concentration).²³ Also this oil can prevent DMBA- and TPA-induced skin cancer.^{37,38}

Inhibitory activities of prostaglandin as well as antioxidant activity of polyphenols extracted from both pomegranate seed oil and its fermented extract have widely been reported for prevention from human breast cancer.^{36,39} Inhibitory impact of the watery and oily parts of the fruit has been reported on breast cancer cells in vivo. Such parts prohibit the activity of enzymes responsible for active estrogen biosynthesis (17- β -estradiol). Since the watery and oily parts of the fruit are chemically different, they probably act via different mechanisms in the prevention of cancer.^{34,38,39} Pomegranate seed oil is considered as biosynthesis inhibitor E2 (17- β -estradiol) catalyzed by 17- β -hydroxysteroid enzyme. It also prevents invasion of cancer cells and also can strengthen and encourage apoptosis.¹³ Extracted polyphenols of pomegranate seed oil can potentially prevent cyclooxygenase activity; however, these activities were not observed in the polyphenols of fermented extract.^{20,40} Inactivation of the mentioned enzyme prevents the proliferation of breast cancer cells, its severity, and also the transformation of mammary alveoli tissue (milk-producing units) to cancer mode.⁴⁰

Clinical Applications of Pomegranate

Pomegranates are biologically unique and potent source of many of the body's physiological factors having significant effects on human health.⁴¹ Pomegranate fruit has been recommended as a pharmaceutical and food ingredient in treatment of acquired immune deficiency syndrome (HIV/AIDS) due to the enrichment of diverse bioflavonoids, inhibition of free radicals, as well as lipooxygenases inhibition (the enzymes that transform arachidonic acid to leukotrienes).⁴¹

The pomegranate peels have traditionally used to treat ordinary diarrhea and dysentery. The focus of future studies is concentrated on producing natural anti-diarrhea remedy from pomegranate peel for over-the-counter or prescription-based medications.⁴² Pomegranate is identified as an antiparasitic fruit for both humans and livestock.⁴² Flavonoids contained

in the fruit not only have powerful antioxidant activity but they also have inhibitory effects on enzymes since the juice and oil behave as potential nutritional supplement in enhancing longevity as well as preventing from heart disease and cancer.³⁷

The extracted oil of pomegranate can effectively prohibit the production of prostaglandin or leukotriene through inhibition of cyclooxygenase and lipoxygenase eicosanoid enzymes so that it may increase the application of oil or its derivatives as internal or external anti-inflammatory substances.³⁷

The recent focus on the use of phytoestrogenic compounds in medicine for the prevention and treatment of menopause, osteoporosis, and cardiovascular diseases induced by reduced estrogen and cancer may possibly increase the prospect of using pomegranate seed oil and juice for postmenopausal women to be replaced by internal and external phytoestrogen as an alternative to hormone replacement therapy (HRT).

Discussion

Pomegranate possesses a wide range of compounds, including polyphenols, alkaloids, and vitamins with potent free radical scavenging properties.⁴³ Free radicals can cause oxidative stress, which may induce damage to biomolecules, leading to many chronic diseases, such as cancer,^{44,45} diabetes,^{46,47} atherosclerosis,^{48,49} Alzheimer's disease,^{50,51} nephrotoxicity,^{52,53} hepatotoxicity,^{54,55} pain,^{56,57} and other degenerative diseases. Antioxidant activity of pomegranate fruit has been attributed to the presence of some components like ascorbic acid and phenolic compounds, including punicalagin, punicalin, gallic acid, ellagic acid, and anthocyanins.² Pomegranate tannins, especially ellagitannins are also the most abundant polyphenols that have shown potent free radical scavenging properties. Punicalagins and ellagitannins are converted to urolithins by bacteria in the intestine, and these to have antioxidant activity.³⁷ The red color of pomegranate juice has been attributed to anthocyanins, such as cyanidin, pelargonidin glycosides, and delphinidin, which have potent antioxidant activity.³⁷

Preclinical and clinical researches have revealed that plants antioxidants are effective in prevention and treatment of free radical-induced complications such as low-density lipoprotein oxidation,^{58,59} heart disease,^{60,61} diabetes,^{62,63} cancer,^{64,65} cognition problem,^{66,67} and infectious diseases.⁶⁸⁻⁷⁰ Therefore, the medicinal properties of pomegranate, at least in part, can be attributed to its components with antioxidant activities. If it is true, other medicinal plants with antioxidant activity⁷¹⁻⁸⁹ might have the same properties.

