

Dietary supplements for mood improvement and stress relief: producers' and merchants' declarations vs state of knowledge

Aleksandra Brzozowska, Jakub Grabowski, Aleksandra Grzyb

Abstract

The market for dietary supplements intended to improve mood or reduce negative effects of stress is of considerable size (estimated at \$656 mln globally in 2022). In the UE 10% of people who consume dietary supplements, do it to reduce depression, stress or anxiety. The statistics are higher for women and people aged 18-44. In Poland specifically, out of 89% of adults who used dietary supplements or OTC medications in the previous year 13% chose products that affect mental health in some way. Popularity of such preparations may reflect higher prevalence of psychological distress, low availability of professional mental healthcare (i.e. psychiatrists, psychologists and psychotherapists) as well as social stigma of receiving professional treatment for mental disorders. The aim of this review was to present the current state of knowledge about the most popular herbal ingredients included in preparations advertised as mood enhancers or stress relievers. An internet search was performed to identify 10 most popular herbal ingredients found in this kind of products and collect producers'/merchants' declarations as to the expected results. For each ingredient research was performed using PubMed, Google Scholar, Cochrane Library and Up to Date to present evidence-based-knowledge relating to mood and stress. The main conclusion is that herbs are widely used in preparations addressing psychological distress and herbal ingredients used in the mental health sector need to be thoroughly researched, both in terms of psychopharmacology and public health to identify potentially hazardous patterns of consumption and introduce proper education, if needed.

mental healthcare; depressive disorder; anxiety disorders; dietary supplements; stress

1. INTRODUCTION

The market for dietary supplements addressing the problem of depressed mood or negative effects of stress has grown to a considerable de-

gree in the recent years, with category growth reaching 62% in 2022 in comparison with 2018 in the USA [1]. Globally, its estimated value in 2022 was \$656 million and is predicted to reach \$1.3 billion in 2033, assuming projected annual growth rate of 6.4% [2]. On the European market for dietary supplements affecting mental and cognitive functions, there is domination of herbal products (42.9%) [3]. They are easily accessible both online and in stationary pharmacies, drugstores, herbal stores and even supermarkets.

In terms of general psychopathology, a depressed mood is defined as subjective feeling

Aleksandra Brzozowska¹, Jakub Grabowski², Aleksandra Grzyb¹: ¹Adult Psychiatry Scientific Circle, Division of Developmental Psychiatry, Psychotic and Geriatric Disorders, Department of Psychiatry, Faculty of Medicine, Medical University of Gdansk; ²Division of Developmental Psychiatry, Psychotic and Geriatric Disorders, Department of Psychiatry, Faculty of Medicine, Medical University of Gdansk

Correspondence address: abrzozowska@gumed.edu.pl

of sadness, grief, hopelessness or indifference and is often accompanied by anxiety, low self-esteem, pessimistic attitude towards future and suicidal thoughts [4]. If certain diagnostic criteria are met, diagnoses of major depressive disorder or persistent depressive disorder (dysthymia) may be made [5]. Experiencing a short-lived depressed mood, i.e. a state that does not fulfil criteria of any mood disorder, is common among apparently healthy individuals and despite its rather mild character, it may still be a reason for suffering and decreased life quality [6-9].

In terms of the most traditional definition, "Stress is a non-specific response of the body to any demand" [10]. It is of considerable value to look at stress reactions from the transactional point of view, that is to see stress as a specific relationship between an individual and the surroundings that is assessed by the individual as taxing, dangerous or exceeding their capabilities [11]. The list of events that may cause stress in people is inexhaustible and includes not only the objectively negative ones (e.g. death of a relative, divorce, personal injury, illness, getting fired at work, trouble with boss, taking a loan) but also events with positive context (e.g. vacation, promotion at work, outstanding personal achievement) [12,13]. In response to stressful events individuals may experience certain negative symptoms both at psychological and biological level. Common stress-related difficulties include emotional lability, irritability, impaired concentration, impaired memory, loss of appetite, sleep disturbances, gastrointestinal problems, increased muscle tone, headaches, increased BP and HR, cardiac arrhythmias, coronary heart disease, atherosclerosis, hypertension and chronic inflammation, just to name a few [14,15]. Corticosteroids, catecholamines, vasoactive intestinal peptide, vasopressin, somatostatin are some of the hormones involved in stress

reactions at the molecular level, with hypercortisolaemia being linked to chronic stress [16-18].

2. THE MARKET FOR PREPARATIONS INTENDED TO IMPROVE MOOD OR REDUCE THE EFFECTS OF STRESS IN POLAND

The market for dietary supplements is on the rise in Poland with estimated value of \$1.1 billion in 2019 [19] and \$1.92 billion in 2022 [20]. The statistics concerning consumption of dietary supplements in Poland vary but are considerable. Consumer survey on food supplements in the UE [21] reports that 88% of adult EU inhabitants have ever used a dietary supplement in their lives, with figures being higher in the Eastern Europe. In Poland specifically, 93% of those who have ever used dietary supplements, have used them in the recent year and the mean number of dietary supplements used per year was 4. According to CBOS [22], 89% of adult Poles use over-the-counter medications or dietary supplements, a considerable proportion of which use some preparations affecting psychological functioning (anxiolytic and sleep preparations – 13%, memory and concentration preparations – 10%).

In order to identify herbal ingredients included in dietary supplements available on the Polish market, an Internet search was performed in March 2024. Phrases such as "preparaty na poprawę nastroju" ("preparations for mood improvement") and "preparaty na stres" ("preparations for stress") were introduced into Google search engine. For each phrase 50 first results were taken into consideration. Repeated preparations, products there were not dietary supplements (i.e. drugs or medical devices) and preparations not containing herbal ingredients were excluded. Only preparations for adults were taken into consideration. Table 1 presents lists of herbal ingredients in preparations sold in each indication.

Table 1. Lists of herbal ingredients contained in preparations for mood improvement or stress relief available on the Polish market.

