Comparative Evaluation of the Effects of Geriforte and Panax Ginseng – Herbal Antistress Agents – on Anoxia Tolerance in Mice


ABSTRACT

A comparative assessment was made on the antistress effects of Geriforte and Panax ginseng on anoxia tolerance in experimental studies on mice.

One week’s treatment with Geriforte in graded doses showed significant increases in tolerance to anoxia with 50 mg/kg and 100 mg/kg doses, in a dose-dependant manner. After 2 weeks treatment, even a lower dose of 25 mg/kg produced a significant increase in tolerance to anoxia.

Results with equivalent doses of Panax ginseng are qualitatively similar but quantitatively weaker than Geriforte. The LD₅₀ is still higher, thus indicating a very favourable safety index for Geriforte vis a vis Panax ginseng.

INTRODUCTION

The anti-stress (adaptogenic) activity of Geriforte was reported earlier by Singh and co-workers (1978), and that of Panax ginseng crude plant extract from the roots widely used in China, Korea and Russia as an adaptogen (antistress agent), by Brekhman and Dordymov (1967). Both these agents have been earlier reported to possess antitumour, immunomodulatory and antioxidant activities in animals (Brekhman and Dordyov, 1967; Singh et al., 1980; Kumar et al., 1982; Singh et al., 1982 and Tomar et al., 1984). However, a comparative study of these antistress regular, 2 four times a day and one, twice daily. Forty seven had natural menopause and six were post-hysterectomy cases. One of these six hysterectomy cases had also received radiation therapy. The age distribution was as in Table 1.

The number of issues varied from one to nine; the last delivery was 1 to 20 years ago and the last menstrual period occurred between 2-20 years ago. The age when menstruation stopped is shown in Table 2.

The duration of menopause is stated in Table 3. The initial complaints are stated in Table 4.
The commonest complaints were vague aches and pains, general weakness, vasomotor symptoms, giddiness, vague gastrointestinal symptoms, urogenital symptoms, leucorrhoea, headache and a vague feeling of uneasiness (Ghabrahat).

Symptomatic, subjective and objective progress was noted very carefully by giving previously pre-determined score showing the degree of response from very severe, severe, moderate, mild to normal or no change. (The higher the score, the higher the degree or gravity of a particular complaint). Table 5 shows the score indices at the initial stage and the progress as observed after 1 month and 2 months.

It will be seen from the results that there was general good response to most of the complaints. Individual complaints like severe fatigue, aches and pains, vasomotor symptoms responded well as seen in the progress on individual score of each symptom or complaint as well as the total score. The initial score of 365 came down to 284 in one month and 153 in 2 months showing a remarkable response to Geriforte. The patients felt much better and in no case was there any intolerance of the drug or side effects or any complaints. Geriforte was well tolerated and the patients felt markedly relieved or cured of the menopausal symptoms.

**SUMMARY**

1. Fifty three cases of menopause were studied thoroughly between 1977 and 1979, at the Department of Obstetrics and Gynaecology, G.M. Medical College, Rewa, for their menstrual and other complaints and their symptomatology was noted on a planned *pro forma* with scoring indices.

2. They were given 2 tablets, Geriforte t.i.d. for a period of 2 months.
3. There was a remarkable improvement and freedom from their initial menopausal complaints. The earlier score of 365 came down to 153 in two months.

4. Geriforte gives good results in the menopausal syndrome and is well tolerated.

5. There were no toxic, allergic or side reactions to Geriforte.