

Metals Content in Herbal Supplements

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Abstract Obesity has become an international epidemic. To evaluate the level of metals in extracts of plants prescribed as weight loss supplements, different brands containing *Camellia sinensis* (L.) Kuntze, *Citrus aurantium* L., *Cordia ecalyculata* Vell, *Ilex paraguariensis* A. St.—Hil, *Cissus quadrangularis* L., *Senna alexandrina* Mill were purchased in local market, hot acid digested, and analyzed while metal content by inductively coupled plasma optical emission spectrometry, ICP-OES. Quality assurance and quality control tests were carried out in order to monitor and control the reliability of the analytical method. For each metal evaluated, a calibration curve was prepared with certified reference material. The recovery test was performed for each batch of samples. Analyses were performed in triplicate. Quantification of aluminum, barium, cadmium, cobalt, chromium, copper, iron, lithium, manganese, molybdenum, nickel, lead, vanadium, and zinc were determined. The metals most frequently detected were manganese (15.3–329,60 mg kg⁻¹) aluminum (11.76–342.4 mg kg⁻¹), and iron (11.14–73.01 mg kg⁻¹) with higher levels in products containing *C. sinensis* China origin, *I. paraguariensis* Brazilian origin, *C. quadrangularis*, and *C. aurantium* China origin, respectively. To ensure safety consumption, an adequacy of the certification of Brazilian suppliers for herbal weight loss products is indispensable.

Introduction

The number of diseases related to lifestyle factors as stress, obesity [1–3], excessive consumption of industrialized food containing additives, colorings, trans fats, and other ingredients [4–7], as well heavy workload [8], sedentary lifestyle, and environmental pollutants has been strongly increased [9–11].

Within these illness, obesity receives specially attention, since it has become a global epidemic disease, affecting adults and children, and has been the more significant cause of ill-death actually and is frequently associated to other diseases such as diabetes, cardiovascular problems, leading to higher morbidity [12]. According to the Brazilian Health Surveillance Secretariat of the Ministry of Health (SVS/MS), 52.5 % of the Brazilian population are overweight, the incidence higher between men 56.5 % than in women, 49.1 % [13].

Besides, many people rely on herbal medicines for weighting loss since it seems to be an easier way instead of making diet and changing lifestyle and calorie ingestion, that requires efforts [1–3, 14]. This kind of supplements is very popular and commonly used worldwide and in Brazil [15, 16] and also used as adjuvant to nutrition and physical activity, and as such, has less or no side effects when compared to traditional pharmacological treatments [17–20].

Herbs use are linked to health promotion [11, 21–23], although adverse effects have been reported. These effects are related to poor quality of the raw material, [24], erroneous identification of the species with consequent incorrect use, interactions between plants, if there is any concomitant use since they can present synergic or antagonistic effect and to impurities or contaminants as metals [23, 25].

In fact, metals present in herbal medicinal preparation as contaminant can be carcinogenic, mutagenic, teratogenic, endocrine disruptors, changes of cognitive-behavioral functions

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[26], promoters of oxidative stress, which consequently initialization and promotion of cellular changes inducing to several chronic diseases as cancer with effects dependent of the type of metal and quantity/time of exposure [27].

The entrance rout of metals in herbal manufacturing process includes presence in soil, water, air; post-harvest processing, such as drying and/or elimination of liquid extractor [28].

Therefore, weight loss herbal products should be prescribed by nutritionists with recommendation of the therapy type considering the mechanism of action and administration form [29–31]. However, consumption of these products in Brazil occurred frequently without observing these rules.

The proposed of this work was to evaluate metal content in samples of dried extracts of *Ilex paraguariensis*, *Cordia ecalyculata*, *Senna alexandrina*, *Citrus aurantium*, *Cissus quadrangularis*, and *Camellia sinensis* commercially available and used as weight loss herbal supplements.

Experimental

Samples Collection

The dry extract of *Camelia sinensis* (L.) Kuntze, *Cissus aurantium* L., *Cordia ecalyculata* Vell, *Ilex paraguariensis* A. St.-Hil, *Cissus quadrangularis* L., and *Senna alexandrina* Mill was purchased in pharmacies in the metropolitan area of Vitoria, ES, Brazil. The certificate of analysis was provided for each purchased sample. The country of origin was identified from A to F, while A and B have Brazilian origin, C to F have China origin.