These compounds with antioxidant activity are affected by fruit development. The highest antioxidant activity has been observed in newly formed fruits (20 days).^{6,7} As the fruit grows, the antioxidant activity reduces because of the decline in the level of ascorbic and phenolic acids.¹² Besides, the antioxidant activity varies among different varieties of pomegranate plant (Sarkhosh A, Zamani Z, Fatahi R, unpublished data). Therefore, different varieties of pomegranate may not have the same medicinal property and they are better consumed fresh, while in the early stages of development.

Other components of pomegranate should be analyzed and evaluated to realize their role in the treatment of diseases.

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Author Contributions

All the authors contribute equally toward writing the first draft of the manuscript. MRK revised and edited the final version.

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References

- Al-Said FA, Opara LU, Al-Yahyai RA. Physical, chemical and textural quality attributes of pomegranate cultivars (*Punica granatum* L.) cultivars in Eastern Mediterranean region of Turkey. *Afr J Biotechnol*. 2009;7:1294-1301.
- Akbarpour V, Hemmati K, Sharifani M. Physical and chemical properties of pomegranate, fruit in maturation stage. *Am Eurasian J Agric Environ Sci*. 2009;6:411-416.
- Mercola B. What are pomegranates good for? <http://articles.mercola.com/sites/articles/archive/2014/05/10/pomegranates.aspx>. Accessed January 19, 2015.
- Shahr Babaki B. *Genetic Diversity of Pomegranate Genotypes in Iran*. Karaj, Iran: Agriculture Education Publication; 1997.
- Zamani Z. *Characteristics of Pomegranate Cultivars Grown in Saveh of Iran* [master's thesis]. Tehran, Iran: University of Tehran; 1990.
- Gil M, Tomas B. Antioxidant activity of pomegranate juice and its relationship with phenolic composition and processing. *J Agric Food Chem*. 2000;48:4581-4589.
- Aviram M, Dornfeld L, Kaplan M. Pomegranate juice flavonoids inhibit low-density lipoprotein oxidation and cardiovascular diseases: studies in atherosclerotic mice and in humans. *Drugs Exp Clin Res*. 2000;28:49-62.
- Jogn A, Schramm D, Janice F, Luke L. Effects of flavonoid-rich beverages on prostacyclin synthesis in humans and human aortic endothelial cells: association with ex vivo platelet function. *J Med Food*. 2003;6:301-308.
- Ozkan M. Degradation of anthocyanins in sour cherry and pomegranate juices by hydrogen peroxide in the presence of added ascorbic acid. *Food Chem*. 2002;78:499-504.
- Graca M, Catarina F, Dulce A, Alcinada N, Denise M. Anthocyanin concentration of Assaria pomegranate fruits during different cold storage conditions. *J Biomed Biotechnol*. 2004;5:338-342.
- Zamani Z, Sarkhosh A, Fatahi R, Ebadi A. Genetic relationships among pomegranate genotypes by RAPD markers and morphological characters of fruit. *J Horticult Sci Biotechnol*. 2007;82:174-182.
- Noda Y, Kaneyuki T, Mori A, Packer A. Antioxidant activities of pomegranate fruit extract and its anthocyanidin: delphinidin, cyanidin and pelargonidin. *J Agric Food Chem*. 2002;50:166-171.
- Melgarejo P, Arte F. Total lipid content and fatty acid composition of oilseed from lesser known sweet pomegranate clones. *J Sci Food Agric*. 2000;80:1452-1454.
- Nemr S, Ismail A, Ragab M. Chemical of juice and seeds of pomegranate fruit. Effects of shrink film wrapping and storage temperature on the shelf life and quality of pomegranate fruits. *Postharvest Biol Technol*. 2001;22:61-69.
- Danny A, Uwe P, Ephraim P, Hubertus I. Rapid dereplication of estrogenic compounds in pomegranate (*Punica granatum* L.) using on-line biochemical detection coupled to mass spectrometry. *J Phytochem*. 2004;65:233-241.
- Poyrazoğlu E, Gökmen W, Artık N. Organic acids and phenolic compounds in pomegranates (*Punica granatum* L.) grown in Turkey. *J Food Compos Anal*. 2002;15:567-575.
- Lansky E, Shubert S, Neeman I. Pharmacological and therapeutic of pomegranate. *Ciham Options Mediterran*. 1997;5:231-235.
- Amin GR. *Iranian Traditional Medicinal Plants*. Tehran, Iran: Farhang Publications; 1991.
- Jafri M, Aslam M, Javed K, Singh S. Effect of *Punica granatum* L (flowers) on blood glucose level in normal and alloxan-induced diabetic rats. *J Ethnopharmacol*. 2000;70:309-314.
- Singh P, Murthy N, Jayaprakasha K. Studies on the antioxidant activity of pomegranate peel and seed extracts using in vitro models. *J Agric Food Chem*. 2002;50:81-86.
- Changjiang G, Jijun Y, Jingyu W, Yunfeng L, Jing X, Yugang J. Antioxidant activities of peel, pulp and seed fractions of common fruits as determined by FRAP assay. *Nutr Res*. 2003;23:1719-1726.
- Gil M, Barberan F, Pierce B, Holcroft D, Kader A. Antioxidant activity of pomegranate juice and its relationship with phenolic composition and processing. *J Agric Food Chem*. 2000;48:4581-4589.
- Wahab S, Fiki N, Mostafa S, Hassan A. Characterization of certain steroid hormones in *Punica granatum* L. seeds. *Bull Faculty Pharm Cairo Univ*. 1998;36:11-15.
- Chaudhuri K, Bhattacharjee B. A kinetic study of the oxidation of phenol, *o*-chlorophenol and catechol by hydrogen peroxide between 298 K and 333 K: the effect of pH, temperature and ratio of oxidant to substrate. *J Chem Technol Biotechnol*. 1999;74:162-168.
- Fan L, Dong X, Lan X, et al. Pharmacokinetic study of ellagic acid in rat after oral administration of pomegranate leaf extract. *J Chromatogr*. 2003;796:189-194.
- Elliott G. Application of antioxidant vitamins in foods and beverages. *Food Technol*. 1999;53:46-48.
- Mart N, Vicente A, Viguera G. Influence of storage temperature and ascorbic acid addition on pomegranate juice. *J Sci Food Agric*. 2001;82:217-221.

