



INTERNATIONAL JOURNAL OF PHARMACEUTICAL AND HEALTHCARE INNOVATION

journal homepage: www.ijphi.com



Review Article

An Overview on The Phytochemical and Therapeutic Potential of *Ginkgo Biloba*

Akriti Singh*, Ajay Pal Singh, Aniket Kumar

Department of Pharmacy, Lingaya's Vidyapeeth, Faridabad, Haryana, 121002.

Article Info

Abstract

Article history:

Manuscript ID:

IJPHI047029292025

Received: 04- July -2025

Revised : 02- Sept- 2025

Accepted: 29- Sept - 2025

Available online: Aug 2025

Keywords:

Ginkgo, Flavonoids,

Terpenoids, Bilobalide,

Antioxidant, Cognitive,

Ginkgolides, Biflavones

***Corresponding Author:**

akriti.ra154400003@gmail.com

Background: Ginkgo biloba leaf extract (GBLE) contains flavone glycosides and terpenoids and is widely studied for its pharmacological potential. Key Pharmacological Effects: GBLE exhibits antioxidant activity by scavenging free radicals and reduces inflammation by suppressing reactive oxygen and nitrogen species. It improves vascular relaxation, blood flow, and microcirculation, antagonizes platelet-activating factor, and modulates neurotransmitter activity. GBLE protects mitochondria from oxidative damage, reduces neuronal cell death, and shows neuroprotective effects in experimental models. Clinical Relevance: In ischemia-reperfusion injury models, GBLE demonstrates cardioprotective and antioxidant effects in vivo. Clinical trials report beneficial outcomes in patients with memory disorders, arteriosclerosis, and dementia. Conclusion: GBLE's strong antioxidant and anti-inflammatory properties suggest its potential as a therapeutic agent for oxidative stress-related diseases, including ischemic heart disease, cerebral infarction, chronic inflammation, and aging.

@2024 IJPHI All rights reserve



This work is licensed under the Creative Commons Attribution 4.0 International License. To view a copy of this license, visit <http://creativecommons.org/licenses/by/4.0/> or send a letter to Creative Commons, PO Box 1866, Mountain View, CA 94042, USA

Introduction

Ginkgo, also called the Maidenhair Tree, belongs to the Ginkgoaceae family. Its uses include the management of anxiety, dementia, Alzheimer's disease, tinnitus, glaucoma, premature aging syndrome, and hypertension. *Ginkgo biloba* is a highly versatile plant that thrives in diverse climatic conditions, including Mediterranean environments. It plays a unique role in both plant evolution and human culture. In Europe and the United States, it is one of the top-selling herbal supplements. Historically, ginkgo has been used to address blood irregularities and memory problems, and today its most well-known use is for preserving cognitive function. The order Ginkgoales (division Ginkgophyta) comprises around 15 genera that originated during the Permian Period. Fossilized leaves of extinct genera, such as *Ginkgoites* and *Baiera*, closely resemble those of living trees. Various components of the immune system participate in the inflammatory response to repair damaged tissues or combat foreign invaders. Chronic inflammation, even in the absence of illness or injury, can cause irreversible tissue and DNA damages. *Ginkgo* has been shown to reduce inflammation associated with several ailments, contributing to its wide range of health benefits. Previous studies have indicated that ginkgo supplementation can increase blood flow to multiple organs in patients with cardiovascular disease, partly due to a 12% increase in circulating nitric oxide, a vasodilator. Although the evidence is mixed, some studies suggest that ginkgo may enhance cognitive function in healthy individuals. In patients with post-stroke depression, supplementation with *Ginkgo biloba* extract alongside an antidepressant for eight weeks significantly reduced depressive symptoms compared to antidepressant treatment alone. Preliminary research also suggests that ginkgo may improve ocular blood flow, although its direct effects on vision remain unclear. Certain types of headaches may respond to ginkgo's anti-inflammatory and circulation-enhancing properties; however, caution is advised in specific populations, such as pregnant or nursing women, individuals with epilepsy, patients taking anticoagulants (such as aspirin), or those with diabetes, who should consult a physician before use. Ginkgo may increase the risk of serotonin syndrome when combined with SSRIs (e.g., sertraline and fluoxetine) and may interact with monoamine oxidase inhibitors (MAOIs). Additionally, long-chain alkylphenols in Ginkgo leaves can trigger allergic reactions, particularly in individuals sensitive to alkylphenol-containing plants, such as poison ivy. The seeds (nuts) have traditionally been used for cardiovascular health, skin infections, respiratory disorders (including asthma and cough), bladder irritation, and alcohol abuse management. [1, 2]

History

In the late 1600s, Engelbert Kaempfer became the first European to describe *Ginkgo*. The tree was eventually named *Ginkgo biloba* by Linnaeus in 1771, which means "silver plume with two lobes." The most widely used phytochemistry derived from this species is *Ginkgo biloba* leaf extract, which is used to treat vascular dementia, peripheral claudication, early stage Alzheimer's disease, and vascularly induced tinnitus. EGB 761 is a standard preparation of *Ginkgo biloba* extract. In the United States, Ginkgo is classified as a dietary supplement. Brands

such as Ginkoba, Ginkgold, and Ginkai have completed clinical testing and are comparable to EGB 761. Standardized formulations typically contain a maximum of 5 parts per million (ppm) ginkgolic acids, 24% ginkgo flavonoid glycosides, and 6% terpene lactones. [1,2]

The recently discovered *Ginkgo yimaensis* differs from *Ginkgo biloba* in having more widely divided leaves and significantly smaller ovules grouped together on branching peduncles. Due to the similarities in ovule structure and leaf morphology, many experts consider *Ginkgo adiantoides* to be the ancestor of *Ginkgo biloba*. A decline in diversity and geographical distribution was observed in the fossil record of Ginkgo between 98 and 65 million years ago during the Upper Cretaceous period. This decline is likely associated with a decrease in temperature. By the end of the Miocene, this genus had disappeared from the polar regions.