Preparations for mood improvement	Preparations for stress
– Hypericum perforatum extract (St. John's wort)	– Hypericum perforatum extract (St. John's wort)
– Crocus sativus (saffron) flower extract	– Crocus sativus (saffron) flower extract
– Melissa officinalis extract	– Melissa officinalis extract
– Crataegus (hawthorn) fruit extract	– Crataegus (hawthorn) fruit extract
– Lavandula sp. extract	– Lavandula sp. extract
– Withania somnifera (ashwagandha) extract	– Withania somnifera (ashwagandha) extract
– Rhodiola rosea extract	– Rhodiola rosea extract
– Humulus lupulus extract	– Humulus lupulus extract
– Schisandra chinensis extract	– Schisandra chinensis extract
– Bacopa monnieri extract	– Valeriana officinalis extract
– Panax ginseng extract	– green tea extract and L-theanine
– Valeriana officinalis extract	– Centella asiatica (gotu kola) extract
– green tea extract and L-theanine	– Ocimum tenuiflorum (tulsi) extract
– Centella asiatica (gotu kola) extract	– Passiflora incarnata extract
	– hemp (\pm THC)
	– Convolvulus arvensis extract
	– Matricaria chamomilla extract

For each of the mentioned herbal ingredients number of preparations containing a given ingredient was calculated to find 10 most popular ingredients for further consideration. At the

same producer's/merchant's declarations as to expected effects were analysed. The results of these analyses are presented in Table 2.

Table 2. Occurrence of herbal ingredients in preparations intended to improve mood or reduce the effects of stress and effects declared by producers/merchants.

Herbal ingredient	No. of preparations with the ingredient		Effects declared by producers/merchants
	mood	stress	
Withania somnifera (ashwagandha) extract	22	16	– decrease in cortisol levels – reduction of the effects of stress – mood improvement – positive effect on sleep
Melissa officinalis extract	11	21	– reduction of anxiety and stress – positive mood maintenance – facilitating sleep
Rhodiola rosea extract	8	13	– resilience at the time of stress – mood improvement – cognitive functions improvement – positive effect on sleep
Humulus lupulus extract	6	13	– anxiolytic effect – facilitating sleep – sleep quality improvement
Valeriana officinalis extract	4	11	– anxiolytic effect – reduction of nervous tension – positive effect on sleep

Crocus sativus (saffron) flower extract	11	1	<ul style="list-style-type: none"> – reduction of the effects of stress – positive mood restoration and maintenance – easing PMS symptoms
Lavandula sp. extract	3	3	<ul style="list-style-type: none"> – facilitation of relaxation – healthy sleep maintenance
Passiflora incarnata extract	0	6	<ul style="list-style-type: none"> – calming effect in states of emotional tension – facilitating relaxation – positive effect on sleep
Hypericum perforatum (St. John's wort) extract	4	1	<ul style="list-style-type: none"> – reduction of temporary states of nervous exhaustion/emotional tensions – short-term treatment of symptoms of mild depressive disorders
Schisandra chinensis extract	3	2	<ul style="list-style-type: none"> – resilience to stressors

3. CURRENT STATE OF KNOWLEDGE

Withania somnifera (ashwagandha)

W. somnifera (ashwagandha) is said to have several positive effects on stress, mood and sleep. Based on double-blind randomized clinical studies [23-25] it is supposed to decrease the level of cortisol as a biomarker of stress. It also decreased perceived stress, anxiety and depression measured with Perceived Stress Scale (PSS), Hamilton-Anxiety Scale (HAM-A) and Depression, Anxiety and Stress Scale-21 (DASS-21) [24,25]. In a prospective study Chandrasekhar et al. [23] drew the conclusion that 60-day intake of 300 mg of *W. somnifera* may increase resistance to everyday stress in chronically stressed individuals basing on decreased cortisol level and improved results in PSS, DASS and General Health Questionnaire-28 (GHQ-28). The exact mechanism of anti-stress and anti-anxiety action of *W. somnifera* is unknown, but the hypotheses include the modulation of hypothalamic-pituitary-adrenal axis, enhancement of acetylcholinesterase activity in lateral septum and globus pallidus, modulation of muscarinic receptors and reversed glutamate-evoked stress by upregulation of Hsp70 [26,27]. In terms of sleep quality improvement, the effect was obtained in few studies performed on animal models [28] or in small human trials [29,30]. The results seem promising, but insufficient to confirm effectiveness and safety of *W. somnifera* in this indication [30]. Finally, the postulated antidepressant effect needs further investigation [24]. It must

be noted that that *W. somnifera* contains more than 140 compounds and involves different extraction methods leading to a considerable heterogeneity and making it difficult to objectively assess its effectiveness in the given indications [27].

Melissa officinalis

Among different herbal ingredients, *M. officinalis* is one of the most well-researched. It is advertised as an anxiolytic and sedative agent, as well as a sleep-aid and mood-enhancer. Its effect on anxiety and depressed mood is quite well-established [31]. Decreased stress levels were obtained in double-blind randomized trials on healthy individuals [32], patients with chronic somatic diseases [33,34], patients with trauma injuries [35] and finally among patients diagnosed with mild or moderate anxiety disorders and sleep disturbances [36]. As for the mechanism of action, it is proposed that *M. officinalis* inhibits GABA breakdown and stimulates cholinergic and GABA-A receptors [37]. Its antidepressant effect was obtained in a series of human trials [38,39,40], one of which compared *M. officinalis* with fluoxetine. In this double-blind randomized study similar therapeutic results were achieved in patients with mild to moderate depression taking *M. officinalis* and fluoxetine [40].

Rhodiola rosea

In the recent years *R. rosea* has become a very popular substance with postulated antidepressant, anxiolytic, sleep-promoting and procognitive effects. Most of the analysed preparations mentioned *R. rosea* as a stress-relieving substance and it seems to be justified in terms of evidence-based knowledge [41]. In human trials it was proven to ease distress and stress-related symptoms such as tiredness and exhaustion [42], also in individuals with burn-out syndrome [43]. In a study by Edwards et al. [44] a preparation of *R. rosea* was distributed over the period of 28 days to 101 outpatients with high levels of stress, leading to significant improvement in stress symptoms, fatigue, mood, concentration and quality of life (measured by appropriate questionnaires). The exact mechanism of action is, like with most herbal ingredients, not fully known, however impact on ATP production in mitochondria, ion channel modulation and hormone release normalisation are suggested [45,46]. In a series of clinical trials *R. rosea* was also noted to improve attention, speed and accuracy of task performance in stressful circumstances [47]. The effect was observed even after intake of a single dosage [48]. Along with cognitive functions improvement it also seems to have a positive effect on physical fitness [49,50]. When it comes to mood improvement, the evidence is limited to single trials conducted in individuals already diagnosed with a depressive disorder [51,52,53]. The literature on sleep-facilitating effect of *R. rosea* is also scarce and conflicting [54,55]

Humulus lupulus (hops)

H. lupulus is broadly advertised as a sleep-facilitating substance. However, it is problematic to verify this declaration due to the fact that in many trials *H. lupulus* was administered along with *Valeriana officinalis* [56,57]. In a single study such a combination was proven to be as effective as benzodiazepines in patients with sleep disorders [58]. However, later work of Cornu et al. [59] argued *H. lupulus* does not differ from placebo in patients with insomnia. Also, studies varied in objectives and course. In terms

of anxiolytic, sedative and mood-improving action, *H. lupulus* is believed to interact with specific subtypes of 5-HT receptors and melatonin receptors, as well as to influence GABA-ergic neurotransmission [60,61]. In a randomized, double-blind trial in young individuals reporting mild depressive, anxiety or stress symptoms a significant decrease in depressive and anxiety (measured in DASS) was observed after 4-week administration of the preparation containing *H. lupulus* extract [62], however its effectiveness and safety needs more investigation [63].