28. Salah A, Maiman A, Dilshad A. Changes in physical and chemical properties during pomegranate (*Punica granatum* L.) fruit maturation. *Food Chem.* 2002;76:437-441.
29. Negi P, Jayaprakasha G, Jena B. Antioxidant and antimutagenic activities of pomegranate peel extracts. *Food Chem.* 2003;80:393-397.
30. Van A, Dekker M, Jager A, Jongen W. Activity and concentration of polyphenolic antioxidants in apple: effect of cultivar, harvest year, and storage conditions. *J Agric Food Chem.* 2001;49:3606-3613.
31. Sun J, Chu Y, Wu X, Liu R. Antioxidant and antiproliferative activities of common fruits. *Agric Food Chem.* 2002;50:7449-7454.
32. Halvorsen B, Holte K, Myhrstad M, et al. A systematic screening of total antioxidants in dietary plants. *Nutrition.* 2002;132:461-471.
33. Anand P, Kulkarni A, Somaradhya M, Soundar D. Isolation and identification of a radical scavenging antioxidant punicalagin from pith and capillary membrane of pomegranate fruit. *Food Chem.* 2004;214:56-67.
34. Danny A, Elswijk V, Uwe P, et al. Rapid dereliction of estrogenic compounds in pomegranate (*Punica granatum* L.) using on-line biochemical detection coupled to mass spectrometry. *Photochemistry.* 2004;65:233-241.
35. Navindra P, Rupo L, Heber D. Bioavailability of ellagic acid in human plasma after consumption of ellagitannina from pomegranate (*Punica granatum* L.) juice. *Clin Chim Acta.* 2004;348:63-68.
36. Justin J, Hora E, Maydew R, Ephraim P, Chandradhar D. Chemopreventive effects of pomegranate seed oil on skin tumor development in CD1 mice. *Med Food.* 2003;3:157-161.
37. Schubert S, Lansky E, Neeman I. Antioxidant and eiocsanoid enzyme inhibition properties of pomegranate seed oil and fermented juice flavonoids. *J Ethnopharmacol.* 1999;66:11-17.
38. Aviram M, Dornfeld L, Rosenblat M, et al. Pomegranate juice consumption reduces oxidative stress, atherogenic modifications to LDL, and platelet aggregation: studies in humans and in atherosclerotic apolipoprotein E-deficient mice. *Clin Nutr.* 2000;71:1062-1076.
39. O Shea M, Stanton C, Devery R. Antioxidant enzyme defence responses of human MCF-7 and SW480 cancer cells to conjugated linoleic acid. *Anticancer Res.* 1999;19:1953-1959.
40. Nam K, Rajendra M, Weiping Y, Neeman I, Livney T. Chemopreventive and adjuvant therapeutic potential of pomegranate (*Punica granatum* L.) for human breast cancer. *Breast Cancer Res Treat.* 2002;71:203-217.
41. Lee J, Watson R. Pomegranate: a role in health promotion and AIDS? In: Watson R, ed. *Nutrition Food and AIDS*. Boca Raton, FL: CRC Press; 1998:179-192.
42. Hozumi T, Oyama H, Shiraki K, et al. Pharmaceutical preparation for the treatment of AIDS. *Jpn Kokai Tokkyo Koho.* 1997. JP 09 87,195 (CI. A61K 35/78).
43. Kulkarni AP, Mahal HS, Kapoor S, Aradhya SM. In vitro studies on the binding, antioxidant, and cytotoxic actions of punicalagin. *Agric Food Chem.* 2007;55:1491-1500.
44. Shirzad H, Shahrani M, Rafieian-Kopaei M. Comparison of morphine and tramadol effects on phagocytic activity of mice peritoneal phagocytes in vivo. *Int Immunopharmacol.* 2009;9:968-970.
45. Shirzad H, Taji F, Rafieian-Kopaei M. Correlation between antioxidant activity of garlic extracts and WEHI-164 fibrosarcoma tumor growth in BALB/c mice. *Med Food.* 2011;14:969-974.