Extract of Ginkgo Biloba Leaves

The chemical composition of *Ginkgo biloba* leaves varies depending on the species, geographical origin, and harvest season. As with many other plants, the standardization of *Ginkgo* leaf extract is essential to ensure consistent and reproducible bioactivity. Based on the recognized active components of the leaves, the cultivation, harvesting, and extraction processes are strictly standardized and regulated. Leaves are harvested while they are still green, typically during summer and fall (July to September). After harvesting, the dried leaves were examined for contaminants and hazardous materials, including heavy metals and aflatoxins. The coarse dried leaves are then extracted using an acetone:water mixture (35:1 to 67:1) ratio. Recent advancements have introduced an innovative method for tracking various preparations of *Ginkgo* leaf extracts. High-performance liquid chromatography (HPLC) fingerprinting has been proposed as a reliable technique to evaluate the quality and consistency of *Ginkgo* leaf extracts. [3]

Active Ingredients of Ginkgo biloba Leaves

The pharmacologically active substances in *Ginkgo biloba* leaf extract are primarily flavonoids and terpenoids. Flavonoids, also known as phenylchromones or phenylbenzopyrones, are a broad class of low-molecular-weight plant-derived compounds. Flavonoid glycosides, including kaempferol and quercetin linked to 3-rhamnosides, 3-rutinosides, and/or p-coumaric esters, are commonly present. Biflavones such as amentoflavone, isoginkgetin, bilobetin, 5-methoxybilobetin, ginkgetin, sciadopitysin, and related compounds are also found in the leaves. These compounds primarily function as cation chelators, enzyme inhibitors, and antioxidants or free radical scavengers. Flavonoids exhibit rapid elimination and limited absorption, resulting in relatively poor bioavailability. Unabsorbed flavonoids that reach the colon may be metabolized by bacterial enzymes prior to absorption. In the liver, flavonoids are converted into conjugated derivatives following ingestion. In some cases, the biological activities of flavonoid metabolites differ from those of their parent compounds. Terpenoids in *Ginkgo biloba* include ginkgolides and bilobalides, which are lactones and non-saponifiable lipids

in the form of cyclic esters. Five types of ginkgolides (A, B, C, J, and M) are known, with ginkgolides A, B, and C constituting approximately 3.1% of the leaf extract weight. Bilobalide, a sesquiterpene trilactone, accounts for approximately 2.9% of the standardized *Ginkgo biloba* leaf extract.

Chemical Constituents of *Ginkgo biloba*

Several chemical compounds with therapeutic properties have been identified in *Ginkgo biloba*, including newly discovered lignans and terpenoids.[6]

A. Flavonoids

Flavonoids from *Ginkgo biloba* can be classified into several categories:

- Flavonols and flavonol glycosides
- Flavones and flavone glycosides
- Flavanones and isoflavone glycosides
- Flavan-3-ols
- Biflavonoids
- Biginkgosides

Among these, flavonols—such as quercetin, kaempferol, isorhamnetin, syringetin, myricetin, and myricetin 3',4'-dimethyl ether—are the major constituents.

Ginkgo flavonoids exhibit a wide range of biological activities, including antioxidant, antibacterial, anticancer, anti-inflammatory, antiviral, and neuroprotective effects. For instance, research has shown that biginkgosides possess anti-neuroinflammatory and neuroprotective properties (insert reference). Additionally, *Ginkgo* bioflavonoids have demonstrated promising effects against metabolic, cardiovascular, and neurodegenerative disorders.

B. Terpenoids Terpenoids are plant secondary metabolites produced during secondary metabolic activities. They are often species-specific, stored in particular organs or tissues, and play crucial roles in signaling and stress tolerance in plants. In *Ginkgo biloba*, seeds contain ginkgolides and bilobalides, which are important for the prevention and management of cardiovascular and neurological disorders.[8]

C. Alkylphenolic Acids Alkylphenols in *Ginkgo biloba* are classified into five main groups:

- Alkyl phenolic acids
- Urushiols
- Isourushiols
- Cardols
- α -Hydroxycardanol

Although ginkgolic acids are known for their toxicity, they have been suggested to possess potential therapeutic benefits.[9]

D. Carboxylic Acids *Ginkgo biloba* contains a variety of carboxylic acids, including

- Ferulic acid
- p-Coumaric acid
- Protocatechuic acid
- Caffeic acid

These acids may form glycosidic or covalent linkages with other molecules, contributing to the plant's bioactivity.[6]

E. Lignans Lignans found in *Ginkgo biloba* roots and seeds exhibit significant antioxidant activity. The bioactivity of *Ginkgo biloba* extract (GBE) containing lignans has been studied; for instance, pinoresinol contains 1.05–1.87 mg/mL of total lignan glycosides. [6,10,11]

F. Proanthocyanidins Proanthocyanidins in *Ginkgo biloba* occur in a ratio of approximately 85:15 and comprise two main types: procyanidins and prodelphinidins. Epigallocatechin units polymerize to form prodelphinidins, while epicatechin units form procyanidins.[6]

G. Polyphenols Polyphenols, long-chain molecules composed of 14–24 isopentenyl units, are active constituents of *Ginkgo biloba*. They resemble S-polyterpene alcohols found in mammals, including humans.[12]

H. Polysaccharides Polysaccharides in *Ginkgo biloba* have been found to consist of mannose, glucose, galactose, arabinose, and rhamnose.[13]

Nutraceutical Value of *Ginkgo biloba*

Nutraceuticals are naturally occurring bioactive compounds that provide health benefits, including disease prevention and therapeutic effects. These compounds, sometimes referred to as phytochemicals or functional foods, are widely utilized by the pharmaceutical, food, and herbal/dietary supplement industries, as well as in emerging intersections of pharmaceutical and agricultural sectors.[14] Blumenthal (2000) reported that *Ginkgo biloba* products were among the most popular herbal supplements marketed in U.S. health-food stores. While *Ginkgo* nuts were first mentioned in herbal literature around 1350 AD, they have been used as both food and medicine long before the widespread use of *Ginkgo* leaves.[15] The seeds of *Ginkgo biloba* are rich in proteins, vitamin C, carbohydrates, riboflavin, and other essential nutrients. In traditional Chinese medicine, *Ginkgo biloba* seeds are used as dietary supplements to treat skin disorders, gonorrhea, toothaches, overactive bladder, fever, cough, and increased sputum production.

Despite their benefits, *Ginkgo biloba* seeds are not considered staple foods due to potential vitamin B6 deficiencies and adverse effects such as allergic reactions to ginkgolic acids.[16] Various processing methods have been explored to reduce the levels of harmful compounds in *Ginkgo biloba* seeds. For instance, ginkgolic acid can be effectively removed by incubating the seeds in three volumes (v/w) of a 5 g/L Na₂CO₃ solution at 15°C for three hours.[Conventional food preparation

techniques, including baking, boiling, and microwave cooking, may also help reduce seed toxicity [17].

Bioactive Ingredients in *Ginkgo biloba*

Ginkgo biloba leaves contain flavonoids and terpenoids, which are the primary active chemical constituents of *G. biloba*. Ginkgo extracts exhibit a wide range of pharmacological activities, including antioxidant, anti-inflammatory, antibacterial, cytotoxic, anticancer, and anti-allergic effects. [18,19]

In addition to flavonoids and terpenoids, several other bioactive compounds have been identified in *Ginkgo biloba*, including polyphenols, organic acids, and bioflavonoids. Terpenoids, such as ginkgolides and bilobalides, are also present and are associated with significant pharmacological effects. Glycoside derivatives of flavonoids, such as isorhamnetin, kaempferol, and quercetin, are key contributors to the therapeutic potential of *Ginkgo biloba*.

