Kidney & Blood Pressure Drops™ - MONOGRAPH



NPN: 80056588

1 mL (32 Drops) of Oral Tincture contains:

Juniper (189.0 mg DHE* - Juniperus communis fruit)
Goldenrod (59.1 mg DHE* - Solidago virgaurea aerial parts)
Uva-ursi (59.1 mg DHE* - Arctostaphylos uva-ursi leaf)
Marshmallow (44.6 mg DHE* - Althea officinalis root)
Ginger (34.1 mg DHE* - Zingiber officinale root)
Parsley (26.3 mg DHE* - Petroselinum crispum leaf)
Gravelroot (22.8 mg DHE* - Eupatorium purpureum root)
Horsetail (22.3 mg DHE* - Equisetum arvense aerial parts)

Nettle (19.2 mg DHE* - Urtica dioica leaf)

Goldenseal (17.1 mg DHE* - Hydrastis canadensis root) **Lobelia** (3.9 mg DHE* - Lobelia inflata aerial parts) **Cayenne** (2.6 mg DHE* - Capsicum annuum fruit).

Non-medicinal ingredients:

purified water, ethanol USP, glycerin, Juniperus communis fruit oil, spearmint flavour.*DHE = Dry Herb Equivalent.

Directions of Use:

Adults, take 1 ml, 2-3 times daily. Shake well before use. Drink plenty of water daily. For occasional use only. Allow at least 1-hour between taking this product and other herbal or medicinal preparations.

Indication:

Juniper, goldenrod, uva-ursi, parsley, gravelroot, horsetail, and nettle are Traditionally used in Herbal Medicine as diuretics to help relieve symptoms of temporary water retention, such as edema.

Detailed Information:

Kidney and/or urinary problems often result in water retention and/or edema as a primary symptom. Furthermore, kidneys act as a regulator of blood pressure through a renal-body fluid feedback¹. Edema generally appears as peripheral/arterial blood pressure increases above a certain level. The use of diuretics to help eliminate excessive body fluid or relieve the edema serves to increase the ratio of sodium excretion (via urination) to sodium intake, and extracellular fluid volume, manifest by edema, consequently decreases until arterial blood pressure returns to normal, the intake of diuretics is stopped, and/or sodium balance is achieved by increased intake. Diuretics are the first-choice medications recommended in the management of hypertension (high blood pressure)².3.

Kidney & Blood Pressure Drops™ are an effective and safe, natural alternative to use in place of thiazide and thiazide-like diuretics that are the most widely used diuretics for treatment of hypertension³.

Kidney & Blood Pressure Drops™ is an hydroethanolic extract of twelve (12) herb ingredients, with juniper, goldenrod, uva-ursi, parsley, gravelroot, horsetail, and nettle contributing additively to the product's Traditional use in Herbal Medicine as a diuretic to help relieve symptoms of temporary water retention, such as edema. The remaining ingredients – marshmallow, ginger, goldenseal, lobelia and cayenne – are complementary and/or supportive to this use of the product when taken as recommended.

Juniper fruit preparations have long been used as a general diuretic and soothing kidney remedy⁴, being specific for cystitis in the absence of renal inflammation⁵. The herb is widely recognized as a urinary tract antiseptic, helpful in the relief of benign urinary tract infections⁶. Its ability to lower blood pressure is at least partially attributable to its diuretic effects. In fact, its terpinene-4-ol constituent has demonstrated aquaretic effects, where water excretion is increased without affecting renal handling of electrolytes⁷. Other constituent monoterpenes have a direct diuretic effect through their irritant action on kidney glomeruli⁸.

Goldenrod has been used in Traditional Chinese and Western Herbal Medicine for a large number of indications^{5,9}. A double- blind, randomized clinical trial demonstrated that a hydroethanolic extract of the herb promoted urination, drained water, and helped relieve edema through aquaretic action¹⁰. Traditionally, it is considered to nourish and strengthen the kidneys, especially in cases of renal gravel and inflammation due to

bacterial infection^{8,11}. It is commonly used as an adjunct therapy in patients with lower urinary tract infections⁴. Hypotensive effects have been used as a pharmacotaxanomic character of the Solidago genus¹². Constituent flavonoids and phenol glycosides, especially leiocarposide, are suggested to be mainly responsible for the herb's aquaretic and hypotensive effects, although triterpene saponins and caffeic acid are also known active constituents^{8,11}.

Uva-ursi, also known as Bearberry, contains hydroquinones, especially arbutin, and saponins and astringent tannins that together have diuretic and urinary antiseptic effects when taken orally^{7,13}. Traditionally, the herb has been specifically indicated for diseases of the bladder and kidneys, helping to soothe, strengthen and tonify the urinary passages and reduce inflammation and infections of the urinary tract^{5,7,13,14}. It has been clinically demonstrated to be a safe therapeutic option for treating lower urinary tract infections¹⁵, to the extent that its use can delay and/or reduce antibiotic use for primary treatment of urinary tract infections¹⁶.