46. Bahmani M, Zargaran A, Rafieian-Kopaei M, Saki M. Ethnobotanical study of medicinal plants used in the management of diabetes mellitus in the Urmia, Northwest Iran. *Asian Pac J Trop Med.* 2014;7:348-354.
47. Nasri H, Rafieian-Kopaei M. Protective effects of herbal antioxidants on diabetic kidney disease. *Res Med Sci.* 2014;19:82-83.
48. Nasri H, Sahinfard N, Rafieian M, Rafieian S, Shirzad M, Rafieian-Kopaei M. Effects of *Allium sativum* on liver enzymes and atherosclerotic risk factors. *J HerbMed Pharmacol.* 2013;2(2):23-28.
49. Rafieian-Kopaei M, Setorki M, Doudi M, Baradaran A, Nasri H. Atherosclerosis: process, indicators, risk factors and new hopes. *Int J Prev Med.* 2014;5:927-946.
50. Rahnema S, Rabiei Z, Alibabaei Z, Mokhtari S, Rafieian-Kopaei M, Deris F. Anti-amnesic activity of *Citrus aurantium* flowers extract against scopolamine-induced memory impairments in rats. *Neurol Sci.* 2015;36:553-560.
51. Rabiei Z, Rafieian-Kopaei M, Heidarian E, Saghaei E, Mokhtari S. Effects of zizyphus jujube extract on memory and learning impairment induced by bilateral electric lesions of the nucleus basalis of Meynert in rat. *Neurochem Res.* 2014;39:353-360.
52. Baradaran A, Nasri H, Nematbakhsh M, Rafieian-Kopaei M. Antioxidant activity and preventive effect of aqueous leaf extract of Aloe Vera on gentamicin-induced nephrotoxicity in male Wistar rats. *Clin Ter.* 2014;165:7-11.
53. Rafieian-Kopaei M, Nasri H. The ameliorative effect of *Zingiber officinale* in diabetic nephropathy. *Iran Red Crescent Med J.* 2014;16(5):e11324.
54. Bahmani M, Rafieian M, Baradaran A, Rafieian S, Rafieian-Kopaei M. Nephrotoxicity and hepatotoxicity evaluation of *Crocus sativus* stigmas in neonates of nursing mice. *J Nephrothol.* 2014;3:81-85.
55. Taghikhani A, Afrough H, Ansari-Samani R, Shahinfard N, Rafieian-Kopaei M. Assessing the toxic effects of hydroalcoholic extract of *Stachys lavandulifolia* Vahl on rat's liver. *Bratisl Lek Listy.* 2014;115:121-124.
56. Delfan B, Bahmani M, Hassanzadazar H, Saki K, Rafieian-Kopaei M. Identification of medicinal plants affecting on headaches and migraines in Lorestan Province, West of Iran. *Asian Pac J Trop Med.* 2014;7(suppl 1):376-379.
57. Rafieian-Kopaei M, Sewell RDE. Opioid tolerance and K_{ATP} channel mediated antinociception. *Analgesia.* 1995;1(4-6):667-670.
58. Rafieian-Kopaei M, Shahinfard N, Rouhi-Boroujeni H, Gharipour M, Darvishzadeh-Boroujeni P. Effects of *Ferulago angulata* extract on serum lipids and lipid peroxidation. *Evid Based Complement Alternat Med.* 2014;2014:680856.
59. Asgary S, Sahebkar A, Afshani M, Keshvari M., Haghjooyjavanmard SH, Rafieian-Kopaei M. Clinical evaluation of blood pressure lowering, endothelial function improving, hypolipidemic and anti-inflammatory effects of pomegranate juice in hypertensive subjects. *Phytother Res.* 2014;28:193-199.
60. Khosravi-Boroujeni H, Sarrafzadegan N, Mohammadifard N, et al. White rice consumption and CVD risk factors among Iranian population. *J Health Popul Nutr.* 2013;31:252-261.
61. Sadeghi M, Khosravi-Boroujeni H, Sarrafzadegan N, et al. Cheese consumption in relation to cardiovascular risk factors among Iranian adults—IHHP Study. *Nutr Res Pract.* 2014;8:336-341.

