

Trad Integr Med, Volume 9, Issue 4, Autumn 2024 **Original Research** 



# **Plasma Metabolite Profiles of Healthy Volunteers after Administration of a Thai Herbal Formula for Dizziness**

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#### **Abstract**

The Thai herbal Yahom 20 formula (YHF20), is traditionally used for dizziness and fainting and off-label use for sleep aid, with inadequate substantial evidence afterward. This study's primary objective is to employ metabolomics to investigate YHF20's effects, comparing it with lorazepam and a placebo in healthy volunteers. Phytochemical and metabolite profiling were performed using liquid chromatography-tandem mass spectrometry (LC-MS/MS) and LC/MS Q-ToF, respectively, on plasma samples from 90 healthy participants aged 20 to 60 years. These participants were randomized into three groups: YHF20 (n=30), Lorazepam (n=30), and Placebo (n=30). Principal Component Analysis (PCA) and Orthogonal Partial Least Squares Discriminant Analysis (OPLS-DA) were then conducted to identify differential metabolites and pathways. Six phytochemicals, including ellagic acid, glycyrrhizic acid, (E)-ferulic acid hexacosyl ester, 6-aldehydo-7-methoxy-isoophiopogonone B, melianol, and myristic acid were identified in YHF20. Despite PCA showing no significant overall metabolite profile differences among the groups, OPLS-DA pinpointed eight YHF20 associated metabolites, such as DHA ethyl ester, α-linolenic acid, (9Z)-9-octadecenamide, ricinoleic acid methyl ester, idazoxan, 13-HPODE, 12,13-DiHODE, and myristoleic acid, implying at anti-inflammatory pathway involvement, especially in  $\alpha$ -linoleic and linoleic acid metabolism. No direct impact on sleep-related metabolites was found, the anti-inflammatory effects suggested by YHF20 could indirectly improve sleep quality by mitigating inflammation, a common sleep disruptor. These results highlight YHF20's potential for enhancing life quality through anti-inflammatory mechanisms. They offer a scientific basis for its traditional and anecdotal uses and suggest a novel approach to sleep quality improvement not previously documented.

**Keywords:** Thai herbal Yahom 20 formula; Herbal medicine; Sleep quality; Metabolomics

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# **Introduction**

Insomnia is a pervasive condition that spans all age groups, notably impacting the working age and elderly populations. Studies estimate that chronic insomnia affects about 30% of the general populace [1], leading to significant detriments in concentration, memory retention, learning capabilities, and causing long-term adverse health outcomes, including reduced life expectancy [2-4]. Conventional treatments for insomnia typically involve a combination of promoting healthy sleep habits, cognitive behavioral therapy (CBT), and pharmacological interventions. Commonly prescribed medications include benzodiazepines, tricyclic antidepressants, and melatonin-receptor agonists, which, while generally effective, are associated with risks of drug resistance, addiction, and various adverse effects ranging from dizziness and confusion to gastrointestinal disturbances [5].

In this context, the Thai herbal Yahom 20 formula (YHF20), a concoction used in Applied Thai Traditional Medicine (ATM) for over three decades, emerges as an intriguing alternative. Comprising 25 ingredients (Supplementary Materials, Table S1), YHF20 is traditionally employed to mitigate symptoms such as dizziness, fainting, and general weakness. Notably, ATM practitioners have observed that YHF20 also appears to enhance sleep quality among patients aged 20–60, a benefit yet to be substantiated by scientific evidence. Preliminary research suggests that certain YHF20 constituents might modulate neurotransmitter levels, potentially explaining its observed effects on sleep. For instance, *Conioselinum anthriscoides* (H. Boissieu) Pimenov & Kljuykov has been reported to elevate central nervous system levels of 5-hydroxytryptamine [6]; while *Glycyrrhiza glabra* L. has shown potential in reducing brain enzyme levels in hypoxic conditions [7]. However, there is inadequate scientific evidence to support the use of YHF20 as a sleep aid.