Table 1: Important bioactive ingredients of *ginkgo biloba*

S.No	Class	Plant Parts	Major chemical constituents	Bioactivity	References
1.	Polyphenols	Leaves	Di-trans-poly-cis-octadecaprenol	Anti-bacterial properties and safety against A β 25-35 attack.	20
2.	Flavonoids	Leaves	Quercetin, Kaempferol, isohamnetin	Antioxidant, antibacterial, antiviral and anticancer	21
3.	Organic acids	Leaves	Benzoic acid derivatives [ginkgolic acid, N- containing acid]	Inhibitory effects of Xanthine oxidase [XOD] and its potential anti-tumor properties.	22
4.	Biflavonoids	Leaves	Sciadopitysin, ginkgetin, isogenkgetin, amentoflavone	Anti-adipogenesis, anti-obesity properties and significant inhibitory effects on thrombin activity	22
5.	Terpenoids	Roots	Teriterpines; sterols	Protective effects to cerebral	23, 24

Pharmacology

Ginkgo biloba is believed to exert its effects primarily through the terpene ginkgolide B, which acts as a neuroprotective agent by inhibiting the platelet-activating factor, scavenging free radicals, providing antioxidant activity, and stabilizing cell membranes. [28–31]

Additional pharmacological effects of *Ginkgo biloba* include the following:

- Inhibition of 3',5'-cyclic GMP (guanosine monophosphate) phosphodiesterase. [32,33]
- Prevention of age-related loss of α -adrenoceptors.
- Modulation of muscarinic cholinergic receptors.

- Stimulation of choline uptake in the hippocampus.

Moreover, *Ginkgo biloba* extract prevents the accumulation of beta-amyloid, a hallmark of neurodegenerative disorders such as Alzheimer's disease. [34,35]

Effects of *Ginkgo biloba* on the Body

Ginkgo biloba leaf extract has demonstrated potential benefits in managing various health conditions, including age-related macular degeneration, vertigo, cancer, cardiovascular diseases, stress, memory loss, tinnitus, and neurodegenerative disorders such as Alzheimer's disease.

The diverse pharmacological effects of *Ginkgo biloba* leaf extract are mediated through multiple mechanisms.

- Reduction of beta-amyloid peptide (A β) accumulation, which may slow the progression of Alzheimer's disease, was also observed.
- Antioxidant activity protects cells from oxidative stress.
- Anti-platelet activating factor (Anti-PAF) activity is beneficial for cardiovascular and cerebrovascular health.
- Decreased expression of peripheral benzodiazepine receptors (PBR) contributes to stress relief.
- Stimulation of endothelium-derived relaxing factors, improving blood circulation.[36]

Therapeutic and Antioxidant Activities of *Ginkgo biloba*

Ginkgo biloba leaf extract exhibits therapeutic activity against chronic illnesses, including cancer, cardiovascular disease, and neurological disorders. Its mechanisms of action involve both direct scavenging of free radicals and indirect inhibition of free radical formation.

The extract can directly scavenge reactive oxygen species (ROS), including

- Hydrogen peroxide (H₂O₂)
- Hydroxyl radicals (OH \cdot)
- Peroxyl radicals (ROO \cdot)
- Superoxide anion radicals
- Ferrous ion species.[37]

Indirectly, *Ginkgo biloba* leaf extract can enhance the activity of several antioxidant enzymes, such as:

- Glutathione
- Peroxidase
- Catalase
- Superoxide dismutase (SOD)
- Heme-oxygenase-1

Additionally, *Ginkgo biloba* may improve the function of mitochondrial enzymes, such as NADH dehydrogenase, thereby regulating ROS production within the mitochondria. By preventing the uncoupling of oxidative phosphorylation, it helps maintain ATP levels, which are critical for energy metabolism.[38]

Prevention of Neurodegenerative Diseases Alzheimer's disease (AD), a common form of dementia, affects approximately 4% of individuals over 65 years of age and

50% of those over 80 years of age. The accumulation of amyloid beta peptide (A β) is closely associated with AD pathogenesis. *Ginkgo biloba* leaf extract has been shown to inhibit A β production, a critical step in disease progression, and compete with free cholesterol to reduce A β aggregation. Additionally, the extract regulates reactive oxygen species (ROS) accumulation and prevents neuronal apoptosis, both of which are key contributors to neurodegenerative disorders. [39,40]

Ischemia, or reduced blood flow, is a common underlying cause of cardiovascular and cerebrovascular disorders. During ischemic episodes, increased lipid peroxidation and free radical generation can damage tissues and contribute to the development of chronic diseases. *Ginkgo biloba* leaf extract exerts cardioprotective effects through mechanisms such as antioxidant activity, enhanced nitric oxide and prostaglandin production, and improved blood flow.

Studies have shown that administration of *Ginkgo* leaf extract before heart surgery reduces lipid peroxidation caused by reperfusion, prevents tissue necrosis and ascorbate depletion, and protects against heart failure. Ginkgolide B, a key terpene component, has been found to reduce post-ischemic ROS generation by 50–60%. Hearts reperfused and treated with terpene components alone demonstrated better functional recovery than those treated with EGb 761, suggesting that terpene components specifically decrease the heart's susceptibility to ischemia-reperfusion injury. [36,37]

Anticancer Effects Cancer arises from uncontrolled cell division and tissue invasion. *Ginkgo biloba* leaf extract exhibits chemopreventive, antioxidant, and anti-angiogenic properties. It enhances cellular resilience to oxidative stress and reduces angiogenesis, thereby potentially inhibiting tumor growth, and progression.[41]

Effects on Stress, Mood, and Memory The prevalence of anxiety disorders, stress, mood disturbances, and depression is increasing in modern society. Complementary and alternative medicines, including *Ginkgo biloba* leaf extract, are gaining attention for both preventive and therapeutic use in various diseases. Elevated glucocorticoid levels during stress can lead to memory impairment, anxiety, reduced immunity, gastrointestinal disturbances and cardiovascular events.