Processing the Samples by Acid Digestion

The samples were digested using hot acid digester equipment (Marconi MA 851) applying 1 g from each sample with addition of 3 mL of HNO₃ and 3 mL of nitric acid (HNO₃) and 2 mL of hydrogen peroxide (H₂O₂), both of analytical grade at a temperature of 120 °C (±10 °C), heated until complete digestion. The solution resulted was filtered and transferred into a 25-mL volumetric flask and the volume completed with ultra-pure water. All analyses were performed in triplicates.

Inductively Coupled Plasma Optical Emission Spectrometry (ICP-OES)

Metal concentrations were estimated using ICP-OES (Thermo Scientific model iCAP 6000) equipped with pneumatic nebulizer. The system parameters were applied using the optimize source function, which automatically optimizes pump speed, nebulizer gas flow, auxiliary gas flow, coolant gas flow, and RF power for the best signal, best SBR, or best DL. In addition, the best DL parameter was chosen for the analysis.

Identification and quantification of the elements were performed in triplicate expressed in mg kg⁻¹ of aluminum (Al), barium (Ba), cadmium (Cd), cobalt (Co), chromium (Cr), copper (Cu), iron (Fe), lithium (Li), manganese (Mn), molybdenum (Mo), nickel (Ni), lead (Pb), vanadium (V), and zinc (Zn).

Quality assurance and quality control (QA/QC) tests were carried out in order to monitor and control the reliability of the analytical method. For each metal evaluated, a calibration curve was prepared with certified reference material accepted (ISO 17025–34–35-43). The entire certificated are available as supplemental material.

The recovery test was performed for each batch of samples. Correlation coefficient (R^2) for all metals is 0.999. The blank batch validation: blank is <0.001 mg kg⁻¹; recovery measures from the batch of samples 97.78 to 113.46 %. QA: QCStd: 0.24446 to 2.7662 (Table 1).

Data Analysis

Statistical analyses were carried out using Shapiro-Kolgomorov test. Kruskal-Wallis test was used to perform non-parametric, one-way analysis for central tendency and dispersion measures of the independent samples. In addition, normality was analyzed using rejection at a significance level of 5 %. For data comparison, Mann-Whitney U test was applied.

Results and Discussion

The validation of the analytical procedure ICP-OES for quantitative determination of metals with wavelengths for selected elements, linearity; minimum, maximum values is depicted in Table 1.

Evaluation of the data by means of principal component analysis (PCA) quantified by ICP-OES, detected higher concentrations of the metals Al, Ba, Cd, Co, Cr, Cu, Fe, Li, Mn, Mo, Ni, Pb, V, and Zn in the herbs analyzed (Table 2).

The most frequently detected were Mn, Al, and Fe with Mn present in higher concentrations in the samples of *C. sinensis* (329.60 mg kg⁻¹), *I. paraguariensis* (139.16 mg kg⁻¹), and *C. quadrangularis* (39.26 mg kg⁻¹). While Al was detected in higher concentration in *C. sinensis* (342.4 mg kg⁻¹), and Fe in *S. alexandria* samples (73.01 mg.kg⁻¹) (Table 3). The median, minimum, and maximum concentration (mg kg⁻¹) of the selected metals in herbal supplements analyzed by ICP-OES is represented by Table 1. The levels detected for Mn, Al, Fe in this work are higher than the levels found for these metals in Turkish tea (Mn 277.0 ± 0.5 to 367.0 ± 0.5 µg.g⁻¹), (Al 488.0 ± 0.7 to 2164 ± 0.6 µg.g⁻¹), and (Fe 194.0 ± 0.2 to 752.0 ± 0.4 µg.g⁻¹) [32]. These differences could be explained

Table 1 Method validation, iCAP 6000 series-Duo, Thermo Scientific, pneumatic nebulization