Despite these promising indications, the scientific community lacks comprehensive evidence validating YHF20's efficacy as a sleep aid. This gap underscores the need for advanced analytical techniques capable of capturing the multifaceted impacts of traditional Thai herbal medicine (TTM). Untargeted metabolomics analysis, by facilitating the profiling of a wide array of plasma metabolites, offers a powerful tool to unearth the biochemical pathways influenced by such herbal interventions. Hundreds of metabolites can be detected by plasma metabolite profiling. This information can be useful to identify the pathways involved in the efficacy of a drug [8]. This approach not only promises to unveil the mechanistic underpinnings of YHF20's effects but also aligns with the holistic ethos of TTM, which seeks to address the root causes of ailments by targeting multiple physiological pathways.

Aimed at bridging this knowledge gap, the present

study employs metabolomics to investigate the plasma metabolite profiles of healthy volunteers following administration of YHF20, in comparison to those receiving lorazepam or a placebo. Through this comparative analysis, we seek to elucidate the pharmacological effects and potential therapeutic benefits of YHF20, particularly in relation to sleep enhancement. By scientifically substantiating the anecdotal sleep-related benefits of YHF20, this research endeavors to contribute to the validation of traditional herbal remedies and explore their potential as safer alternatives to conventional insomnia treatments.

# **Materials and Methods**

# *Ethics and Consent*

This study has provided ethical approval by The Siriraj Institutional Review Board (SIRB) of the Faculty of Medicine Siriraj Hospital, Mahidol University (COA no. Si 680/2019), and confirmation that informed consent was obtained. The trial is registered at thaiclinicaltrials.org, number TCTR20240704003, on July 4, 2024.

# *Study design and participants*

The sample size calculation was based on a previous study and conducted using the nQuery Advisor program, aiming for a 95% confidence level and 90% power, resulting in 25 subjects per group. Accounting for an estimated 15% loss to follow-up, a total of 90 participants were required, divided into three groups with 30 participants each. Healthy volunteers aged 20 – 60 years old with proficiency in Thai, including reading and writing skills from Siriraj Institute of Clinical Research, Faculty of Medicine Siriraj Hospital, Mahidol University. Health practitioners screened participants using the Thai Pittsburgh Sleep Quality Index (T-PSQI), Likert scale, and The World Health Organization Quality of Life (WHOQoL)-BREF. Researchers then employed stratified block randomization by T-PSQI scores to assign participants into three groups: YHF20, placebo, and lorazepam. All health practitioners and participants were blinded throughout the process [9]. The Siriraj Institutional Review Board (SIRB) of the Faculty of Medicine Siriraj Hospital, Mahidol University, provided ethical approval (COA no. Si 680/2019). A flow diagram, depicted in Figure 1, outlines the study procedure, including blood sample collection before the initial treatment dose (Day 0) and two weeks post-administration (Day 15), with subsequent storage at -80°C. On Day 0, participants were evaluated with the T-PSQI and WHOQOL-BREF by health practitioners, underwent physical examination, and 15 ml of blood collection for complete blood count, kidney function, and liver function assessment. On Day 15, participants were re-evaluated with the

T-PSQI and WHOQOL-BREF, underwent physical examination, and 15 ml of blood collection by health practitioners for complete blood count, kidney function, and liver function assessment. Data from sleep diaries and actigraphs were also collected [9].

#### *Intervention*

The Ayurved Siriraj Manufacturing Unit of Herbal Medicines and Products, under PIC/S GMP standards, produced YHF20 and placebo capsules. Ingredients, sourced within Thailand, underwent authentication by two expert TTM practitioners. The formulation process involved cleaning, weighing, grinding, and encapsulating 250 mg of YHF20 powder per capsule. Placebo capsules, filled with starch and herbally scented to resemble YHF20, alongside lorazepam capsules (0.5 mg each), constituted the study's interventions. Participants in the lorazepam group were instructed to consume one lorazepam capsule and two placebo capsules; while the other groups took three capsules daily before bedtime from Day 8 to Day 14.