62. Asgary S, Rafieian-Kopaei M, Shamsi F, Najafi S, Sahebkar A. Biochemical and histopathological study of the anti-hyperglycemic and anti-hyperlipidemic effects of cornelian cherry (*Cornus mas* L.) in alloxan-induced diabetic rats. *J Complement Integr Med*. 2014;11:63-69.
63. Nasri H, Rafieian-Kopaei M. Protective effects of herbal antioxidants on diabetic kidney disease. *J Res Med Sci*. 2014;19:82-83.
64. Shirzad H, Kiani M, Shirzad M. Impacts of tomato extract on the mice fibrosarcoma cells. *J HerbMed Pharmacol*. 2013;2:13-16.
65. Asadi-Samani M, Bahmani M, Rafieian-Kopaei M. The chemical composition, botanical characteristic and biological activities of *Borago officinalis*: a review. *Asian Pac J Trop Med*. 2014;7(suppl 1):22-28.
66. Rabiei Z, Hojjati M, Rafieian-Kopaei M, Alibabaei Z. Effect of *Cyperus rotundus* tubers ethanolic extract on learning and memory in animal model of Alzheimer. *Biomed Aging Pathol*. 2013;3:185-191.
67. Bahmani M, Rafieian-Kopaei M, Jeloudari M, et al. A review of the health effects and uses of drugs of plant licorice (*Glycyrrhiza glabra* L.) in Iran. *Asian Pac J Trop Dis*. 2014;4(suppl 2):847-849.
68. Bahmani M, Saki K, Rafieian-Kopaei M, Karamati SA, Eftekhari Z, Jeloudari M. The most common herbal medicines affecting *Sarcocystis* branches: a review study. *Asian Pac J Trop Med*. 2014;7(suppl 1):14-21.
69. Bagheri N, Rahimian GH, Salimzadeh L, et al. Association of the virulence factors of *Helicobacter pylori* and gastric mucosal interleukin-17/23 mRNA expression in dyspeptic patients. *EXCLI J*. 2013;12:5-14.
70. Bahmani M, Rafieian-Kopaei M, Hassanzadazar H, Saki K, Karamati SA, Delfan B. A review on most important herbal and synthetic antihelmintic drugs. *Asian Pac J Trop Med*. 2014;7(suppl 1):29-33.
71. Bahmani M, Eftekhari Z. An ethnoveterinary study of medicinal plants in treatment of diseases and syndromes of herd dog in southern regions of Ilam province, Iran. *Comp Clin Path*. 2012;22:403-407.
72. Setorki M, Rafieian-Kopaei M, Merikhi A, Heidarian E, Shahinfard N, Ansari R, Nasri H, Esmael N, Baradaran A. Suppressive impact of anethum graveolens consumption on biochemical risk factors of atherosclerosis in hypercholesterolemic rabbits. *Int J Prev Med*. 2013 Aug; 4(8):889-895.
73. Rafieian Kopaei M, Baradaran A, Merrikhi A, Nematbakhsh M, Madihi Y, Nasri H. Efficacy of co-administration of garlic extract and metformin for prevention of gentamicin-renal toxicity in wistar rats: a biochemical study. *Int J Prev Med*. 2013 Mar;4(3):258-264.
74. Amirmohammadi M, Khajoenia SH, Bahmani M, Rafieian-Kopaei M, Eftekhari Z, Qorbani M. In vivo evaluation of antiparasitic effects of *Artemisia abrotanum* and *Salvia officinalis* extracts on *Syphacia obvelata*, *Aspiculuris tetrapetra* and *Hymenolepis nana* parasites. *Asian Pac J Trop Dis*. 2014;4(Suppl 1):250-254.
75. Rafieian-Kopaei M, Behradmanesh S, Kheiri S, Nasri H. Association of serum uric Acid with level of blood pressure in type 2 diabetic patients. *Iran J Kidney Dis*. 2014 Mar; 8(2):152-154.
