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A Brief Focus on Hepatoprotective Leads from Herbal Origin

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Abstract: The diseases associated to liver, heart, blood, brain, kidneys, spleen, pancreas, nerves, hormones, fluids and electrolytes, virus, bacteria, protozoa, fungi etc. are paying much attention and numerous research work is been done in respective areas, worldwide metabolic disorders are need to pay an attention. Problems related to liver such as acute or chronic inflammation, toxin-/drug-induced hepatitis, cirrhosis and hepatitis are very common nowadays due to our exposure to different environmental pollutants like chemicals, toxins, viruses etc. For centuries, many herbal drugs and formulations have been used as natural remedies for the prevention and/or treatment of liver diseases and have been popularized world over by leading pharmaceuticals. Due to insufficient scientific-based pharmacological data, most of the herbal formulations cannot be recommended for the treatment of liver diseases. In this review article, an attempt has been made to focus a brief view on few herbal hepatoprotective leads that may be useful to the health professionals, scientists and scholars working the field of pharmacology and therapeutics to develop evidence-based alternative medicine to cure different kinds of liver dysfunctions.

Key words: Liver toxicity, part of plant, plant extract

INTRODUCTION

Health related problems are on high today. As we know that the diseases associated to liver, heart, blood, brain, kidneys, spleen, pancreas, nerves, hormones, fluids and electrolytes, virus, bacteria, protozoa, fungi etc. are paying much attention and numerous research work is been done in respective areas, worldwide metabolic disorders are need to pay an attention.

It is well known that liver is one of the most important organs in the biotransformation of food, drugs, endogenous and exogenous substances. Profuse supply of blood and the presence of many redox systems (e.g., cytochromes and various enzymes) enable liver to convert these substances into different kinds of inactive, active or even toxic metabolites. Problems related to liver such as acute or chronic inflammation, toxin-/drug-induced hepatitis, cirrhosis and hepatitis are very common nowadays due to our exposure to different environmental pollutants like chemicals, toxins and viruses etc. (Dhiman and Chawla, 2005).

HERBAL LEADS AS HEPATOPROTECTIVE

Now a days liver diseases due to exposure of different drug molecules are very common

(Ansari, 2010). An attention must to be paid to cure the hepatic disorders. The mainstay of treatment is supportive care, with careful monitoring for signs of acute liver failure or progression to chronic liver disease (Ansari *et al.*, 2009).

The use of plants, plant extracts or plant-derived pure chemicals to treat disease is a therapeutic modality, which has stood the test of time. Traditional or herbal medicine is in an evolutionary process as communities and individuals continue to discover new techniques that can transform practices in the field of medical sciences. Traditional medicine and drug discovery using natural products still important issues in the current target-rich, lead-poor scenario. According to the World Health Organization (WHO), about three-quarters of the world population depends upon traditional remedies (mainly herbs) for the health care of its people. In fact, herbs/plants are the oldest friends of human being. They not only provided food and shelter but also served the humanity to cure different dysfunctions. The traditional medicines also sometime called as, herbal or natural medicine existed in one way or another in different cultures/civilizations, such as Egyptians, Western, Chinese, Kampo (Japan) and Greco-Arab or Unani/Tibb (South Asia) (Ansari and Inamdar, 2010). A number of herbs are traditionally used in different countries during

hepatic disorders and new search is going on to isolate the active hepatoprotective principle from these herbs (Dhiman and Chawla, 2005).

In India, more than 87 plants are used in 33 patented and proprietary multi-ingredient plant formulations (Handa *et al.*, 1986). Handa and his group reported that about 170 phytoconstituents isolated from 110 plants belonging to 55 families were stated to possess liver protective activity about 600 commercial herbal formulations with claimed hepatic protective activity are being marketed worldwide (Trease and Evans, 2002). Several hundred plants have been examined for use in a wide variety of liver disorders. Just a handful has been fairly well researched. The latter category of plants include: *Silybum marianum* (milk thistle),

Picrorhiza kurroa (kutkin), *Curcuma longa* (turmeric), *Camellia sinensis* (green tea), *Chelidonium majus* (greater celandine), *Glycyrrhiza glabra* (licorice) and *Allium sativa* (garlic). (Luper, 1998). Some complex Chinese herbal formulae, such as Pro-liver Pill (Yanggan Wan) (Yang *et al.*, 2000) Liver Care (Himalaya Drug Co., Bangalore, India), Liv-52 (Huseini *et al.*, 2005) Jianpi Wenshen Pill (Jianpi Wenshen Wan) (Song, 1994) Binggan capsules (Binggan Jiaonang) (Han *et al.*, 1997) Binggan Tang (Pei *et al.*, 1996) Yizhu decoction (Yizhu Koufuye) (Jiang, 1999), Yiergan Tang (Yu, 1995) and Xiaochaihu Tang (Sho-saiko-to or SST) (Yamashiki *et al.*, 1997) have been reported to have significant therapeutic effects on liver protection or treatment of liver diseases.