# *Sample preparation for LC-MS/MS analysis*

#### Plasma samples

Plasma samples were thawed on ice. Next, 200 μL of

each plasma sample was mixed with 50 μL of 0.25 ng/ μL internal standards [caffeine (3-methyl-13C,99%), L-phenylalanine (1-13C, 99%) from Sigma-Aldrich (Missouri, USA) and cholic acid (2,2,4,4-D4, 98%) from IsoSciences (Pennsylvania, USA)]. The samples were extracted by treating them with 600 μL cold methanol (Optima™ LC-MS grade) from Fisher Chemical (Loughborough, UK). The samples were subjected to vortexing and centrifuging at 15800 x g for 15 min at 4 °C, and the supernatant was collected and transferred 300 μL into a microtube and also pipetted 50 μL for TQC into a conical tube 50 ml and mixed before aliquoting 300 μL of TQC into a microtube. After that, set SpeedVac at 30 °C, heater off and cold trap for 300 – 420 minutes until completely dry. Store the dry samples at -80 °C until analysis.

#### YHF20, lorazepam, and placebo samples

YHF20, lorazepam, and placebo powder were accurately weighed as 250, 2.5, and 2.5 mg, respectively, and mixed with 2 mL methanol under 10 min vortexing and 60 min sonication. Then the mixtures were centrifuged at 12,000 rpm for 10 min at 4 ºC and filtered through a PVDF syringe filter 0.2 µm. Then, the supernatants were diluted with methanol to achieve the desired concentrations. The eventual volume was 1



**Figure 1.** Study flow diagram

mL, including 0.25 mg/µL internal standard solution.

Ultra-high-performance liquid-chromatography with quadrupole time-of-flight tandem mass spectrometry (LCMS-QTOF) analysis

The chromatography technique was performed using a Waters Acquity UPLC® system (Waters Corporation, Milford, USA). The LCMS-QTOF protocol was derived from a previous study [10]. The stationary phase was provided by a Waters ACQUITY HSS T3 (100 mm  $\times$  2.1 mm, 1.8 µm) column set at 40 °C. The auto sampler was maintained at 4 °C. The mobile phase was combined with 0.1% formic acid in water (A) and 0.1% formic acid in absolute methanol (B). The separation was performed with gradient elution (0 to 100%B in 20 min) and 0.4 mL/min of flow rate.

Analysis of the nontargeted plasma metabolomics profile was performed using a Waters® SYNAPT G2- Si mass spectrometer (Waters Corporation, Milford, USA) with an electrospray ionization (ESI) source in both the positive (ESI+) and negative (ESI-) analysis modes. The MSE mode was set up as the full scan mode. The MS mass range was determined at 50– 1,200 m/z and operated in the continuum mode with a scan time of 0.5 seconds. In the resolution mode, the source conditions were set as follows: capillary voltage at 3 kV, sample cone at 40 V, source offset at 80 V, source temperature at 150°C, desolvation temperature at 500 $^{\circ}$ C, cone gas flow rate at 50 L/h, and N<sub>2</sub> flow rate at 1000 L/h. During data acquisition, 200 pg/mL of leucine enkephalin was continuously infused at 5 µL/min via a lock spray interface to ensure mass accuracy and consistency.

For calibration, 5 mM sodium formate was injected at 20 µL/min. The calibration criteria were: RMS residual mass  $\leq 0.5$  ppm, 95% confidence band  $\leq 0.5$  ppm with a threshold  $\leq 1$  ppm, and all 13 peaks matched in the mass range 50–1200 Da in the resolution mode.

