

15 January 2020 EMA/HMPC/628242/2018 Committee on Herbal Medicinal Products (HMPC)

European Union herbal monograph on *Aesculus hippocastanum* L., semen

Final - Revision 1

Initial assessment	
Discussion in Working Party on European Union monographs and	May 2008
European Union list (MLWP)	July 2008
	September 2008
Adopted by Committee on Herbal Medicinal Products (HMPC) for release for consultation	4 September 2008
End of consultation (deadline for comments)	15 January 2009
Re-discussion in MLWP	May 2009
	July 2009
Adoption by HMPC	
Monograph (EMEA/HMPC/225319/2008)	
AR (EMEA/HMPC/225304/2008)	
List of references (EMEA/HMPC/225629/2008)	16 July 2009
Overview of comments received during the public consultation	
(EMEA/HMPC/262723/2009)	
HMPC Opinion (EMEA/HMPC/438817/2009)	
First systematic review	
Discussion in MLWP and HMPC	November 2016
	March 2018
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Keywords	Herbal medicinal products; HMPC; European Union herbal monographs; well-
	established medicinal use; traditional use; Aesculus hippocastanum L.;
	Hippocastani semen; horse-chestnut seed

BG (bulgarski): Див кестен, семе

CS (čeština): semeno kaštanu koňského

DA (dansk): Hestekastanje

DE (Deutsch): Rosskastaniensamen EL (elliniká): σπέρμα ιπποκαστανέας EN (English): horse-chestnut seed

ES (español): castaño de indias, semilla de

ET (eesti keel): hobukastaniseeme FI (suomi): hevoskastanja, siemen

FR (français): marron d'inde

HR (hrvatski): sjeme divljeg kestena HU (magyar): vadgesztenyetermés IT (italiano): Ippocastano seme LT (lietuvių kalba): Kaštonų sėklos

LV (latviešu valoda): Zirgkastaņa sēklas

MT (Malti): żerriegħa tal-qastan salvaġġ ta' l-indja

NL (Nederlands): Paardenkastanje PL (polski): Nasienie kasztanowca

PT (português): castanheiro-da-índia, semente

RO (română): sămânţă de castan SK (slovenčina): semeno pagaštana

SL (slovenščina): seme navadnega divjega

kostanja

SV (svenska): hästkastanj, frö

IS (íslenska):

NO (norsk): hestekastanje

European Union herbal monograph on *Aesculus hippocastanum* **L., semen**

1. Name of the medicinal product

To be specified for the individual finished product.

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

Well-established use	Traditional use
With regard to the marketing authorisation application of Article 10(a) of Directive	With regard to the registration application of Article 16d(1) of Directive 2001/83/EC
2001/83/EC Aesculus hippocastanum L., semen (horse	Aesculus hippocastanum L., semen (horse chestnut seed)
chestnut seed)	i) Herbal substance
i) Herbal substance Not applicable	Not applicable
ii) Herbal preparations	ii) Herbal preparations
Dry extracts ³ (extraction solvent ethanol 40-80% V/V) standardised to contain 6.5-10% triterpene glycosides, calculated as protoaescigenin ⁴ .	a) Dry extract corresponding to a specified amount of triterpene glycosides, calculated as protoaescigenin ⁴ , extraction solvent ethanol 25-50% V/V
	b) Liquid extract (DER 1:3.5-5) , extraction solvent ethanol 50% V/V
	c) Dry extract (DER 5-10:1), extraction solvent methanol 80% V/V
	d) Dry extract (DER 5-8:1), extraction solvent methanol 80% V/V
	e) Dry extract (DER 4.5-5.5:1), extraction solvent ethanol 50% V/V
	f) Dry extract (DER 5-7:1), extraction solvent ethanol 60% V/V
	g) Liquid extract (DER 1:1.5-2.5), extraction solvent ethanol 55% V/V
	h) Liquid extract (DER 1:2), extraction solvent

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

European Union herbal monograph on Aesculus hippocastanum L., semen EMA/HMPC/638242/2018

² The material complies with the Ph. Eur. monograph (ref.: 1830)

³ The composition of the extraction solvent and the content of triterpene glycosides must be specified in the individual extract. The herbal preparation complies with the Ph. Eur. monograph (ref.: 1829)

⁴ In 2017, new lower acceptance criteria for the content of triterpene glycosides using a more specific method, i.e. LC assay, were introduced in the Ph. Eur. monographs 1830 and 1829 and the previous method, i.e. the absorption assay was superseded. Previously, the standardised extract in the WEU monograph was declared to contain 16-28% triterpene glycosides calculated as aescin (photometric method) with reference to the superseded version of the Ph.Eur. monograph 1829.

