

the overall specificity. For example, where a UV/VIS spectrophotometric assay is used for anthraquinone glycosides, a combination of the assay and a suitable test for identification (e.g., fingerprint chromatography) can be used. In the case of herbal preparations where the constituents responsible for the therapeutic activity are not known, assays of marker substances or other justified determinations are required. The appropriateness of the choice of marker substance should be justified.

RECOMMENDED READING

Barboza, J. L. et al. (2015). "The treatment of gastroparesis, constipation and small intestinal bacterial overgrowth syndrome in patients with Parkinson's disease." *Expert Opin Pharmacother* 16(16):2449–2464.

INTRODUCTION: Parkinson's disease (PD) affects the nerves of the entire gastrointestinal (GI) tract and may result in profound gastrointestinal (GI) dysfunction leading to poor patient outcomes. Common GI disturbances in patients with PD include gastroparesis (GP), constipation and small intestinal bacterial overgrowth syndrome (SIBO). In particular, GP is difficult to treat due to the limited options available and precautions, contraindications and adverse effects associated with the approved treatments. Moreover, some commonly used medications can worsen pre-existing PD.

AREAS COVERED: Our review will focus on treatment options for GP and SIBO with motilin agonists, dopamine receptor antagonists, Ghrelin agonists muscarinic agonists, 5-HT₄ receptor agonists, antibiotics, probiotics and herbal formulation such as Iberogast. Constipation occurs in the majority of patients with PD and fortunately many treatments are now available. Our review is based on original papers or reviews selected from PubMed search and Cochrane reviews. **EXPERT OPINION:** Motility disorders of the GI tract are found frequently in patients with PD and treating the underlying GI disorders caused by PD with various prokinetics and laxatives is paramount in achieving improvements in patient's motor function. Various prokinetics and laxatives are now available to provide some relief of the GI morbidity caused by PD leading even to better absorption of even the PD treatments.

Celia, C. et al. (2016). "Effect of pre- and post-weaning dietary supplementation with Digestarom(R) herbal formulation on rabbit carcass traits and meat quality." *Meat Sci* 118:89–95.

This study evaluated effects of Digestarom(R) (D) dietary inclusion before weaning (0–5 weeks old; BW) and/or after weaning (5–12 weeks old; AW) on growing rabbit carcass traits and meat quality. During BW, Pannon-Ka rabbits (does, kits) received two diets: a control diet (C) and one supplemented with 300 mg Digestarom(R)/kg (D). At weaning, each group was divided into 3 dietary sub-groups: CC and DD received C and D diets from 5 to 12 weeks of age, whereas DC was fed D from 5 to 8 weeks and C from 8 to 12 weeks of age (54 rabbits/group; AW). Rabbits were slaughtered at 12 weeks of age. Digestarom(R) supplementation improved carcass yield and body mid part proportion only when administered BW. Rabbits fed D BW had higher hind leg meat cooking losses. Loin meat spiciness and rancidity increased with D both BW and AW. In conclusion, Digestarom® herbal formulation was ineffective in improving growing rabbit carcass traits or meat quality.