Marshmallow root is a rich source of mucilage (5-11%) that is demulcent and emollient, helpful in soothing/alleviating irritation of mucous membranes^{5,11}. It is therefore particularly useful in water/urine retention, as well as for inflammation of the bladder, and in nearly every affection of the kidney and bladder¹⁴. Its mucilaginous/soothing effects are reinforced when used in combination with uva-ursi and horsetail⁹, which are also key ingredients of the **Kidney & Blood Pressure Drops™** formulation. While no clinical studies have been carried out, results of in vitro and in vivo studies support marshmallow root's demulcent/soothing actions, and complementary anti-inflammatory and immunostimulant effects¹¹.

Ginger root is Traditionally and widely regarded as a stimulating tonic and diffusive stimulant, used commonly to enhance metabolism and circulation, and to enhance the actions of other herbs that it is combined with¹³. The vasodilatory action of the herb has been shown to help reduce blood pressure, and the improved blood flow and supply contributes to relief of cramps and tension, as well as edema¹⁴. Its use clinically as an adjunct in the treatment of arthritic and rheumatic conditions is upported by reduction of symptomatic inflammation, swelling and pain ^{13,17}.

Parsley is extensively used in Germany for ailments of the lower urinary tract, as irrigation therapy for the prevention and treatment of renal gravel or kidney stones, for dropsy, gout, rheumatism and arthritis due to its diuretic/aquaretic action^{4,7,8,14}. This action has been mainly attributed to its volatile oil constituents myristicin and apiole which stimulate increased K+ retention in the lumen, inhibit the Na+-K+ pump and/or irritate the kidney epithelium to cause an increase renal blood flow and glomerular filtration rate¹⁸. Its diuretic/ aquaretic action, and associated reduction in blood pressure, supports the use of parsley for hypertension in several Traditional systems of Medicine^{19,20}.

Gravelroot has Traditionally been used as a diuretic, urinary stimulant, and astringent tonic for treatment of dropsy (i.e. edema), as well as for other conditions affecting the genitourinary system, especially kidney and bladder stones^{4,14}. It combines well with and complements the actions of other tonics and stimulants, and diffusives such as ginger^{6,21}. ts actions are mainly attributed to constituent flavonoids (especially the benzofurans eupatorin and euparin), volatile oil, and resin⁵, and to cistifolin which acts as a cell adhesion blocker²².

Nettle is principally used in Herbal Medicine as a mild diuretic^{8,11,24,} and as a nutritive tonic and supportive therapy to help relieve rheumatic complaints²⁶. Supporting its Traditional use in oriental Morocco as an antihypertensive remedy^{20,} nettle has been clinically shown to produce hypotensive responses through a vasorelaxing effect mediated by the release of endothelial nitric oxide and the opening of potassium channels, and through a negative inotropic action.²¹

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The aerial parts of **Horsetail** have been used Traditionally in Herbal Medicine as a diuretic and astringent in the treatment of dropsy, gravel, hematuria, dysuria, urinary incontinence, bladder irritations, and kidney affections generally^{4,7,14,23}. Its diuretic/aquaretic effects are mainly attributable to its phenolic (i.e. flavonoid and hydroxycinnamic acid) constituents^{8,24}. Specific hydroxycinnamic acid esters from horsetail have also demonstrated vasorelaxant activity in vitro, by a mechanism involving decreased norepinephrine-induced calcium influx²⁵.

Goldenseal root, among its various properties, is known to be antiseptic, antimicrobial, diuretic, astringent, and mildly vasodilatory^{4,5,13,14}. It is commonly used today in Herbal Medicine for, among other things²⁸, the management of infectious and inflammatory conditions of genitourinary system, including for catarrh of the bladder²⁹. It has been described as "a stimulant, and hence sustaining to the circulation, [but] it never excites or forces the pulse"; "weak kidneys are also much improved by its inward use"; and "as a tonic in cellular dropsy"²¹ Its main active constituents are isoquinoline alkaloids, especially hydrastine and berberine, which have been reported to work best when taken orally in small dosages³⁰. These constituents exhibit a wide range of beneficial health effects²⁹. Berberine, itself, has been reported to exert a stimulant action on the heart, a decrease in systemic and pulmonary vascular resistance and in ventricular diastolic pressure, but an increase in stroke index, cardiac index, and left ventricular ejection fraction³¹.

Lobelia is a powerful nervine and antispasmodic that helps to reduce pain due to spasm of any character, and alleviate tension⁴. As a general systemic relaxant with diffusive stimulation, it helps to equalize circulation and relieve vascular tension³², and enhance "the diffusion and intensity of any agent with which it may be associated"²¹. Lobelia's main active constituents, piperidine alkaloids and bitter glycosides, effect useful antispasmodic, diaphoretic, relaxant and diuretic properties, including in cases of cardiac congestion¹⁴, when administered in only small quantities^{24,33}.