Valeriana officinalis

V. officinalis can mostly be found in preparations intended to reduce negative effects of stress. In a series of studies it was proven to decrease reactivity to stressful situations in adults, in most cases measured by State-Trait Anxiety Inventory (STAI) and/or HAM-A [64,65]. GABA, adenosine and dopamine transmission are believed to be involved in the process. However, the substance's effectiveness in individuals with the diagnosis of anxiety disorders was not supported by scientific evidence [64,66]. There are very conflicting reports as to whether *V. officinalis* improves the quality of sleep [67,68,69,70,71].

Crocus sativus (saffron)

On the Polish market for dietary supplements, *C. sativus* is mainly included in preparations intended to improve mood. This effect was investigated in a number of human trials, whose results support the idea that saffron extract may decrease depressive symptoms [72-74]. However, it should not be used as the sole treatment for depressive disorders [75]. In terms of the postulated anti-stress effect, it is suggested that *C. sativus* decreases corticotropine (CRH) expression and thus exerts a protective effect on cognitive functions, exhibits oxidative stress and decreases stress-induced corticosterone plasma level. It must be clearly emphasized that these effects were obtained in mice and in molecular laboratory settings (*C. sativus* protein extraction), rather than in human models [76,77]. Saffron

fron's positive effect on premenstrual syndrome (PMS) symptoms was also considered with several double-blind randomised trials giving confirmatory results [73,78,79].

Lavandula sp.

Lavandula is available in the form of oral preparations or oils for inhalations, with the former being recommended in long-term treatment and the latter being superior in short term [80]. For the aim of this review only oral preparations were taken into consideration, since aromatic oils are not sold as dietary supplements in Poland. The anxiolytic and sedative effect of Lavandula extract is well proven [81]. Studies confirming its effectiveness in anxiety reduction were performed both in individuals with "sub-syndromal" anxiety disorder (i.e. anxiety disorder NOS according to DSM-IV) [82] and individuals with diagnosed anxiety disorders [83,84,85]. Interestingly, in a multi-centre, randomized trial Lavandula extract was proven to be comparably effective in reducing anxiety levels in patients with generalized anxiety disorder as lorazepam, with Lavandula extract having no significant adverse effects and no sedation effect [86]. As for the mechanism, Lavandula is mainly thought to affect serotonergic system [87,88]. In terms of its effect on sleep, a few important aspects must be noted. First, it is noticeable that most of the trials were conducted on small groups and/or were retrospective in nature [89,90,91]. Also, they varied in terms of the used formulations, with Lavandula aromatherapy being the most popular.

Passiflora incarnata

On the Polish market *P. incarnata* can be found in preparations intended to reduce the effects of stress. Human trials suggest that *P. incarnata* is effective in reducing anxiety [92]. It is also described as effective premedication before spinal anaesthesia and surgeries [93,94]. In a study by Azimaraghi et al. [95] patients who were administered *P. incarnata* experienced lower pre-operative anxiety than those who were given oxazepam. Interestingly, *P. incarnata* was also prov-

en to be an effective add-on treatment during benzodiazepine tapering [96]. One of the postulated mechanisms of action of *P. incarnata* is through modulation of GABA-A receptors (partial agonism) [97].

Hypericum perforatum (St. John's wort)

The psychopharmacology of *H. perforatum* has been extensively studied in human trials. It is mostly sold as a self-care preparation for depressed mood. Evidence suggesting its antidepressant action can be found in the literature [98,99]. A meta-analysis of trials conducted on patients with mild or moderate major depressive disorder showed that *H. perforatum* is more effective than placebo and comparably effective as tricyclic antidepressants, tetracyclic antidepressants and selective serotonin reuptake inhibitors (SSRI), at the same time having less adverse reactions [100]. The postulated mechanism of action is, among others, inhibition of serotonin, dopamine and noradrenaline reuptake, MAO inhibition, β -adrenergic modulation and inhibition of glutamate release [101,102]. The postulated reduction of stress (along with consequent diminished cognitive impairment) was described predominantly in animal models [103,104,105] or in case reports [106]. Kobak et al. [107] found *H. perforatum* effective in social phobia. Much attention is paid to safety issues, as *H. perforatum* has a huge potential to interact with many medications [108].

Schisandra chinensis

S. chinensis extract is advertised as a stress reliever. However, its effects were mainly demonstrated in animal models [109,110,111]. The proposed mechanism of action is HPA axis modulation as well as serotonergic, dopaminergic, noradrenergic and GABA-ergic systems modulation [112].

4. DISCUSSION

Several conclusions can be drawn from the analysis of the Polish market for dietary supplements intended to improve mood or reduce

the effects of stress. First of all, it is noticeable that choice of such preparations is very huge, with the selected 100 products (50 per each indication) being only a small representation of the whole market. The underlying causes of using psychotropic dietary supplements need to be investigated in details, but presumably they involve deterioration in mental wellbeing in Poland (e.g. due to COVID-19, recession and war in Ukraine) [113,114,115], high preoccupation with one's mental health (39%) [116], low accessibility of mental health services (defined as the number of psychiatrists per inhabitants, psychiatric hospital beds, share of people consulting psychologists) in comparison to other EU countries [117] and social stigma of mental illness [118]. It is worth noting that according to the Supreme Audit Office, the market for dietary supplements is a high-risk area with insufficient control [119]. This, combined with the fact that many dietary supplements are addressing psychopathological problems, creates the need to address this phenomenon from the scientific point of view in further studies.

Although herbal ingredients are generally thought to have a more moderate effect and less adverse reactions, in certain circumstances they may pose a threat to an individual's health, especially when taken along with prescription medications or by individuals with comorbidities. Examples include *W. somnifera* in autoimmune and thyroid diseases [120] and *H. perforatum* in thyroid diseases [121]. As for *H. perforatum*, it may also cause hypersensitivity to sunlight, leading to sunburns or fotoallergic reactions during the therapy and 14 days after its completion. If taken along with antidepressant drugs, it may lead to serotonin syndrome [122].