76. Rafieian-Kopaei M, Asgary S, Adelnia A, Setorki M, Khazaei M, Kazemi S, Shamsi F. The effects of cornelian cherry on atherosclerosis and atherogenic factors in hypercholesterolemic rabbits. *J Med Plants Res*. 2011;5(13):2670-2676.
77. Bahmani M, Zargaran A, Rafieian-Kopaei M, Saki M. Ethnobotanical study of medicinal plants used in the management of diabetes mellitus in the Urmia, Northwest Iran. *Asian Pac J Trop Med*. 2014;7(Suppl 1):348-354.
78. Saki K, Bahmani M, Rafieian-Kopaei M. The effect of most important medicinal plants on two important psychiatric disorders (anxiety and depression)-a review. *Asian Pac J Trop Med*. 2014;7(Suppl 1):34-42.
79. Bahmani M, Shirzad HA, Majlesi M, Shahinfard N, Rafieian-Kopaei M. A review study on analgesic applications of Iranian medicinal plants. *Asian Pac J Trop Med*. 2014;7(Suppl 1):43-53.
80. Asadbeigi M, Mohammadi T, Rafieian-Kopaei M, Saki K, Bahmani M, Delfan B. Traditional effects of medicinal plants in the treatment of respiratory diseases and disorders: an ethnobotanical study in the Urmia. *Asian Pac J Trop Med*. 2014;7(Suppl 1):364-368.
81. Karamati SA, Hassanzadazar H, Bahmani M, Rafieian-Kopaei M. Herbal and chemical drugs effective on malaria. *Asian Pac J Trop Dis*. 2014;4(Suppl 2):599-601.
82. Bahmani M, Rafieian-Kopaei M, Jeloudari M, Eftekhari Z, Delfan B, Zargaran A, Forouzan SH. A review of the health effects and uses of drugs of plant licorice (*Glycyrrhiza glabra* L.) in Iran. *Asian Pac J Trop Dis*. 2014;4(Suppl 2):847-849.
83. Delfan B, Bahmani M, Rafieian-Kopaei M, Delfan M, Saki K. A review study on ethnobotanical study of medicinal plants used in relief of toothache in Lorestan Province, Iran. *Asian Pac J Trop Dis*. 2014;4(Suppl 2):879-884.
84. Bahmani M, Zargaran A, Rafieian-Kopaei M. Identification of medicinal plants of Urmia for treatment of gastrointestinal disorders. *Rev Bras Farmacogn*. 2014;24:468-480.
85. Sarrafzadegan N, Khosravi-Boroujeni H, Esmailzadeh A, Sadeghi M, Rafieian-Kopaei M., Asgary S. The association between hypertriglyceridemic waist phenotype, menopause, and cardiovascular risk factors. *Arch Iran Med*. 2013 Mar;16(3):161-166. doi: 013163/AIM.008.
86. Bahmani M, Banihabib EKH M, Rafieian-Kopaei M, Gholami-Ahangaran M. Comparison of Disinfection Activities of Nicotine with Copper Sulphate in water Containing *Limnatis nilotica*. *Kafkas Univ Vet Fak Derg*. 2015;21:9-11.
87. Asgary S, Kelishadi R, Rafieian-Kopaei M, Najafi S, Najafi M, Sahebkar A. Investigation of the lipid-modifying and antiinflammatory effects of *Cornus mas* L. supplementation on dyslipidemic children and adolescents. *Pediatr Cardiol*. 2013 Oct;34(7):1729-1735. doi:10.1007/s00246-013-0693-5. Epub 2013 Apr 27.
88. Bahmani M, Rafieian-Kopaei M. Medicinal plants and secondary metabolites for leech control. *Asian Pac J Trop Dis*. 2014;4(4):315-316.
89. Heidarian E, Rafieian-Kopaei M. Protective effect of artichoke (*Cynara scolymus*) leaf extract against lead toxicity in rat. *Pharm Biol*. 2013 Sep;51(9):1104-9. doi:10.3109/13880209.2013.777931.