

7 July 2015 EMA/HMPC/294187/2013 Committee on Herbal Medicinal Products (HMPC)

European Union herbal monograph on *Silybum marianum* (L.) Gaertn., fructus

Draft

Discussion in Working Party on European Union monographs	May, July, November 2013
and European Union list (MLWP)	January, May, July, November 2014
	January, May 2015
Adoption by Committee on Herbal Medicinal Products (HMPC)	7 July 2015
for release for consultation	7 July 2015
Start of public consultation	22 July 2015
End of consultation (deadline for comments). Comments should	
be provided using this <u>template</u> to	31 October 2015
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Rediscussion in MLWP	
Adoption by HMPC	

Keywords	Herbal medicinal products; HMPC; European Union herbal monographs; well-established
	medicinal use; traditional use; Silybum marianum (L.) Gaertn; Syn. Carduus marianus
	L.; Silybi mariani fructus; Milk thistle fruit

BG (bulgarski): Бял трън, плод	LT (lietuvių kalba): Margainių vaisiai
CS (čeština): plod ostropestřece mariánského	LV (latviešu valoda): Īstā mārdadža augļi
DA (dansk): Marietidselfrugt	MT (Malti): Għerq tax-Xewk tal-Madonna
DE (Deutsch): Mariendistelfrüchte	NL (Nederlands): Mariadistel
EL (elliniká): Σιλύβου μαριανού καρπός	PL (polski): Owoc ostropestu plamistego
EN (English): Milk thistle Fruit	PT (português): Cardo-mariano
ES (español): Cardo mariano, fruto de	O (română): fruct de armurariu
ET (eesti keel): maarjaohakavili	SK (slovenčina): Plod pestreca
FI (suomi): maarianohdake, hedelmä	SL (slovenščina): plod pegastega badlja
FR (français): Chardon-marie (fruit de)	SV (svenska): Mariatistel, frukt
HR (hrvatski): paskvičine peteljke	IS (íslenska):
HU (magyar): Máriatövis termés	NO (norsk): Marietistelfrukt
IT (italiano): Cardo mariano frutto	



European Union herbal monograph on *Silybum marianum* (L.) Gaertn., fructus

1. Name of the medicinal product

To be specified for the individual finished product.

2. Qualitative and quantitative composition^{1, 2}

Well-established use	Traditional use
With regard to the marketing authorisation application of Article 10(a) of Directive 2001/83/EC as amended	With regard to the registration application of Article 16d(1) of Directive 2001/83/EC as amended
Silybum marianum (L.) Gaertn., fructus (Milk thistle fruit)	Silybum marianum (L.) Gaertn., fructus (Milk thistle fruit)
i) Herbal substance	i) Herbal substance
Not applicable.	Not applicable.
ii) Herbal preparations	ii) Herbal preparations
Dry extract (DER 36-44:1), (extraction solvent: ethyl acetate) standardised to contain 40-65% silymarin, calculated as silibinin	a) Comminuted herbal substance
	b) Powdered herbal substance
	c) Dry extract (DER 20-70:1), extraction solvent acetone 95% (V/V)
	d) Dry extract (DER 30-40:1), extraction solvent ethanol 96% (V/V)
	e) Dry extract (DER 20-35:1), extraction solvent ethyl acetate
	f) Dry extract (DER 26-45:1), extraction solvent ethyl acetate
	g) Liquid extract (DER 10-17:1), extraction solvent ethanol 60% (V/V)

3. Pharmaceutical form

Well-established use	Traditional use
Herbal preparations in solid dosage forms for oral use.	Comminuted herbal substance as herbal tea for oral use.
The pharmaceutical form should be described by	Herbal preparations in liquid or solid dosage forms

¹ The declaration of the active substance(s) for an individual finished product should be in accordance with relevant herbal quality quidance.

quality guidance. ² The material complies with the Ph. Eur. monograph (ref.: 1860).

Well-established use	Traditional use
the European Pharmacopoeia full standard term.	for oral use.
	The pharmaceutical form should be described by the European Pharmacopoeia full standard term.

4. Clinical particulars

4.1. Therapeutic indications

Well-established use	Traditional use
Herbal medicinal product for supportive treatment of alcoholic liver disease.	Traditional herbal medicinal product for the symptomatic relief of digestive disorders with a sensation of fullness, bloating and flatulence. The product is a traditional herbal medicinal product for use in the specified indication exclusively based upon long-standing use.

4.2. Posology and method of administration³

Well-established use	Traditional use
Posology	Posology
Adults and elderly	Adults and elderly
Single dose: 173 – 186.7 mg extract standardized to a content of 108.2 mg silymarin, calculated as silibinin ⁴ Daily dose: 3 times daily	Herbal preparation a) Comminuted herbal substance for tea preparation. Single dose: 3-5 g in 100 ml of boiling water, Daily dose: 2 or 3 times daily, before meals
The use in children and adolescents under 18 years of age is not recommended (see section 4.4 'Special warnings and precautions for use')	Herbal preparation b) Single dose: 300 mg - 600 mg Daily dose: 2-3 times daily, up to 1800 mg daily, before meals
Duration of use	Herbal preparation c)
The average duration of use is 2 months.	Single dose: Dry extract corresponding to 120 mg
If the symptoms persist during the use of the medicinal product, a doctor or a pharmacist should be consulted.	silymarin, calculated as silibinin Daily dose: 3 times daily, up to 360 mg, before meals
Method of administration	Herbal preparation d) Single dose: 200 mg dry extract
Oral use.	Daily dose: 200 mg dry extract

³ For guidance on herbal substance/herbal preparation administered as herbal tea or as infusion/decoction/macerate preparation, please refer to the HMPC 'Glossary on herbal teas' (EMA/HMPC/5829/2010 Rev.1).