#### Outcomes - Data analysis

MassLynx™ V4.1 software and UNIFI 1.8.0 (Waters, Manchester, UK) were used for the data acquisition and processing. The potential markers from the UNIFI software were identified using Waters Traditional Chinese medicine library and various online databases, including NIST, KEGG, ChemSpider, and Pubchem. Multivariate analysis (MVA) was used to investigate the untargeted metabolomics by using the MSE raw data from UNIFI software transferred to EZinfo software (Waters Corp., MA, USA). Principle component analysis (PCA) and orthogonal projections to the latent structures discriminant analysis (OPLS-DA) were used for analyzing the metabolic profiles in this study. S-plots were used to differentiate selected metabolites between groups of intervention. The criteria for the significantly selected metabolites were as follows: a responding compound > 50000 counts and variable importance in projection (VIP) value  $> 1$ , and p-value  $< 0.05$ .

The relationship between the metabolites discovered after YHF20 administration related to sleep factors and the metabolic pathways were explored using the MetaboAnalyst database. The pathways were analyzed by considering two major factors: the p value and impact value. MetaboAnalyst calculated the p-values from every study in which each metabolite compound was involved, reported in a -log10(p) form that is inverse to the p value, where a higher  $-log10(p)$ means higher reliability.

# **Results**

#### *Plasma metabolomics*

The demographic data of the healthy volunteers are shown in table 1. No harm occurred after the administration of all intervention groups.

#### *Tentative identified compounds in YHF20*

The various constituents in YHF20 were characterized based on their fragmentation behaviors, accurate mass, and retention times. The total percentage of 90 chemical constituents in YHF20 was 30.4 % in the positive mode (table S2) and 21.7% in the negative mode (Table S3). The majority of the 90 identified constituents belonged to triterpenoids (18%), lipids (15%), and phenols (11%) groups in the positive mode. While the three highest ranked groups in the negative mode were lipids (16%), triterpenoids (15%), and steroids (8%).

#### *PCA analysis of the plasma samples*

According to the PCA score plots, the plasma metabolites after the intakes of YHF20, lorazepam, and placebo could not clearly be separated from each intervention in both the negative and positive modes (Figure 2).

# *OPLS-DA analysis of the plasma samples*

The OPLS-DA score plots showed that the plasma metabolites after the intakes of YHF20, lorazepam, and placebo were different before (D0) and after (D15) administration (Figure 3).

Comparing the OPLS-DA score plots between interventions at day 0 and day 15, the OPLS-DA score plots showed that the plasma metabolites were different, while the S-plots showed a small amount of significantly selected metabolites. For more in-depth investigation, the dominant elements or Dhātu Chao Ruean in Thai traditional medicine theory were categorized in the subgroup analysis in the YHF20 group (Figure 4), lorazepam group (Supplementary Materials, Figure S1), and placebo (Figure S2).

# *Metabolite biomarkers identification*



**Table 1.** Demographic data of the participant

\*Dominant elements or Dhātu Chao Ruean in Thai traditional medicine were determined using the participant's month of birth; the Fire group covers December, January, and February; the Wind group covers March, April, and May; the Water group covers June, July, and August; and the Earth group covers September, October, and November [11].



**Figure 2.** Score plots from PCA analysis of the plasma samples from the YHF20 group ( $\triangle$ ), Lorazepam group ( $\triangle$ ), and placebo group ( $\bullet$ ) at Day 15 in the positive mode (A) and negative mode (B).

Overall, 997 metabolites from YHF20 group were qualified by searching the Human Metabolome Database (HMDB), Kyoto Encyclopedia of Genes and Genomes (KEGG), Massbank, and NIST databases. After excluding the repeated tentatively identified compounds in both the positive and negative modes, 8 potential metabolites were identified (Table 2).

# *Pathway analysis*

The results with the highest to lowest impact values were linoleic acid metabolism, α-linoleic acid metabolism, fatty acid biosynthesis, the biosynthesis of unsaturated fatty acids, and fatty acid degradation, respectively (Figure 5).

