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Brinjasif (*Achillea millefolium* Linn.): Traditional Unani Applications and Evidence-Based Pharmacological Activities - A Comprehensive Review

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ABSTRACT

Background: *Achillea millefolium* Linn. (*Brinjasif*), a perennial aromatic herb of the family Asteraceae, has been used for over 3,000 years in traditional systems of medicine, particularly Unani medicine. It is traditionally prescribed for gynaecological disorders, gastrointestinal ailments, wound healing, inflammatory conditions, and urinary diseases. The broad therapeutic use of this plant is attributed to its diverse phytochemical composition. **Objective:**To critically review the phytochemical constituents, traditional Unani applications, and experimentally validated pharmacological activities of *Achillea millefolium*, and to assess the extent to which modern scientific evidence supports its traditional therapeutic claims. **Methods:** A narrative yet systematic literature review was conducted using classical Unani texts and contemporary scientific databases, including PubMed, Google Scholar, Scopus, and ScienceDirect. Relevant articles published up to 2024 were screened using keywords such as *Achillea millefolium*, *Brinjasif*, phytochemistry, pharmacology, and Unani medicine. In vitro, in vivo, and experimental pharmacological studies were included, while duplicate and non-relevant studies were excluded. **Results:** *Achillea millefolium* contains biologically active constituents such as sesquiterpene lactones, flavonoids, phenolic acids, alkaloids (achilleine), azulene derivatives, and essential oils rich in chamazulene. These compounds exhibit anti-inflammatory, antimicrobial, antioxidant, antispasmodic, haemostatic, estrogenic, hepatoprotective, neuroprotective, antihypertensive, and antiulcerogenic activities. Traditional Unani indications such as emmenagogue, diuretic, wound-healing, and anti-inflammatory uses demonstrate pharmacological plausibility when evaluated against modern experimental findings. **Conclusion:** The therapeutic applications of Achillea millefolium, as described in Unani medicine, are substantially supported by contemporary pharmacological evidence. However, further well-designed clinical trials are required to establish its safety, efficacy, and dosage for integration into evidence-based clinical practice.

Keywords: *Achillea millefolium*; *Brinjasif*; Unani medicine; Phytochemistry; Pharmacological activities; Anti-inflammatory; Ethnopharmacology

INTRODUCTION:

Achillea millefolium Linn., commonly known as yarrow, is a medicinally important perennial herb belonging to the genus Achillea, which comprises approximately 130 species distributed across temperate regions of the Northern Hemisphere. The plant is characterised by finely dissected aromatic leaves and flat-topped terminal inflorescences composed of numerous composite flowers.[1,2] Historically, yarrow has been recognised for its wound-healing and haemostatic properties, earning vernacular names such as “woundwort,” “nosebleed,” and “Herba militaris”.[3,4]

Among the species of this genus, *A. millefolium* is one of the most extensively studied due to its long-standing medicinal use, which spans more than three millennia.[2] The plant is officially included in several European pharmacopoeias, reflecting its continued therapeutic relevance.[5,6]

In Unani medicine, *Achillea millefolium* (*Brinjasif*) is used both internally and externally to treat a wide range of disorders, particularly those involving inflammation, menstrual irregularities, urinary retention, gastrointestinal disturbances, and wound healing. This review aims to integrate classical Unani concepts with modern pharmacological evidence, providing a comprehensive and critical evaluation of this medicinal plant.[7]

Methodology:

A comprehensive literature review was conducted using both classical Unani medical texts and modern scientific databases. Primary sources included authoritative Unani texts such as Al-Qanoon fi al-Tibb, Khazain-ul-Advia, and CCRUM monographs. Contemporary scientific literature was retrieved from PubMed, Google Scholar, Scopus, and ScienceDirect.

Search terms included *Achillea millefolium*, *Brinjasif*, phytochemistry, pharmacological activity, Unani medicine, and ethnopharmacology. Studies published in English up to 2024 were included. Experimental studies (in vitro and in vivo), pharmacological evaluations, and relevant reviews were considered, while duplicate publications and studies unrelated to medicinal use were excluded. Data were systematically categorised into botanical description, traditional uses, phytochemical composition, and pharmacological activities.