Ginkgo biloba leaf extract has calming and neuroprotective effects that may improve mood and exhibit antidepressant activity, as emotional regulation is closely linked to stress responses.[42] Ginkgolides A and B have been shown to reduce the ligand-binding ability, protein levels, and mRNA expression of peripheral benzodiazepine receptors (PBR), contributing to these neuropsychological effects.[36]

Effects on Tinnitus

Tinnitus, a common condition affecting approximately 10% of the population, has been investigated for its potential management using *Ginkgo biloba* leaf extract. Clinical trials have explored its effects not only on tinnitus but also on

senile macular degeneration, vertigo and schizophrenia. While studies support the potential of *Ginkgo biloba* extract in preventing vertigo and senile macular degeneration, its efficacy in alleviating tinnitus remains inconclusive.[43]

Anti-dementia Effects EGb 761, a standardized *Ginkgo biloba* extract, has been the focus of clinical trials targeting dementia, memory enhancement, and cognitive improvement. Its mechanisms include modulation of excitotoxic glutamatergic neurotransmission, free radical scavenging, and prevention of amyloid formation, making it potentially effective against various dementia etiologies.[44]

Antidiabetic effects *Ginkgo biloba* can counteract insulin resistance and hypoxia-induced inflammation in adipose tissue by reducing inflammatory adipokine production, increasing adiponectin secretion, and inhibiting insulin receptor substrate-1 signalling. Oral administration of ginkgolide B in male Sprague Dawley rats has been shown to promote cholinergic vasorelaxation and phenylephrine-induced vasoconstriction while enhancing endothelial nitric oxide synthase (eNOS) and superoxide dismutase (SOD) activities.[46]

Antiobesity Effects High-fat diets contribute to insulin resistance, weight gain, and metabolic disorders. Administration of *Ginkgo biloba* extract (GBE) has been reported to reduce body weight by lowering tumor necrosis factor- α (TNF- α) levels in retroperitoneal fat deposits. The bioactive components of GBE, including ginkgetin, isoginkgetin, bilobetin, and sciadopitysin, exhibit anti-obesity effects and potentially act as bioflavonoid-type pancreatic lipase inhibitors. [37,48–50]

Anti-Lipid Effects Dyslipidemia, characterized by elevated LDL-C, triglyceride (TG), and altered HDL-C levels, is closely associated with obesity and insulin resistance. Treatment with *Ginkgo biloba* has been shown to significantly reduce cholesterol and TG levels, increase HDL-C, and elevate glutathione (GSH) levels, thereby contributing to improved lipid profiles.[51]

Wound healing is a vital biological process for maintaining skin integrity and repairing damaged tissues. Cytokines contribute to this process by promoting basement membrane formation, preventing dehydration, and enhancing granulation tissue formation and inflammation. The antioxidant properties of *Ginkgo biloba* play a protective role; for example, in rats, *Ginkgo biloba* extract has been shown to prevent radiation-induced cataract development in lenses by increasing the activity of glutathione S-transferase (GST), glutathione reductase (GRD), non-protein sulfhydryl acids (NSSA), and total sulfhydryl acids (TSSA). [19,52]

Anti-Platelet Activity Platelet-activating factor (PAF), a phospholipid mediator, helps the immune system respond to infection, ischemia, and brain injury. It activates inflammatory proteins through the PAF receptor (PAFR) and is linked to the JAK/STAT signalling pathway. Treatment with ginkgolide B, a key terpene component of

Ginkgo biloba, reduces CD40L production and modulates platelet activation, contributing to its antiplatelet effects. [19,53,54]

Anti-Inflammatory Effects Inflammation caused by mechanical, chemical, or physical factors disrupts tissue homeostasis through the release of mediators such as

- Histamine
- Prostaglandins
- Leukotrienes
- Bradykinin
- Platelet-activating factor (PAF)
- Interleukins (IL) from tissues and migrating cells

Flavonoids present in *Ginkgo biloba* possess significant anti-inflammatory properties, making them useful for treating respiratory and other inflammatory diseases. [55–57]

Hepatoprotective Effects *Ginkgo biloba* exhibits hepatoprotective activity by increasing glutathione levels, reducing lipid peroxidation, and restoring antioxidant enzyme activities, including superoxide dismutase (SOD), glutathione peroxidase (GPX), and catalase, as observed in rat models of obstructive jaundice.[58,59,81] Pretreatment with GBE reduces liver histological damage, modulates blood transaminase levels, decreases TNF- α , and upregulates IL-6 mRNA. These effects demonstrate GBE's hepatoprotective and antioxidant qualities, which prevent liver fibrosis in experimental models.

Antidepressant Effects Depression, a chronic mental disorder, contributes to global socioeconomic loss. Gut microbiota, particularly probiotics, play a role in the onset and recovery of depression. Polysaccharides from *Ginkgo biloba* have demonstrated antidepressant effects by inhibiting serum S100B expression and alleviating depressive symptoms, thereby improving neurological function in older adults. The combination of GBE with conventional antidepressants produces a synergistic effect, accelerating therapeutic outcomes. Additionally, water-soluble *Ginkgo biloba* polysaccharides reduce stress-induced depression and correct intestinal dysbiosis in mice. [60–62]

Anti-Aging Effects Oxidative stress accelerates skin aging, resulting in wrinkles, dryness, and impaired skin desquamation. Both *Ginkgo biloba* leaf and ethanol extracts exhibit skin-protective properties, including antioxidant and antiaging effects. Topical application improves skin penetration and retention, while EGb 761 protects against frostbite and reduces tissue peroxidation.[63]

Anti-Hypertensive Effects Hypertension, a progressive condition contributing to heart failure and stroke, can be

mitigated with *Ginkgo biloba*, which reduces inflammatory mediators, such as IL-6 and TNF- α . [64,65]

Neuroprotective Effects The increasing prevalence of neurodegenerative diseases highlights the need for effective

therapeutic strategies. *Ginkgo biloba*, rich in terpenoids and flavonoids, enhances cerebral blood flow, prevents neuronal hyperactivity, and supports cognitive function, underscoring its potential in managing chronic inflammatory and cerebrovascular conditions.[66]

Table 2: Ginkgo biloba and its extracts prevent and treat various CVD's [cardiovascular diseases]

Atherosclerosis	MI/RI	Hyperlipidemia	Hypertension	Myocardial infraction	Cardiac arrhythmias	Adriamycin cardiotoxicity
↑Angiogenic cells ↓Superoxide anion ↓MMP-1 ↓Cholesterol intake ↓Fat Formation ↓Inflammatory cell ↓Foam cell formation ↓PAF accumulation	↑Cardiac function ↑Coronary blood flow ↑SOD activity ↓Cytochrome C release ↓Caspase-3 activation ↓infarct size ↓Cell apoptosis ↓Inflammatory response ↓FRS damage ↓LDH release ↓PAF accumulation ↓ROS produced	↑HDL-C ↑HMG-Co ↓TG ↓TC ↓LDL-C ↓Cholesterol ↓PL	↑NO synthesis ↑NO release Pathological ↑Circulation Endothelial ↑Cell Ca^{2+} Systolic blood ↓pressure diastolic blood ↓pressure cardiac ↓Hypertrophy Oxidative ↓Stress Platelet ↓Aggregation Blood Clots ↓Inflammation	↑Myocardial contractile ↑ Na^{+} / k^{+} atpase ↑ Ca^{2+} / Mg^{2+} atpase ↓MDA ↓Cell inflammation ↓Myocardial cell apoptosis ↓Oxidative stress ↓ α -SMA expression ↓ERK $\frac{1}{2}$ expression ↓TGF- β 1 expression ↓Type 1 collagen	↑ATPase activity ↑Cardiac function ↓DAD ↓APD ↓I Ca -L ↓IK ↓HCN2 ↓HCN4 ↓Mayocardia l Ca^{2+} ↓OS damage ↓VF incidence ↓VT incidence	↓TNF-a ↓Caspase-3 ↓Oxidative stress ↓Cell apoptosis ↓Oxygen radical ↓Nitrogen oxide ↓Cardiotoxicity ↓Inflammatory ↓Response ↓ Ca^{2+} concentration
↓Foam cell formation ↓PAF accumulation	↓Cell apoptosis ↓Inflammatory response ↓FRS damage ↓LDH release ↓PAF accumulation ↓ROS produced		↓Hypertrophy Oxidative ↓Stress Platelet ↓Aggregation Blood Clots ↓Inflammation	↓Myocardial cell apoptosis ↓Oxidative stress ↓ α -SMA expression ↓ERK $\frac{1}{2}$ expression ↓TGF- β 1 expression ↓Type 1 collagen	↓Mayocardia l Ca^{2+} ↓OS damage ↓VF incidence ↓VT incidence	↓Cardiotoxicity ↓Inflammatory ↓Response ↓ Ca^{2+} concentration

