



Serenoa repens: A Phytochemical and Pharmacological Review

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Abstract

Background: The dried ripe fruit of *Serenoa repens* (W. Bartram) Small (Arecaceae) is traditionally used for urinary tract disorders, infertility, and prostate hyperplasia in men and for hormonal disturbances and infertility in women.

Aim: This paper aims to introduce a collective overview of *S. repens* research regarding its ethnopharmacological uses, chemical constituents, pharmacological effects, and toxicity. This was performed to identify the research gaps in current studies on *S. repens* and suggest potential avenues for further investigation.

Method: A review of the literature on *S. repens* was conducted from inception to December 2023. The data was acquired through Egyptian Knowledge Bank (EKB), Scopus, Web of Science, Google Scholar, PubMed, and Elsevier databases. Furthermore, a bibliometric analysis of research output on *S. repens* was conducted until December 2023 using the Scopus database. Data was analyzed, and VOSviewer software was used to visualize the relationships between authors, countries, and keywords in the retrieved documents.

Results: *S. repens* is reported to exhibit anti-androgenic, anti-inflammatory, antioxidant, anti-proliferative, and apoptotic activities, thereby alleviating symptoms associated with benign prostate hyperplasia (BPH) and chronic prostatitis. Phytosterols (mainly β -sitosterol) and fatty acids (predominantly lauric and oleic acid) were regarded as the chief active constituents responsible for such activities.

Conclusions: Based on this review, using *S. repens* extract in BPH management has been the focal point over the last few years. Recently, interest has been raised in other androgen-related conditions, such as androgenetic alopecia, yet these uses are still under investigation. To maximize the medicinal uses of *S. repens*, we suggest that more research to be performed to unveil new phytochemicals and their biological activities.

Keywords: *Serenoa repens*; saw palmetto; fatty acids; phytosterols; anti-androgenic; Benign prostatic hyperplasia.

1. Introduction

Serenoa repens (W. Bartram) Small, commonly known as saw palmetto, is the sole representative of the genus *Serenoa* (Family Arecaceae) [1]. It is endemic to the swamps of the southeastern United States, including South Carolina, Alabama, Georgia, Mississippi, and the Florida peninsula [2]. The leaves are fan-shaped, borne on slender petioles lined with short, recurved, sharp, saw-like spines [3]. The fruit is a drupe with a fleshy mesocarp, which turns bluish-black when fully ripe [4].

Historically, the plant has been widely used for centuries and provided food and habitat for many species of wildlife [5]. Among Southeastern American tribes, the plant held significant cultural value. Its leaves and fibers were used to craft baskets, fans, dolls, fish drags, rope, wax, roof thatch, brushes, and camp bedding [6]. The fruits have been recognized for their high nutritional value, served as a food source, either raw or cooked. Regular consumption of the fruits was thought to promote better digestion, enhance strength, and support healthy weight gain. Additionally, the seeds are edible and can be ground into flour [7], [8].

The therapeutic benefits of *S. repens* fruits have been documented since the 19th century. Its introduction to the medical practice dates back to 1877, credited to J. R. Read, M.D., and Abraham A. Solomons [9]. By 1898, eclectic medicine practitioners Felter and Lloyd recommended *S. repens* for treating various ailments, describing it as a nerve sedative, expectorant, and nutritive tonic. It was also used for digestive health and reproductive disorders. Hale (1898) detailed various preparations, including fruit tinctures, oils, suppositories, and crushed seeds, highlighting their benefits in prostate hyperplasia and other conditions [8].

Currently, *S. repens* fruits lipophilic extract is one of the most popular natural remedies for managing Benign prostatic hyperplasia (BPH) associated with lower urinary tract symptoms (LUTS). Many regulatory agencies have approved the use of *S. repens* fruits *n*-hexane extract. It was approved by the German Commission E for the treatment of BPH in stages I and II [10], and included in the European Medicines Agency (EMA) report as an official herbal medicine for BPH management associated with LUTS [11]. By 2021, a recommendation for using *S. repens* fruits *n*-hexane extract for the management of non-neurogenic male LUTS added to the European Association of Urology (EAU) guidelines to be the first phyto-therapeutic agent recommended by EAU guidelines [12].

Serenoa repens fruits *n*-hexane extract contains mainly fatty acids and phytosterols [13], which have been reported to possess various *in vitro* and *in vivo* pharmacological activities. It was reported to exert anti-androgenic activity *via* the

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inhibition of 5 α -reductase enzyme, both types 1 and 2 [14], [15], the enzyme responsible for the conversion of testosterone into 5 α -dihydro testosterone (DHT), which is more potent than testosterone and is thought to be implicated in the development of BPH. It was also reported to suppress many inflammatory mediators [16], possess antioxidant [17], apoptotic [18], anti-proliferative [19], spasmolytic [20] and anti-oedemic activities [21], which makes it beneficial for the treatment of BPH and other androgen-related conditions.

Clinical studies assessed the activity of *S. repens* in treating BPH and reported the different adverse drug reactions, such as nausea, diarrhea, fatigue, stomach upset, and headache. In the assessment of the tolerability of *S. repens*-hexane extract, it was found to be better tolerated than α -blockers such as tamsulosin [22], [23] and other 5 α -reductase inhibitors [22]. However, variations in the content and activity of pharmaceutical products derived from *S. repens* are observed in the market, likely due to differences in extraction methods; studies suggest that *n*-hexane, supercritical CO₂, and ethanol extraction technologies of *S. repens* fruits lead to different fatty acid and phytonutrient profiles [24].

2. Bibliometric overview of *Serenoa repens* research

To identify the research gaps and trends in *S. repens* research and identify future research directions, a bibliometric study of literature published on the plant was conducted using Scopus database (Elsevier, Netherlands) from 1954 to 2023.

Data extraction and preprocessing: Publications were retrieved from the Scopus database (Elsevier, Netherlands) using the search terms "*S. repens*" OR "Saw palmetto" OR "*Sabal serrulate*". The end date of the search was December 31, 2023.

Data analysis: The retrieved studies were analyzed based on publication year and journals. VOSviewer version 1.6.20 was used to analyze and visualize the relations between keywords, authors, and countries through network visualization. The items are represented as circles that differ in size according to their weight, colors represent clusters of related items, and links are represented by lines connecting the items.

Results: The Scopus search retrieved 915 documents published from 1954 to 2023. Analysis of the data showed that most of these documents were original research articles (70.6%), followed by reviews (16.6%) and a miscellaneous group (12.8%) comprising book chapters, notes, short surveys, letters, conference papers, editorials, erratums, and reports.

Distribution in terms of publications per year and journals

The data were analyzed for annual output. The total number of publications over the period 1954-1996 was relevantly low, with an average of 4.1 publications per year. A remarkable increase in the number of publications was observed from 1997, as manifested by doubling the number of publications compared to the previous year. Furthermore, the number of publications continued to increase until 2023 with fluctuation; the highest number was recorded in 2012 (42 publications) (Fig. 1).

Table 1 presents a curated list of high-productivity journals in the field of *S. repens* research. A comprehensive search of the Scopus database identified 155 journals publishing research articles on *S. repens* across various scientific disciplines from 1954 to 2023. This table focuses on prominent journals with a minimum publication threshold of 10 articles. The Journal of Urology is the leading publication venue with 23 documented outputs on *S. repens*.