Scientific classification: [8,9]

Synonyms	Achillea lanulosa Nutt, Milfoil
Kingdom	Plantae
Family	Asteraceae, Compositae
Subfamily	Asteroideae
Genus	Achillea
Species	Achillea millefolium
Order	Asterales
Tribe	Anthemideae

Vernacular names: [4,10,11,12]

Unani	*Brinjasif*
Arabic	Shuwela
English	Milfoil, Yarrow, thousand leaf, Indian Wormwood
Persia	Boye Madran
Hindi	Gandmar, Bhut Kesi
Sanskrit	Brinjasipha, Gandana
Kashmiri	Chopandiga

Images:

***Brinjasif* (*Achillea millefolium* Linn.)**

Habitat and Distribution:

Yarrow (*Achillea millefolium* L.) is native to Europe and Western Asia and widely distributed in temperate regions. It is cultivated mainly in southeastern Europe and the UK,[5,13] and in India grows in the Western Himalayas (1,050–3,600 m).[4,11,14] The erect, pubescent plant with finely divided leaves flowers from June to September and aids soil stabilisation due to its drought tolerance.[15]

Mahiyat (Morphology):

Achillea millefolium (Asteraceae) is a perennial herb up to 50 cm tall, with slender subterranean stems bearing roots and stolons. Leaves are feathery, bipinnate to tripinnate, 5-20 cm long, spirally arranged. Flowers are white, pink, or pale purple, in dense terminal corymbs rich in essential oils, while fruits are small, oblong achenes (~2 mm) without pappus.[16]

Stem: Herbaceous, cylindrical, branched stems (~5 mm thick) are slightly angular, with hollow spongy pith, rough pubescent surface, and longitudinal striations.[4]

Leaves: Spirally arranged, larger in middle/lower regions, 5–20 cm, bipinnate or tripinnate, feathery, pubescent, aiding texture and protection.[17]

Flowers: Predominantly white, sometimes pink/pale purple; dense flattened terminal corymbs with ray and disc florets. Flowering tops, rich in essential oils, are the most medicinally active, used for colds, flatulence, colic, heartburn, hysteria, epilepsy, and rheumatism.[18]

Fruits: Small, elongated achenes (~2 mm) with winged margins for limited dispersal.[2]

Mizaj (Temperament): Brinjasif is described as predominantly Ḥārr Yābis (hot and dry), indicating its ability to resolve inflammatory and obstructive conditions.[9,19,20,21,22]

Hasase Mustamela (parts used):

Whole plant [10,23]

Af'āl (Actions)

- Classical Unani literature attributes the following actions to *Brinjasif*:
- *Muḥallil Waram* (anti-inflammatory)
- *Musakkin-i-Alam* (analgesic)
- *Mudirr-i-Ḥayḍ* (emmenagogue)
- *Mudirr-i-Bawl* (diuretic)
- *Mujaffif Qurūḥ* (wound-healing)
- *Qātil-i-Dīdān-i-Am'ā'* (anthelmintic)

Istemal (therapeutic uses):

Dīsqūrīdūs: Sitz bath of Brinjasif promotes postpartum recovery by cleansing the uterus, reducing inflammation, and relieving prolapse, uterine rigidity, and bladder stones.[19,20,22,24]

European traditional medicine: Aqueous and alcoholic extracts of A. millefolium are used for inflammatory and spasmodic gastrointestinal disorders, hepato-biliary ailments, and to enhance appetite.[25]

- *Amrāḍ-i-Raḥim* (pelvic inflammatory disease)[19]
- *Ṣalāba al-Raḥim* (uterine tumours)[20]
- *Iḥtibās al-Bawl* (urinary retention)
- *Iḥtibās al-Ṭamth* (amenorrhea)[20]

- *Ḥaṣā wa Raml al-Kulya* (nephrolithiasis),
- *'Usr al-Wilāda* (dystocia),
- *Ikhrāj al-Mashīma* (for expulsion of placenta)[20]
- *Ḥummā* (fevers)[12,19,20]
- *Mudirr-i-Ḥayḍ* [24]
- *Dard-i-Sar* (headache)[19,20]
- *Ṣadr* (dizziness)[20]
- *Duwār* (vertigo)[20]
- *Qurūḥ rahim* (ulcers)[19,20]
- *Dīdān al-Am'ā'* (helminthic infestation)[19,20]
- *Bārid Sudda* [20]

Naf e khas:

- *Mudirr-i-Ḥayḍ*
- *Mudirr-i-Bawl*
- *Mukhrij-i-Janīn*
- *Ikhrāj al-Mashīma*
- *Ikhrāj al-Ḥaṣā* [24,26]

Miqdar (dose):

As Powder: 2-7 g

In decoction: 7-17gm[19,20,22]

10.5gms-13.5gms/17.5gms [10,20]

Muzir (Adverse effect): [19,20,21,22]

- For *Al-Kulyatayn* (kidney)

Musleh (corrective): [19,20,22]

- *Badiyan roomi* (*Anisoon -Pimpinella anisum* L.)