Metals	Wavelength	Linearity (R^2)	Min Lim. (mg L^{-1})	Min Lim. (mg kg^{-1})	Max. Lim. (mg L^{-1})	Max. Lim. (mg kg^{-1})	Lecture	QC: QCStd	Rec (%)
Al	308.22	0.999737	0.01	0.25	10	250	Radial	2.7602	110.408
Ba	455.42	0.999847	0.01	0.25	1	25	Radial	0.27191	108.764
Cd	228.80	0.999919	0.001	0.025	1	25	Axial	0.27171	108.684
Co	230.70	0.9998	0.01	0.25	1	25	Axial	0.27787	111.148
Cr	205.55	0.999809	0.01	0.25	1	25	Axial	0.27909	111.636
Cu	324.75	0.999602	0.001	0.025	1	25	Axial	0.26039	104.156
Fe	259.82	0.999758	0.01	0.25	10	250	Radial	2.6969	107.876
Li	670.72	0.999973	0.01	0.25	1	25	Radial	0.28366	113.464
Mn	257.62	0.999946	0.01	0.25	1	25	Axial	0.24446	97.784
Mo	202.03	0.999894	0.01	0.25	1	25	Axial	0.26854	107.416
Ni	231.60	0.999788	0.01	0.25	1	25	Axial	0.26479	105.916
Pb	220.35	0.999822	0.01	0.25	1	25	Axial	0.27391	109.564
V	292.40	0.999858	0.01	0.25	1	25	Axial	0.28096	112.384
Zn	213.85	0.999811	0.01	0.25	1	25	Axial	0.27714	110.856

Validation data. *QC* quality control, *QCStd* quality standard control, *Rec (%)* percentage of recovery

by the tea origin, geographic and environmental condition for cultivation, and manufacture process.

Safety limits and maximum concentration of these metals are not reported for slimming botanical preparations. The metals with established limits in several publications are Cd, Cu, Hg, and Pb, including variations among these limits [33–35].

In evaluation of Nigeria herbal products, high content of Fe, Ni, Cd, Cu, Pb, Se, and Zn at levels capable of causing adverse health effects was registered [36, 37].

Regardless of dry extract, Cd was present at lower concentrations (0.00 to 0.06 mg kg^{-1}) (Table 3), and these are below

all the limits proposed by WHO [38, 39] and European Pharmacopeia (EU) [35], whose maximum values are 0.3 and 0.5 mg kg^{-1} , respectively [39–41], these samples appropriated for consumption.

In addition, in the sample of *C. sinensis*, Pb was detected in low concentration (0.16 mg kg^{-1}), nickel with concentration of 5.70 mg kg^{-1} was within the limits for daily consumption (10 mg kg^{-1}) [42–44]. The content of Pb in this herbal samples was determined in the supplier G with median concentrations of 0.29 mg kg^{-1} of Brazilian origin, and those from supplier C, 0.55 mg kg^{-1} of Chinese origin been both considered save for consumption according with the limit established

Table 2 Principal component analysis (PCA) quantified by ICP-OES

Metal	<i>Ilex paraguariensis</i>	<i>Cordia ecalyculata</i>	<i>Senna alexandrina</i>	<i>Citrus aurantium</i>	<i>Cissus quadrangularis</i>	<i>Camellia sinensis</i>
Al	0	0	0	0	1	2
Ba	1	1	0	0	1	1
Cd	2	0	1	0	2	1
Co	0	0	0	1	1	2
Cr	1	1	1	3	3	4
Cu	0	0	0	3	0	2
Fe	0	0	0	3	1	2
Li	0	0	0	2	1	1
Mn	4	0	0	1	2	3
Mo	0	0	0	0	3	1
Ni	2	1	1	3	2	2
Pb	0	0	0	0	0	0
V	0	0	0	0	0	0
Zn	1	0	0	3	0	3

Table 3 Median, minimum and maximum concentration (mg kg⁻¹) of the selected metals in herbal supplements analyzed by ICP-OES

