American Ginseng (*Panax quinquefolium* L.), the “Other” Ginseng.—Ginseng is a widely used medicinal herb with a rich written and oral history (1). However, ginseng actually refers to a suite of plants from the genus Panax: Chinese ginseng (*Panax ginseng* C. A. Mey.), Japanese ginseng (*Panax japonicum* C. A. Mey), Himalayan ginseng (*Panax pseudoginseng* spp. *himalaicus* H. Hara.), and American ginseng (*Panax quinquefolium* L.). Traditionally, ginseng has been considered both a “preventative” and a “cure” for a number of health problems. In this portrait, we will introduce American ginseng and present recent research on the pharmacological properties of *P. quinquefolium*.

*P. quinquefolium,* commonly known as “man root,” “man’s health” and “red berry” is a deciduous perennial member of the Araliaceae whose distribution encompasses the eastern United States and Canada including the upper Mississippi water shed (see Fig. 1) (2). *P. quinquefolium* was first reported in North America in 1716, and is a green seed-bearing plant that only reproduces via seeds in nature (1). Plants generally grow from 8 to 10 inches in height and have two to four leaves with each leaf subdivided into five leaflets. Wild populations of *P. quinquefolium* have been over-harvested and since 1975 American ginseng has been listed by the Convention on International Trade in Endangered Species in Wild Flora and Fauna (CITES) as a protected plant (Sumner 2000). Cultivated *P. quinquefolium,* produced primarily in central Wisconsin, is the primary source of ginseng for both domestic use and export to the Asian markets (3).

All species of ginseng contain members of a class of bioactive chemical constituents known as ginsenoside saponins or ginsenosides (1, 2, 3). Ginsenosides, which act as anti-microbial agents *in planta,* affect several aspects of mammalian physiology including vasodilation (4).