Nomenclature and Systematics

The English name “Maidenhair tree” was coined because of the resemblance of its foliage to the Maidenhair fern

(*Adiantum*). In Japan, it is simply referred to as “Ginkgo.” The genus *Ginkgo* was previously classified under the Taxaceae family. Although this family has traditionally been considered artificial, it now primarily includes the Podocarpaceae and Cephalotaxaceae.

The unique multi-coated spermatozoid of *Ginkgo* formed the basis for Engler's classification of the distinct Ginkgoopsida family and class, which dates back to the Lower Jurassic. [67,68] This group reached its peak in the Early Jurassic and declined sharply before the end of the Cretaceous. Of the 19 genera and approximately 60 species in the family, most became extinct during the Oligocene epoch. Today, *Ginkgo biloba* is the sole surviving species, making it a classic example of a "living fossil." [69]



Scientific name : *Ginkgo biloba*

Biological Source : leaves of ginkgo biloba tree

Class : Ginkgoopsida

Family : Ginkgoaceae

Distribution

Ginkgo biloba was introduced to Europe in the 18th century, around 1730, reportedly inspiring Goethe's poem about trees. Its use in Chinese medicine dates back to approximately 1505 A.D., with the fruit referred to as "bailo" in Chinese medical texts. [70,71] Originally, *Ginkgo biloba* was part of a mixed mesophytic forest community in the hill regions of China near the Yangtze River Valley. Since its introduction to Europe, it has become a popular medicinal plant and ornamental tree. A recent study reported the presence of approximately 30 *Ginkgo biloba* plants in India. [72–74]

Cultivation and Propagation *Ginkgo biloba* is a long-lived tree with a lifespan exceeding 5,000 years. It is cultivated in countries such as China, France, and the USA (notably South Carolina). The tree thrives in well-drained soil under full sunlight and is resistant to air pollution and disease. Research indicates that seed viability decreases over time, prompting studies on intercropping systems and microclimatic optimization to enhance leaf-yielding crops. [75–81]

Uses and Efficacy

Cerebrovascular Disease Eight randomized studies have reported that *Ginkgo biloba* is as effective as ergoloid mesylates in reducing symptoms of dementia and cerebral insufficiency. A meta-analysis found that ginkgo's effect on cognitive function in patients with Alzheimer's disease showed a substantial overall effect size, comparable to that of donepezil. Various cognitive tests were used to assess the efficacy. [82,83]

Dementia

Six-month trials have indicated that *Ginkgo biloba* extract and second-generation cholinesterase inhibitors are equally effective in treating mild-to-moderate Alzheimer's dementia. Although ginkgo has been shown to improve cognition and daily function, its use has been cautiously recommended, pending further research. Cochrane meta-analyses support these findings but highlight the need for larger studies due to some contradictory results. [84–86]

A Cochrane study involving 214 participants assessed the effects of varying Ginkgo doses over 24 weeks. No significant improvement in neuropsychological or behavioral outcomes was observed, potentially due to the inclusion of participants with age-associated memory impairment, which limited the statistical robustness. [87,88]

Memory Enhancement A six-week study in healthy individuals without dementia found that standard doses of Ginkgo did not improve memory or learning. However, higher doses have been shown to significantly improve cognitive function. [89,90]

Intermittent Claudication Ginkgo's benefits in intermittent claudication due to peripheral vascular disease are modest but statistically significant, improving pain-free walking distance. Higher doses further enhanced walking ability, and patients reported reduced pain and improved mobility. [91,92]

Tinnitus

Although tinnitus is a common condition, ginkgo has shown only modest efficacy in treating it. Some studies have reported that 50% of patients with recent-onset tinnitus experienced improvement after 70 days, whereas placebo-controlled trials showed improvement after 119 days. [93–95]

Interactions

Ginkgo may increase the risk of bleeding when combined with other herbal treatments, such as feverfew, garlic, ginseng, dong quai, and red clover. Potential complications include hyphema, subdural, hemorrhage, subarachnoid hemorrhage, and intracerebral hemorrhage. However, a direct causal relationship has not yet been firmly established. [96]

Adverse Effects *Ginkgo biloba* leaves contain ginkgolic acids that can cause mild allergic reactions. Severe adverse effects are rare in this study. Ginkgo is generally considered safe; however, its use during pregnancy or lactation is not recommended unless specifically approved. [1,2]

Dosage

The recommended daily dose for dementia and memory impairment is 120–240 mg. For peripheral vascular disease and tinnitus, doses up to 160 mg/day are used, typically over an initial treatment period of six–12 weeks. [96]

Acknowledgments:

The authors are thankful to Lingaya's Vidyapeeth, Faridabad, Haryana, India for the financial assistantship and for providing the necessary facilities to carry out this research work.

Authors Contributions

All the authors made immense effort to the concept and design, acquisition of data, or analysis and interpretation of data.

Conflict of Interest

The authors declare that they have no conflicts of interest related to the content of this manuscript

Funding Statement

This work was supported by the Lingaya's Vidyapeeth Research Program, Faridabad, Haryana, India. The funders had no role in the study design, data collection and analysis, decision to publish or prepare the manuscript.

Data Availability

All data analyzed in this study were derived from previously published studies cited throughout the manuscript. No new datasets were generated or analyzed in this study.

Ethical Approvals

This study was conducted in accordance with the ethical standards of the institutional and/or national research committee and the 1964 Helsinki Declaration and its later amendments, or comparable ethical standards. As this is a review article, no primary human or animal subjects were involved.

Financial Interests

The authors declare they have no financial interests.