Table 1: Top-performing journals with a minimum of ten articles on *Serenoa repens* spanning 1954 to 2023

Journal	No. of publications	IF
Journal Of Urology	23	6.6
Urology	18	2.1
Prostate	16	2.8
Urologia	16	0.8
Archivio Italiano Di Urologia E Andrologia	13	1.4
BJU International	10	4.5
Current Urology Reports	10	2.6
European Urology	10	23.4

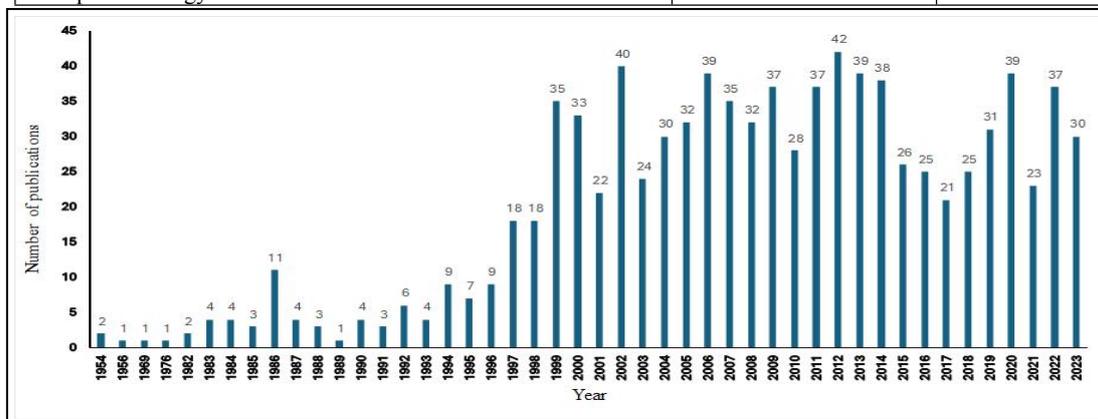


Figure 1: The number of publications per year of *Serenoa repens* research from 1954 to 2023.

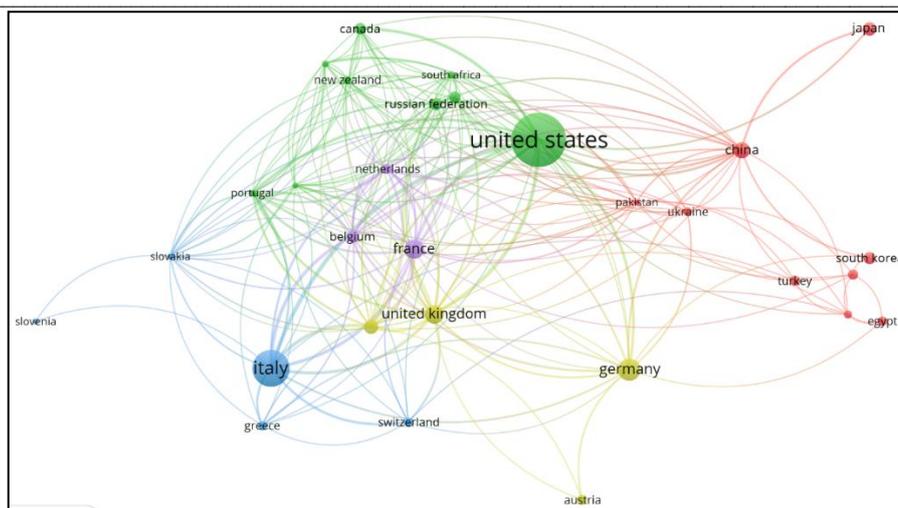


Figure 5: Network-country map for *S. repens* research (countries had at least 5 publications) from 1995 to 2023.

3. Botanical aspects

Taxonomy

Serenoa repens is the only member of the genus *Serenoa* (Family Arecaceae, subfamily Coryphoideae, tribe Coryphae, and subtribe Livistoninae) [1].

Scientific name

Serenoa repens (W. Bartram) Small.

Synonyms

Sabal serrulata (Michx.) Nutt. ex Schult. f., *Serenoa serrulata* (Michx.) Hook. f. ex B.D. Jacks [25].

Common/English names

Saw palmetto, Serenoa, American dwarf palm tree, Cabbage palm [25].

Geographic distribution

S. repens is endemic to the Southeastern United States, ranging from South Carolina, Alabama, Georgia, and Mississippi to Southeastern Louisiana, encompassing the Florida peninsula [2].

Botanical description

S. repens, commonly known as saw palmetto, exhibits a dimorphic growth habit, manifesting as either a low-growing shrub or, less frequently, a small tree [4]. Stems are subterranean or prostrate and surface creeping, rarely erect, covered with persistent leaf sheaths. Axillary buds develop as either reproductive branches (inflorescences) or vegetative branches (suckers) [26]. Numerous green palmate leaves emerge from the stems' terminal buds [3]. The leaves are fan-shaped up to one meter wide with 15 to 30 divisions that are roundish in outline and are borne on slender petioles lined with short recurved sharp spines, from which saw palmetto acquired its common name [1]. The inflorescences, of a panicle form, arise from the base of the leaves and bear small flowers. Each flower has a tubular, three-lobed calyx (1–2 mm long) and a cream-colored, three-lobed corolla (3–5 mm long), with six stamens, a tricarpellate ovary, and a single style. Upon fertilization, only one carpel develops into a drupaceous fruit with a thin endocarp. The drupes ripen in September and October, transitioning from green to black, and represent the plant's reproductive and medicinally valuable component. The roots are mycorrhizal, enabling it to grow on low-nutrient soil [27]. Fig. 6-8 show some of the morphological features of *S. repens*.



Figure 6: *Serenoa repens* dried fruits. X=1.

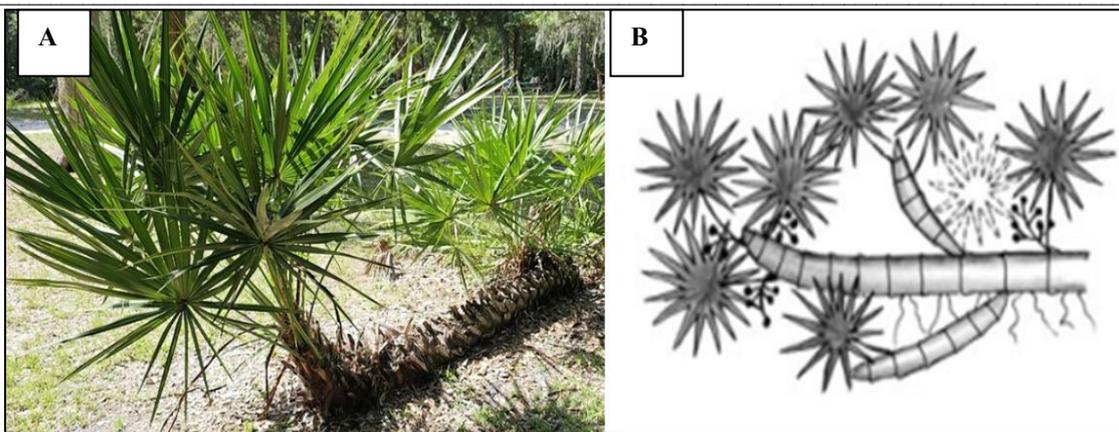


Figure 7: *Serenoa repens* morphological features, (A) *S. repens* stem, (B) Branching patterns in *S. repens*, either inflorescences or vegetative shoots along a mostly prostrate stem (Drawn by Marion Ruff Sheehan).