Unfortunately, the exact pharmacokinetics and pharmacodynamics of herbal ingredients remain unknown in many cases, which makes it impossible to identify and test particular interactions. Hypothetically, they may interact with any substances that are metabolised by the same CYP450 [123], which in many cases (e.g. *H. perforatum*) leads to a long list of potential interactions [124]. Due to similarity of expected effects, herbal ingredients are generally not recommended to be used in parallel with antidepressant, anxiolytic, sedative and hypnotic medications, especially without doctor's knowledge [125]. Also, it is im-

possible to draw conclusions as to optimal dosages and time of therapy, as the preparations used in the trials vary considerably in terms of active constituents' content (e.g. withanolides for *W. somnifera*), chemical composition or duration of intake. No official guidelines specifying the dosage of herbal substances and the suggested duration of treatment are currently available.

The problem is probably compounded by lack of education in the field of food and drug safety. Given the general low level of knowledge about dietary supplements among Polish adults [126], it emerges as a serious problem, especially in the specific context of mental health and when faced with little control over the quality of dietary supplements in Poland.

The market analysis also revealed very imprecise, subjective and unverifiable declarations of producers or merchants of the preparations, such as "supports the maintenance of mental health", "helps soothe your nerves", "revitalizes nerves and brain cells", "helps in relaxation", "stabilizes behavioural patterns", "maintains normal mind functions", which may make it difficult or even impossible for an individual to assess the preparation's effectiveness and potentially delay optimal treatment. An attempt to verify these declarations with medical literature shows that often they come out unjustified.

Thorough research should be conducted in order to estimate the popularity of preparations intended to improve mood or reduce the effects of stress among Polish adults, to build a demographic characteristic of this group and to identify potentially hazardous behaviour patterns (e.g. intake of several preparations at the same time, not informing GPs/specialists about the use of preparations). If needed, educational measures should be taken to increase the level of knowledge and encourage people to make informed decisions based on evidence-based knowledge, while also providing them with popularised sources of information they could easily comprehend.

REFERENCES

1. Oster M. Exploring the Booming Market for Mental Health Supplements [Internet]. 2023 [cited 2024 Mar 30]. Available from: <https://www.euromonitor.com/article/exploring-the-booming-market-for-mental-health-supplements>.

2. Fact.MR. Mood Support Supplements Market [Internet]. 2023 [cited 2024 Mar 30]. Available from: <https://www.fact-mr.com/report/mood-support-supplements-market>.
3. Grand View Research. Europe Brain Health Supplements Market Size, Share & Trends Analysis Report By Product (Natural Molecules, Vitamins & Minerals), By Application (Memory Enhancement, Attention & Focus), By Country, And Segment Forecasts, 2024 – 2030 [Internet]. 2023 [cited 2024 Mar 30]. Available from: <https://www.grandviewresearch.com/industry-analysis/europe-brain-health-supplements-market-report>.
4. Galecki P, Szulc A. *Psychiatria*. Wrocław: Edra Urban & Partners; 2018.
5. American Psychiatric Association. Depressive Disorders. In: Diagnostic and Statistical Manual of Mental Disorders. American Psychiatric Association Publishing; 2022.
6. Hepburn SR, Barnhofer T, Williams JMG. Effects of mood on how future events are generated and perceived. *Pers Individ Dif*. 2006 Oct;41(5):801–11.
7. Chepenik LG, Cornew LA, Farah MJ. The influence of sad mood on cognition. *Emotion*. 2007;7(4):802–11.
8. Sjöberg L, Fratiglioni L, Lövdén M, Wang HX. Low Mood and Risk of Dementia: The Role of Marital Status and Living Situation. *Am J Geriatr Psychiatry*. 2020 Jan;28(1):33–44.
9. Coviello D, Deserranno E, Persico N, Sapienza P. Effect of mood and worker incentives on workplace productivity. *The Journal of Law, Economics, and Organization*. 2022 Sep 26;
10. Selye H. Stress in Health and Disease. SELYE H, editor. *Stress in Health and Disease*. Butterworth-Heinemann; 19
11. Lazarus RS, Folkman S. *Stress, Appraisal, and Coping*. Springer; 19
12. Holmes TH, Rahe RH. The social readjustment rating scale. *J Psychosom Res*. 1967 Aug;11(2):213–8.
13. Noone PA. The Holmes–Rahe Stress Inventory. *Occupational Medicine*. 2017 Oct 1;67(7):581–2.
14. Fink G. *Handbook of stress*. Vol. 1, Stress : concepts, cognition, emotion, and behavior. Springer; 20
15. Esler M. Mental stress and human cardiovascular disease. *Neurosci Biobehav Rev*. 2017 Mar;74(Pt B):269–2
16. Axelrod J, Reisine TD. Stress Hormones: Their Interaction and Regulation. *Science*. 1984 May 4;224(4648):452–9.
17. de Kloet ER. About Stress Hormones and Resilience to Psychopathology. *J Neuroendocrinol*. 2008 Jun 10;20(6):885–
18. Kyrou I, Tsigos C. Stress hormones: physiological stress and regulation of metabolism. *Curr Opin Pharmacol*. 2009 Dec;9(6):787–
19. Czerwiński A, Liebers D. Regulacja rynku suplementów diety Czy Polska ma szansę zostać europejskim liderem? 20 *Polski Instytut Ekonomiczny*.
20. Błaszczak A. Regulacyjne dokręcanie śruby suplementom diety. 2023 [cited 2024 Mar 30]; Available from: <https://www.rp.pl/biznes/art37918111-regulacyjne-dokręcanie-sruby-suplementom-diety>.
21. Ipsos, European Public Affairs. Consumer survey on food supplements in the EU. [Internet]. 2022 [cited 2024 Apr 1]. Available from: https://foodsupplementseurope.org/wp-content/uploads/2022/07/FSE-Consumer_Survey-Ipsos-20pdf
22. Centrum Badań Opinii Społecznej. Leki dostępne bez recepty i suplementy diety [Internet]. 2016 [cited 2024 Mar 30]. Available from: https://cbos.pl/SPISKOM.POL/2016/K_158_PDF.
23. Chandrasekhar K, Kapoor J, Anishetty S. A Prospective, Randomized Double-Blind, Placebo-Controlled Study of Safety and Efficacy of a High-Concentration Full-Spectrum Extract of Ashwagandha Root in Reducing Stress and Anxiety in Adults. *Indian J Psychol Med*. 2012 Jul 1;34(3):255–
24. Lopresti AL, Smith SJ, Malvi H, Kodgule R. An investigation into the stress-relieving and pharmacological actions of an ashwagandha (*Withania somnifera*) extract. *Medicine*. 2019 Sep;98(37):e171
25. Salve J, Pate S, Debnath K, Langade D. Adaptogenic and Anxiolytic Effects of Ashwagandha Root Extract in Healthy Adults: A Double-blind, Randomized, Placebo-controlled Clinical Study. *Cureus*. 2019 Dec
26. Mishra LC, Singh BB, Dagenais S. Scientific basis for the therapeutic use of *Withania somnifera* (ashwagandha): a review. *Altern Med Rev*. 2000 Aug;5(4):334–
27. Dar NJ, Hamid A, Ahmad M. Pharmacologic overview of *Withania somnifera*, the Indian Ginseng. *Cell Mol Life Sci*. 2015 Dec 26;72(23):4445–
28. Wang YY, Ma WW, Peng IF. Screening of sleep assisting drug candidates with a *Drosophila* model. *PLOS One*. 2020 Jul 29;15(7):e02363
29. Langade D, Kanchi S, Salve J, Debnath K, Ambegaokar D. Efficacy and Safety of Ashwagandha (*Withania somnifera*) Root Extract in Insomnia and Anxiety: A Double-blind, Randomized, Placebo-controlled Study. *Cureus*. 2019 Sep 28;
30. Cheah KL, Norhayati MN, Husniati Yaacob L, Abdul Rahman R. Effect of Ashwagandha (*Withania somnifera*) extract on sleep: A systematic review and meta-analysis. *PLOS One*. 2021 Sep 24;16(9):e02578
31. Zam W, Quispe C, Sharifi-Rad J, López MD, Schoebitz M, Martorell M, et al. An Updated Review on The Properties of *Melissa officinalis* L.: Not Exclusively Anti-anxiety. *Front Biosci (Schol Ed)*. 2022 Jun 7;14(2):
32. Kennedy DO, Little W, Scholey AB. Attenuation of Laboratory-Induced Stress in Humans After Acute Administration of *Melissa officinalis* (Lemon Balm). *Psychosomatic Medicine*. 2004 Jul;66(4):607–
33. Haybar H, Javid AZ, Haghhighizadeh MH, Valizadeh E, Mo-haghegh SM, Mohammadzadeh A. The effects of *Melissa*