Badal (substitute): [19,20,22]

- *Afsanteen* (*Artemisia absinthium*)
- *Babona* (*Anthemis nobilis*)

Murakkabat (Compound Formulations): [10,12]

- *Arq-e-Maullaham Mako Kasniwala;*
- *Arq-e-Biranjasif*
- *Zimad-e-sumbul-ut-teeb*
- *Sharbat-e-muhallil*

Phytochemical properties

Chemical composition:

Major anti-inflammatory constituents: Sesquiterpene lactones (achillolides), volatile oils (chamazulene, azulene), flavonoids (apigenin, luteolin, quercetin), and phenolic acids.

Phytochemical profile: Contains achilleine; yields yellowish-green to dark blue essential oil; includes salicylic acid, β-sitosterol, inositol, dulcitol, mannitol, betaine, choline, trigonelline, betonicine, and stachydrine; leaves rich in folic acid, rutin, and ascorbic acid.[23]

Pharmacological actions:

- Sesquiterpene lactones act as bitter tonics and aid in haemostasis.
- Flavonoids (e.g., apigenin) provide antispasmodic, anti-inflammatory, antiplatelet, and spasmolytic effects.
- Alkaloids show anti-inflammatory activity; betonicine is specifically haemostatic.
- Salicylic acid adds anti-inflammatory and anti-allergic effects.[11]

Essential oil importance: Economically significant for its anti-inflammatory, disinfectant, and haemostatic properties; used in colds, influenza, and minor bleeding.[27]

Pharmacological uses:

1. Anti-inflammatory Activity:

Achillea millefolium extracts (aqueous, ethanolic, and essential oils) inhibit COX-2, LOX, and MMP enzymes and suppress pro-inflammatory cytokines (TNF-α, IL-1β, IL-6). Key constituents' flavonoids (luteolin, apigenin, quercetin), phenolic acids (caffeic, chlorogenic), sesquiterpene lactones, and azulenes reduce inflammatory mediators and oedema in vitro and in vivo, supporting its traditional anti-inflammatory use.[28]

Achillea millefolium shows notable anti-inflammatory effects through multiple pathways. Its aqueous and ethanolic extracts reduce paw oedema, alkamides inhibit COX and 5-LOX, and water extracts suppress prostaglandin synthesis and PAF-induced exocytosis, reinforcing its traditional use against inflammation.[29]

2. Antimicrobial Activity:

A. millefolium extracts are among the most potent antimicrobial agents, effectively inhibiting pathogens responsible for skin infections, including *Staphylococcus aureus*.[30] The essential oil of an *A. millefolium* species has also demonstrated activity against *Streptococcus pneumoniae*, *Clostridium perfringens*, *Candida albicans*, *Candida krusei*, *Mycobacterium smegmatis*, and *Acinetobacter lwoffii*.[29]

3. Antioxidant Activity:

Antioxidant activity of *Achillea millefolium* was evaluated using DPPH and nitric oxide assays. The leaf extract exhibited 14.80% DPPH scavenging and 12.88% nitric oxide inhibition, while the stem extract showed 12.30% and 10.90%, respectively.[31] In another study, the essential oil of *A. millefolium* demonstrated strong antioxidant potential in the DPPH assay, with thymol and carvacrol identified as the primary active constituents.[32]

4. Antiulcerogenic activity

The crude aqueous extract of *A. millefolium* (EABA) has been evaluated in vivo in rats and mice. The leaf extract provided significant protection against ethanol-induced gastric mucosal injury, prevented mucosal necrosis, and reduced gastric acid secretion.[33]