# **Discussion**

*Chemical profiling of Thai herbal Yahom 20 formula (YHF20)*

LC-MS/MS analysis of the Thai herbal Yahom 20 formula (YHF20) tentatively identified 90 markers across phenols, triterpenoids, steroids, and lipids. These compounds are known for their anti-inflammatory and antioxidant properties [12-23], corroborating the therapeutic potential of YHF20. Notably (Tables S2 and S3), substances such as (E)-ferulic acid hexacosyl ester and glycyrrhizic acid, found in recognized medicinal plants like *Dracaena cochinchinensis* and *Glycyrrhiza glabra*, underscore the formula's rich phytochemical composition.

Notably (Tables S2 and S3), substances such as (E)-ferulic acid hexacosyl ester, 6-aldehydo-7-methoxy-isoophiopogonone B, ellagic acid, glycyrrhizic acid, melianol, and myristic acid, found in recognized medicinal plants like *Dracaena cochinchinensis* (Lour.) S.C.Chen*, Glycyrrhiza glabra* L., *Terminalia chebula* Retz., *Aquilaria crassna* Pierre ex Lecomte, and *Myristica fragrans* Houtt. *G.glabra*,



**Figure 3.** OPLS-DA analysis and the corresponding S-plots of the plasma samples between before ( $\bullet$ ) and after (\*) the administration of (A) YHF20 treatment in the positive mode, (B) Lorazepam treatment in the positive mode, (C) Placebo treatment in the positive mode, (D) YHF20 treatment in the negative mode, (E) Lorazepam treatment in the negative mode, (F) Placebo treatment in the negative mode.

underscore the formula's rich phytochemical composition.

#### *Relationship between YHF20 phytochemicals and plasma metabolic profiles of the healthy volunteers after YHF20 administration*

Upon administration of YHF20 to healthy volunteers, eight metabolites associated with sleep and mood regulation were identified, including (9Z)-9-octadecenamide, known for its sedative effects [24] such as drowsiness or sleep and reduced psychological excitement or anxiety, and ethyl docosahexaenoate (DHA ethyl ester), with pronounced anti-inflammatory bene-

fits and positive impact on cardiovascular health. [25]. These findings suggest a complex interaction between YHF20's phytochemicals and the body's metabolic pathways, influencing sleep, mood, and inflammation. Nisinic acid ( $α$ -linolenic acid), an omega-3 fatty acid, has been reported to inhibit prostaglandin synthesis, potentially leading to reduced inflammation. These inflammatory substances tend to increase in people who suffering from insomnia or poor sleep quality, as exhibited by elevated systemic markers of inflammation, such as C‐reactive protein and interleukin‐6 [44]. Furthermore, with advancing age, there is an increase in inflammatory substances. Some of these elevated



**Figure 4.** OPLS-DA score plots and S-plots of plasma samples from healthy volunteers with different dominant elements before and after the intake of YHF20. (A) Earth element in the positive mode, (B) Water element in the positive mode, (C) Wind element in the positive mode, (D) Fire element in the positive mode, (E) Earth element in the negative mode, (F) Water element in the negative mode, (G) Wind element in the negative mode, (H) Fire element in the negative mode.

inflammatory markers can significantly impact health, potentially leading to conditions like heart disease or depression. However, sufficient and high-quality sleep can decrease these inflammatory markers, help prevent sleep disturbance, and prolong sleep duration [26,41]. Nisinic acid can also balance neurotransmitter levels, such as serotonin [42], which have a role in regulating arousal and phasic events in the REM sleep cycle [43].

Linoleic acid, an omega-6 fatty acid, has been reported to regulate neuropharmacological effects. Adequate quantities and appropriate ratios of  $\alpha$ -linolenic to linoleic acid can improve sleep quality [42].

