



A Review on Hepatoprotective Herbal Plants

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ABSTRACT

The liver is an important organ that aids in xenobiotic metabolism and elimination. Excessive alcohol use, toxic substances (particular chemotherapeutic drugs, antibiotics, thioacetamide (TAA), carbon tetrachloride (CCl₄), and microorganisms) have all been shown to induce liver cell harm. In this scenario, the current synthetic medications to treat liver problems exacerbate liver damage. As a result, herbal medicines have grown in popularity and are widely used. Herbal remedies have long been used to treat liver problems, and maintaining a healthy liver is critical for an individual's overall health. On the market, there are a variety of herbal preparations. The goal of this study is to collect information on potential phytochemicals from medicinal plants that have been investigated in hepatotoxicity models using contemporary scientific methods.

Keywords: Medicinal plant, Liver, Hepatoprotective, Phytochemical, Hepatotoxicity.

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INTRODUCTION

Traditional medicines, contemporary medications, nutraceuticals, dietary supplements, folk medicines, pharmaceutical intermediates, bioactive principles, and lead compounds in synthetic pharmaceuticals all use medicinal plants as a source of innovative drugs. Plants provide primary health care for more than 80% of the world's population, according to WHO. Overexploitation of chosen medical plant species, on the other hand, resulted in a decrease in the number of plants in the wild and their names being added to the red data book^{1, 2}. Nature has provided an abundance of therapeutic plants on our nation. Throughout history, plants have been employed as a traditional healing method. The WHO has identified 20,000 medicinal plants worldwide, with India accounting for 15-20% of them.³ According to the WHO, medicinal plants are used in 80 percent of the world's countries.⁴ A substantial amount of data has been gathered to demonstrate the potential of medicinal herbs employed in diverse traditional systems. Over 13 000 plants have been examined for various diseases and afflictions all over the world in the last few years.^{5, 6}

Liver Diseases

The liver is the most vital organ in the body, as it is responsible for many physiological functions. It helps in

metabolism, secretion, and storage, among other things. Many exogenous and endogenous chemicals are detoxified and excreted through it. As a result, any damage to it or impairment of its function has serious health consequences for the individual afflicted. Although viral infection is one of the leading causes of hepatic damage, over 18,000 people are known to die each year from liver cirrhosis induced by hepatitis. The liver's critical function in chemical clearance and transformation makes it vulnerable to drug-induced harm.⁷

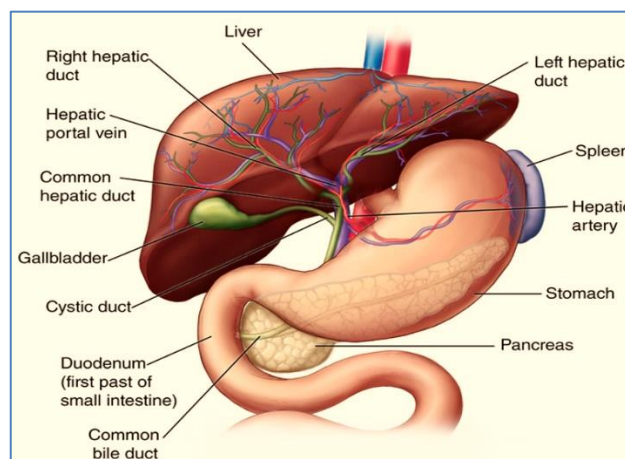


Figure 1: Structure of Liver

Liver disorders are one of the most dangerous illnesses. Acute or chronic hepatitis (inflammatory liver disorders), hepatosis (non-inflammatory diseases), and cirrhosis are the different types (degenerative disorder resulting in fibrosis of the liver). Toxic substances (particular antibiotics, chemotherapeutics, peroxidized oil, aflatoxin, carbon-tetrachloride, chlorinated hydrocarbons, etc.), excessive alcohol use, infections, and autoimmune disorders are the primary causes of liver disease⁸.



Causes of Liver Diseases

Because of food choices, alcohol use, poor cleanliness, uncontrolled drug use, and smoking, liver problems are the most frequent health concern in underdeveloped nations. Non-inflammatory, inflammatory, and degenerative liver disorders are all possibilities. Hepatic insufficiency is linked to a higher risk of atherosclerosis and cardiovascular disease^{9,10}. Hepatotoxicity can be induced by a variety of poisons such as carbon tetrachloride (CCl₄), thioacetamide, acute or chronic alcohol intake, diseases such as hepatitis A, B, and C, and drugs, with drugs being the most prevalent culprit. Hepatitis and cirrhosis are caused by the production of free radicals caused by alcohol use¹¹.