5. Anti-fungal activity:

The antifungal activity of *Achillea millefolium* L. extracts was assessed using the disc diffusion (Kirby–Bauer) method against *Aspergillus niger* and *Penicillium hirsutum*. The hydroalcoholic extract exhibited strong in vitro activity, markedly inhibiting the growth of both fungi. These results indicate its potential as a natural alternative to synthetic fungicides for managing fungal infections in fruits, vegetables, and humans.[34]

6. Antispasmodic Activity:

The hydroalcoholic extract of *A. millefolium* aerial parts significantly reduced KCl- and acetylcholine-induced ileal contractions in rats, an effect not influenced by propranolol, suggesting a mechanism involving calcium channel blockade and supporting its traditional use for intestinal spasms.[35] Additionally, the spasmolytic activity of a flavonoid fraction from *A. millefolium* was evaluated in isolated guinea-pig ilea, where quercetin, luteolin, and apigenin demonstrated the strongest antispasmodic effects.[36]

7. Analgesic Activity:

Achillea millefolium showed notable, dose-dependent analgesic activity in mice, with the ethanolic extract being more effective. The effect is attributed to flavonoids such as quercetin, luteolin, and apigenin, which inhibit prostaglandin synthesis, thereby supporting its traditional use for pain relief. [37]

8. Esterogenic activity:

Achillea millefolium is used in folk medicine as an emmenagogue. A crude extract of the aerial parts of *A. millefolium* has demonstrated estrogenic activity in recombinant MCF-7 cells. Evaluation of the isolated and identified compounds from this plant indicated that luteolin V and apigenin VI were the most important estrogenic compounds among the tested compounds. [38]

9. Anti-fertility Activity:

Administration of *Achillea millefolium* flower extracts, ethanolic extract (200 mg/kg/day, intraperitoneally for 20 days) and hydroalcoholic extract (300 mg/kg/day, orally for 30 days) led to an increased number of metaphases in the germinal epithelium. This response may be attributed either to cytotoxic constituents or to agents that stimulate cell proliferation, thereby disrupting normal spermatogenesis.[39]

10. Anti-hypertensive activity:

Achillea millefolium extract produced a dose-dependent reduction in blood pressure in rats, an effect attributed to its alkaloids, flavonoids, and related constituents. It decreased cardiac output and promoted vasodilation, and in isolated guinea-pig atria, it reduced both contraction force and rate in a manner comparable to the calcium channel blocker verapamil.[40]

11. Neuroprotective Effect:

Achillea millefolium (Ach) demonstrated neuroprotective effects in rats with chronic morphine-induced impairments. Treatment improved hippocampus-dependent spatial learning and memory, while reducing oxidative stress, lipid peroxidation, and neuronal apoptosis in the CA1 region. These results indicate that Ach extract may mitigate cognitive deficits and neuronal damage associated with prolonged morphine exposure.[41]

12. Hepatoprotective Effect:

The methanolic extract of *Achillea millefolium* demonstrated notable hepatoprotective effects in mice with CCl_4-induced liver injury. CCl_4 administration markedly increased serum SGOT, SGPT, and ALP levels, whereas treatment with the extract prevented these elevations in both preventive and curative models. These findings validate its significant hepatoprotective potential and support its traditional therapeutic use.[42]

13. Anti diabetic activity:

The hydroalcoholic extract of *Achillea millefolium* (25 and 100 mg/kg/day) improved serum glucose levels, lipid profile, and liver enzyme biomarkers in STZ-induced diabetic rats. These effects were dose-dependent, and at higher doses, the extract was more effective than metformin in reducing hyperglycemia, dyslipidemia, and elevated hepatic enzymes.[43]

Discussion:

The therapeutic claims of *Achillea millefolium*, as described in Unani medicine, are largely supported by experimental pharmacological studies. Notably, its traditional use in menstrual disorders aligns with estrogenic activity, while its anti-inflammatory and wound-healing actions correspond with flavonoid- and azulene-mediated mechanisms. However, the majority of available evidence is derived from in vitro and animal studies, underscoring the need for controlled clinical trials.

Conclusion:

Achillea millefolium (*Brinjasif*) represents a valuable medicinal plant with a strong foundation in Unani medicine and substantial experimental pharmacological support. While traditional knowledge is increasingly validated by modern research, further clinical investigations are essential to confirm efficacy, safety, and therapeutic dosing for integration into evidence-based medicine.

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