Data Access Statement: Research data supporting this publication are available from the referenced articles

References

- Blumenthal M. German Federal Institute for Drugs and Medical Devices. Commission E, Herbal MEDICINE; expanded Commission E monographs. Newton, Mass: Integrative Medicine Communications, 2000: 160-9, 479-80
- Oberpichler H, Sauer D, Rossberg C, Mennel HD, Krieglstein J. PAF antagonist ginkgolide B reduces postischemic neuronal damage in rat brain hippocampus. *J Cereb Blood flow Metab.* 1990; 10:133-5
- McKenna and others 2001; Goh and Barlow 2004; Manach and others 2004
- Ernst and Stevinson 1999; Drew and Davies 2001; DeBisschop 2003; Rejali and others 2004; Diamond and others 2000
- Liu L., Wang Y., Zang J., and Wang S, Advances in the chemical constituents and chemical analysis of Ginkgo biloba, *Phytopharmaceuticals, Journal of Pharmacy Biomedicine Analytical*, 193
- Hasler A., Gross G-A., Meier B., and Sticher O., Complex flavonal glycosides from the leaves of Ginkgo biloba, *Phytochemistry*, (1992) 31, no.-4, 1391-1394
- Shu P., Sun M., Li J., Zhang L., and Xu H., Chemical constituents from Ginkgo biloba leaves and their cytotoxicity activity, *Journal of Natural Medicine.* (2000) 74, 269-274
- Zhang Y., Liu L., Yang B., and Zheng Y., Ginkgo biloba extract inhibits astrocytic lipocalin-2 expression and alleviates neuroinflammatory injury via the JAK2/STAT3 pathway after ischemic brain stroke, *Annual Meeting of the Japanese Pharmacological Society* (2018)
- Yesmin S., Paul A., Naz T., Atiqur Rahman A, B, M., Farhana Akhter S., Imam Ibne Wahed M., Bin Emran T., and Ahmed Siddiqui S., Membrane stabilization as a mechanism of the anti-inflammatory activity of ethanolic root extract of Choi (Piper chaba), *Clinical Phytoscience.* (2020) 6, no-1, 1-10
- Jun Shan S., Luo J., and ran Xu D., Elucidation of micromolecular phenylpropanoid and lignin glycosides as the main antioxidants of Ginkgo seeds, *Industrial Crops and products.* (2018) 112
- Wang Y., Wang R., Wang Y., Peng R., Wu Y., and Yuan Y., α Ginkgo biloba extract mitigates liver fibrosis and apoptosis by regulating p38 MAPK, NF- κ B/1 κ B α , and Bcl2/Bax signaling, *Drug Design, Development and Therapy.* (2015) 9, 6303-63
- Okhti Z. A., Abdalah M. E., and Hanna D. B., Phytochemical structure and Biological Effect of Ginkgo biloba leaves: A review, *International Journal of Pharmacological Research.* (2021) 13, no. 2
- Kaushik D., Kumar V., and Dureja H., Developments in nutraceuticals, *Indian Journal of Pharmacology.* (2003) 35, no.-6, 363-372
- Wang H. Y. and Zhang Y. Q., The main active constituents and detoxifications process of Ginkgo biloba seeds and their potential use in functional health foods, *Journal of food composition and analysis.* (2019) 83
- Mei N., Guo X., Kobayashi D., Wada K., and Guo L., Review of Ginkgo biloba induced toxicity, from experimental studies to human case reports, *Journal of Environment Science and Health Part- C: Environmental Carcinogenesis and Ecotoxicology Reviews.* (2017) 35, no.-1, 1-28
- Liu H., Ye M., and Guo H., An updated review of randomized clinical trials testing the improvement of cognitive function of ginkgo biloba extract in healthy people and Alzheimer's patients, *Frontiers in Pharmacology*, (2020) 10
- Pereira E., Barros L., and Ferreira I.C.F.R., Chemical characterization of Ginkgo biloba
- L. and antioxidant properties of its extracts and dietary supplements, *Industrial Crops and Products* (2013) 51, 244-248