Ricinoleic acid methyl ester, which serves as a substrate for the synthesis of conjugated linoleic acids, plays a role in the formation of specific fatty acids [27]. Idazoxan was investigated as an antidepressant and as an adjunctive treatment for schizophrenia. Its potential effects on enhancing dopamine neurotransmission in the prefrontal cortex of the brain make it of interest in these contexts [28]. 13-HPODE (13-hydroperoxyoctadecadienoic acid) and 12,13-DiHODE (12,13-dihydroxyoctadecadienoic acid) were derivatives of linoleic acid. Linoleic acid is an essential omega-6 fatty acid found in various dietary sources. These derivatives may have specific roles in biological processes and signaling pathways [29]. Myristoleic acid (9-tetradecenoic acid) is an omega-5 fatty acid, which exhibited various physiological effects and potential health benefits [30].

All these eight metabolites can be categorized into many groups. Lipids are one of those interesting results, and we found some of the components in YHF20 that were not only related to mood and sleep disorders, such as α-linoleic and linoleic fatty acid [31,32], but also played a crucial role in psychiatric health, the pathophysiology of neurodegenerative disorders, such as Alzheimer's disease, and contribute to the protection and maintenance of the neuron membrane.

Myristoleic acid was found in plasma and originates from the *Myristicaceae* plant family. It is a marker substance present in the YHF20 recipe which can be

No.	m/z	Retention time (min)	Elemental composition	$i$ -FIT Confidence $(\% )$	Common name	Before	After
	203.0825	4.90	$C_{11}H_{12}N_{2}O_{2}$	99.68	Idazoxan	$\checkmark$	✓
$\overline{2}$	357.2791	14.80	$C_{24}H_{36}O_2$	85.12	Ethyl docosahexae- noate (DHA ethyl ester)	$\checkmark$	✓
3	357.2791	14.80	$C_{24}H_{36}O_2$	85.12	Nisinic acid $(a-Linolenic acid)$	✓	$\checkmark$
4	282.2792	15.98	$C_{18}H_{35}NO$	100.00	(9Z)-9-Octadece- namide	$\checkmark$	✓
5	313.2739	16.00	$C_{19}H_{36}O_3$	99.99	MFCD00046712 (Ricinoleic acid methyl ester)	✓	✓
6	311.2220	14.75	$C_{18}H_{32}O_4$	94.81	13-HPODE	$\checkmark$	✓
7	311.2220	14.75	$C_{18}H_{32}O_4$	94.81	12,13-DiHODE	✓	✓
8	225.1860	15.22	$C_{14}H_{26}O_2$	100.00	Myristoleic acid (9-tetradecenoic acid)	✓	✓

**Table 2.** List of potential identified metabolites in plasma before and after YHF20 administration Biosynthesis of unsaturated fatty acids



**Figure 5.** Summary of the pathway analysis results obtained using MetaboAnalyst

derived from *Myristica fragrans* Houtt. and can also be categorized as a secondary ingredient in the recipe [33,34]. The presence of myristoleic acid in plasma suggests that the human body is capable of biosynthesizing it, from precursor compounds such as myristic acid. This correlation highlights the intricate relationships between dietary components, herbal medicine, biosynthesis, and their impact on the metabolic profile. α-Linoleic acid in most potential target pathways (Figure 5) is one of the omega-3 polyunsaturated fatty acids (PUFAs) that have been shown to have multiple beneficial effects in cardiovascular disease, anti-inflammatory and antithrombotic properties, neuroprotective effects, improved endothelial dysfunction,

and can positively affect the resting heart rate (HR), HR variability, heart rhythm, and cardiac remodeling [35,36].

Besides, omega-3 fatty acids (α-linoleic acid) not only play a role in preventing the production of pro-inflammatory factors, but also in inhibiting the formation of omega-6 fatty acids. Omega-6 fatty acids are potent precursors for inflammatory mediators, even though they are still constituent components of membrane phospholipids [37,38]. These inflammatory substances are increased in people who suffer from insomnia or poor sleep quality, by increasing the systemic markers of inflammation, such as C‐reactive protein and interleukin‐6 [39]. Further, with a rising age, there is an increase in inflammatory substances. Some of these elevated inflammatory markers can have significant impacts on health, potentially leading to conditions like heart disease or depression. However, sufficient and high-quality sleep has the potential to decrease these inflammatory markers. Also, sleeping behavioral adjustments can not only help in alleviating insomnia symptoms but also contribute to reducing the inflammatory processes associated with aging, ultimately enhancing the overall quality of life [40].