- officialis supplementation on depression, anxiety, stress, and sleep disorder in patients with chronic stable angina. *Clin Nutr ESPEN*. 2018 Aug;26:47–
34. Soltanpour A, Alijaniha F, Naseri M, Kazemnejad A, Heidari MR. Effects of *Melissa officinalis* on anxiety and sleep quality in patients undergoing coronary artery bypass surgery: A double-blind randomized placebo controlled trial. *Eur J Integr Med*. 2019 Jun;28:27–
 35. Chehroudi S, Fatemi MJ, Saberi M, Salehi SH, Akbari H, Samimi R. Effects of *Melissa officinalis* L. on Reducing Stress, Alleviating Anxiety Disorders, Depression, and Insomnia, and Increasing Total Antioxidants in Burn Patients. *Trauma Mon*. 2016 Jul
 36. Cases J, Ibarra A, Feuillère N, Roller M, Sukkar SG. Pilot trial of *Melissa officinalis* L. leaf extract in the treatment of volunteers suffering from mild-to-moderate anxiety disorders and sleep disturbances. *Med J Nutrition Metab*. 2010 Dec 17;4(3):211–8.
 37. Awad R, Muhammad A, Durst T, Trudeau VL, Arnason JT. Bioassay-guided fractionation of lemon balm (*Melissa officinalis* L.) using an in vitro measure of GABA transaminase activity. *Phytother Res*. 2009 Aug 22;23(8):1075–
 38. Ghazizadeh J, Sadigh-Eteghad S, Marx W, Fakhari A, Hamedeyazdan S, Torbati M, et al. The effects of lemon balm (*Melissa officinalis* L.) on depression and anxiety in clinical trials: A systematic review and meta-analysis. *Phytother Res*. 2021 Dec 27;35(12):6690–7
 39. Safari M, Asadi A, Aryaeian N, Huseini HF, shidfar F, Jazayeri S, et al. The effects of melissa officinalis on depression and anxiety in type 2 diabetes patients with depression: a randomized double-blinded placebo-controlled clinical trial. *BMC Complement Med Ther*. 2023 May 2;23(1):1
 40. Araj-Khodaei M, Noorbala AA, Yarani R, Emadi F, Emaratkar E, Faghihzadeh S, et al. A double-blind, randomized pilot study for comparison of *Melissa officinalis* L. and *Lavandula angustifolia* Mill. with Fluoxetine for the treatment of depression. *BMC Complement Med Ther*. 2020 Dec 3;20(1):2
 41. Anghelescu IG, Edwards D, Seifritz E, Kasper S. Stress management and the role of *Rhodiola rosea*: a review. *Int J Psychiatry Clin Pract*. 2018 Oct 2;22(4):242–
 42. Lekomtseva Y, Zhukova I, Wacker A. *Rhodiola rosea* in Subjects with Prolonged or Chronic Fatigue Symptoms: Results of an Open-Label Clinical Trial. *Complement Med Res*. 2017;24(1):46–
 43. Goyvaerts B, Bruhn S. *Rhodiola rosea*-Spezialextrakt SHR-5 bei Burn-out und Erschöpfungssyndrom. *Erfahrungsheilkunde*. 2012 Feb 27;61(02):79–
 44. Edwards D, Heufelder A, Zimmermann A. Therapeutic Effects and Safety of *Rhodiola rosea* Extract WS® 1375 in Subjects with Life-stress Symptoms – Results of an Open-label Study. *Phytother Res*. 2012 Aug 6;26(8):1220–5.
 45. Amsterdam JD, Panossian AG. *Rhodiola rosea* L. as a putative botanical antidepressant. *Phytomedicine*. 2016 Jun;23(7):770–
 46. Zhang W, Huai Y, Miao Z, Chen C, Shahen M, Rahman SU, et al. Systems pharmacology approach to investigate the molecular mechanisms of herb *Rhodiola rosea* L. radix. *Drug Dev Ind Pharm*. 2019 Mar 4;45(3):456–
 47. Edwards SE, da Costa Rocha I, Williamson EM, Heinrich M. *Phytopharmacy: An Evidence-Based Guide to Herbal Medical Products*. John Wiley & Sons, Ltd; 20
 48. Aslanyan G, Amroyan E, Gabrielyan E, Nylander M, Wikman G, Panossian A. Double-blind, placebo-controlled, randomised study of single dose effects of ADAPT-232 on cognitive functions. *Phytomedicine*. 2010 Jun;17(7):494–9.
 49. Noreen EE, Buckley JG, Lewis SL, Brandauer J, Stuempfle KJ. The Effects of an Acute Dose of *Rhodiola rosea* on Endurance Exercise Performance. *J Strength Cond Res*. 2013 Mar;27(3):839–
 50. Lu Y, Deng B, Xu L, Liu H, Song Y, Lin F. Effects of *Rhodiola Rosea* Supplementation on Exercise and Sport: A Systematic Review. *Front Nutr*. 2022 Apr 7;9.
 51. Darbinyan V, Aslanyan G, Amroyan E, Gabrielyan E, Malmström C, Panossian A. Clinical trial of *Rhodiola rosea* L. extract SHR-5 in the treatment of mild to moderate depression. *Nord J Psychiatry*. 2007 Jan 12;61(5):343–8.
 52. Mao JJ, Xie SX, Zee J, Soeller I, Li QS, Rockwell K, et al. *Rhodiola rosea* versus sertraline for major depressive disorder: A randomized placebo-controlled trial. *Phytomedicine*. 2015 Mar;22(3):394–9.
 53. Gao L, Wu C, Liao Y, Wang J. Antidepressants effects of *Rhodiola* capsule combined with sertraline for major depressive disorder: A randomized double-blind placebo-controlled clinical trial. *J Affect Disord*. 2020 Mar;265:99–1
 54. Cropley M, Banks AP, Boyle J. The Effects of *Rhodiola rosea* L. Extract on Anxiety, Stress, Cognition and Other Mood Symptoms. *Phytother Res*. 2015 Dec;29(12):1934–9.
 55. Hao YF, Luo T, Lu ZY, Shen CY, Jiang JG. Targets and underlying mechanisms related to the sedative and hypnotic activities of saponins from *Rhodiola rosea* L. (crassulaceae). *Food Funct*. 2021;12(21):10589–6
 56. Ross SM. Sleep Disorders. *Holist Nurs Pract*. 2009 Jul;23(4):253–6.
 57. Salter S, Brownie S. Treating primary insomnia – the efficacy of valerian and hops. *Aust Fam Physician*. 2010 Jun;39(6):433–7.
 58. Schmitz M, Jäckel M. Comparative study for assessing quality of life of patients with exogenous sleep disorders (temporary sleep onset and sleep interruption disorders) treated with a hops-valerian preparation and a benzodiazepine drug]. *Wien Med Wochenschr*. 1998;148(13):291–8.
 59. Cornu C, Remontet L, Noel-Baron F, Nicolas A, Feugier-Favier N, Roy P, et al. A dietary supplement to improve