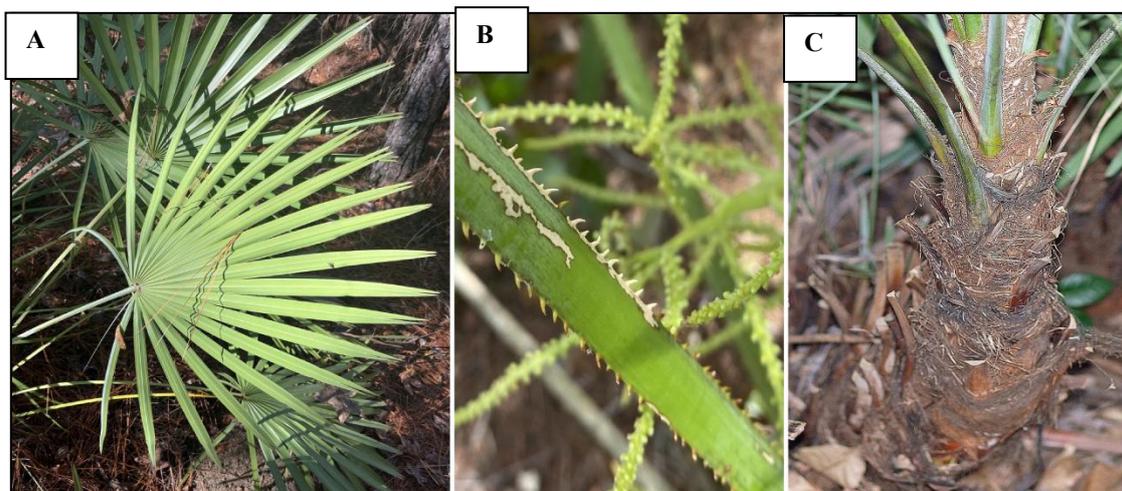


Figure 8: *Serenoa repens* morphological features. (A) *S. repens* palmate leaf, (B) *S. repens* petiole with short sharp spines, (C) *S. repens* leaf sheaths expand into a rough mat of dark brown fibers (iNaturalist. available from <https://www.inaturalist.org>. Accessed [14/1/2024]).

4. Phytochemistry

The ripe fruit of *S. repens* is the most used part for the treatment of many disorders; it consists mainly of 15-20% lipids, primarily free fatty acids, fatty acid esters, triglycerides, fatty alcohols, and sterols [13], [24], [28], with the highest content of lauric and oleic acid [29].

Phytosterols and fatty acids have been the focus of phytochemical studies, and biological activities have been mainly ascribed to these compounds.

The fruits are also rich in phenolic acids and flavonoids [30]–[32]. Different solvents (ethanol, methanol, acetone, and water) were tested for phenolic acid and flavonoid extraction. The lowest content was shown when extracted by distilled water, while the highest content was recorded in the case of extraction using acetone [31].

Tables 2-5 show the chemical structure of major identified compounds of *Serenoa repens* fruits.

Minor components

Minor components such as β -carotene, tocopherols [33], hydrocarbons and volatile compounds [34], monoacylglycerides such as 1-monolaurin and 1-monomyristin [35] and chalconol glycoside dimer [36], were reported. The hydrophilic subfraction of the fruit contains carbohydrates, amino acids, and polysaccharides such as galactose, arabinose, and uronic acid [37], [38]. The literature has also reported terpenoids such as farnesol, phytol, geranylgeraniol, lupeol, and polyprenols [25].

5. Traditional uses

Serenoa repens has been widely used traditionally to address reproductive issues in both sexes. In men, it was used to promote urination, serve as a urinary tract antiseptic, and as an aphrodisiac in erectile dysfunction [39]. It was also used for the management of prostate hypertrophy and male infertility [40]. For women, traditional practices involved promoting breast enlargement, treating infertility, and addressing hormonal disturbances. The fruits have also been used to treat respiratory disorders such as colds, coughs, chronic bronchitis, and asthma. They also treat indigestion and diabetes [6], [25]. Furthermore, owing to their rich nutritional content, they have been characterized as anabolic and beneficial for weight gain [25].

Table 2: Structures of fatty acids and fatty alcohols identified in the fruits of *Serenoa repens*.

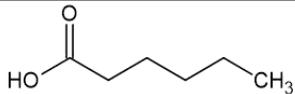
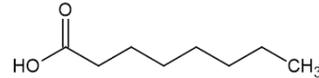
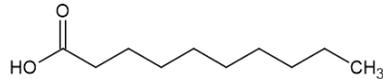
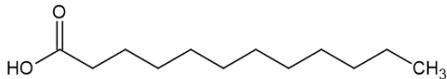
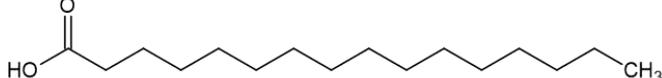
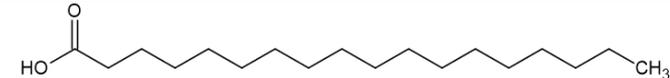
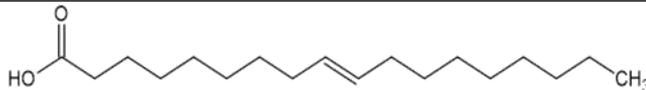
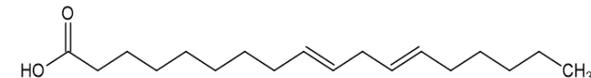
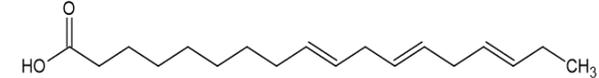
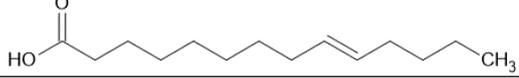
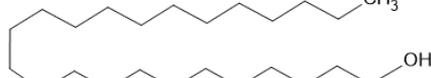
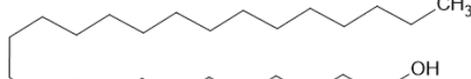
Common name	Molecular formula	Structure	Reference
Saturated fatty acids			
Caproic acid	C ₆ H ₁₂ O ₂ (6:0)		[24], [28], [146], [147]
Caprylic acid	C ₈ H ₁₆ O ₂ (8:0)		
Capric acid	C ₁₀ H ₂₀ O ₂ (10:0)		
Lauric acid	C ₁₂ H ₂₄ O ₂ (12:0)		
Palmitic acid	C ₁₆ H ₃₂ O ₂ (16:0)		
Stearic acid	C ₁₈ H ₃₆ O ₂ (18:0)		
Unsaturated fatty acids			
Oleic acid	C ₁₈ H ₃₄ O ₂ (18:1Δ ⁹)		[24], [28], [146], [147]
Linoleic acid	C ₁₈ H ₃₂ O ₂ (18:2Δ ^{9,12})		
Linolenic acid	C ₁₈ H ₃₀ O ₂ (18:3Δ ^{9,12,15})		
Myristoleic acid	C ₁₄ H ₂₆ O ₂ (14:1Δ ⁹)		[148]
Fatty alcohols			
Tricosanol	C ₂₃ H ₄₈ O		[13]
Tetracosanol	C ₂₄ H ₅₀ O		
Hexacosanol	C ₂₆ H ₅₄ O		
Octacosanol	C ₂₈ H ₅₈ O		

Table 3: Structures of sterols identified in the fruits of *Serenoa repens*.

Sterol	Structure	Reference
β -sitosterol		[13], [24]
Stigmasterol		
Campesterol		
β -sitosterol-3- <i>O</i> -glucoside		[36]

Table 4: Structures of flavonoids identified in the fruits of *Serenoa repens*.

Compound				Reference
Flavonol and glycosides	R1	R2	R3	Reference
Quercetin 3- <i>O</i> -neohesperidoside	H	OH	ONeo	[30]–[32]
Isoquercetin	H	OH	OGlu	
Myricetin	OH	OH	OH	
Isorhamnetin	H	OCH ₃	OH	
Isorhamnetin-3- <i>O</i> -rutinoside	H	OCH ₃	ORut	
Rutin	H	OH	ORut	
Astragaline	H	H	OGlu	

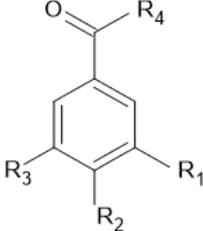
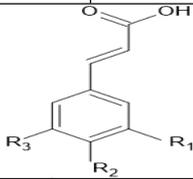
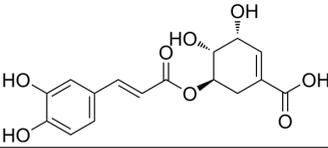
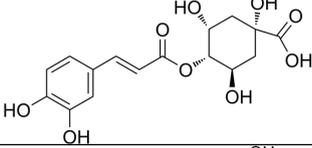
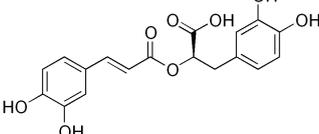
pridoside, **Glu**: glucose, **Rut**: rutinoside

Neo: neohes

6. Pharmacological studies

6.1. Benign prostatic hyperplasia (BPH) and lower urinary tract symptoms (LUTS)

Table 5: Structures of phenolic acids identified in the fruits of *Serenoa repens*.