Metal	<i>Ilex paraguariensis</i> Median (min-max)	<i>Cordia ecalyculata</i> Median (min-max)	<i>Senna alexandrina</i> Median (min-max)	<i>Citrus aurantium</i> Median (min-max)	<i>Cissus quadrangularis</i> Median (min-max)	<i>Camellia sinensis</i> Median (min-max)
Al	11.76 (9.72–1166.13)	14.76 (2.84–62.35)	37.31 (0.00–161.4)	15.14 (2.14–39.13)	35.82 (20.76–46.80)	342.4 (132.5–684.2)
Ba	3.28 (2.11–18.38)	6.30 (1.44–22.52)	14.71 (0.79–27.25)	2.13 (1.41–7.8)	4.86 (2.07–8.52)	8.61 (1.63–17.01)
Cd	0.03 (0–0.03)	0.00 (0–0.04)	0.00 (0–0.02)	0 (0–0.03)	0.02 (0.0–0.06)	0 (0–0.03)
Co	0.00 (0–1.67)	0.00 (0.00)	0.00 (0.00)	0.27 (0–0.3)	0.00 (0.00)	0.15 (0–0.38)
Cr	0.55 (0–3.22)	0.41 (0.22–0.49)	0.44 (0–1.5)	0.68 (0.49–8.03)	0.93 (0.45–3.7)	0.46 (0.21–0.63)
Cu	1.26 (0.68–17.03)	0.99 (0.61–3.61)	2.61 (0.39–4.9)	6.74 (3.36–10.16)	2.77 (0.97–5.09)	4.82 (0.37–8.83)
Fe	11.14 (2.51–1285.04)	16.53 (8.16–116.6)	73.01 (1.95–222.96)	49.33 (29.26–277.16)	32.17 (10.66–147.47)	59.38 (6.5–131.41)
Li	0.00 (0–0.44)	0.00 (0–0.92)	0.59 (0–1.13)	0.75 (0–3.35)	1.40 (0–2.57)	0.00 (0–1.55)
Mn	139.16 (41.65–478.46)	26.76 (3.05–206.3)	20.40 (1.81–31.25)	15.3 (8.59–29.72)	39.26 (9.51–64.38)	329.60 (13.74–588.23)
Mo	0 (0–0.43)	0 (0–0.43)	0.17 (0–0.44)	0 (0–0.92)	0.42 (0–0.66)	0.00 (0.00)
Ni	1.19 (0.47–7.60)	0.63 (0.27–0.7)	0.48 (0–0.83)	2.45 (1.95–3.58)	0.54 (0.45–2.24)	5.70 (0.26–13.33)
Pb	0 (0–0.68)	0.00 (0.00)	0.00 (0–0.3)	0.00 (0–0.55)	0.00 (0–0.29)	0.16 (0–0.61)
V	0.00 (0–4.04)	0.00 (0–2.1)	0.28 (0–0.37)	0.00 (0.00)	0.00 (0–0.38)	0.00 (0.00)
Zn	11.45 (3.76–33.26)	5.26 (2.08–12.43)	9.00 (1.88–16.13)	29.01 (0–119.1)	9.86 (0.9–16.23)	18.71 (4.28–34.66)

by WHO [38] of 10 and 5.0 mg kg⁻¹ established by the European Pharmacopeia, respectively [38]. These data are also corroborating by Pavlova and Karadjova [45].

Ilex paraguariensis samples presented Cd values of 0.03 mg kg⁻¹ while *C. quadrangularis* presented concentration of 0.02 mg kg⁻¹ by the suppliers E and D, respectively. The Nigerian dried samples analyzed, Cd, exceeded by up to 1.02 % the limits established by WHO and by 5.14 % those of the US [37, 42], and the majority of the capsule preparations were strongly contaminated with Pb and Ni [42].

The presence of undeclared toxic metals in Asian products, especially natural products used in Indian Ayurveda medicine and of Chinese origin is widely reported [46–48]. Sahoo, Manchikanti, and Dey [49], pointed high frequency of the metals Fe, Pb, Hg, Cu, Cd, Zn, and As in Asian products. Liu et al. [50] demonstrated that Chinese herbal medicines contribute to the ingestion of As. Indeed, Ayurveda products as well natural products originating from Europe, Africa, and South America, including Brazil have been frequently reported with metal contamination [51].

The minerals, according to their daily requirements, are classified as trace elements or macro elements. Trace elements are those necessary in quantities lower than 100 mg day⁻¹, (cobalt, copper, chromium, iron, fluorine, iodine, manganese, molybdenum, selenium, vanadium, and zinc) while macro elements have their ingestion recommended in doses higher than 100 mg day⁻¹, (calcium, chloride, magnesium, potassium, and sodium) [52, 53].

Regarding Mn present in the samples here evaluated, concentrations were above that recommended for daily consumption [38, 39, 54] (Table 3). In comparison to the study realized by Okem et al. [51] evaluating commercial herbs in South Africa, the Mn concentrations in this present study, were higher than those reported. In the South Africa herbs, Pb concentrations achieved up to 140 % higher than the safety limits, Cd presented double concentration level limits, and essential metals as Fe, Zn, Ni, and Cr, concentrations were higher than the recommended daily intake.

For the essential metal Cu, in this study, lower median concentrations were detected compared to those described by Okem et al. [51]: 4.82 mg kg⁻¹ for *C. sinensis* and 6.74 mg kg⁻¹ for *C. aurantium*, compared to 14.1 and 23.3 mg kg⁻¹, respectively (Table 3). All are below recommended limits of 40 mg kg⁻¹ [39].