Table 1: Hepatoprotective herbal leads

Herbal leads	Part	Extract	Drug to induce liver damage
<i>Silymarin</i> (Milk Thistle)	Seed	Petroleum	Acetaminophen, Alcohol (Dhiman and Chawla, 2005)
<i>Zanthoxylum piperitum</i> DC	Fruit	Methanol	Hypoxanthine/ Xanthine oxidase glucose (Lee and Lim, 2008)
<i>Lactuca indica</i> L.	Aerial parts	Methanol	Human HBV-transfected liver cell line Hep G2.2.15 (Kim <i>et al.</i> , 2007)
<i>Solanum nigrum</i> L.	Whole plant	Aqueous	Carbon tetra chloride (Lin <i>et al.</i> , 2008)
<i>Fumaria indica</i> Pugsley	Whole plant	Ethanol	d-galactosamine (Rathi <i>et al.</i> , 2007)
<i>Hypericum japonicum</i>	Whole plant	Aqueous	Carbon tetrachloride and Alpha-naphthyl isothiocyanate (Wang <i>et al.</i> , 2008)
<i>Picrorhiza kurroa</i>	Whole plant	Ethanol	2-acetylaminofluorene (Rahman, Sultana, 2007)
Macelignan (<i>Myristica fragrans</i> H.)	Fruit	Methanol	Cisplatin (Sohn <i>et al.</i> , 2008)
<i>Piper chaba</i> S.	Fruit	Methanol	d-galactosamine/TNF-alpha (Matsuda <i>et al.</i> , 2008)
<i>Cirsium setidens</i> N.	Leaves and	n-butanol	Carbon tetra chloride (Lee <i>et al.</i> , 2008a)
<i>Cuscuta chinensis</i>	Whole plant	Ethanol	Acetaminophen (Yen <i>et al.</i> , 2008)
<i>Bidens pilosa</i> L.	Whole plant	Methanol	Carbon tetra chloride (Yuan <i>et al.</i> , 2008)
<i>Cryptomeria</i>	Wood	Methanol	Carbon tetra chloride (Shyur <i>et al.</i> , 2008)
Green tea	Leaf	Aqueous	Ethanol (Lee <i>et al.</i> , 2008b)
<i>Cirsium setidens</i>	Leaf	Methanol	d-galactosamine (Yoo <i>et al.</i> , 2008)
<i>Careya arborea</i>	Bark	Methanol	Ehrlich ascites carcinoma (Senthilkumar <i>et al.</i> , 2008)
<i>Ganoderma lucidum</i>	Whole plant	Methanol	d-galactosamine (Shi <i>et al.</i> , 2008)
<i>Leucophyllum frutescens</i>	Whole plant	Methanol	Carbon tetra chloride (Balderas-Renteria <i>et al.</i> , 2007)
<i>Pteraria lobata</i>	Root	Methanol	Carbon tetra chloride (Hwang <i>et al.</i> , 2007)
<i>Phyllanthus polyphyllus</i>	Fruit	Methanol	Acetaminophen (Raj Kapoor <i>et al.</i> , 2008)
<i>Phyllanthus rheedii</i> Wight.	Fruit	Ethanol	d-galactosamine (Suresh and Asha, 2008)
<i>Alisma orientale</i>	Rhizome	Methanol	Bromobenzene (Hur <i>et al.</i> , 2007)
<i>Acaethopanax</i>	Whole plant	Methanol	d-galactosamine/ lipopolysaccharide (Nan <i>et al.</i> , 2008)
<i>Cyperus scariosus</i>	Tubers	Aqueous	Acetaminophen and Carbon tetra chloride (Gilani and Janbaz, 1995)
<i>Hedyotis corymbosa</i>	Whole plant	Methanol	Paracetamol (Sini <i>et al.</i> , 2006)
<i>Azadirachta indica</i>	Leaf	Ethanol	Paracetamol (Chattopadhyay, 2003)
<i>Operculina turpethum</i> Linn.	Root	Ethanol	Paracetamol (Suresh <i>et al.</i> , 2006)
<i>Azadirachta indica</i>	Leaf	Ethanol	Paracetamol (Chattopadhyay and Bandyopadhyay, 2005)
<i>Rumex patientia</i>	Root	Ethanol	Fe- NTA (Ferric nitrido tri acetate) (Lone <i>et al.</i> , 2007)
<i>Cassia occidentalis</i> L.	Leaf	Aqueous	Paracetamol and Ethyl alcohol (Jafri <i>et al.</i> , 1999)
<i>Hibiscus sabdariffa</i>	Flower	Aqueous	Azathioprine (Amin and Hamza, 2005)
<i>Rosmarinus officinalis</i>	Leaf	Aqueous	Azathioprine (Amin and Hamza, 2005)
<i>Salvia officinalis</i>	Leaf	Aqueous	Azathioprine (Amin and Hamza, 2005)
<i>Calotropis procera</i>	Latex	Aqueous	Carbon tetra chloride (Padhy <i>et al.</i> , 2007)
<i>Phyllanthus emblica</i> L.	Fruit	Ethanol	Ethanol (Pramyothin <i>et al.</i> , 2006)
<i>Crataeva nurvala</i>	Bark	Methanol	Aflatoxin B1 (Preetha <i>et al.</i> , 2006)
<i>Aronia melanocarpa</i>	Fruit	Aqueous	Indomethacin (Valcheva-Kuzmanova <i>et al.</i> , 2005)
<i>Thunbergia laurifolia</i> L.	Leaf	Aqueous	Ethanol (Pramyothin <i>et al.</i> , 2005)
<i>Trichilia emetica</i> Vahl.	Root	Aqueous	Carbon tetra chloride (Germano <i>et al.</i> , 2005)
<i>Azadirachta indica</i>	Fruit	Aqueous	Paracetamol (Chattopadhyay and Bandyopadhyay, 2005)
<i>Trigonella foenum graecum</i>	Seed	Methanol	Ethanol (Kaviarasan and Anuradha, 2007)
<i>Glycyrrhiza glabra</i>	Root	Aqueous	Acute hepatic patient, Hepatitis patient (Dhiman and Chawla, 2005)
<i>Picrorhiza rhizoma</i>	Rhizome	Aqueous	Carbon tetra chloride (Lee <i>et al.</i> , 2007)
<i>Andrographis lineata</i>	Leaf	Aqueous	Carbon tetra chloride (Sangameswaran, <i>et al.</i> , 2008)
Jigrine Tablet	Formulation	Aqueous	Thioacetamide (Aftab <i>et al.</i> , 2007)
Kamilari Tablets	Formulation	Aqueous	Carbon tetra chloride (Rajesh and Latha, 2004)
Live52 Tablets	Formulation	Methanol	Carbon tetra chloride (Huseini <i>et al.</i> , 2005)