Compound					Reference
	R1	R2	R3	R4	
Benzoic acid derivatives					
<i>p</i> -Hydroxybenzoic acid	H	OH	H	OH	[30]–[32]
Gallic acid	OH	OH	OH	OH	
Syringic acid	OCH ₃	OH	OCH ₃	OH	
Protocatechuic acid	OH	OH	H	OH	
Veratric acid	OCH ₃	OCH ₃	H	OH	
Vanillic acid	H	OH	OCH ₃	OH	
3-Methoxybenzoic acid (<i>syn.</i> : <i>m</i> -Anisic)	OCH ₃	H	H	OH	
4-Methoxybenzoic acid (<i>syn.</i> : <i>p</i> -Anisic)	H	OCH ₃	H	OH	
6'- <i>O</i> -(4-Hydroxybenzoyl)- β -glucose	H	OH	H	OGlu	
6'- <i>O</i> -(3,4-Dihydroxybenzoyl)- β -glucose	OH	OH	H	OGlu	
4-Hydroxybenzaldehyde	H	OH	H	H	
Compound				Reference	
	R1	R2	R3		
Cinnamic acid derivatives					
<i>p</i> -Coumaric acid	H	OH	H	[30]–[32]	
Ferulic acid	OCH ₃	OH	H		
Caffeic acid	H	OH	OH		
5- <i>O</i> -Caffeoylshikimic acid				[30]–[32]	
4- <i>O</i> -Caffeylquinic acid(Chlorogenic acid)					
Rosmarinic acid					

As discussed by previous review articles [2], [40]–[43], *In vitro* and *in vivo* studies have extensively explored the effects of *S. repens* lipophilic extract on benign prostatic hyperplasia (BPH) and lower urinary tract symptoms (LUTS), highlighting its potential as a therapeutic agent. The benefits of *S. repens* in BPH treatment are primarily attributed to its anti-androgenic properties. *S. repens* fruits lipophilic extract was found to exhibit a dual inhibitory activity for 5 α -reductase isoenzymes 1 and 2, in comparison to finasteride, which selectively inhibits the type 2 isoform *in vitro* [14], [15], [44]–

[49]. The enzyme 5 α -reductase converts testosterone into dihydrotestosterone (DHT), a potent androgen receptor ligand [50], implicated in the pathogenesis and progression of BPH, prostate cancer, androgenetic alopecia, hirsutism, and acne [51]. Notably, *S. repens* fruits *n*-hexane extract does not affect serum levels of prostate-specific antigen (PSA), an essential marker for prostate cancer diagnosis [14], [44]. *S. repens* fruits lipophilic extract was also found to inhibit the binding of DHT to its receptor in cultured human foreskin fibroblasts [45]¹.

An *in vivo* study by Talpur et al., (2003) demonstrated that *S. repens*, in both extract and whole berry forms, reduced androgen-induced prostate hyperplasia through 5 α -reductase inhibition and androgen metabolism modulation [52]. The reduction in prostate size was comparable to the control group and not significantly different from finasteride treatment. Furthermore, *S. repens* fruits extract decreased prostate tumor progression and prostate DHT concentrations in transgenic adenocarcinoma of the mouse prostate (TRAMP) mice model [53] and inhibited prostate growth in a hyperprolactinemia-induced prostate hyperplasia model [54].

Multiple studies suggest that *S. repens* fatty acids are responsible for its ability to inhibit 5 α -reductase enzyme. However, the specific fatty acid(s) purported to be responsible for this inhibition differs between publications. The major constituents of *S. repens* lipophilic extract—lauric acid, oleic acid, myristic acid, and linoleic acid—showed more potent inhibitory properties to 5 α -reductase than many other types of fatty acids and are considered among the most therapeutically relevant fatty acids to the proposed mechanism of action of *S. repens* lipophilic extract [29], [55]. Studies have provided evidence that prostate cells preferentially absorb free fatty acids, including those in *S. repens* extract [56], [57], which can alter nuclear membrane fluidity, inducing conformational changes in 5 α -reductase that disrupt testosterone conversion to DHT [58]. Additionally, phytosterols such as campesterol, stigmasterol, and β -sitosterol have been shown to inhibit 5 α -reductase in hamster prostate tissue and reduce prostate cancer cell growth [59]–[61], as well as BPH symptoms in men.

Beyond its anti-androgenic effects, *S. repens* fruits lipophilic extract exhibits anti-inflammatory properties by targeting key enzymes and chemokines involved in inflammation. Prostatic inflammation is increasingly recognized as a contributor to BPH pathogenesis, where inflammatory cytokines and growth factors create a pro-inflammatory environment that supports abnormal epithelial and stromal cell proliferation [62]. *In vitro* studies have demonstrated the anti-inflammatory properties of *S. repens* lipophilic extract through downregulation of the pro-inflammatory genes, including interleukin (IL)-6, chemokine ligand (CCL)-5, CCL-2, cyclooxygenase (COX)-1, COX-2, and inducible nitric oxide synthase (iNOS) in benign prostate cell lines or primary cultures [19], [41], [63]. The *n*-hexane extract, in particular, has been shown to inhibit monocyte chemoattractant protein-1 (MCP-1/CCL2) expression, whereas the supercritical CO₂ extract did not significantly impact this marker [63]. Additionally, *S. repens* *n*-hexane extract interferes with the arachidonic acid cascade by inhibiting the synthesis of 5-lipoxygenase metabolites [64].

Serenoa repens fruits lipophilic extract also promotes prostate health by inducing apoptosis and inhibiting cell proliferation. After reaching adult size, the prostate maintains homeostasis through a balance of cell proliferation and apoptosis, and disruptions in this balance are implicated in BPH [65]. Several *in vitro* studies confirm that *S. repens* lipophilic extract exerts pro-apoptotic effects, with or without additional anti-proliferative activity, on prostate cancer cells [19], [58], [61], [66]–[72] via different mechanisms of action (discussed in Table 6).

Additionally, *S. repens* extract interacts with receptors in the lower urinary tract, which may explain its spasmolytic effects and improvement of LUTS [29], [73]–[76]. Some studies further suggest that *S. repens* extract exerts a direct spasmolytic effect on human prostate and bladder smooth muscles [20], [77].

The hexane extract has also demonstrated *in vivo* antioxidant activity in a testosterone-induced prostatic hyperplasia model. Administration of 25 mg/kg/day of *S. repens* lipophilic extract for four weeks modulated oxidative stress markers by reducing nitric oxide (NO) and malondialdehyde while increasing glutathione, superoxide dismutase (SOD), and catalase levels [17].

6.2. Androgenetic alopecia

As discussed by [78]–[80] in their reviews, *S. repens* fruit extract has gained popularity as a natural, safe hair care remedy for androgenetic alopecia. Its efficacy is primarily attributed to its antiandrogenic properties and ability to inhibit the 5 α -reductase enzyme, which converts testosterone to dihydrotestosterone (DHT)—a key factor in hair loss [81]. Excess DHT shortens the anagen phase and prolongs the telogen phase, leading to hair thinning and loss [82].