Cayenne is well known for its stimulant and counterirritant effects, and has long been recognised as one of the most powerful and persistent of cardio-stimulants known, with a primary influence on circulation³⁴, even when only very small amounts are consumed³⁵. It is used Traditionally in Herbal Medicine to help support peripheral circulation when taken at a dry weight equivalent dosage of 15-650 mg/day³⁶. It's main active constituent, capsaicin, has also been shown to increase the permeability of epithelial cells of the gastrointestinal tract to ions and macromolecules³⁷, thereby facilitating the absorption of medicinal agents with which it is co-administered.

In summary, the specific combination of herbal extract ingredients making up the Kidney & Blood Pressure Drops™ formulation is unique, and provides a safe, gentle and effective product to help relieve symptoms of temporary water retention, such as edema, through the Traditional use in Herbal Medicine of its juniper, goldenrod, uva-ursi, parsley, gravelroot, horsetail, and nettle ingredients as diuretics. Their actions assist the kidneys to maintain healthy water balance and blood pressure levels in the body. The demonstrated immune-stimulant and supportive properties, especially of ginger, goldenseal and nettle, further contribute to the therapeutic value of the formulation. The ginger and cayenne ingredients also enhance the absorption of active constituents, acting as "carrier" ingredients and as metabolic and circulatory enhancing agents, helping to enhance the actions of the other herbs that they are combined within the formulation. This action is further enhanced by the general systemic relaxant and diffusive stimulation of lobelia.

Cautions and Warnings:

Consult a health care practitioner if symptoms persist or worsen; prior to use if you are taking other medications and /or supplements.

Contra-Indications:

Do not take if you are pregnant or breastfeeding; have a kidney disorder or edema caused by cardiac or renal insufficiency; or are hypersensitive/allergic to members of the Asteraceae (Compositae) family.

Known Adverse Reactions:

Hypersensitivity/allergic reactions are known to occur, in which case discontinue use.