- the quality of sleep: a randomized placebo controlled trial. *BMC Complement Altern Med*. 2010 Dec 22;10(1):29.
60. Abourashed EA, Koetter U, Brattström A. In vitro binding experiments with a Valerian, Hops and their fixed combination extract (Ze91019) to selected central nervous system receptors. *Phytomedicine*. 2004 Nov;11(7–8):633–8.
 61. Zanolì P, Zavatti M, Rivasi M, Brusiani F, Losi G, Puia G, et al. Evidence that the β -acids fraction of hops reduces central GABAergic neurotransmission. *J Ethnopharmacol*. 2007 Jan;109(1):87–
 62. Kyrou I, Christou A, Panagiotakos D. Effects of a hops (*Humulus lupulus* L.) dry extract supplement on self-reported depression, anxiety and stress levels in apparently healthy young adults: a randomized, placebo-controlled, double-blind, crossover pilot study. *Hormones*. 2017 Jul
 63. Oliva AI, Monleón GA, Olmo QV, Oteiza LL, Rodríguez GS, Garramendiola GJK, et al. Pilot Study of the Efficacy and Safety of *Humulus lupulus* in the Treatment of Mild Anxiety. *EC Emergency Medicine and Critical Care*. 2021;5:9–
 64. Andreatini R, Sartori VA, Seabra ML v., Leite JR. Effect of valepotriates (valerian extract) in generalized anxiety disorder: a randomized placebo-controlled pilot study. *Phytother Res*. 2002 Nov 30;16(7):650–4.
 65. Tammadon MR, Nobahar M, Hydarinia-Naieni Z, Ebrahimian A, Ghorbani R, Vafaei AA. The Effects of Valerian on Sleep Quality, Depression, and State Anxiety in Hemodialysis Patients: A Randomized, Double-blind, Crossover Clinical Trial. *Oman Med J*. 2021 Mar;36(2):e2
 66. Miyasaka LS, Atallah ÁN, Soares B. Valerian for anxiety disorders. *Cochrane Database Syst Rev*. 2006 Oct 18;
 67. Donath F, Quispe S, Diefenbach K, Maurer A, Fietze I, Roots I. Critical Evaluation of the Effect of Valerian Extract on Sleep Structure and Sleep Quality. *Pharmacopsychiatry*. 2000 Mar;33(2):47–
 68. Bent S, Padula A, Moore D, Patterson M, Mehling W. Valerian for sleep: a systematic review and meta-analysis. *Am J Med*. 2006 Dec;119(12):1005–
 69. Taibi DM, Landis CA, Petry H, Vitiello M v. A systematic review of valerian as a sleep aid: safe but not effective. *Sleep Med Rev*. 2007 Jun;11(3):209–
 70. Leach MJ, Page AT. Herbal medicine for insomnia: A systematic review and meta-analysis. *Sleep Med Rev*. 2015 Dec;24:1–
 71. Shinjyo N, Waddell G, Green J. Valerian Root in Treating Sleep Problems and Associated Disorders-A Systematic Review and Meta-Analysis. *J Evid Based Integr Med*. 2020;25:2515690X209673
 72. Lopresti AL, Drummond PD. Saffron (*Crocus sativus*) for depression: a systematic review of clinical studies and examination of underlying antidepressant mechanisms of action. *Hum Psychopharmacol*. 2014 Nov;29(6):517–
 73. Moshiri M, Vahabzadeh M, Hosseinzadeh H. Clinical Applications of Saffron (*Crocus sativus*) and its Constituents: A Review. *Drug Res*. 2015 Jun;65(6):287–
 74. Tóth B, Hegyi P, Lantos T, Szakács Z, Kerémi B, Varga G, et al. The Efficacy of Saffron in the Treatment of Mild to Moderate Depression: A Meta-analysis. *Planta Med*. 2019 Jan;85(1):24–
 75. Musazadeh V, Zarezadeh M, Faghfour AH, Keramati M, Ghoreishi Z, Farnam A. Saffron, as an adjunct therapy, contributes to relieve depression symptoms: An umbrella meta-analysis. *Pharmacol Res*. 2022 Jan;175:1059
 76. Arjmand B, Khodadoost M, Razzaghi M, Rezaei Tavirani M, Ahmadzadeh A, Rezaei Tavirani S. Assessment of Molecular Mechanism of Saffron Anti-Stress Property. *Research Journal of Pharmacognosy*. 2021;8(3):25–
 77. Saeedi M, Rashidy-Pour A. Association between chronic stress and Alzheimer's disease: Therapeutic effects of Saffron. *Biomed Pharmacother*. 2021 Jan;133:1109
 78. Agha-Hosseini M, Kashani L, Aleyaseen A, Ghoreishi A, Rahmanpour H, Zarinara AR, et al. *Crocus sativus* L. (saffron) in the treatment of premenstrual syndrome: a double-blind, randomised and placebo-controlled trial. *BJOG*. 2008 Mar;115(4):515–9.
 79. Pirdadeh Beiranvand S, Shams Beiranvand N, Behboodi Moghadam Z, Birjandi M, Azhari S, Rezaei E, et al. The effect of *Crocus sativus* (saffron) on the severity of premenstrual syndrome. *Eur J Integr Med*. 2016 Feb 1;8(1):55–
 80. Sayed AM, Morsy S, Tawfik GM, Naveed S, Minh-Duc NT, Hieu TH, et al. The best route of administration of lavender for anxiety: a systematic review and network meta-analysis. *Gen Hosp Psychiatry*. 2020;64:33–
 81. Donelli D, Antonelli M, Bellinazzi C, Gensini GF, Firenzuoli F. Effects of lavender on anxiety: A systematic review and meta-analysis. *Phytomedicine*. 2019 Dec;65:1530
 82. Kasper S, Gastpar M, Müller WE, Volz HP, Möller HJ, Dienele A, et al. Silexan, an orally administered Lavandula oil preparation, is effective in the treatment of 'subsyndromal' anxiety disorder: a randomized, double-blind, placebo controlled trial. *Int Clin Psychopharmacol*. 2010 Sep;25(5):277–
 83. Kasper S. An orally administered lavandula oil preparation (Silexan) for anxiety disorder and related conditions: an evidence based review. *Int J Psychiatry Clin Prac*. 2013 Nov 3;17(sup1):15–
 84. Kasper S, Müller WE, Volz HP, Möller HJ, Koch E, Dienele A. Silexan in anxiety disorders: Clinical data and pharmacological background. *World J Biol Psychiatry*. 2018 Aug 18;19(6):412–
 85. Yap WS, Dolzhenko A v., Jalal Z, Hadi MA, Khan TM. Efficacy and safety of lavender essential oil (Silexan) capsules among patients suffering from anxiety disorders: A network meta-analysis. *Sci Rep*. 2019 Dec 2;9(1):180