While FDA-approved treatments such as finasteride and minoxidil are commonly used for androgenetic alopecia, they are associated with various side effects [83], [84]. This has led to increased interest in *S. repens* as a potential natural alternative. *In vitro* studies on human keratinocytes and dermal papilla cells have demonstrated that lipophilic extracts of *S. repens* inhibit 5 α -reductase activity, reduce inflammation—alone or in combination with other anti-inflammatory agents—and protect the vascular endothelium by preventing lipid peroxidation [85]–[88]. Beyond oral supplements, *S. repens* extract is also incorporated into various hair care products, including shampoos, conditioners, hair masks, and scalp treatments. These topical formulations offer a potentially safer approach by targeting hair loss locally without disrupting systemic hormonal balance [78].

6.3. Polycystic ovary syndrome

PCOS is a heterogeneous endocrine disorder characterized by elevated levels of male androgens, insulin resistance, anovulation, infertility, acne, and hirsutism [89]. Studies showed elevation in androgen production rate and increased 5 α -reductase activity in PCOS patients, alongside with increased 5 α -reductase activity in specific tissues such as the skin, where it has been associated with hirsutism, and acne [90]. *S. repens* fruits is an ingredient of PCOS traditional recipes most

probably due to its antiandrogenic activity that eases polycystic ovarian symptoms [91]. An *in vivo* animal study investigated the effects of *S. repens* on PCOS and showed significant improvement in both metabolic and histological parameters of the treated animals [92]. The potential of *S. repens* for managing acne and hirsutism has also been explored in clinical trials. A Yousefi et al. (2009) evaluated the efficacy of a cream containing *S. repens* fruit extract applied twice daily for two months in 31 women with idiopathic facial hirsutism. The study reported a statistically significant decline in hair counts (29%) in hair count after two months. However, further research is needed to confirm its effectiveness and safety [93], [94]. Similarly, Dobrev (2007) assessed a day cream containing *S. repens* lipophilic extract, along with sesame seed extract, argan oil, and 0.1% vitamin B6, for its effects on oily skin. After four weeks of twice-daily application, participants experienced a 20% decrease in sebum levels and a 42% reduction in the area covered by oily spots [95], [96].

6.4. Anti-bacterial and Anti-fungal activity

Barakat et al. (2020b) evaluated the antimicrobial and anti-fungal potential of *S. repens* fruits acetone phenolic-rich extract *in vitro*. Their findings demonstrated that the extract exhibited potent inhibitory activity against a panel of four pathogenic bacteria, encompassing both Gram-positive (*Staphylococcus aureus* and *Bacillus subtilis*) and Gram-negative (*Escherichia coli* and *Pseudomonas aeruginosa*) species. The minimum inhibitory concentration (MIC) values ranged from 1.5 to 2.1 mg/mL, comparable to **augmentin**, which had an MIC value of 1.6 to 2.2 mg/mL [31].

Serenoa repens acetone extract anti-fungal efficacy was tested against five fungal strains: *Fusarium proliferatum*, *Penicillium verrucosum*, *Aspergillus westerdijkiae*, *Aspergillus carbonarius* and *Aspergillus ochraceus*. The acetone extract exhibited a potent inhibitory effect surpassing that of **econazole**, with MIC values ranging from 1.7 to 2.7. while econazole exhibited MIC values of 2.5 to 3.1 mg/mL [31].

Likewise, El-Hawary et al., (2016) investigated the antimicrobial activity of the essential oil of *S. repens* fruits and showed positive results [97]. Additionally, *S. repens* lipophilic extract and fatty acids (lauric acid and myristic acid) demonstrated anti-biofilm formation activity against various microbes *in vitro* [98].

6.5. Anti-cancer activity

The pro-apoptotic activity of *S. repens* extract was evaluated *in vitro* in human glioma cell lines, a type of central nervous system tumor. The extract triggered the apoptosis by inhibiting the PI3K/Akt signaling pathway [99]. Additionally, *S. repens* ethanolic extract induced a dose-dependent antiproliferative effect on different human malignant cells, including breast MCF-7 cell lines [100].

6.6. Anti-diabetic activity

One study aimed to assess the role of *S. repens* fruits acetone phenolic-rich extracts in modulating diabetic complications and oxidative stress *in vivo* in streptozotocin-induced diabetic rats. *S. repens* acetone extract demonstrated significant anti-diabetic effects by inhibiting α -amylase activity, lowering blood glucose levels, and protecting against diabetes-related complications. It effectively inhibited both microbial and pancreatic α -amylase enzymes, with IC₅₀ values of 0.68 μ g GAE/ml and 10.08 μ g GAE/ml, respectively, showing comparable inhibition to acarbose, a pharmaceutical α -amylase inhibitor (IC₅₀ were expressed as gallic acid equivalent (GAE)). *S. repens* acetone extract was administered at 60 mg GAE/kg/day until day 17 of the study, increasing to 90 mg GAE/kg/day from day 17 to day 24, leading to a 54% reduction in blood glucose after 7 days and 63.2% by Day 24, with a dose-dependent effect. Additionally, *S. repens* treatment helped maintain body weight, preventing diabetes-induced weight loss. Histopathological analysis revealed that *S. repens* extract preserved pancreatic β -cell integrity, reduced kidney and liver damage, and restored normal tissue architecture. Furthermore, *S. repens* enhanced antioxidant defense by increasing the activities of catalase, glutathione-S-transferase, glutathione reductase, and glutathione peroxidase, counteracting oxidative stress and inhibiting inducible nitric oxide synthase. These findings suggest that *S. repens* extract could serve as a natural therapeutic option for managing diabetes and its complications through α -amylase inhibition, glucose regulation, tissue protection, and oxidative stress modulation [101].

7. Clinical studies

7.1. Clinical trials for management of BPH& LUTS

Many clinical trials have evaluated the effectiveness of *S. repens* fruits lipophilic extract in managing BPH. However, systematic reviews and meta-analyses [2], [43], [102] have analyzed these data and showed mixed results.

A Cochrane systematic review conducted in 2009, with an updated version published in 2012, concluded that treatment with *S. repens* fruits lipophilic extract for more than six months did not improve the symptoms of LUTS consistent with BPH. In addition, in males with LUTS associated with BPH, *S. repens* fruits extract at twice or triple doses did not enhance urinary flow measures or reduce prostate size [103], [104].

Two other systematic reviews and meta-analyses by Novara et al., 2016 [105] and Vela-Navarrete et al., 2018 [106] assessed the clinical studies of *S. repens* fruits *n*-hexane extract and showed positive results comparable to the placebo. Novara et al. 2016 reported that *S. repens* fruits *n*-hexane extract demonstrated a statistically significant decrease in nocturnal urination frequency and a concomitant increase in maximum urinary flow rate compared to placebo. Additionally, results suggested that the extract possessed efficacy in alleviating LUTS symptoms to a similar degree as tamsulosin. Vela-Navarrete et al., 2018 further emphasized the good tolerability and long-term effectiveness of a standardized *n*-hexane extract of *S. repens* for treating LUTS/BPH. Their meta-analysis concluded that *S. repens* extract significantly reduced nocturia and improved peak urinary flow rate compared to the placebo. These findings align with a previous meta-analysis by Boyle et al. (2004) [107], which reported that permixon® (*S. repens n*-hexane extract product) significantly improved peak flow rate, reduced nocturia compared to placebo, and resulted in a 5-point decrease in the international prostate symptom score.

In 2021, Strum published a systematic review of three parts. The author evaluated all the clinical studies of *S. repens* versus LUTS included in four publications: the European Scientific Cooperative on Phytotherapy (ESCOP) 2003 monograph [108], the 2012 Cochrane meta-analysis conducted by Tacklind et al. [104], the 2014 European Medicines Agency monograph [11], and the 2014 guidelines of the American Urology Association [109]. The analysis included 36

clinical studies. In these studies, 15 studies were conducted on *S. repens*-hexane extract products, 11 studies used ethanolic extract products, and the remaining 10 used supercritical CO₂ extract products.