⁴ 108.2 mg silymarin (HPLC method, according Eur. Ph. monograph) correspond to 140 mg silymarin (DNPH)

Well-established use	Traditional use
	Herbal preparation e) Single dose: 162.5-250 mg dry extract Daily dose: 3-4 times daily
	Herbal preparation f) Single dose: 123-208.3 mg dry extract Daily dose: 3-4 times daily
	Herbal preparation g) Single dose: 15 ml equivalent to 392 mg soft extract Daily dose: 30 ml (2 times 15ml) equivalent to 784 mg soft extract
	The use in children and adolescents under 18 years of age is not recommended (see section 4.4 'Special warnings and precautions for use')
	Duration of use
	If the symptoms persist longer than 2 weeks during the use of the medicinal product, a doctor or a qualified health care practitioner should be consulted.
	Method of administration
	Oral use.

4.3. Contraindications

Well-established use	Traditional use
Hypersensitivity to the active substance and to other plants of the Asteraceae (Compositae) family.	Hypersensitivity to the active substance and to other plants of the Asteraceae (Compositae) family.

4.4. Special warnings and precautions for use

Well-established use	Traditional use
The use is not recommended in children and adolescents below 18 years of age due to a lack of data on safety and efficacy.	The use in children and adolescents under 18 years of age has not been established due to lack of adequate data.
If the symptoms worsen during the use of the medicinal product, a doctor or a pharmacist should be consulted.	If the symptoms worsen during the use of the medicinal product, a doctor or a qualified health care practitioner should be consulted.
	For extracts containing ethanol, the appropriate labelling for ethanol, taken from the 'Guideline on excipients in the label and package leaflet of

Well-established use	Traditional use
	medicinal products for human use', must be included.

4.5. Interactions with other medicinal products and other forms of interaction

Well-established use	Traditional use
None reported.	None reported.

4.6. Fertility, pregnancy and lactation

Well-established use	Traditional use
Safety during pregnancy and lactation has not	Safety during pregnancy and lactation has not
been established. In the absence of sufficient	been established. In the absence of sufficient
data, the use during pregnancy and lactation is	data, the use during pregnancy and lactation is
not recommended.	not recommended.
No fertility data available.	No fertility data available.

4.7. Effects on ability to drive and use machines

Well-established use	Traditional use
No studies on the effect on the ability to drive and use machines have been performed.	No studies on the effect on the ability to drive and use machines have been performed.

4.8. Undesirable effects

Well-established use	Traditional use
Mild gastrointestinal symptoms such as dry mouth, nausea, upset stomach, gastric irritation and diarrhoea may occur; headache; allergic reactions (urticaria, skin rash, pruritus, anaphylaxis, asthma) may occur. The frequency is not known.	Mild gastrointestinal symptoms such as dry mouth, nausea, upset stomach, gastric irritation and diarrhoea may occur; headache; allergic reactions (dermatitis, urticaria, skin rash, pruritus, anaphylaxis, asthma), have been reported. The frequency is not known.
If other adverse reactions not mentioned above occur, a doctor or a pharmacist should be consulted.	If other adverse reactions not mentioned above occur, a doctor or a qualified health care practitioner should be consulted.

4.9. Overdose

Well-established use	Traditional use
No case of overdose has been reported.	No case of overdose has been reported.

5. Pharmacological properties

5.1. Pharmacodynamic properties

Well-established use	Traditional use
Pharmacotherapeutic group: Liver therapy, lipotropics	Not required as per Article 16c(1)(a)(iii) of Directive 2001/83/EC as amended.
Proposed ATC code: A05B	

5.2. Pharmacokinetic properties

Well-established use	Traditional use
After oral administration, absorption is low and maximum plasma concentrations are reached after 4-6 hours.	Not required as per Article 16c(1)(a)(iii) of Directive 2001/83/EC as amended.
Silibinin and other individual components from silymarin are rapidly conjugated with sulphate and glucuronic acid in liver, then reaching plasma and bile.	
Metabolites are found mainly in the bile. Through this way, 20-40% of the initial dose is eliminated.	
Silymarin half-life is between 6 and 8 hours, with a maximum plasmatic concentration between 1.3-1.9 µg/ml.	

5.3. Preclinical safety data

Well-established use	Traditional use
Silymarin has proved nontoxic in rats and mice after oral doses of 2,500 mg or 5,000 mg/kg. In a 12 month study, rats received silymarin up to 2,500 mg/kg, showed no evidence of toxicity.	Not required as per Article 16c(1)(a)(iii) of Directive 2001/83/EC as amended, unless necessary for the safe use of the product. Adequate tests on reproductive toxicity,
No evidence of ante or postnatal toxicity in animals was reported, nor did silymarin affect fertility in rats.	genotoxicity and carcinogenicity have not been performed.
Adequate tests on reproductive toxicity, genotoxicity and carcinogenicity have not been performed.	

6. Pharmaceutical particulars

Well-established use	Traditional use
Not applicable.	Not applicable.

7. Date of compilation/last revision

7 July 2015