The dried samples analyzed presented concentration of Fe and Mn of 73.01 and 329.60 mg kg⁻¹, respectively. The highest Fe medians were detected at extracts provided by suppliers C and F. These results corroborate with Tokalioğlu [55] that registered concentrations of Fe of 98.0 and 645.0 mg kg⁻¹ of Mn. Rubio et al. [53], assessed the concentration of 18 metals in teas of different species of *Mentha* L. by ICPS-OES, with identification of the following profile: Fe (406.00 mg kg⁻¹) > Al (151.24 mg kg⁻¹) > Mn (55.05 mg kg⁻¹) > Zn > B > Ba >

Cu > Li > Ni > Cr > Mo > Co. These data are similar the three highest concentrations identified in the dried samples currently analyzed. Although iron is an essential metal for plants and animals, elevated levels are not beneficial and considered air pollution [54], and it has been reported as accumulation metal in plants evaluated in Macedonia (515 mg.kg⁻¹). Considering Mn, Maharia et al. [56], registered in herbal products concentration of 601.0 mg kg⁻¹. Ting et al. [57], when assessing the contamination in botanical products of Chinese origin found Mn values of 18.54 mg L⁻¹, probably lower than the highest value found in this study, since the concentration unit differs.

Metals related to oxidative stress such as Al, Fe, Mn, Cu, and Zn are involved in neurodegenerative mechanisms [58, 59]. Al, Fe, and Cu had their level evaluated in the plasma of patients with Parkinson and higher levels identified [60]. Loef and Walach [61], in a systematic review, found that the brains of Alzheimer's patients showed high content of Fe and Cu, demonstrating the role of dietary exposure of these metals and the development of chronic, no communicable diseases, mainly related to neurotoxicity and decreased plasticity. In addition, environmental exposition to metals could lead to toxic effects or even be related to Parkinson diseases [62, 63]. The weekly intake of tolerance Al varies from 0 to 7.0 mg kg⁻¹, unhealthy effects have been described when the intake is in a range of 10 to 17 mg kg⁻¹ [35].

Samples of *C. aurantium*, *C. quadrangularis*, and *C. sinensis* were identified with the most content of metals and the majority of the extracts originated from China (100 % of the certificates of analysis provided for *C. quadrangularis* samples, 66.67 % of *C. aurantium*, and *C. sinensis*). All other certificates of analysis showed Brazil as the country of origin of the samples.

In fact, even when values found did not exceed the daily limits of consumption, frequent consumption and concomitant use of supplements may have a cumulative effect [64]. The extensive contamination can be explained by several critical control points that should be observed during the production process of the herbal drug (soil, air, place of cultivation, extraction processes) [15, 64–66], besides an international standardization of production should be implemented to ensure health to the final consumer.

Conclusion

Considering that metals can be accumulated causing serious damages to the liver, kidneys, or heart, it is very important to recover to a nutritionist before starting the consumption of herbal dietary supplements. On the other hand, nutritionist should consider the reliability of the compound pharmacies to ensure a health condition to the patient. Contamination of commercially available products in a localized region was evaluated in these studies and found to have potential for

health risks. In addition, an adequacy of the certification of Brazilian suppliers for herbal weight loss products is necessary since this is a market in expansion and metals contamination presence could be demonstrated representing a health risk for the population.

