



The Herbal Medicine of *Vernonia cinerea* Tea Comparing the Effectiveness of Herbal Medicine with Placebo to Anti-cigarette Smoking U-Thong Hospital Suphanburi, THAILAND.

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ABSTRACT

Introduction: *Vernonia cinerea* is a herb in ASTERACEAE family, that is packed in the National list of essential Medicines (NLEM) and anti-appetized food when before eat. Smoking is cessation rates increased among those who received medications and counseling and recommendations, and research has been taken from Thai healer to make anti-smoking drugs.

Objectives: The aim are study to :1) To trial test of Herb *Vernonia cinerea*. 2) Research on herb placebo. 3) study to side effects herbal medicine .

Methodology: Using are evaluated an interview form. And statistical success program statistics, This study for two group the experimental study of double blind .

The results : The average number of smoking The average number of cigarettes smoked was 8 cigarettes per day after 10 days of attendance. The number of cigarettes smoked 6-7 cigarettes per day after 15 days of participation in the trial group was statistically significantly reduced ($P < 0.05$) because this study also impaired the control of variables.

Conclusion: The study this of *Vernonia cinerea* tea , This herb contain nitrates and nitride, It causes nausea and vomiting. It cause to minimum the cigarret , so it was the result of making cigarette to decreased pills, and sometime many used to make anti-appetite medications. Thun auther to having a food before eating will also cause you to lose weight too.

Keywords : effectiveness , *Vernonia cinerea* tea , herbal medicine of placebo , Suphanburi , anti - cigarret smoking

Introduction

According to the Ministry of Public Health [1,2], (Health Policy for all 12 provinces in Suphan province is one of 12 provinces to achieve this policy by defining 37 basic necessities. For public health work The non-smoking campaign is a fundamental necessity , article 33, which aims to make people aged 14 and over to be at least non-smoking. 90% of the 1993 survey found that U-Thong has 12% of the buried addicts , and the GOP and the U-Thong Hospital have herbal and production work to reduce smoking and are distributed throughout all districts of Suphanburi province and 2 interested parties. Over last to make 8 reliable amulets, thus conducting comparative battles. Effectiveness of Ya -

Mho – Noi tea [3,4] with herbs to comparative A placebo to reduce smoking, followed up every 5 days until 15 days in a total of 73 participants , was the source of research on the effectiveness of white flower grass and herbs. The total time of 15 days for trial.

Thais have known how to use herbs since the Sukhothai era, and it goes back a long way. To the era of King Chaivaraman VIII [8] in those days, the territory was extended to the border. On the Eye of Phraya or Aranyaprathet, came to sweep the colonies, and then he had a physical disease, leprosy, and there was evidence of drug use during World War II. The medicines that are still used today have been used by the Royal Medicine

Book of Chanthaburi (Department public health of Chanthaburi) [4], and in the days before Ayutthaya used herbal medicines to treat diseases in Thailand. Herbs, traditional medicine. Research and development of medicinal drugs from herbs, but the 5th Economic and Social Development Plan 1985 began clinical research for the use of turmeric herbs [5] . Thieves, mushroom chums, sweet potatoes, phayayo, and aloe vera. In the hospital. A type of herb that is packaged in many Thai medicines and has been used since ancient times, which is considered an ancient clinical trial, white flower grass. Scientifically named *Vernonia cinerea*, folk medicine [6,7] has found that white flower grass is taken to treat diseases such as lowering blood pressure. Asthma Treatment Hepatitis Treatment Reduce fever, joint pain, diuretics. The treatment of gallstones includes lower cigarette cravings, which are currently used for white-flowered grass herbs to stop smoking because they are local herbs that are widely used in Thailand. Easy to find and cheap. Studies that used white-flowered tea for smoking cessation, but found that most pulpits were difficult to eat and somewhat cumbersome, which white-flowered grass still has in its form. Capsules make it more convenient to eat.