18. Chan P.C., Xia Q., and Fu P.P., Ginkgo biloba leave extract: biological, medicinal and toxicological effects, Journal of environmental sciences and health Part-C: Environmental Carcinogens and Ecotoxicology reviews. (2007) 25
19. Nash K, M and Shah Z, A., Current perspective on the beneficial role of Ginkgo biloba in neurological and cerebrovascular disorders, Integrative Medicine Insights. (2015) 10, 1-9
20. Tao R., Wang C., Ye J., Zhou H and Chen H., Polyprenols of ginkgo biloba enhance antibacterial activity of five classes of antibiotics, BioMed Research International. (2016)
21. Bristy T.A., Barua N., Monatakim Tareq A., Sakib S, A., Etu S.T., Chowdhury K. H., Jyoti M. A., Aziz M. A. I., Reza A. S. M. A., Caiazza E., Romano B., Tareq S. M., Emran T. B and Capasso R., Deciphering the pharmacological properties of methanol extract of Psychotria calocarpa leaves by in vivo, and in silico approaches, Pharmaceuticals. (2020) 13, no.-8
22. Back S. H., Lee J. H., Kim C., Ko J. H., Ryu S. H and Lee S.G., Ginkgolide C 17:1, derived from Ginkgo biloba leaves, suppresses constitutive and inducible STAT3 activation through induction of PTEN and SHP-1 tyrosine phosphatase, molecules. (2017) 22
23. In silico screening showed that ginkgolide compounds from Ginkgo biloba extract inhibit to affect drug-metabolizing enzymes.
24. Nishimon S., Yamaguchi M., Muraki H., Sakai N., and Nishino S., Intraperitoneal injection of ginkgolide B, a major active compound of Ginkgo biloba, dose-dependently increases the amount of wake and decreases non-rapid eye movement sleep in C57BL/6 mice, Neuroscience Letters. (2020) 722
25. Silva A. M., Silva S. C., Soares J. P., Martins-Gomes C., Teixeira J. P., Leal F., and Gaivão I., Ginkgo biloba L. Leaf extract protects HepG2 cells against paraquat-induced oxidative DNA damage, Plants. (2019) 8, no. 12
26. Chang P., Xu Y., Zhou D. Y., Di Wu J., and Ma S. L., Effects of polysaccharides from Ginkgo biloba on proliferation of 4T1 breast cancer cells and expression of GLUT family genes, Chinese Pharmacological Bulletin. (2018) 34
27. Lu Y., Jiang F., Jiang H., Wu K., Zheng X., Cai Y., and Katakowski M., Gallic acid suppresses cell viability, proliferation, invasion and angiogenesis in human glioma cells, European Journal of Pharmacology. (2010) 641, 102–7
28. Yan Z., Fan R., Yin S., Zhao X., Liu J., Li L., Zhang W., and Ge L., Protective effects of Ginkgo biloba leaf polysaccharide on nonalcoholic fatty liver disease and its mechanisms, International Journal of Biological Macromolecules. (2015) 80, 573–80
29. Sastre J, Millan A, Garcia de la Asuncion J, Pla R, Juan G, Pallardo null, et al. A Ginkgo biloba extract (EGb 761) prevents mitochondrial aging by protecting against oxidative stress. Free Radic Biol Med. 1998; 24:298-304
30. Van Beek T, Bombardelli E, Peterlongo G. Ginkgo biloba L. Fitoterapia. 1998; 69:195-244.
31. Ahlemeyer B, Kriegelstein J. Neuroprotective effects of Ginkgo biloba extract. In: Lawson LD, Bauer R. Phytomedicines of Europe: chemistry and biological activity. Washington, D.C.: American Chemical Society, 1998:210–20.
32. World Health Organization. WHO monographs on selected medicinal plants. Vol. 1, Ch. 16. Folium Ginkgo. Geneva: World Health Organization, 1999:154–67
33. DeFeudis FV. Ginkgo biloba extract (EGb 761): pharmacological activities and clinical applications. Amsterdam: Elsevier, 1991:1187.
34. DeFeudis FV. Ginkgo biloba extract (EGb 761): from chemistry to the clinic. Wesbaden: Ullstein Medical, 1998.
35. Watanabe CM, Wolfram S, Ader P, Rimbach G, Packer L, Maquire JJ, et al. The in vivo neuromodulatory effects of the herbal medicine ginkgo biloba. Proc Natl Acad Sci U S A. 2001;98:6577-80
36. Kleijnen J, Knipschild P. Ginkgo biloba for cerebral insufficiency. Br J Clinical Pharmacology. 1992; 34:352-8
37. Bastianetto and others 2000; Yao and others 2004; Ramassamy and others 2007
38. Koudinov and Koudinova 2001; Wolozin 2002; Puglielli and others 2003
39. Monte and others 1994; DeFeudis and others 2003; Kim and others 2006; Sagar and others 2006
40. Walesiuk and others 2005; DeFeudis and Drieu 2004
41. Ernst and Stevinson 1999; Drew and Davies 2001; DeBisschop 2003; Rejali and others 2004; Diamond and others 2000
42. Priyanka A., Sindhu G., Shyni G. L., Preetha Rani M. R., Nisha V. M., and Raghu K. G., Bilobalide abates inflammation, insulin resistance and secretion of angiogenic factors induced by hypoxia in 3T3-L1 adipocytes by controlling NF-κB and JNK activation, International Immunopharmacology. (2017) 42, 209–217
43. Wang Y., Wang R., Wang Y., Peng R., Wu Y., and Yuan Y., αGinkgo biloba extract mitigates liver fibrosis and apoptosis by regulating p38 MAPK, NF-κB/IκBα, and Bcl-2/Bax signaling, Drug Design, Development and Therapy. (2015) 9, 6303–6317
44. Hirata B. K., Banin R. M., Dornellas A. P., de Andrade I. S., Zemdegs J. C., Caperuto

L. C., Oyama L. M., Ribeiro E. B., and Telles M. M., Ginkgo biloba extract improves insulin signaling and attenuates inflammation in retroperitoneal adipose tissue depot of obese rats, *Mediators of Inflammation*. (2015) 2015

45. Del Tredici P. *Biosystems* 1989; 22:327 [59]

46. Liu P. K., Weng Z. M., Ge G. B., and Li H. L., Biflavones from Ginkgo biloba as novel pancreatic lipase inhibitors: inhibition potentials and mechanism, *International Journal of Biological Macromolecules*. (2018) 118, 2216–2223 [107]

47. Huang W. C., Chen Y. L., Liu H. C., Wu S. J., and Liou C. J., Ginkgolide C reduced oleic acid-induced lipid accumulation in HepG2 cells, *Saudi Pharmaceutical Journal*. (2018) 26

48. Okumus S., Taysi S., and Orkmez M., The effects of oral Ginkgo biloba supplementation on radiation-induced oxidative injury in the lens of rat, **Pharmacognosy Magazine**. (2011)

49. Trompezinski S., Bonneville M., and Pernet I., Ginkgo biloba extract reduces VEGF and CXCL-8/IL-8 levels in keratinocytes with cumulative effect with epigallocatechin-3-gallate, *Archives of Dermatological Research*. (2010) 302, 183–9

50. Zhao Q., Gao C., and Cui Z., Ginkgolide A reduces inflammatory response in high-glucose-stimulated human umbilical vein endothelial cells through STAT3-mediated pathway, *International Immunopharmacology*. (2015) 25, 242–8

51. Huang P., Zhang L., Chai C., and Qian X. C., Effects of food and gender on the pharmacokinetics of ginkgolides A, B, C and bilobalide in rats after oral dosing with ginkgo terpene lactones extract, *Journal of Pharmaceutical and Biomedical Analysis*. (2014) 100, 138–144

52. Rahaman M. M., Rakib A., and Mitra S., The genus curcuma and inflammation: overview of the pharmacological perspectives, *Plants*. (2021) 10, no. 1, 1–19

53. Vane J. and Botting R., Inflammation and the mechanism of action of anti-inflammatory drugs, *The FASEB Journal*. (1987) 1, no. 2, 89–96

54. Porcelli E. G., Chronic inflammation, *The Journal of the American Dental Association*. (2018) 149, no. 9, 750–751

55. Mohanta T. K., Tamboli Y., and Zubaidha P. K., Phytochemical and medicinal importance of Ginkgo biloba L., *Natural Product Research*. (2014) 28, no. 10, 746–752

56. Weng M.-Z., Zhou X.-P., Jia J.-G., Ding J., Fang C.-F., Qin Y.-Y., Tao S.-F., Rao L.-

H., Li J.-Y., and Quan Z.-W., The hepatic protective mechanism of Ginkgo biloba extract in rats with obstructive jaundice, *Bosnian Journal of Basic Medical Sciences*. (2011) 11, no. 4, 209–213

57. Ganesan K., Jayachandran M., and Xu B., A critical review on hepatoprotective effects of bioactive food components, *Critical Reviews in Food Science and Nutrition*. (2018) 58, no. 7, 1165–1229

58. Vaghef-Mehrabany E., Maleki V., Behrooz M., Ranjbar F., and Ebrahimi-Mameghani M., Can psychobiotics “mood” ify gut? An update systematic review of randomized controlled trials in healthy and clinical subjects, on antidepressant effects of probiotics, prebiotics, and synbiotics, *Clinical Nutrition*. (2020) 39, no. 5, 1395–1410

59. Dai C. X., Hu C. C., Shang Y. S., and Xie J., Role of Ginkgo biloba extract as an adjunctive treatment of elderly patients with depression and on the expression of serum S100B, *Medicine*. (2018) 97, no. 39