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References

- Cardarelli R, Singh M, Meyer J, Balyakina E, Perez O, King M (2014) The association of free testosterone levels in men and lifestyle factors and chronic disease status: a North Texas healthy heart study. *J Prim Care Community Health* 5(3):173–179
- Kanerva N, Loo BM, Eriksson JG, Leiviskä J, Kaartinen NE, Jula A, Männistö S (2014) Associations of the Baltic Sea diet with obesity-related markers of inflammation. *Ann Med* 46(2):90–96
- Klein WM, Bloch M, Hesse BW, McDonald PG, Nebeling L, O'Connell ME, Riley WT, Taplin SH, Tesauro G (2013) Behavioral research in cancer prevention and control: a look to the future. *Am J Prev Med* 46(3):303–311
- Popkin BM (2011) Contemporary nutritional transition: determinants of diet and its impact on body composition. *Proc Nutr Soc* 70(1):82–91
- Solfrizzi V, Panza F, Frisardi V, Seripa D, Logroscino G, Imbimbo BP, Pilotto A (2011) Diet and Alzheimer's disease risk factors or prevention: the current evidence. *Expert Rev Neurother* 11(5):677–708
- Santiago SE, Park GH, Huffman KJ (2013) Consumption habits of pregnant women and implications for developmental biology: a survey of predominantly Hispanic women California. *Nutr J* 12(1):91
- Struben J, Chan D, Dube L (2014) Policy insights from the nutritional food market transformation model: the case of obesity prevention. *Ann N Y Acad Sci*. doi:10.1111/nyas.12381
- Ayzenberg I, Katsarava Z, Sborowski A, Chernysh M, Osipova V, Tabeeva G, Steiner TJ (2014) Headache-attributed burden and its impact on productivity and quality of life in Russia: structured healthcare for headache is urgently needed. *Eur J Neurol*. doi:10.1111/ene.12380
- Bahadar H, Mostafalou S, Abdollahi M (2014) Current understandings and perspectives on non-cancer health effects of benzene: a global concern. *Toxicol Appl Pharmacol* 14:S0041–S008X
- Burnett RT, Pope CA, Ezzati M, Olives C, Lim SS, Mehta S, Shin HH, Singh G, Hubbell B, Brauer M, Anderson HR, Smith KR, Balmes JR, Bruce NG, Kan H, Laden F, Prüss-Ustün A, Turner MC, Gapstur SM, Diver WR, Cohen A (2014) An integrated risk function for estimating the global burden of disease attributable to ambient fine particulate matter exposure. *Environ Health Perspect* 122(4):397–403
- Wang W, Russell A, Yan Y (2014) Traditional Chinese medicine and new concepts of predictive, preventive and personalized medicine in diagnosis and treatment of suboptimal health. *Global health epidemiology reference group (GHERG). EPMA J* 5(1):4
- World Health Organization WHO (2000) Obesity: preventing and managing the global epidemic, Report of a WHO Consultation (WHO Technical Report Series 894)
- Brazilian Health Surveillance (2015) Surveillance and risk factors for protection of chronic illness, data acquired by telephonic interviews, Brazil <http://www.bvsmms.saude.gov.br/bvs/2015>. Accessed 10 Dec 2015
- Wasay M, Khatri IA, Kaul S (2014) Stroke in south Asian countries. *Nat Rev Neurol*. doi:10.1038/nrneuro.13
- Zhang L, Widerb B, Shanga H, Li X, Ernst E (2012) Quality of herbal medicines: challenges and solutions. *Complement Ther Med* 20:100–106
- Goston JL, Toulson MIDC (2010) Intake of nutritional supplements among people exercising in gyms and influencing factors. *Nutrition* 26(6):604–611