Role of Medicinal Plants in Hepatotoxicity

Plant materials have been employed in Ayurveda to protect the liver from different poisons and dietary factors.

As a result, herbal medications have gained popularity in recent years due to their safety and capacity to heal ailments. These drugs are also incredibly cost-effective when used for a long time. Many medicinal plants found across India have been identified as hepatoprotective medications, and they are widely utilised to treat liver problems. Hepatoprotective action is found in a variety of plants and polyherbal preparations. Hepatoprotective action has been claimed for around 160 phytoconstituents and other phytochemicals¹². Over 87 plants are utilised in India, with 33 of them being trademarked and having exclusive multi-ingredient plant compositions¹³. The authors analysed studies on medicinal plants' hepatoprotective properties and grouped them in systematic order as indicated in table 1.

Table 1: List of Plant has Hepatoprotective Activity

Plant Name	Plant part	Extract	Active constituents	Mechanism
<i>Allium sativum</i> (Alliaceae)	Bulb	-	Organosulfur compounds	Prevention of GSH depletion, alteration of GSH-dependent Enzymes ¹⁴
<i>Azadirachta indica</i> (Meliaceae)	Leaf	70% ethanol	Flavonoids	(Glutathione peroxidase (GPx), glutathione-S-transferase (GST), superoxide dismutase (SOD) and catalase (CAT) ¹⁵
<i>Arachniodes exilis</i> (Dryopteridaceae)	Rhizomes	Ethanol	Polyphenols	Lipid peroxide, DPPH, ABTS, superoxide anion, hydroxyl radical and hydrogen peroxide, glutamate oxaloacetate transaminase, glutamate pyruvate transaminase, malondialdehyde and superoxide dismutase ¹⁶
<i>Asparagus racemosus</i> (Liliaceae)	Whole plant	purified aqueous fraction	Polysaccharides	Lipid peroxidation, protein oxidation ¹⁷
<i>Baliospermum montanum</i> (Euphorbiaceae)	Roots	Alcohol, chloroform	-	SGPT, SGOT and alkaline phosphate, Histopathological changes in liver. ¹⁸
<i>Buddleja officinalis</i> (Loganiaceae)	flowers and buds	-	Phenyl ethanoid Glycoside (Acteoside)	Decreased levels of AST, ALP ¹⁹
<i>Boerhaavia diffusa</i> (Nyctaginaceae)	Roots	Aqueous	-	GOT, GPT, ACP and ALP, but not GLDH and bilirubin ²⁰
<i>Cassia tora</i> (Caesalpinaceae)	Leaves	Ethyl acetate	-	Glutathione enzyme activities. ²¹
<i>Camellia sinensis</i> (Theaceae)	Leaves	-	Polyphenols (Catechin)	Inhibited hepatocellular apoptosis and unregulated Bcl-2 protein expression ²²
<i>Cistus laurifolius</i> L. (Cistaceae)	Leaves	Ethanol	Flavonoid (Quercetin)	MDA, AST, GSH levels decreased ²³
<i>Corydalis saxicola</i> (Papaveraceae)	Whole plant	Ethanol	Alkaloid Dehydrocavidine	Decreased levels MDA, SOD, GPx ²⁴
<i>Cordia macleodii</i> (Boraginaceae)	Leaves	Ethanolic	Flavonoids and triterpenoids	Increased Glutamate pyruvate transaminase (GPT), serum glutamate oxaloacetate transaminase (GOT), Alkaline Phosphatase (ALP) and total bilirubin ²⁵
<i>Cassia fistula</i> (Leguminosae)	Leaf	Methanol	Antraquinone and steroids	Lowering the serum levels of transaminases (SGOT and SGPT), bilirubin and alkaline phosphatase (ALP). ²⁶
<i>Cochlospermum Planchoni</i> (Coccolpermaceae)	Rhizomes	Aqueous	tannins, carotenoids, flavonoids and triterpenes	Total bilirubin Alkaline phosphatase Alanine aminotransferase ²⁷



