INTRODUCTION

Herbal medicine is a traditional medicine or Folk medicine practice based on the use of plants and plant extracts. It is also known as herbalism, Botanical medicine, herboloy and phytotherapy. The scope of herbal medicine is sometimes extended to include fungal and bee products, as well as minerals, shells and certain animal parts ***(Acharya et al., 2008).***

During the latter part of the 20th century, herbalism has become mainstream worldwide. This is due in part to the recognition of the value of traditional and indigenous pharmacopeias, The incorporation of some derived from these sources into pharmaceuticals ***(DeSmet, 1997, Winslow and Kroll, 1998),*** the need to make health care affordable for all, and the perception that natural remedies are somehow safer and more efficacious than remedies that are pharmaceutically derived ***(Bateman et al., 1998, Murphy, 1999).***

Herbals now play an important role in the therapeutic armamentarium. Herbals have been utilized by indigenous peoples and certain cultures for centuries, but interest in their use among Western population is a relatively recent phenomenon ***(Leonard, 2009).***

There is resurgence in the use of herbal medicines worldwide. In contrast to chemical drugs, herbs have sometimes been claimed to be non – toxic, because of their nautral origin and long term use as Folk medicines. However, problems may arise due to intrinsic toxicity, adultration, substitution, contamination, drug – herb interactions and lack of standardization ***(DeSmet, 1995, Ernst and Pittler, 2002).***

Chronic liver diseases represent a major health burden worldwide, with liver cirrhosis being the ninth leading cause of death in western countries ***(Kim et al., 2002).***

Chronic viral hepatitis B and C, alcoholic liver disease, non – alcoholic fatty liver disease, and hepatocellular carcinoma are the major entities and many problems remain unresolved. Therapies developed along the principles of Western medicine are often limited in efficacy, carry, the risk of adverse effects, and are often too costly, especially for the developing world. Therefore, treating liver diseases with plant derived compounds which are accessible and do not require laborious pharmaceutical synthesis seems highly attractive. Furthermore, in spite of the advances in conventional medicine in the last decades, professionals and the lay public of developed countries pay increasing attention to phytomedicine ***(DeSmet, 2002), (Strader et al., 2002)*** several recent surveys from Europe and the united states have demonstrated a sharp rise in the use of botanical drugs within a few years, and up to 65% of patients with liver disease take herbal preparations ***(Kessler et al., 2001).***

Extracts of milk thistle (MT) have been used as medical remedies since the time of ancient Greece and are widely used as an atternative medication. Silymarin is the collective name for the Flavonolignans (Silybin or silibinin, silydianin, silychristin) extracted from the MT. Silymarin (MT) has been shown to protect animals against various hepatotoxins including acetaminophen, radiation, iron overload, phaloidin, carbon tetrachloride and thioacetamide. The hepatoprotective actions of silymarin (MT) may include inhibition of lipid peroxide formation, scavenging of free radicals and changing of the physical properties of cell membranes increased lipid peroxidation is frequent in all stages of liver damage from alcoholic and non – alcoholic liver disease. Silymarin (MT) may also reduce liver fibrogenesis ***(Andrea et al., 2005).***

AIM OF THE WORK

To review the different herbal medications in various liver diseases and their role in management of various liver disorders.