- Ara TMD, Viqar MMBBS, Arshad JMD (2010) Use of herbal products and potential interactions in patients with cardiovascular diseases. *J Am Coll Cardiol* 55:515–525
- Yun JW (2010) Possible anti-obesity therapeutics from nature—a review. *Phytochemistry* 71(14):1625
- Baretić M (2013) Obesity drug therapy. *Minerva Endocrinol* 38:245–254
- Trigueros L, Peña S, Ugidos AV, Sayas-Barberá E, Pérez-Álvarez JA, Sendra E (2013) Food ingredients as anti-obesity agents: a review. *Crit Rev Food Sci Nutr* 53(9):929–942
- Sakthivel KM, Guruvayoorappan C (2012) Biophytum sensitivum: ancient medicine, modern targets. *J Adv Pharm Technol Res* 2:83–91
- Mohammadirad A, Aghamohammadali-Sarraf F, Badiéi S, Faraji Z, Hajiaghazee R, Baeri M, Gholami M, Abdollahi M (2013) Anti-aging effects of some selected Iranian folk medicinal herbs—biochemical evidences. *Iran J Basic Med Sci* 16:1170–1180
- Singh D, Gupta R, Saraf SA (2012) Herbs—are they safe enough? An overview. *Crit Rev Food Sci Nutr* 52(10):876–898
- Cordell GA, Colvard MD (2012) Natural products and traditional medicine: turning on a paradigm. *J Nat Prod* 75:514–525
- Teschke R, Wolff A, Frenzel C, Schulze J, Eickhoff A (2012) Herbal hepatotoxicity: a tabular compilation of reported cases. *Liver Int* 32(10):1543–1556
- Ali HE, Sajad MA (2013) Phytoremediation of heavy metals—concepts and applications. *Chemosphere* 91:869–881
- Gaur N, Flora G, Yadav M, Tiwari A (2013) A review with recent advancements on bioremediation-based abolition of heavy metals. *Environ Sci Process Impacts* 15:180–193
- Sullivan J, Greenfield J, Cumberlandford G, Grant J, Stewart J (2012) Extraction efficiencies of heavy metals in hydroethanolic solvent from herbs of commerce. *J AOAC Int* 93(2):496–498
- Brazilian Federal council for Nutritionists (2013) Resolução CFN n° 525/2013 <http://www.cfn.org.br/eficiente/repositorio/Legislacao/Resolucoes/583.pdf>. Accessed 15 Dec 2015
- Hirschkom K, Walji R, Boon H (2013) The role of natural health products (NHPs) in dietetic practice: results from a survey of Canadian dietitians. *BMC Complement Altern Med* 3(13):156
- Mihalynuk T, Whiting S (2013) The role of dietitians in providing guidance: on the use of natural health products. *Can J Diet Pract Res* 74:58(5)
- Altıntug E, Altundag H, Tuzen M (2014) Determination of multi element levels in leaves and herbal teas from Turkey by using ICP-OES. *Bull Chem Soc Ethiop*. doi:10.4314/bcse.v28i1.2
- Kostić D, Mitić S, Zarubica A, Mitić M, Veličković J, Randjelović S (2011) Content of trace metals in medicinal plants and their extracts. *Hem ind* 65:165–170
- Pharmeuropa Herbal drugs (2008) 20: 2
- European Pharmacopoeia (2015) <http://www.worldwidebookinc.com>. Accessed 15 Dec 2015
- Karadas C, Kara D (2012) Chemometric approach to evaluate trace metal concentrations in some spices and herbs. *Food Chem* 130:196–202
- Obi E, Akunyili DN, Ekpo B, Orisakwe OE (2006) Heavy metal hazards of Nigerian herbal remedies. *Sci Total Environ* 369:35–41
- World Health Organization WHO (1999) Monographs on selected medicinal plants Geneva: Library Cataloguing in Publication Data WHO Traditional medicine 1: ISBN 92 4 154517