In experimental hepatotoxicity models in laboratory or higher animals, a large number of herbals exerted hepatoprotective/curative effects that warrant their clinical testing (Table 1).

A lot of herbal drugs and formulations are on the market to support health, relieve symptoms and cure diseases and at least one quarter of patients with liver diseases use ethnic drugs. But most of these products lack scientific pharmacological validation. More efforts need to be emphasised towards methodological scientific evaluation for their safety and efficacy by subjecting to vigorous pre-clinical studies followed by clinical trials to put forward. This approach will help to evaluate the genuine therapeutic value of these natural pharmacotherapeutic agents and standardized the dosage regimen on evidence-based findings to become more than a fashionable trend. Due to insufficient scientific-based pharmacological data, most of the herbal formulations cannot be recommended for the treatment of liver diseases (Stickel and Schuppan, 2007).

In spite of the availability of more than 300 preparations for the treatment of jaundice and chronic liver diseases in Indian Systems of Medicine (using more than 87 Indian medicinal plants,) only four terrestrial plants have been scientifically elucidated while adhering to the internationally acceptable scientific protocols. *Sylibum marianum* have been proved to be anti-oxidative, anti-lipid peroxidative, antifibrotic, anti-inflammatory, immunomodulating and liver regenerative. *Glycyrrhiza glabra* has been reported to be hepatoprotective and capable of inducing an endogenous interferon. *Picrorhiza kurroa* is proved to be anti-inflammatory, hepatoprotective and immunomodulatory potential. In-depth studies on *Phyllanthus amarus* have confirmed this plant preparation possessed antiviral against hepatitis B and C viruses, hepatoprotective and immunomodulating effects, besides anti-inflammatory properties (Thyagarajan *et al.*, 2002).

Treating liver dysfunction with plant-derived compounds which are accessible and do not require laborious pharmaceutical synthesis appeals to look at it. In this review article, other than a brief introduction of liver, an attempt has been made to compile briefly some reported hepatoprotective plants from India and abroad and may be useful to the health professionals, scientists and scholars working the field of pharmacology and therapeutics to develop evidence-based alternative medicine to cure different kinds of liver dysfunctions.

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