TABLE 1.1 (*Continued*)

List of Monographs of Phytomedicines Available from European Scientific Cooperative on Phytotherapy

Myrrh	*Myrrha*
Nettle leaf and herb	Nettle root
Allii sativi bulbus	*Ononidis radix*
Orthosiphonis folium	Pale coneflower root
Passiflora	*Passiflorae herba*
Peppermint Leaf	Peppermint oil
Plantaginis ovatae semen	*Plantaginis ovatae testa*
Polygalae radix	Primula root
Primulae radix	*Psyllii semen*
Psyllium seed	Purple coneflower root
Restharrow root	*Rhamni purshiani cortex*
Rhei radix	Rhubarb root
Ribis nigri folium	Rosemary
Rosmarini folium cum flore	Sage leaf
Salicis cortex	*Salviae folium*
Senega root	Senna leaf
Sennae folium	*Sennae fructus acutifoliae*
Sennae fructus angustifolia	*Solidaginis virgaureae herba*
St. John's wort	*Tanaceti parthenii herba/folium*
Taraxaci folium	*Taraxaci radix*
Thyme	*Thymi herba*
Tinnevelly senna pods	*Urticae folium/herba*
Urticae radix	*Uvae ursi folium*
Valerian root	*Valerianae radix*
Willow bark	Wormwood
Zingiberis rhizoma	

any process of rational or semirational design. For example, the mode of action of the immunosuppressants cyclosporin A and rapamycin is that both bind to *cis-trans* prolyl isomerase, but only cyclosporine A is involved in further steps of signal transduction cascades through calcineurin; this would be too complex to design on an a priori basis. Similarly, two of the most successful antimalarial drugs quinine and chloroquinine exert their effect by inhibiting the host-encoded functions rather than the activities encoded by *Plasmodium falciparum*. Chloroquine resistance in *P. falciparum* resides in a 36-kDa nucleotide sequence, which contains genes of unknown function, along with 40% of the *P. falciparum* genome. In the search for new classes of antibiotics over the last 25 years, traditional approaches have also failed to deliver new drugs fast enough to keep up with the loss of effectiveness of existing drugs against the increasingly resistant pathogens (95% of *Staphylococcus aureus* are penicillin resistant and 60% are methicillin resistant, and there are cases of vancomycin resistance in China, Japan, Europe, and the United States). The development of resistance may be followed by compensatory mechanisms to adjust for reduced fitness,