39. World Health Organization. WHO (2015) Guidelines for assessing quality of herbal medicines with reference to contaminants and residues. <http://www.apps.who.int/medicinedocs/documents/.../s14878e>. Accessed 16 Dec 2015
40. Patel P, Patel NM, Patel PM, WHO (2011) Guidelines on quality control of herbal medicines. *IJRAP* 2:1148–1154
41. European Medicines Agency EMEA 2006 Guideline on specifications: test procedures and acceptance criteria for herbal substances, herbal preparations and herbal medicinal products/traditional herbal products. CMP/QWP/2820/00 Rev. 1. London
42. Nkeiruka IZ, Eberé OO, Atuboyedia O (2012) Nigeria herbal remedies and heavy metals: violation of standard recommended guidelines. *Asian Pac J Trop Biomed* 2(3):S1423–S1430
43. Kabata-Pendias A, Pendias H (1984) Trace elements in soils and plants. CRC Press, Boca Raton
44. Barceloux GD (1999). Manganese, nickel. *Clin Toxicol* 37: 239–258 and 293–307
45. Pavlova D, Karadjova I (2013) Toxic element profiles in selected medicinal plants growing on serpentines in Bulgaria. *Biol Trace Elem Res* 156:288–297
46. Ernst E (2002) Toxic heavy metals and undeclared drugs in Asian herbal medicines. *Trends Pharmacol Sci* 23:136–139
47. Harris ESJ, Cao S, Littlefield BA, Craycroft JA, Scholten R, Kaptchuk T, Fu Y, Wang W, Liu Y, Chen H, Zhao Z, Clardy J, Woolf AD, Eisenberg DM (2011) Heavy metal and pesticide content in commonly prescribed individual raw Chinese herbal medicines. *Sci Total Environ* 409:4297–4305
48. Zhang L, Yan J, Liu X, Ye Z, Yang X, Meyboom R, Chan K, Shaw D, Duez P (2012) Pharmacovigilance practice and risk control of traditional Chinese medicine drugs in China: current status and future perspective. *J Ethnopharmacol* 140(3):519–525
49. Sahoo N, Manchikanti P, Dey S (2010) Herbal drugs: standards and regulation. *Fitoterapia Elsevier* 81:462–471
50. Liu XJ, Zhao Q, Sun G, Williams P, Lu X, Cai JZ, Liu W (2013) Arsenic speciation in Chinese herbal medicines and human health implication for inorganic arsenic. *Environ Pollut* 172:149–154
51. Okem A, Southway C, Ndhlala AR, Staden JV (2012) Determination of total and bioavailable heavy and trace metals in south African commercial herbal concoctions using ICP-OES. *S Afr J Bot* 82:75–82
52. LeśNiewicz A, Jaworska K, Zyrnicki W (1999) Macro- and micro-nutrients and their bioavailability in polish herbal medicaments. *Food Chem* 4:670–679
53. Rubio C, Lucas JR, Gutiérrez AJ, Glez-Weller D, Pérez Marrero B, Caballero JM, Revert C, Hardisson A (2012) Evaluation of metal concentrations in mentha herbal teas (*Menthapiperita*, *Menthapulegium* and *Mentha* species) by inductively coupled plasma spectrometry. *J Pharm Biomed Anal* 71:11–17
54. Pineton de Chambrun G, Body-Malapel M, Frey-Wagner I, Djouina M, Deknydt F, Atrott K, Esquerre N, Altare F, Neut C, Arrieta MC, Kanneganti TD, Rogler G, Colombel JF, Cortot A, Desreumaux P, Vignal C (2013) Aluminum enhances inflammation and decreases mucosal healing in experimental colitis in mice. *Mucosal Immunol*. doi:10.1038/mi.2013.78
55. Tokaloğlu S (2012) Determination of trace elements in commonly consumed medicinal herbs by ICP-MS and multivariate analysis. *Food Chem* 134(4):2504–2250
56. Maharia RS, Dutta RK, Acharya R, Reddy AVR (2010) Heavy metal bioaccumulation in selected medicinal plants collected from Khetri copper mines and comparison with those collected from fertile soil in Haridwar, India. *J Environ Sci Health B* 45:174–181
57. Ting A, Chow Y, Tan C (2013) Microbial and heavy metal contamination in commonly consumed traditional Chinese herbal medicines. *J Tradit Clin Med* 33(1):119–124
58. Yu L, Jiang R, Su Q, Yu H, Yang J (2014) Hippocampal neuronal metal ion imbalance related oxidative stress in a rat model of chronic aluminum exposure and neuroprotection of meloxicam. *Behav Brain Funct* 10(1):6
59. González-Domínguez R, García-Barrera T, Gómez-Ariza JL (2014) Homeostasis of metals in the progression of Alzheimer's disease. *Biometals* 27(3):539–549
60. Chew KCM, Ang ET, Tai YK, Tsang F, Lo SQ, Ong E, Ong WY, Shen HM, Lim KL, Dawson VL, Dawson TM, Soong TW (2011) Enhanced autophagy from chronic toxicity of iron and mutant A53 T α -Synuclein. Implications for neuronal cell death in Parkinson disease. *J Biol Chem* 286:33380–33389
61. Loeff M, Walach H (2012) Copper and iron in Alzheimer's disease: a systematic review and its dietary implications. *Systematic review. Br J Nutr* 107:7–19
62. Hudnell HK (1999) Effects from environmental Mn exposures: a review of the evidence from non-occupational exposure studies. *Neurotoxicology* 20(2–3):379–397
63. Willis AW, Evanoff BA, Lian M, Galarza A, Wegrzyn A, Schootman M, Racette BA (2010) Metal emissions and urban incident Parkinson disease: a community health study of Medicare beneficiaries by using geographic information systems. *Am J Epidemiol* 172(12):1357–1363
64. Sanzini E, Badea M, Santos AD, Restani P, Sievers H (2011) Quality control of plant food supplements. *Food Funct* 2(12): 740–746
65. Genuis S, Schwalfenberg G, Siy AKJ, Rodushkin I (2012) Toxic Element Contamination of Natural Health Products and Pharmaceutical Preparations. *PlosOne* 7:476–496
66. Altundag H, Imamoglu M, Doganci S, Baysal E, Albayrak S, Tuzen M (2013) Determination of heavy metals and their speciation in street dusts by ICP-OES after a BCR-sequential extraction procedure. *J AOAC Int*. doi:10.5740/jaoacint.11-269