Out of the total studies, **33 studies showed positive results** (15 studies involved *n*-hexane extract products, 11 studies involved supercritical CO₂ extract products and seven involved ethanolic extract products), **while three studies gave negative results:** Willetts *et al.* (2003) [110] (used a supercritical CO₂ extract product); Bent *et al.* (2006) [111] (used a supercritical CO₂ extract product) and Barry *et al.* (2011) [112] (used ethanolic extract product)(Strum, 2021).

7.1.1. Placebo-controlled studies:

Several studies showed the beneficial effect of *S. repens* extract in managing BPH against a placebo. 160 mg of *S. repens* extract twice daily for one to six months was superior to the placebo in terms of effects on urinary frequency and peak urinary flow rate[113]–[120], while two studies conducted in the US failed to show a benefit for *S. repens* extract versus placebo [111], [112].

7.1.2. Comparative studies with tamsulosin (α -blocker):

Many studies investigated the comparative efficacy of *S. repens* and tamsulosin in treating BPH following at least a six-month treatment cycle [22], [121]–[123]. The analysis of these studies revealed comparable effectiveness between *S. repens* and tamsulosin for BPH symptoms after at least 6 months of treatment.

In 2020, Alcaraz *et al.* published a follow-up to their 2016 study, further investigating the comparative efficacy of tamsulosin, *n*-hexane extract of *S. repens* (HESr), and their combination in the management of moderate to severe lower urinary tract symptoms (LUTS) associated with benign prostatic hyperplasia (BPH). A total of 709 participants were enrolled in the study. Participants were assigned to receive either tamsulosin (0.4 mg/day), permixon (320 mg/day), or a combination of both for a treatment duration of 6 months. After 6 months, the combination arm results were statistically superior in relation to International Prostate Symptom Score (IPSS), quality of life, and BPH Impact Index (BII) at *p*-values of 0.002, 0.001, and 0.007, respectively [124].

7.1.3. Non-comparative studies [125]–[127]:

Pytel *et al.* (2002)[126] conducted a long-term open study for 2 years. One hundred fifty-five men with clinically diagnosed BPH and complaints of prostatic symptoms for more than 6 months were enrolled in the study, with a mean age of 65 years. All the subjects were treated with *S. repens* 160 mg twice daily for 24 months. At 6, 12, 18, and 24 months, IPSS, quality of life, and sexual function scores were recorded, and urodynamics and biological values were measured. Relative to the baseline, the IPSS decreased progressively over the 24 months of treatment, and a statistically significant improvement in quality of life was observed. Urodynamic results showed a significant improvement in the urine flow rate (Q_{max}) compared with baseline, an increase in voiding volume, and a reduction in prostate volume, and this reduction was maintained throughout the study.

7.2. Clinical trials in androgenetic alopecia

As discussed in previous reviews [79]. Several clinical trials have evaluated the efficacy of *S. repens*, when taken solely or combined with other treatments, in improving the symptoms of androgenetic alopecia (Table 8).

7.3. Clinical trials in hirsutism and acne

The potential of *S. repens* for managing acne and hirsutism has been explored in clinical trials. Yousefi *et al.* (2009) [93] evaluated the efficacy of a cream containing *S. repens* fruit extract applied twice daily for two months in 31 women with idiopathic facial hirsutism. The study reported a statistically significant decline in hair count (29%) after two months. However, further research is needed to confirm its effectiveness and safety [94]. Similarly, Dobrev (2007) [95] assessed a day cream containing *S. repens* lipophilic extract, along with sesame seed extract, argan oil, and 0.1% vitamin B6, for its effects on oily skin. After four weeks of twice-daily application, participants experienced a 20% decrease in sebum levels and a 42% reduction in the area covered by oily spots [95], [96].

8. Lack of standardization may affect the extract quality

Herbal medicines suffer from a lack of standardization parameters, which may affect the quality, safety, and efficacy of herbal medicines. Research proved significant differences between different *S. repens* marketed products in terms of content and efficacy[128]–[133]. These differences may refer to variations in the extraction method. Habib and Wyllie (2004) [130] analyzed fourteen *S. repens* marketed European products; the results showed significant differences between different brands. The mean proportion of free fatty acids ranged from 80.7 to 40.7%, methyl and ethyl ester content ranged from 16.7 to 1.5%, while long chain ester ranged from 1.36 to 0.7%. Penugonda and Lindshield (2013) [131] analyzed twenty commercial *S. repens* supplements in different forms: liquid, tincture, powders, and dried berries, regarding the content of fatty acids and phytosterols. The study revealed significant differences between the products and the different supplements' forms. The liquid supplements recorded significantly higher (*p* < 0.05) concentrations of total fatty acids, individual fatty acids, total phytosterols and β -sitosterol than other supplement forms, followed by powder, dried berry, and tincture supplements, respectively.

Another study compared the effect of different marketed extracts of *S. repens* to inhibit the two isoforms of the 5- α reductase in a co-culture of human prostatic fibroblast and epithelial cells. The results revealed significant differences between both brands and batches (Scaglione *et al.*, 2008) [132].

Table 6: Reported biological activities for *Serenoa repens* fruits lipophilic extract in BPH.

Assay	Cell line	Activity	Reference
Anti-androgenic activity			
5-alpha reductase I & II inhibition assay	<i>In vitro</i> (prostatic epithelial and fibroblast cells)	Different commercial products of <i>Serenoa repens</i> inhibited 5 α -reductase isoenzymes I and II, but significant differences in the results were observed.	[116]
5-alpha reductase I & II inhibition assay	<i>In vitro</i> (human prostate cancer cells)	Authors found that 10 μ g/ml LSESr inhibited the activities of both isoenzymes (5 α -R-I, 72% decrease, and 5 α -R-II, 76% decrease). In contrast, 5 nM of finasteride inhibited 5 α -R-II (83% reduction) compared to LSESr and did not affect the 5 α -R-I activity of cells.	[17]
5-alpha reductase I & II inhibition assay	<i>In vitro</i> (human prostate cancer cells)	LSESr inhibits both 5 α -reductase isoenzymes I and II without interfering with PSA secretion.	[58], [60]
5-alpha reductase inhibition assay	<i>In vitro</i> (prostatic tissue)	320 mg/day of LSESr for 3 months induces a 50% reduction of DHT in BPH tissues with respect to the control group, associated with a 125% increase in testosterone level.	[59]
5-alpha reductase inhibition assay	<i>In vitro</i>	The LSESr effect is due to a modification of the nuclear membrane environment of 5 α -reductase by the lipid component of <i>Serenoa repens</i> .	[117]
DHT receptor inhibition assay	<i>In vitro</i> (Cultured foreskin fibroblasts)	In human foreskin fibroblasts, 7.14 U/ml and 28.6 U/ml LSESr inhibited DHT binding to androgenic receptors by 50% and 70%, respectively.	[60]
Anti-inflammatory activity			
RT-qPCR gene expression array	<i>In vivo</i> mouse model	A daily dose of 100 mg/kg of LSESr for 28 days down-regulates the prostate pro-inflammatory cytokine profile, with a significant reduction of CCR7, CXCL6, IL-6, and IL-17 expression.	[118]
RT-PCR	<i>In vitro</i>	Permixon down-regulates the inflammation-related genes (IL-6, CCL-5, CCL-2, COX-2, and iNOS).	[22]
RT-qPCR gene expression array	<i>In vitro</i> (prostatic hyperplasia epithelial and stromal cells)	LSESr down-regulates pro-inflammatory markers.	[68]
RT-QPCR – ELISA assay	<i>In vitro</i> (human prostate cells)	LSESr down-regulates pro-inflammatory markers (MCP-1/CCL2 and VCAM-1) expression.	[19]
5-lipoxygenase metabolites inhibition assay	<i>In vitro</i>	LSESr inhibited in a dose-dependent relationship the synthesis of 5-lipoxygenase metabolites.	[65]
Apoptosis, immunofluorescence assay – cell viability assay.	<i>In vitro</i> (prostatic cancer cells).	Permixon reduces cell proliferation and increases the apoptotic activity by an increase in the activity of caspase-3.	[22]
Proliferation MTT assay.	<i>In vitro</i> (BPH1 human prostate epithelial cells, (PrSF primary stromal fibroblasts).	Dose-dependent cytotoxic effect. The estimated 50% lethal concentration (LC50) was 60 μ g/mL for BPH1 cells and 50 μ g/mL for PrSF.	[68]
Receptor binding assay	<i>In vitro</i>	Competitive inhibition of epidermal growth factor (EGF) receptor, and thus inhibit proliferation.	[119]
Cell proliferation assay by cell counting-apoptosis assay by FACScan and morphological analysis.	<i>In vitro</i> (PC3 prostate cancer cells).	LSESr induces apoptosis and inhibits the proliferation of PC3 cells by causing complex changes in cell membrane organization and fluidity of prostate cancer cells that have progressed to hormone-independent status.	[120]
Apoptosis assay by Western blot.	<i>In vivo</i> (open, multicenter pilot study)	Permixon (marketed product of saw palmetto fruit hexane extract) increased molecular markers involved in the apoptotic process (Bax-to-Bcl-2 expression ratio) and caspase-3 activity.	[21]
Apoptosis and proliferation assay	<i>In vitro</i> (P69 prostate epithelial cell line).	LSESr suppresses growth and induces apoptosis by inhibiting IGF-I signaling.	[121]
Immunohistochemistry, proliferation assay – Apoptosis assay by In Situ End Labeling.	<i>In vitro</i> (prostate epithelium and stroma cells)	Induce induction of apoptosis and inhibition of cell proliferation.	[69]
Proliferation assay	<i>In vitro</i>	LSESr inhibits the proliferation of prostate epithelial cells induced by growth factors.	[122]
Other activities			
Antioxidant activity	<i>In vitro</i>	25 mg/kg/day for 4 weeks of LSESr affected markers of oxidative stress (decrease nitric oxide (NO) and malondialdehyde and increased glutathione,	[20]