86. Woelk H, Schläfke S. A multi-center, double-blind, randomised study of the Lavender oil preparation Silexan in comparison to Lorazepam for generalized anxiety disorder. *Phytomedicine*. 2010 Feb;17(2):94–9.
87. Chioca LR, Ferro MM, Baretta IP, Oliveira SM, Silva CR, Ferreira J, et al. Anxiolytic-like effect of lavender essential oil inhalation in mice: participation of serotonergic but not GABAA/benzodiazepine neurotransmission. *J Ethnopharmacol*. 2013 May 20;147(2):412–8.
88. Baldinger P, Höflich AS, Mitterhauser M, Hahn A, Rami-Mark C, Spies M, et al. Effects of Silexan on the serotonin-1A receptor and microstructure of the human brain: a randomized, placebo-controlled, double-blind, cross-over study with molecular and structural neuroimaging. *Int J Neuropsychopharmacol*. 2014 Oct 31;18(4).
89. Fißler M, Quante A. A case series on the use of lavender oil capsules in patients suffering from major depressive disorder and symptoms of psychomotor agitation, insomnia and anxiety. *Complement Ther Med*. 2014 Feb;22(1):63–9.
90. Hirokawa K, Nishimoto T, Taniguchi T. Effects of Lavender Aroma on Sleep Quality in Healthy Japanese Students. *Percept Mot Skills*. 2012 Feb 1;114(1):111–
91. Roozbeh N, Ghazanfarpour M, Khadivzadeh T, Kargarfard L, Dizavandi FR, Shariati K. Effect of Lavender on Sleep, Sexual Desire, Vasomotor, Psychological and Physical Symptom among Menopausal and Elderly Women: A Systematic Review. *J Menopausal Med*. 2019;25(2):
92. Janda K, Wojtkowska K, Jakubczyk K, Antoniewicz J, Skonieczna-Żydecka K. *Passiflora incarnata* in Neuropsychiatric Disorders—A Systematic Review. *Nutrients*. 2020 Dec 19;12(12):38
93. Movafegh A, Alizadeh R, Hajimohamadi F, Esfehiani F, Nejattar M. Preoperative Oral *Passiflora Incarnata* Reduces Anxiety in Ambulatory Surgery Patients: A Double-Blind, Placebo-Controlled Study. *Anesthesia & Analgesia*. 2008 Jun;106(6):1728–32.
94. Kaviani N, Tavakoli M, Tabanmehr M, Havaei R. The efficacy of *passiflora incarnata* linnaeus in reducing dental anxiety in patients undergoing periodontal treatment. *J Dent (Shiraz)*. 2013 Jun;14(2):68–72.
95. Azimaraghi O, Yousefshahi F, Khatavi F, Zamani Mm, Movafegh A. Both oral *Passiflora incarnata* and Oxazepam Can Reduce Pre-Operative Anxiety in Ambulatory Surgery Patients: a Double-Blind, Placebo-Controlled Study. *Asian J Pharm Clin Res*. 2017 Aug 1;10(8):331.
96. Zanardi R, Carminati M, Fazio V, Maccario M, Verri G, Colombo C. Add-On Treatment with *Passiflora incarnata* L., herba, during Benzodiazepine Tapering in Patients with Depression and Anxiety: A Real-World Study. *Pharmaceuticals*. 2023 Mar 10;16(3).
97. Appel K, Rose T, Fiebich B, Kammler T, Hoffmann C, Weiss G. Modulation of the γ -aminobutyric acid (GABA) system by *Passiflora incarnata* L. *Phytother Res: PTR*. 2011 Jun;25(6):838–43.
98. Wurglics M, Schubert-Zsilavecz M. *Hypericum Perforatum*: A Modern Herbal Antidepressant. *Clin Pharmacokinetics*. 2006;45(5):449–68.
99. Kasper S, Caraci F, Forti B, Drago F, Aguglia E. Efficacy and tolerability of *Hypericum* extract for the treatment of mild to moderate depression. *Eur Neuropsychopharmacol*. 2010 Nov;20(11):747–65.
100. Linde K, Berner MM, Kriston L. St John's wort for major depression. *Cochrane Database Syst Rev*. 2008 Oct 8.
101. Butterweck V. Mechanism of action of St John's wort in depression: what is known? *CNS drugs*. 2003;17(8):539–62.
102. Schmidt M, Butterweck V. The mechanisms of action of St. John's wort: an update. *Wien Med Wochenschr*. 2015 Jun;165(11–12):229–35.
103. Trofimiuk E, Holownia A, Braszko JJ. St. John's wort may relieve negative effects of stress on spatial working memory by changing synaptic plasticity. *Naunyn Schmiedebergs Arch Pharmacol*. 2011 Apr;383(4):415–22.
104. Kumar A, Garg R, Prakash AK. Effect of St. John's Wort (*Hypericum perforatum*) treatment on restraint stress-induced behavioral and biochemical alteration in mice. *BMC Complement Altern Med*. 2010 May 7;10:18.
105. Trofimiuk E, Walesiuk A, Braszko JJ. St John's wort (*Hypericum perforatum*) diminishes cognitive impairment caused by the chronic restraint stress in rats. *Pharmacol Res*. 2005 Mar;51(3):239–46.
106. Davidson JR, Connor KM. St. John's wort in generalized anxiety disorder: three case reports. *J Clin Psychopharmacol*. 2001 Dec;21(6):635–6.
107. Kobak KA, Taylor LVH, Warner G, Futterer R. St. John's wort versus placebo in social phobia: results from a placebo-controlled pilot study. *J Clin Psychopharmacol*. 2005 Feb;25(1):51–8.
108. Bilia AR, Gallori S, Vincieri FF. St. John's wort and depression: efficacy, safety and tolerability—an update. *Life sciences*. 2002 May 17;70(26):3077–96.
109. Chen WW, He RR, Li YF, Li SB, Tsoi B, Kurihara H. Pharmacological studies on the anxiolytic effect of standardized *Schisandra lignans* extract on restraint-stressed mice. *Phytomedicine*. 2011 Oct;18(13):1144–7.
110. Zhang C, Zhao X, Mao X, Liu A, Liu Z, Li X, et al. Pharmacological evaluation of sedative and hypnotic effects of schizandrin through the modification of pentobarbital-induced sleep behaviors in mice. *Eur J Pharmacol*. 2014 Dec;744:157–63.
111. Xia N, Li J, Wang H, Wang J, Wang Y. *Schisandra chinensis* and *Rhodiola rosea* exert an anti-stress effect on the HPA axis and reduce hypothalamic c-Fos expression in rats subjected to repeated stress. *Exp Ther Med*. 2016 Jan;11(1):353–9.