<i>Egletes viscosa</i> Less. (Asteraceae)	Whole plant	Hexane and Ethanol	Flavonoid (Ternatin)	Decreased lipid peroxidation ²⁸
<i>Gardenia jasminoides</i> (Rubiaceae)	Fruit	-	Iridoid Glycoside Geniposide	Antioxidant ²⁹
<i>Ginkgo biloba</i> L. (Ginkgoaceae)	Leaves	Petroleum ether	Polyphenols	ALT, AST, ALP, ALB, TP, HA, LN, TG, and CHO levels decreased ³⁰
<i>Gossypium herbaceum</i> (Malvaceae)	Root, leaves, stem	-	Polyphenols Gossypol	Antioxidant ³¹
<i>Hibiscus sabdariffa</i> L. (Malvaceae)	flowers	Ethanol, chloroform	Polyphenols Protocatechuic acid	LDH, AST, ALP, MDA levels decreased ³²
<i>Kalanchoe pinnata</i> Pers. (Crassulaceae)	Leaves	Juice of the fresh leaves and ethanolic extract	-	Decreased Serum glutamyl oxalacetic acid transaminase (SGOT), serum glutamyl pyruvate transaminase (SGPT) alkaline phosphatase (ALKP), serum bilirubin (SBLN) ³³
<i>Larrea tridentata</i> (Zygophyllaceae)	Leaves	-	Resin Nordihydroguaiaretic acid	Antioxidant ³⁴
<i>Magnolia officinalis</i> (Magnoliaceae)	Bark, root, stem	-	Polyphenols Magnolol	Antioxidant ³⁵
<i>Momordica dioica</i> (Cucurbitaceae)	Leaves	Ethanolic and aqueous	-	Decreased serum glutamate oxaloacetate transaminase (AST), serum glutamate pyruvate transaminase (ALT), serum alkaline phosphatase (SALP) and total ³⁶
<i>Mangifera indica</i> (Anacardiaceae)	-	-	Triterpene (Lupeol)	Decreased levels of SGOT, SGPT, ALP, bilirubin ³⁷
<i>Nigella sativa</i> (Ranunculaceae)	-	-	Quinones Thymoquinone (TQ)	Scavenger of superoxide, hydroxyl radical, and singlet molecular oxygen ³⁸
<i>Ocimum basilicum</i> (Lamiaceae or Labiatae)	-	-	Phenolic Acids (Rosmarinic acid)	AST, ALP, SGOT levels decreased ³⁹
<i>Orthosiphon stamineus</i> (Lamiaceae)	Leaves	Methanol	-	AST, ALT and ALP ⁴⁰
<i>Peumus boldus</i> (Monimiaceae)	-	-	Alkaloid Boldine	Lipid peroxidation ⁴¹
<i>Pinus maritima</i> (Pinaceae)	Bark	-	Polyphenols (Pycnogenol)	SOD, GSH-Px, GSH-reductase, and TBARS levels decreased ⁴²
<i>Rubia cordifolia</i> (Rubiaceae)	Roots	50% aqueous ethanolic	Glycoside (Rubiadin)	SGOT, SGPT, SALP, and gamma-GT levels decreased ⁴³
<i>Schisandra chinensis</i> (Schisandraceae)	Bee pollen	-	Lignans (Wuweizisu)	Antioxidant ⁴⁴
<i>Sida cordifolia</i> (Malvaceae)	Leaves	Aqueous	Organic compound (Fumaric acid)	Antioxidant ⁴⁵
<i>Silybum marianum</i> (Asteraceae)	-	-	Lignans (Silymarin)	Antioxidant ⁴⁶
<i>Tridax procumbens</i> (Asteraceae)	Leaves	Ethanolic	-	Decreased Glutathione, superoxide dismutase and catalase ⁴⁷
<i>Vitis vinifera</i> (Vitaceae)	Leaves	ChCl ₃ , etoac, n-buoh, and water	Phenolic compounds	Decreased (plasma and liver tissue MDA [malondialdehyde], transaminase enzyme levels in plasma [AST-aspartate transaminase, ALT-alanine transferase] and liver GSH [glutathione] levels) ⁴⁸
<i>Zanthoxylum armatum</i> (Rutaceae)	Bark	Ethanolic	Isoquinoline alkaloid, berberine, as well as flavonoids and phenolic compounds,	Decreased serum transaminases, alkaline phosphatase and total bilirubin and antioxidant enzymes: superoxide dismutase, catalase and glutathione ⁴⁹

CONCLUSION

Since ancient times, herbal and traditional botanical medicines have been utilised to cure a variety of ailments and diseases. Active extracts, fractions, or a combination of fractions/extracts might prove to be extremely effective medications. For liver disorders, plant medications (combinations or single pharmaceuticals) should be effective enough to treat serious liver diseases caused by toxic chemicals, viruses (Hepatitis B, Hepatitis C, etc.), excessive alcohol use, and other factors. All forms of severe liver disorders cannot be treated with a single medicine. Effective formulations must be created utilising indigenous medicinal herbs, as well as pharmacological tests and clinical studies. Standards of safety and efficacy should regulate the manufacturing of plant products.

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