		superoxide dismutase (SOD) and catalase).	
Spasmolytic activity	<i>In vitro</i> (human prostate and detrusor tissues).	Recently, the spasmolytic effect of LSESr was evaluated using different contractile agonists on human prostate and detrusor tissues. The results showed concentration-dependent inhibition of smooth muscle contractions. LSESr inhibited α 1-adrenergic and thromboxane-induced contractions in prostate tissues, and methacholine and thromboxane-induced contractions in detrusor tissues, while the neurogenic contractions were inhibited in both tissues.	[23]
	<i>In vitro</i>	Gutierrez <i>et al.</i> (1996) suggested the spasmolytic effects of <i>S. repens</i> total fruit extract and saponifiable fraction on noradrenaline-induced contractions of rat aorta, potassium chloride-induced contractions of rat uterus, and acetylcholine-induced contractions of the urinary bladder.	[123]
Receptor inhibition activity	<i>In vitro</i>	Saw palmetto extract Inhibits the function of vanilloid receptors on bladder afferent nerves that transmit the sensation of the desire to void to the brain.	[124]
	<i>In vitro</i>	<i>S. repens</i> fruit extract and isolated free fatty acids from <i>S. repens</i> fruits exhibited non-competitive inhibitory activity to alpha-1 adrenoceptor, muscarinic, and 1,4 dihydro pyridine receptors. According to IC ₅₀ values, the binding activity of saw palmetto extract for muscarinic receptors was four times greater than that for alpha 1-adrenergic receptors, while the free fatty acids (oleic acid, myristic acid, and linoleic acid) exhibited higher affinity towards each receptor than saw palmetto supercritical CO ₂ extract.	[32], [125], [128]
Anti-oedemic activity	<i>In vitro</i>	The hexane extract is a dual inhibitor of the cyclooxygenase and 5-lipoxygenase pathways	[24]
Anti-bacterial activity	Gram positive (<i>Staphylococcus aureus</i> and <i>Bacillus subtilis</i>) and Gram negative (<i>Escherichia coli</i> and <i>Pseudomonas aeruginosa</i>).	Saw palmetto acetone extract inhibited bacterial growth, with MIC values ranging from 1.5 to 2.1 mg/mL, compared to Augmentin, which had MIC values ranging from 1.6 to 2.2 mg/mL.	[73]
Anti-fungal activity	<i>Fusarium proliferatum</i> , <i>Penicillium verrucosum</i> , <i>Aspergillus westerdijkae</i> , <i>Aspergillus carbonarius</i> and <i>Aspergillus ochraceus</i> .	The acetone extract of saw palmetto showed a potent inhibitory effect compared to Econazole, with MIC values ranging from 1.7–2.7 and 2.5–3.1 mg/mL, respectively.	[73]

5 α -R: 5 alpha-reductase, HESr: *n*-hexane extract of *S. repens*, TRAMP: transgenic adenocarcinoma of the mouse prostate model, DHT: dihydrotestosterone, BPH: benign prostatic hyperplasia, PSA: Prostate-Specific Antigen, Permixon: marketed product of *S. repens n*-hexane extract, LNCaP: Lymph Node Carcinoma of the Prostate and refers to an androgen-sensitive human prostate cancer cell line, PC3: Prostate Cancer-3 and refers to an androgen-independent human prostate cancer cell line.

***In vitro* effects unless otherwise specified.**

LSESr: lipidosterolic extract of *Serenoa repens*; 5 α -R: 5 α -reductase; PSA: prostate-specific antigen; DHT: dihydro testosterone; BPH: benign prostate hyperplasia

LNCaP: Lymph Node Carcinoma of the Prostate and refers to an androgen-sensitive human prostate cancer cell line, PC3: Prostate Cancer-3 and refers to an androgen-independent human prostate cancer cell line, HESr: hexane extract of *S. repens*.

Table 7: Reported biological activities for *Serenoa repens* fruits lipophilic extract in androgenetic alopecia.

Assay	Cell line	Activity	Reference
Anti- androgenic activity			
5 alpha reductase II inhibition assay.	<i>In vitro</i> (Dermal papilla cells).	LSESr significantly prevented 5- α reductase II expression.	[70]
Anti-inflammatory activity			
Genes expression assay.	<i>In vitro</i> (Human keratinocyte cells).	LSESr combined with Carnitine and Thiocitic Acid suppressed lipopolysaccharide-activated gene expression of chemokines, including CCL 17, CXCL 6, and LTB (4).	[66]
Anti-apoptotic activity			
Western blot assay	<i>In vitro</i>	LSESr suppresses the apoptotic biomarkers (TGF- β 2 expression, cleaved caspase 3, and Bax/Bcl2 ratio), suggesting that LSESr induces hair regeneration by activating TGF- β and the mitochondrial signaling pathway.	[129]
Other activities			
Cell viability assay	<i>In vitro</i> (Human follicle dermal papilla cells, human microvascular endothelial cells).	LSESr promotes the proliferation of human microvascular endothelial cells and human follicular dermal papilla cells.	[70]
Antioxidant activity assay	<i>In vitro</i> (Human follicle dermal papilla cells, human microvascular endothelial cells).	Protect the vascular endothelium from oxidative stress.	[70]
Cell viability assay	<i>In vitro</i> (human keratinocyte cells).	Increase the proliferation of human keratinocyte cells.	[129]

Table 8: Clinical trials of *Serenoa repens* in androgenetic alopecia.