Well-established use	Traditional use
	ethanol 19% m/m
	i) Dry extract (DER 3-6:1), extraction solvent water

3. Pharmaceutical form

Well-established use	Traditional use
Herbal preparations in modified or immediate release dosage forms for oral use.	Herbal preparations in semi-solid dosage forms for cutaneous use.
The pharmaceutical form should be described by the European Pharmacopoeia full standard term.	Herbal preparations in solid or liquid dosage forms for oral use.
	The pharmaceutical form should be described by the European Pharmacopoeia full standard term.

4. Clinical particulars

4.1. Therapeutic indications

Well-established use	Traditional use
Herbal medicinal product for treatment of chronic venous insufficiency, which is characterised by swollen legs, varicose veins, a feeling of heaviness, pain, tiredness, itching, tension and cramps in the calves.	Indication 1) Traditional herbal medicinal product to relieve symptoms of discomfort and heaviness of legs related to minor venous circulatory disturbances. Indication 2) Traditional herbal medicinal product for relief of signs of bruises, such as local oedema and haematoma. The product is a traditional herbal medicinal product for use in specified indications exclusively based upon long-standing use.

4.2. Posology and method of administration

Well-established use	Traditional use
Posology	Posology
Adults and elderly	Indication 1)
Standardised dry extract corresponding to a	Herbal preparations a)-f)
content of 21 mg triterpene glycosides calculated as protoaescigenin ⁵ 2 times daily.	Adults and elderly
There is no relevant indication in children under 12 years of age.	a) In semi-solid dosage forms: herbal preparation in an amount equivalent to 0.4% triterpene glycosides, calculated as
The use in adolescents under 18 years of age is not recommended (see section 4.4 'Special warnings and precautions for use').	b) In semi-solid dosage forms: amount
Duration of use	equivalent to 20% herbal preparation
At least 4 weeks of treatment may be required before any beneficial effect is observed.	c) In semi-solid dosage forms: amount equivalent to 3.2% herbal preparation
Long-term use is possible in consultation with a	d) In semi-solid dosage forms: amount equivalent to 0.85% herbal preparation
doctor. Method of administration	e) In semi-solid dosage forms: amount equivalent to 3.8% herbal preparation
Oral use	f) In semi-solid dosage forms: amount equivalent to 1.6% herbal preparation
	For all preparations a)-f):
	Single dose: Apply a thin layer on the affected area
	Daily dose: 1-3 times.
	Herbal preparations g)-i)
	Adults and elderly
	g) Single dose: 300 mg liquid extract 2 times daily
	Daily dose: 600 mg
	h) Single dose: 154 mg 3-4 times daily
	Daily dose: 462-616 mg daily
	i) Single dose: 99 mg dry extract 2 times daily
	Daily dose: 198 mg
	For all preparations a)-i):
	There is no relevant use in children under 12

 $^{^{5}}$ Previously declared as 50 mg triterpene glycosides calculated as aescin (photometric method) with reference to the superseded version of the Ph. Eur. monograph 1829.

Well-established use	Traditional use
	years of age.
	The use in adolescents under 18 years of age is not recommended (see section 4.4 'Special warnings and precautions for use').
	Indication 2)
	Herbal preparation a)-b)
	Adolescents, adults and elderly
	 a) In semi-solid dosage forms: herbal preparation in an amount equivalent to approx. 0.4% triterpene glycosides, calculated as protoaescigenin⁶
	b) In semi-solid dosage forms: amount equivalent to 20% herbal preparation
	For preparation a)-b)
	Single dose: Apply a thin layer on the affected area
	Daily dose: 1-3 times
	The use in children under 12 years of age is not recommended (see section 4.4 'Special warnings and precautions for use').
	Duration of use
	Indication 1)
	If the symptoms persist longer than 2 weeks during the use of the medicinal product, a doctor or a qualified health care practitioner should be consulted.
	Indication 2)
	If the symptoms persist longer than 5 days during the use of the medicinal product, a doctor or a qualified health care practitioner should be consulted.
	Method of administration
	Herbal preparation a)-f): Cutaneous use
	Herbal preparation g)-i): Oral use

⁶ Previously declared as 1% triterpene glycosides calculated as aescin (photometric method) with reference to the superseded version of the Ph.Eur. monograph 1829.