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1 Hall & Louis. Dahl Memorial Lecture. Renal and cardiovascular mechanisms of hypertension and obesity. Hypertension 1994; 23: 381-394; Hall JE. The kidney, hypertension, and obesity. Hypertension 2003; 41: 625-633. 2 Uzu & Kimura. Diuretics shift circadian rhythm of blood pressure from nondipper to dipper in essential hypertension. Circulation 1999; 100: 1635-1638; Chobanian et al.; Joint National Committee $on\ Prevention,\ Detection,\ Evaluation,\ and\ Treatment\ of\ High\ Blood\ Pressure.\ National\ Heart,\ Lung,\ and\ Blood\ Institute;\ National\ High\ Blood\ Pressure\ Education\ Program\ Coordinating\ Committee.\ Seventh$ report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure. Hypertension 2003; 42(6): 1206-1252. 3 Shah et al. Use of diuretics in cardiovascular disease: (2) hypertension. Postgrad. Med. J. 2004; 80(943): 271-276. 4 Ellingwood F. The American Materia Medica, Therapeutics and Pharmacognosy. 11th Edition. Chicago, IL: Bennett Medical College; 1919. 5 British Herbal Pharmacopoeia. Bournemouth, UK: British Herbal Medicine Association; 1983. 6 Health Canada. Juniper - Juniperus communis monograph. Ottawa, ON: NNHPD; 2019. 7 Blumenthal et al (eds.) Herbal Medicine: Expanded Commission E Monographs. Newton, MA: Integrative Medicine Communications; 2000. 8 Wichtl M. (ed.) Herbal Drugs and Phytopharmaceuticals. 3rd Ed. Stuttgart, Germany: medpharm GmbH Scientific Publishers; 2004. 9 Holmes P. The Energetics of Western Herbs. A Materia Medica Integrating Western and Oriental Herbal Therapeutics, Revised & Enlarged Fourth Edition, Vol.1. Cotati, CA: Snow Lotus Press; 2007. 10 Bone K. Report on the 4th and International Congress on Phytotherapy: Part 2. Br. J. Phytother. 1993; 3: 47-50. 11 European Scientific Cooperative on Phytotherapy. ESCOP Monographs, 2nd Ed. New York, NY: Thieme; 2003. 12 Rácz et al. Hypotensive activity - a possible pharmacotaxanomic character of Solidago L. Acta Hortic. 1980: 96: 15-18. 13 Mills S & Bone K. Principles and Practice of Phytotherapy: Modern Herbal Medicine. Edinburgh, UK: Churchill Livingstone; 2000. 14 Felter & Lloyd. King's American Dispensary. Cincinnati, OH: The Ohio Valley Co.; 1898. 15 Garcia de Arriba et al. Risk assessment of free hydroquinone derived from Arctophylos uva-ursi folium herbal preparations. Int. J. Toxicol. 2013; 32(6):442-453. 16 Afshar et al. Reducing antibiotic use for uncomplicated urinary tract infection in general practice by treatment with uva-ursi (REGATTA) - a double-blind, randomized, controlled comparative effectiveness trial. BMC Complement. Altern. Med. 2018; 18(1): 203. 17 Langner et al. Ginger: history and use. Adv. Ther. 1998; 15(1): 25-44. 18 Robbers JE, Tyler VE. Tyler's Herbs of Choice: The Therapeutic Use of Phytomedicinals. New York, NY: The Haworth Herbal Press; 1999; Kreydiyyeh SI, Usta J. Diuretic effect and mechanism of action of parsley. J. Ethnopharmacol. 2002; 79(3): 353-357. 19 Nadkarni AK. Indian Materia Medica, Vol.1, 3rd Ed. Reprint. Bombay, India: Popular Prakasham Private Ltd.; 1976. 20 Ziyyat et al. Phytotherapy of hypertension and diabetes in oriental Morocco. J. Ethnopharmacol. 1997; 58(1): 45-54. 21 Cook W. The Physiomedical Dispensatory. [Internet] 1869 at www.henriettesherbal.com/eclectic/cook/index.htm. 22 Habtemariam S. Anti-inflammatory activity of the antirheumatic herbal drug, gravel root (Eupatorium purpureum): further biological activities and constituents. Phytother. Res. 2001; 15(8): 687-690; Habtemariam S. Cistifolin, an integrin-dependent cell adhesion blocker from the anit-rheumatic herbal drug, gravel root (rhizome of Eupatorium purpureum). Planta Med. 1998; 64(8): 683-685. 23 Grieve M. A Modern Herbal. New York, NY: Dover Publications Inc.; 1971. 24 Bradley PR (ed). British Herbal Compendium, Volume 1. A Handbook of Scientific Information on Widely Used Plant Drugs, Bournemouth, UK: British Herbal Medical Association; 1992. 25 Sakurai et al. Vasorelaxant activity of caffeic acid derivatives from Cichorium intybus and Equisetum arvense, Yakugaku Zasshi. 2003; 123(7): 593-598. 26 Health Canada. Stinging nettle - Urtica dioica. 2019. 27 Testai et al. Cardiovascular effects of Urtica dioica L. (Urticaceae) roots extracts: in vitro and in vivo pharmacological studies. J. Ethnopharmacol. 2002; 81(1): 105-109; Qayyum et al. Mechanisms underlying the antihypertensive properties of Urtica dioica. J. Transl. Med. 2016; 14: 254. 28 Health Canada. Goldenseal - Hydrastis canadensis - oral monograph. June 2019. 29 Upton R. Goldenseal Root. Hydrastis canadensis. Standards of analysis, quality control, and therapeutics, American Herbal Pharmacopoeia and Therapeutic Compendium, Santa Cruz, CA: American Herbal Pharmacopoeia; 2001, 30 Bergner P. Goldenseal and the common cold: the antibiotic myth. Med. Herb. 1996/97; 8(4): 1, 4-6. 31 Marin-Neto et al. Cardiovascular effects of berberine in patients with severe congestive heart failure. Clin. Cardiol. 1988; 11(4): 253-260. 32 Caldecott T, Western Materia Medica, Botanical Name; Lobelia inflata, Campanulaceae, Wild Rose Healing and Todd Caldecott; 2002, Available at: https://toddcaldecott.com/herbs/lobelia, 33 Boon H. Smith M. The Complete Natural Medicine Guide to the 50 Most Common Medicinal Herbs, based on the most current scientific information from the world's leading medical journals. Toronto, ON: The Institute of Naturopathic Education and Research (The Canadian College of Naturopathic Medicine), Robert Rose Inc.; 2004. 34 Lyle TJ. Physio-Medical Therapeutics, Materia Medica and Pharmacy. Ohio. Chicago Physio-Medical College: 1897, 35 Blumenthal M. (ed.) Cavenne, In: The ABC Clinical Guide to Herbs, Austin, TX: The American Botanical Council: 2003, 36 Health Canada, Cavenne-Capsicum annuum L. monograph. September 2013. 37 Bouraoui A, Toumi A, Ben Mustapha H, Brazier JL. Effects of capsicum fruit on theophylline absorption and bioavailability in rabbits. Drug Nutr. Interact. 1988; 5(4): 345-350; Jensen-Jarolim E, Gajdzik L, Haberl I, Kraft D, Scheiner O, Graf J. Hot spices influence permeability of human intestinal epithelial monolayers. J. Nutr. 1998; 128(3): 577-581.