60. Emran T. B., Uddin M. M. N., Rahman A., Uddin Z., and Islam M., Phytochemical, antimicrobial, cytotoxic, analgesic, and anti-inflammatory properties of *Azadirachta indica*: a therapeutic study, *Journal of Bioanalysis and Biomedicine*. (2015) 12, no. 2

61. Michel PM, Hosford D. Ginkgo biloba: from “living fossil” to modern therapeutic agent, vol. 1. *Ginkgolides: Chemistry, Biology Pharmacology and Clinical Perspectives*; 1988. p. 1

62. Konta E. M., Almeida M. R., Do Amaral C. L., Darin J. D., de Rosso V. V., Mercadante A. Z., Antunes L. M., and Bianchi M. L., Evaluation of the antihypertensive properties of yellow passion fruit pulp (*Passiflora edulis* Sims f. *flavicarpa* Deg.) in spontaneously hypertensive rats, *Phytotherapy Research: PT*. (2014) 28, 28–32

63. Wang H. Y. and Zhang Y. Q., The main active constituents and detoxification process of Ginkgo biloba seeds and their potential use in functional health foods, *Journal of Food Composition and Analysis*. (2019) 83

64. Strasburger E, Noll F, Schenck H, Schimper AFW, Sitte P, Ziegler H, Ehrendorfer F, Bresinsky A. *Lehrbuch der Botanik* 34, vol. 697. Stuttgart: Fischer Verlag; 1998. p. 658.

65. Del Tredici P. In: Edelin C, editor. The architecture of Ginkgo biloba L. *L'Arbre. Biologie et développement. Naturalia Monspeliensia*; 1991. p. 155

66. Wang CW. The forests of China. Maria Moors Cabot Found, Harvard University. Cambridge: Mass; 1961

67. Zheng CZ. Preliminary analysis of flora in Tianmu Mountain Reserve. In: Yang F, editor. Comprehensive investigation report on natural resource of Tianmu Mountain Nature Reserve. Hangzhou: Science and Technology Press; 1992. p. 89

68. Beek van TA, Bombardelli E, Morazzoni P, Peterlongo F. *Fitoterapia* 1998; 69:195.

69. Del Tredici P, Ling H, Yang G. *Conserv Biol* 1992; 6:202.

70. Koczka N, Orloci L, Ferenczy AZ, Stefanovits BE, Dimeny J. *Int J Horti Sci* 2000;16:31
71. Wei G, Wang J, Zhou JC, Zhao HL, Chen XG, Ma LB. *J Beijing for Univ* 1999;10:96.
72. Qiao YS, Zhang Z, Fang JG, Wang WB, Xu XL. *J Jiangsu for Sci Technol* 2001; 15:8
73. Peng FR, Li J, Huang BL, Zhang JL. *J Plant Resour Environ* 2001;8:16
74. Xie YC, Cao FL, Yao ZG, Wang GB, Zhang WX. *J Nanjing for Univ* 2000; 24:11
75. Qian BY, Zhao HL, Chen XG. *J Jiangsu for Sci Technol* 1997; 50:25
76. Oken BS, Storzbach DM, Kaye JA. The efficacy of Ginkgo biloba on cognitive function in Alzheimer disease. *Arch Neurol.* 1998; 55:1409-15
77. Wettstein A. Cholinesterase inhibitors and Ginkgo extracts — are they comparable in the treatment of dementia? Comparison of published placebo-controlled efficacy studies of at least six months' duration. *Phytomedicine.* 2000; 6:393-401
78. Ernst E, Pittler MH. Ginkgo biloba for dementia. A systematic review of double-blind, placebo-controlled trials. *Clin Drug Invest.* 1999; 17:301-8
79. Birks J, Grimley E, Van Dongen M. Ginkgo biloba for cognitive impairment and dementia. *Cochrane Database Syst Rev.* 2002; 4:CD003120
80. Van Dongen MC, van Rossum E, Kessels AG, Sielhorst HJ, Knipschild PG. The efficacy of ginkgo for elderly people with dementia and age-associated memory impairment: new results of a randomized clinical trial. *J Am Geriatr Soc.* 2000; 48:1183-94
81. Weber W. Ginkgo not effective for memory loss in elderly. *Lancet.* 2000; 356:1333
82. Solomon PR, Adams F, Silver A, Zimmer J, DeVeaux R. Ginkgo for memory enhancement: A randomized controlled trial. *JAMA.* 2002; 288:835-40
83. Mix JA, Crews WD. A double-blind, placebo-controlled, randomized trial of Ginkgo biloba extract EGb 761 in a sample of cognitively intact older adults: neuropsychological findings. *Hum Psychopharmacol.* 2002; 17:267-77
84. Pittler MH, Ernst E. Ginkgo biloba extract for the treatment of intermittent claudication: a meta-analysis of randomized trials. *Am J Med.* 2000; 108:276-81
85. Bauer U. 6-Month double-blind randomized clinical trial of Ginkgo biloba extract versus placebo in two parallel groups in patients suffering from peripheral arterial insufficiency. *Arzneimittelforschung.* 1984; 34:716-20
86. Drew S, Davies E. Effectiveness of Ginkgo biloba in treating tinnitus: double blind, placebo-controlled trial. *BMJ.* 2001; 332:73.
87. Meyer B. Multicenter randomized double-blind drug vs. placebo study of the treatment of tinnitus with Ginkgo biloba extract [in French]. *Presse Med.* 1986; 15:1562-4
88. Ernst E, Stevinson C. Ginkgo biloba for tinnitus: a review. *Clin Otolaryngol.* 1999; 24:164-7.
89. Cohen AJ, Bartlik B. Ginkgo biloba for antidepressant-induced sexual dysfunction. *J Sex Marital Ther.* 1998; 24:139-43
90. Gilbert GJ. Ginkgo biloba. *Neurology.* 1997; 48:1137
91. Vale S. Subarachnoid hemorrhage associated with Ginkgo biloba. *Lancet.* 1998; 352:36
92. Matthews MK. Association of Ginkgo biloba with intracerebral hemorrhage. *Neurology.* 1998; 50:1933-4.
93. Rosenblatt M, Mindel J. Spontaneous hyphema associated with ingestion of Ginkgo biloba extract. *N Engl J Med.* 1997; 336:1108
94. Shaw D, Leon C, Kolev S, Murray V. Traditional remedies and food supplements. A 5-year toxicological study (1991–1995). *Drug Saf.* 1997; 17:342-56
95. Murray MT, Pizzorno JE. *Encyclopedia of natural medicine.* 2d ed. Rocklin, Calif.: Prima Pub., 1998
96. Mills' S, Bone K. *Principles, and practice of phytotherapy: modern herbal medicine.* Edinburgh: Churchill Livingstone, 2000