4.3. Contraindications

Well-established use	Traditional use
Hypersensitivity to the active substance.	Hypersensitivity to the active substance.

4.4. Special warnings and precautions for use

Well-established use	Traditional use
If there is inflammation of the skin, thrombophlebitis or subcutaneous induration, severe pain, ulcers, sudden swelling of one or both legs, cardiac or renal insufficiency, a doctor	If symptoms worsen or signs of skin infections occur during the use of the medicinal product, a doctor or a qualified health care practitioner should be consulted.
should be consulted.	Cutaneous use:
If the symptoms worsen or signs of skin infections occur during the use of the medicinal product, a doctor or a pharmacist should be consulted.	The product should not be used on broken skin, around the eyes or on mucous membranes.
The use is not recommended in adolescents under	Indication 1)
18 years of age due to a lack of data on safety and efficacy.	If there is inflammation of the skin, thrombophlebitis or subcutaneous induration, severe pain, ulcers, sudden swelling of one or both legs, cardiac or renal insufficiency, a doctor should be consulted.
	The use in adolescents under 18 years of age is not recommended because of concerns requiring medical advice.
	Indication 2)
	In the absence of sufficient safety data, the use in children below 12 years of age is not recommended.

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

Well-established use	Traditional use
None reported	None reported

4.6. Fertility, pregnancy and lactation

Well-established use	Traditional use
Safety during pregnancy and lactation has not	Safety during pregnancy and lactation has not
been established. In the absence of sufficient	been established. In the absence of sufficient
data, the use during pregnancy and lactation is	data, the use during pregnancy and lactation is
not recommended.	not recommended.

Well-established use	Traditional use
No fertility data available.	No fertility data available.

4.7. Effects on ability to drive and use machines

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

4.8. Undesirable effects

Well-established use	Traditional use
Gastrointestinal complaints, headache, vertigo, itching and allergic reactions have been reported. The frequency is not known.	Cutaneous use: Hypersensitivity reactions of the skin (itching and erythema) have been reported. The frequency is not known.
If other adverse reactions not mentioned above occur, a doctor or a pharmacist should be consulted.	Oral use: Gastrointestinal complaints, headache, vertigo, itching and allergic reactions have been reported. The frequency is not known.
	Cutaneous and oral use: If other adverse reactions not mentioned above occur, a doctor or a qualified health care practitioner should be consulted.

4.9. Overdose

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

5. Pharmacological properties

5.1. Pharmacodynamic properties

Well-established use	Traditional use
Pharmacotherapeutic group: Vasoprotectives	Not required as per Article 16c(1)(a)(iii) of
Proposed ATC code: C05CX03	Directive 2001/83/EC.
The exact mechanism of action is not known, but preclinical and clinical pharmacological studies	
indicate that an effect on venous tone and	
capillary filtration rate is involved.	
Based on a systematic review (meta-analysis) of	
17 clinical trials, it can be concluded that horse	
chestnut seed extract significantly reduces	
symptoms of chronic venous insufficiency, such as	

Well-established use	Traditional use
oedema, pain and itching compared to placebo.	

5.2. Pharmacokinetic properties

Well-established use	Traditional use
No relevant data available.	Not required as per Article 16c(1)(a)(iii) of Directive 2001/83/EC.

5.3. Preclinical safety data

Well-established use	Traditional use
Available preclinical data indicate low toxicity following oral administration of the herbal preparation.	Not required as per Article 16c(1)(a)(iii) of Directive 2001/83/EC, unless necessary for the safe use of the product.
Adequate tests on reproductive toxicity, genotoxicity and carcinogenicity have not been performed.	Adequate tests on reproductive toxicity, genotoxicity and carcinogenicity have not been performed.

6. Pharmaceutical particulars

Well-established use	Traditional use
Not applicable	Not applicable

7. Date of compilation/last revision

15 January 2020