methysergide at a concentration of 3 nM. These results reveal that rutaecarpine may be a serotoninergic agonist. The effective *in vitro* uterotonic dose was thus estimated to be less than 1 µg/mL.³² If the biological data (on rats) from uterotonic activity can be extrapolated into the human situation, the presence of uterotonic alkaloids (i.e., rutaecarpine) in unripe fruit of *Evodia rutaecarpa* can form the basis for the rational use of this drug in traditional Chinese medicine for the treatment of female reproductive disorders (such as postpartum hemorrhage).

CONCLUSIONS

There are many examples of Western pharmaceuticals having an herbal origin. Aspirin, digitalis, penicillin, and quinine are only some well-known examples. Herbal medicine has been the main form of therapeutics for thousands of years in many parts of the world. Many herbal preparations have been claimed to be effective in treating diseases but, in most cases, the active ingredients in many herbal mixtures are unknown, and the mechanism of action is obscure. Furthermore, it has been suggested that, for future drug development, herbs may be an important source of new compounds. It is therefore important for pharmacologists to identify the active substances in effective herbal preparations and to explore their mechanisms of action, as exemplified by this article. Wu-Chu-Yu is a plant which has been used to treat several diseases including hypertension. Rutaecarpine is a pure chemical isolated from Evodia rutaecarpa, and this phytochemical has been shown in this presentation to have hypotensive and antithrombotic effects. This article reveals some interesting and unique pharmacological properties which may explain its vascular and platelet effects.

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