Ref.	Patients	Intervention	Treatment	Outcome
[151]	80 subjects (30 women).	Double-blind, randomized, placebo-controlled study for 6 months.	Forty subjects received oral supplement containing L-Cystine, <i>S. repens</i> , <i>Cucurbita pepo</i> , <i>Pygeum africanum</i> , and vitamins, while the other 40 received placebo.	Hair density increased by 9.9 hairs/cm ² after 3 months and 12.3 hairs/cm ² after 6 months in the oral supplement group.
[152]	80 subjects (males and females aged 18–50 years).	Double-blind, placebo-controlled for 16 weeks.	Subjects were divided into four groups (n=20): <ul style="list-style-type: none"> • Oral formulation of standardized <i>S. repens</i> oil. • Placebo oral group. • Topical formulation of standardized <i>S. repens</i> oil. • Placebo topical group. 	In the oral treatment group, hair shedding decreased by 24.74% after 8 weeks and 29% after 16 weeks ($p < 0.001$). The topical group showed a 12.08% reduction after 8 weeks and 22.19% after 16 weeks ($p < 0.05$).
[153]	60 males.	Open-label study for 6 months.	Topical treatment of combination therapy twice daily.	Significant increase in hair growth and reduced shedding after 8 weeks of use. No side effects.
[154]	40 females.	Double-blinded placebo-controlled study for 6 months.	Group 1 received a women's oral herbal supplement containing standardized ingredients, including <i>S. repens</i> . Group 2 received a placebo.	Significant increase in terminal, vellus, and total hair counts for the supplement group.
[155]		Case report	Oral herbal supplement contains standardized ingredients, including <i>S. repens</i> .	Subjective improvement in hair growth and temple area coverage; also decreased shedding.
[88]	30 subjects (15 males and 15 females).	Non-comparative, for 6 months.	A combination therapy containing 300 mg of several nutritional ingredients, including <i>S. repens</i> .	Improvement of hair density and new hair growth, improvement of vascularization, and reduction of greasiness at the follicle level.

[156]	52 males (20–50 years).	Non-comparative for 24-week period	Topical treatment of combination therapy.	Significant increase in the number of total hair.
[157]	40 post-menopausal women.	Placebo-controlled trial.	Two capsules containing lipophilic extract of <i>S. repens</i> and <i>Pygeium africanum</i> .	Statistically significant increase in the percentage of anagen hair, decrease in telogen hair and increase in the hair resistance to traction.
[158]	A 67 years old patient suffering from telogen effluvium.	Case report	An oral supplement containing amino acids (L-cystine and L-methionine), vitamin E, iron, and extract of <i>S. repens</i> . Two tablets per day.	Increased anagen hairs on trichoscopy.
[159]	100 males.	Comparative study for 24 months.	One group received 320 mg <i>S. repens</i> , while the other received 1 mg finasteride.	38% against 68% improvement respectively.
[160]	26 males (23 to 64 years).	Placebo-Controlled Trial.	Soft gel supplement twice daily. It contains 50 mg β -sitosterol and 200 mg saw palmetto extract.	60% of the active group rated it as improved.
[161]	60 subjects (women and men) between 21 and 38 years, affected by androgenetic alopecia.	Double-blind, placebo-controlled, for 50 weeks.	<ul style="list-style-type: none"> • Twelve received active lotion (contains <i>S. repens</i>) • Twelve received placebo lotion. • Twelve received a diet supplement (active) containing gelatin-cystine. 4 pills per day. • Twelve received diet supplements (placebo). • Twelve received active lotion and diet supplements. 	Subjects who used the lotion only recorded an increase in hair mass from 20 to 30% and an increase in hair number from 17 to 27% compared to the placebo. With the diet supplement, a further increase of 50% ($p < 0.005$).

9. Tolerability and side effects

Numerous systematic reviews and meta-analyses have been conducted to assess the safety and tolerability of *S. repens* extract. **Agbabiaka et al., (2009)** conducted a systematic review of the adverse effects of *S. repens* and concluded that *S. repens* extract is typically well-tolerated, with rare side effects. Across 14 randomized controlled and placebo-controlled trials, various adverse events were documented in 4.6% of the total patient population. These reported adverse events encompassed symptoms such as nausea, diarrhea, fatigue, depression, gastrointestinal discomfort, headache, cold symptoms, and urinary issues [134]. Supporting these findings, two large-scale clinical trials, **the STEP study (2016) and the CAMUS study (2013)**, further evaluated the safety of *S. repens* lipophilic extract. A total of 594 male patients involved in these studies were randomized to a standardized extract of *S. repens* fruits group or placebo group for 12 months and 18 months, respectively. The findings indicated no significant differences in the occurrence of severe or non-severe adverse events between the *S. repens* and placebo groups. Additionally, no indications of toxicity were observed at dosages up to three times the standard clinical dose (960 mg daily). Furthermore, *S. repens* was reported to be better tolerated than α -blockers and other 5 α -reductase inhibitors [22], [135].

Concerns about *S. repens*' potential effects on male sexual function have also been investigated. **Paulis et al., (2021)** conducted a systematic review and meta-analysis to evaluate whether *S. repens* extract negatively impacts male sexual function. The study analyzed 20 clinical trials comparing *S. repens* with placebo, tamsulosin, and other BPH treatments. The findings indicated no significant difference in sexual dysfunction between *S. repens* and placebo, as well as no significant difference between *S. repens* and tamsulosin, suggesting that *S. repens* does not negatively impact male sexual function [136].

In 2023, an assessment of the pharmacovigilance and phytovigilance records was published concerning medications and dietary supplements containing *S. repens*. The analysis, which involved 1810 cases, indicated that *S. repens* products are generally well-tolerated, with over 50% of the suspected adverse reactions classified as non-severe. However, 26.2% of the reports were classified as severe suspected adverse reactions. These severe reactions included instances of melanoma, cardiovascular events, elective orthopedic surgery, acute urinary retention, and gastrointestinal bleeding. Notably, in over 30% of cases, details regarding the outcomes of the suspected adverse reactions were either unreported or unknown [137].

Despite the overall safety profile of *S. repens*, the pharmacovigilance reported few cases of more serious adverse effects following the use of *S. repens* supplements. Instances of liver damage and pancreatitis have been linked to *S. repens* use [138]–[141]. A case reported for an 11-year-old girl presented with hot flashes that appeared after taking a dietary supplement containing *S. repens* for two months to treat telogen effluvium. The hot flashes disappeared after the discontinuation of the treatment. This case raised awareness about the safety of *S. repens* extract in children. Another case was reported for fixed

drug eruption to *S. repens* in a 61-year-old male; the patient suffered from two episodes of eruption after taking *S. repens* supplement for the treatment of BPH. The first episode occurred three days after taking the saw palmetto supplement and cleared up a week after stopping the medication with residual hyperpigmentation. The second episode occurred six months later, a few hours after reusing *S. repens*[142]. On the other hand, a case reported for erectile dysfunction in a 49-year-old patient received a high dose (400 to 800 mg/day) of *S. repens* supplement for one year for treatment of LUTS [143].

10. Drug interactions

There is a possible interaction between *S. repens* and specific drugs. For example, taking *S. repens* along with acetylsalicylic acid or warfarin may raise the risk of bleeding[144], [145].

Conclusion

S. repens is one of the most prominently marketed medicinal plants for benign prostatic hyperplasia treatment. Explorations into the phytochemistry of this plant have resulted in the identification of components, including fatty acids and phytosterols, that potentially contribute to its therapeutic effects. The widespread utilization of *S. repens* in traditional medicine is supported by scientific research showcasing various biological properties such as anti-androgenic, anti-inflammatory, and antioxidant effects. Analyses of clinical trials involving *S. repens* have indicated promising long-term efficacy and the potential to mitigate BPH-related complications. Nonetheless, further research is essential to assess its efficacy in addressing other androgen-related conditions.

Declarations

- **Ethics approval and consent to participate**

Not applicable.

- **Competing interests**

The authors declare that they have no competing interests.

- **Availability of data and materials**

Not applicable.

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