Therefore, the World Health Organization has given priority and support for smoking control or Smoking cessation continues, with the "World no tobacco day" held on May 31st of every year to jerk off. Countries are aware of the dangers and losses caused by smoking, so Thailand has organized smoking control activities towards the goal. "Non-smoking Thai society"1 Herbal white flower grass [7]. Alternatives to reduce cravings for cigarettes Thailand's Smoking Situation According to the 2015 Report on Smoking in Thailand, the Thai population is 15 years of age or older. Up to 10.9 million smokers (19.58 %) found male smoking rates equal to 39.16% gender. Females were 1.76% considering smoking of the Thai population aged 15 and over. The trend is that the Thai population aged 15 and over who consumed tobacco in 1991 was 12.26 million (32.00%), a decrease to 10.9 million. In 2015, there was an average decrease of 0.5% and the proportion of smokers was found to be 95.18% in 1991 and gradually decreased to 85.88% of smokers. It was found that tobacco consumption rates. Thailand has a steady decline, and therefore there is not much disparity during the year, so it is necessary to have measures in place. As the tobacco industry currently has a new marketing strategy, it may result in an increase in smoking trials each year and secondhand smoke exposure is still observed in various public places, with increased rates of illness and death from tobacco-related diseases. Smoking is the cause of NCDs, which are diseases related to the habits or behaviors of life that we create ourselves. Smoking is the leading cause of the world's population's premature death or premature death. Severe and long-lasting disabilities due to smoking are the leading cause of many acute and

resilient diseases per male. And those closest to you who are exposed to tobacco smoke, such as vascular diseases. Heart disease, pulmonary emphysema, cancer in organs and smoking are also the leading causes of pain and death. In 2008, an estimated 5 million people worldwide died from smoking and 8 million were expected to increase annually by 2030. Of these, 9.5 million smokers were regular smokers and 1 million smokers were crowbars, compared to a 2006 survey that showed a slight decrease in the number of smokers while here.

The Office for National Statistics [6] survey found that nearly 11 million Thais over the age of 15 still smoke. Of these, 9.5 million smokers were regular smokers and 1 million smoking remnants, compared to a 2006 survey that showed a slight decrease in the number of smokers at the time. [8,9] Having a strong and determinedness towards smoking cessation [10] can lead to smoking cessation. However, smoking cessation rates in groups that are consulted and recommended only. Only 7% were found after following. 1 year and smoking cessation rate increases in the group receiving medications and counseling and recommendations, which are approximately less common. [12]. Smoking is the leading cause of the world's population's premature death or premature death [13]. Severe and long-lasting disabilities due to smoking are the leading cause of the disease. Acute and abundant male-related. And those closest to you who are exposed to tobacco smoke, such as vascular diseases. Heart disease, pulmonary emphysema. Organized cancer and smoking are also the leading causes of preventable pain and death. According to statistical data [14], in 2008, an estimated 5 million people worldwide [15] died from smoking, and 8 million are expected to increase annually by 2030.

Methodology

This study the experimental study of double blind - randomize controlled study are evaluated using an interview form. In the trial group, results were found to be used during the 5th, 10th and 15th days by drug users and interviewees. It is not known which project participants (Double Blind Case control - study) reduce bias 1) This research model is experiment research , it is an experimental study. Compare by giving the experiment group It is divided into two groups, the total number of which is the group that uses white-flowered grass herbal medicine as an experimental group, and the group that uses placebo herbs as a control group. The results are evaluated using an interview form. Results of herbal medicine during 5, 10 and 15 days

- 1.) Case - Control Study is an experimental, blind (Double- blind)
- 2.) Practical definitions used in the research of white flower grass herbs

The experimental group consisted of 3.72 white flower grass and 0.71 grams of chrysanthemum and pandan leaves, for a total of 5 grams.

- Control group. The herbal medicines to brew are chrysanthemums and mandanus leaves, 25 grams each, for a total of 5 grams.
- Experimental group, tea makers, herbal medicine, white flowers, The envelope includes: 1) Mho -Noi -grass number 3.57 and 2) Chrysanthem amount 0.71 g 3) Pandanus leaves 0.71 g each

How to use brew white flower herb in 1 sachet per glass of water (or if you are working outdoors, you can make herbal medicine into 3 sachets of water cylinder. Per bottle of water, Bottle of fish sauce 750 cc.) to eat after meals.

Result

The average number of smoking sessions is 13 – 19 cigarettes per day. Average pumping time 14 – 21 cigarettes per day after 5 days of attendance. The average number of cigarettes smoked was 8 cigarettes per day after 10 days of attendance. The number of cigarettes smoked 6-7 cigarettes per day after 15 days participation in the trial group was statistically significantly reduced ($P < 0.05$) because this study also impaired the control of variables.



Figure 1 *Chrysanthemum morifolium*, *Vernonia cinerea*, and *Pandanus amaryllifolius* Roxb.

Table 1 Shows the average percentage of cigarettes smoked decreased, comparing real drugs and placebos.