112. Yan T, Xu M, Wu B, Liao Z, Liu Z, Zhao X, et al. The effect of Schisandra chinensis extracts on depression by noradrenergic, dopaminergic, GABAergic and glutamatergic systems in the forced swim test in mice. *Food Funct.* 2016 Jun 15;7(6):2811–9.
113. Chodkiewicz J, Miniszewska J, Krajewska E, Biliński P. Mental Health during the Second Wave of the COVID-19 Pandemic-Polish Studies. *Int J Environ Res Public Health.* 2021 Mar 25;18(7).
114. Dragan M, Grajewski P, Shevlin M. Adjustment disorder, traumatic stress, depression and anxiety in Poland during an early phase of the COVID-19 pandemic. *Eur J Psychotraumatol.* 2021;12(1):1860356.
115. Rizzi D, Ciuffo G, Sandoli G, Mangiagalli M, de Angelis P, Scavuzzo G, et al. Running Away from the War in Ukraine: The Impact on Mental Health of Internally Displaced Persons (IDPs) and Refugees in Transit in Poland. *Int J Environ Res Public Health.* 2022 Dec 8;19(24).
116. Centrum Badań Opinii Społecznej. Zdrowie psychiczne Polaków [Internet]. 2021 [cited 2024 Apr 1]. Available from: https://www.cbos.pl/SPISKOM.POL/2021/K_154_21.PDF
117. Eurostat. Mental health and related issues statistics [Internet]. 2023 [cited 2024 Apr 1]. Available from: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Mental_health_and_related_issues_statistics#Mental_healthcare.
118. Babicki M, Kotowicz K, Piotrowski P, Stramecki F, Kobylko A, Rymaszewska J. Areas of stigma and discrimination of mentally ill people among Internet respondents in Poland. *Psychiatr Pol.* 2018 Feb 28;52(1):93–102.
119. Najwyższa Izba Kontroli. Dopuszczanie do obrotu suplementów diety [Internet]. 2017 [cited 2024 Apr 1]. Available from: <https://www.nik.gov.pl/plik/id,13031,vp,15443.pdf>.
120. Panda S, Kar A. Changes in thyroid hormone concentrations after administration of ashwagandha root extract to adult male mice. *J Pharm Pharmacol.* 1998 Sep;50(9):1065–8.
121. Hammerness P, Basch E, Ulbricht C, Barrette EP, Foppa I, Basch S, et al. St John's wort: a systematic review of adverse effects and drug interactions for the consultation psychiatrist. *Psychosomatics.* 2003;44(4):271–82.
122. Peterson B, Nguyen H. *StatPaerls.* 2024. St. John's Wort.
123. Katzung BG, Vanderah TW. *Basic and Clinical Pharmacology.* McGraw Hill. 2020.
124. Steenkamp V, Parkar H, Dasgupta A. Utility of Therapeutic Drug Monitoring in Identifying Clinically Significant Interactions Between St. John's Wort and Prescription Drugs. *Ther Drug Monit.* 2023 Feb;45(1):35–44.
125. Woron J, Siwek M. Unwanted effects of psychotropic drug interactions with medicinal products and diet supplements containing plant extracts. *Psychiatr Pol.* 2018 Dec 29;52(6):983–96.
126. Krejpcio Z, Skwarek K, Hyżyk A, Dyba S. Evaluation of prevalence of dietary supplements intake in a selected group of sports people. *Problemy Higieny i Epidemiologii.* 2011, 92(4): 935-938.