According to the similarities among all groups from PCA analysis, this implied that YHF20 did not interfere metabolites of healthy volunteers. However, since our study was performed in disease absent subjects, the effects of the treatment to metabolites that are abnormal only in patients might be marginal. Therefore, we suggest that further studies should be performed.

#### **Conclusion**

The administration of YHF20 showed no direct mod-

ulation of plasma metabolites directly associated with sleep regulation. Nevertheless, its influence on anti-inflammatory pathways suggests potential benefits in addressing inflammation related to poor sleep quality (Figure 6). Future research should delve into the clinical efficacy of YHF20 as a sleep aid, focusing on its anti-inflammatory mechanisms, to validate its application in managing insomnia.

#### **Funding**

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# **Supplementary Materials**

![](_page_8_Figure_6.jpeg)

**Figure 6.** Summary of the study: This study investigated the phytochemical profiles of YHF20 and plasma metabolites of healthy volunteers after the intake of YHF20.

![](_page_8_Figure_8.jpeg)

 **Figure S1.** OPLS-DA score plots and S-plots of plasma samples from healthy volunteers with different dominant elements before and after the intake of lorazepam. (A) Earth element in the positive mode, (B) Water element in the positive mode, (C) Wind element in the positive mode, (D) Fire element in the positive mode, (E) Earth element in the negative mode, (F) Water element in the negative mode, (G) Wind element in the negative mode, (H) Fire element in the negative mode.

![](_page_9_Picture_325.jpeg)

**Table S1.** Ingredients of YHF20 and information on their constituents and pharmacological effects

![](_page_10_Picture_308.jpeg)

![](_page_11_Picture_496.jpeg)

**Table S2.** Tentatively identified compounds of YHF20 in Positive mode

![](_page_11_Picture_497.jpeg)

![](_page_12_Picture_678.jpeg)

![](_page_13_Picture_654.jpeg)

![](_page_14_Picture_705.jpeg)

# **Supplementary Materials**

![](_page_15_Picture_608.jpeg)

**Table S3.** Tentative identified compounds of YHF20 in Negative mode

![](_page_16_Picture_645.jpeg)

![](_page_17_Picture_664.jpeg)

![](_page_18_Picture_559.jpeg)

![](_page_19_Picture_666.jpeg)

**Table S3.** Tentative identified compounds of YHF20 in Negative mode

![](_page_20_Picture_742.jpeg)

![](_page_21_Picture_714.jpeg)

![](_page_22_Picture_285.jpeg)

![](_page_22_Figure_3.jpeg)

![](_page_23_Figure_2.jpeg)

**Figure S2.** OPLS-DA score plots and S-plots of plasma samples from healthy volunteers with different dominant elements before and after the intake of placebo. (A) Earth element in the positive mode, (B) Water element in the positive mode, (C) Wind element in the positive mode, (D) Fire element in the positive mode, (E) Earth element in the negative mode, (F) Water element in the negative mode, (G) Wind element in the negative mode, (H) Fire element in the negative mode.

![](_page_24_Figure_2.jpeg)

**Figure S4.** Chromatogram of Lorazepam, YHF20 and Placebo in Positive mode

#### *Chemical constituents of YHF20 TIC of YHF20, lorazepam, and placebo*

The total ion current (TIC) chromatogram displayed the combined intensity of all masses detected throughout the entire analysis. In these complex samples, the TIC chromatogram offered limited information because multiple analytes obscured the individual components within the injections, making it challenging to distinguish them. (Figure S3-S4)

**Conflict of Interests** None. **Acknowledgements** None.

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