Estimate date	xperimental drugs	Number of people	$\bar{X}$	SD	MEAN	P-value	2-tail Sig.
5 Days	Real drugs.	41	56.348	28.290	4.418	0.117	0.579
	Placebo	32	60.1979	34.403	6.082		
10 Day	Real drugs.	41	70.7201	28.230	4.409	0.641	0.758
	Placebo	32	72.8646	30.831	5.450		
15 Day	Real drugs.	41	70.4152	32.303	5.045	0.279	0.259
	Placebo	32	78.5156	27.199	4.808		

Side effects of herbal medicine: That could be caused by drinking a brew. They may experience dry throat, untested mouth, ignorance of taste, or dizziness and nausea. When smoking continues, some people, tongue tea, loss of appetite. Therefore, do not eat before eating or have nausea when taking medication, some people have a smell of cigarettes. I don't want to keep smoking.

A comparison of the lower percentage of smoking cigarettes in the toddler group and control group showed that the percentage of cigarettes smoked decreased significantly from the control group because P -value = 0.05 by the control group had an average percentage of cigarettes smoked more than the trial group. As shown in Figure 1

Table 2 Shows the volunteer to separate of herbs On 15 days.

Results	Number (Individual)	percent
No reduction	4	5
reduce	45	62
Quit smoking	24	33

The reason most smokers voluntarily reach 9 percent (65%) In this group, there were 39 cases of smoking (60%) and 24 quit smoking (33 %), with only 4 cases (5 %). The second reason for wanting to reduce costs has 45 cases (62 %) in this group can reduce smoking.

Symptoms of not wanting to smoke cigarette in the trial group It found that 15 cases were 37 percent. The control group found that 47 percent of smoky stinks were present in the trial group. Found 17% anorexia In the trial group, 17 cases were 42%, the control group found 11 cases, 34%. Mouth numbness, numb tongue, loss of appetite. In the 17 trials, 42% of the controlling group, 11 percent, 34 percent. Nausea When I took the pills in the trial group, eight cases were found, 20%, the control group found, only 10 cases, 37% of whom saw similar side effects. It may be said that before starting the project, it has been indicated that the symptoms may be experienced as a result of the participants possibly feeling it themselves, as shown in table.

They could be caused by drinking a brew. They may experience dry throat, unsalted mouth, ignorance of taste, or dizziness and nausea. When smoking continues, some people, tongue tea, loss of appetite. Therefore, do not eat before eating or have nausea when taking medication, some people have a smell of cigarettes. I don't want to keep smoking.

Table 3 Shows general information about who in the project

Reason / population participant	Male (N)	Female (N)
1. Population	41	32
2. Smoking period (year+- SD)	20.54 +- 12.69	20.06 +- 14.32
3. Average age (years+- SD)	40.10 +- 15.70	42.59+- 16.45
4. Number of cigarettes smoked (molly/day +- SD)	-	-
- Before joining the program	19.29 +- 13.82	21.66 +- 18.23
05 days after participation	8.37 +- 8.01	6.72 +- 18.22
10 days after participation	5.59 +- 7.57	4.94 +- 7.95
15 days after participation	5.67 +- 7.89	3.97 +- 7.48

Table 4 Shows the reasons for participation of project

Reason	N	Trial group (N of Anti smoke)	N	Control group (N of Anti smoke)
1. Voluntary	39	13	26	9
2. Others recommend	4	1	1	0
3. Forced	14	5	10	5
4. Have a medical condition	15	6	20	8
5. People around you are disgusted	7	20	8	2
6. Fear is the cause of the disease	22	14	15	9
7. Want to reduces costs	22	13	20	8

Discussion

There should be more control over the variables, but there are too few samples. According to this study, It can allow participants to reduce and quit smoking. Down by 62 per cent and 32 percent respectively.

Conclusion

A total of are 73 in this study in the program to reduce cigarettes, the majority of which showed that more men than females had an average age of 40 to 45 years. The average number of smoking sessions is 13 – 19 cigarettes per day. Average pumping time 14 -21 cigarettes per day after 5 days of attendance. The average number of cigarettes smoked was 8 cigarettes per day after 10 days of attendance. The number of cigarettes smoked 6-7 cigarettes per day after 15 days participation in the trial group was statistically

significantly reduced ($P < 0.05$) because this study also impaired the control of variables.

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Competing Interests

No

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Author contributions

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