



## Ethnopharmacological Review of Traditional Medicinal Plants Found as an Astounding Remedy to Anemia

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### ABSTRACT

Iron deficiency is the predominant cause of anemia, which is a recurrent type of nutritional problem. Medicinal herbs have proven to be efficient in the treatment of a variety of ailments in developing countries, including anemia. Anemia is generally treated by hematinics in the form of tablets, capsules and syrup and sometimes injection. Long term intake of hematinics produces some side effects like Gastritis, tooth staining, etc. Many medicinal plants have the ability to treat anemia. Sorghum bicolor stem bark, *Brillantasia nitens* leaves, *Tectona grandis*, and *Allium ascalonicum* are just a few of the plants that have traditionally been used to treat anaemia. The current review aims to list out such medicinal plants along with their ethnopharmacological status in treating anemia.

**Keywords:** Anemia, medicinal plants, hematinics, tablets, iron deficiency.

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### INTRODUCTION

Anemia is a public health issue in both developing and industrialized countries. It is one of the oldest, most frequent, and pervasive blood disorders<sup>1,2</sup>. Preschool children and women of reproductive age are the most vulnerable population groupings, despite the fact that anaemia affects everyone at all stages of life<sup>3</sup>. The main cause of anemia is iron deficiency, which can be traced back to a low intake of bioavailable iron from food<sup>4</sup>. It has been estimated that 60% of all anemia cases are because of iron deficiency in the malaria-free area, while 50% are due to malaria in malaria endemic area<sup>5</sup>. While deficiency of iron contributes to most cases of anemia, other causes such as hookworm infections, schistosomiasis, malaria and HIV, deficiencies in other micronutrients, trauma and blood loss<sup>3</sup> has to be recognized.

However, Iron deficiency anemia (IDA) is considered to be very important factor in the global burden of disease<sup>6</sup>. It additionally has reflective consequences on socio-economic development. Adults and adolescents with anemia have diminished physical capability and work performance<sup>7</sup>. IDA has been well-known to negatively affect behavior, cognitive performance and physical growth in infants, preschool and school-going children.

Additionally, it has been identified as the important risk factor for mortality of mother and child as well as affect negatively immune system and increase morbidity due to infections in every age group<sup>8,3</sup>.

Iron deficiency results in anemia, which is a symptom rather than a disease itself. It is designated by headaches, general tiredness, breathlessness and dizziness. IDA is one of the major prevalent nutritional problems in the world which is preventable, despite of the steady implementation of programs for its control globally.

Deficiency in nutrients and certain vitamins and minerals which are necessary for the production of hemoglobin, might also be a cause of anemia. Hemoglobin is the pigment which makes blood cells red. Lack of hemoglobin will cause the cells to look paler in color, leading to the term hypo chromic which means lacking in color. The most common root of anemia in adults is iron deficiency<sup>9</sup>. The empirical usage of medicinal plant preparations in the treatment of anemia dates from time immemorial. Though the iron supplementation has high efficacy and effectiveness, there are certain disadvantages like gastrointestinal side effects such as nausea, vomiting, constipation and staining of teeth<sup>10</sup>. The goodness and healing properties of herbal plants were explored by people since ancient time. Herbs are the nature's gift for living beings and as medicine they can be useful in treating anemia. For these reasons, herbs seem like a good alternative. Nutritionists feel that blood nourishing herbs helps in the iron absorption along with providing some more benefits to the blood. It may aid in strengthening the hematopoietic system and immune system of an individual<sup>11</sup>.

The choice of treatment for iron deficiency is iron, and it is given orally in necessary quantities to restore the iron to



normal levels, further to achieve the desired elevation of the hemoglobin level. Being a therapeutic agent for anemia, iron supplement is simple, cheap and it is significantly effective in treating anemia. The basic and most effective form of iron is ferrous sulfate which is taken orally. Iron is one of the few therapeutic agents in which oral therapy is highly predictable as well as more effective when compared to the systematically administered forms<sup>12</sup>. There are many other oral iron preparations other than ferrous sulfate, which are not much efficient in elevating the hemoglobin to optimal level. They may, however, be used in some cases instead of ferrous sulfate, in order to minimize adverse effects like gastro-intestinal intolerance, an aspect which has been unduly emphasized in the past<sup>12, 13</sup>.

#### Adverse effects of Iron

**Adverse effects of oral iron:** Epigastric pain, nausea, vomiting, gastritis, metallic taste, constipation (due to astringent effect) or diarrhea (irritant effect) are the usual adverse effects<sup>14</sup>. Liquid preparations of iron causes staining of teeth<sup>15</sup>.

**Adverse effects on parenteral iron:** Local- Pain at the site of injection, pigmentation of the skin and sterile abscess are seen. Systemic-fever, headache, joint pain, palpitation, difficulty in breathing, lymph node enlargement, and rarely anaphylaxis is observed<sup>16</sup>. Acute iron poisoning is common in infants and children in the womb, if the pregnant mother consumes about 10 tablets (1-2g). Manifestations include vomiting, abdominal pain, hematemesis, bloody diarrhea,

shock, drowsiness, cyanosis, acidosis, dehydration,<sup>17</sup> cardiovascular collapse and coma. Immediate diagnosis and treatment are important as death may occur in 6-12 hours<sup>18</sup>.

#### Natural foods that level iron deficiency

There exist many forms of anemia, the most common type being the iron deficiency anemia. Red Blood Cells (RBC) which contains a protein called hemoglobin is full of iron. Without required levels of iron, our body can't produce hemoglobin which is necessary to deliver oxygen-rich blood throughout the body<sup>19</sup>. Folate and vitamin B<sub>12</sub> deficiency also has impact on the ability to make red blood cells. If the human body is not able to process vitamin B<sub>12</sub> properly, we may develop pernicious anemia. Hence, natural diet rich in iron and vitamin B helps in treating anemia<sup>20</sup>.

A survey conducted by researchers concludes that people preferred natural products over hematinic drugs for their treatment of anemia due its side effects. Majority of the study population preferred daily intake of natural products like green leafy vegetables, nuts, fruits which helps in prevention and also in treating anemia. The study population aged between 16 years and 24 years were mostly affected by anemia, they were advised to take oral hematinics and majority of them gave up hematinics after 2-3 months of treatment due to its adverse effects<sup>21</sup>.

This review studies the ethno pharmacological status of various medicinal plants used in the treatment of anemia (Table 1).

**Table 1:** List of medicinal plants used as haematinics

S. No.	Name of Medicinal Plant (Family)	Plant Part used	Animal model used	Reference
1.	<i>Khaya senegalensis</i> (Meliaceae)	Stem bark	Phenylhydrazine induced anemia	22
2.	<i>Sorghum bicolor</i> (Poaceae)	Stem bark	<i>Trypanosoma brucei</i> -induced anemia in rabbit	23
3.	<i>Lamium album</i> (Lamiaceae)	Aerial part	Phenylhydrazine induced anemia, intragastric butadiene - induced anemia	24
4.	<i>Fagara zandhoxylum</i> (Rutaceae)	Bark	Traditional use	25
5.	<i>Magniferra indica</i> (Anacardiaceae)	Bark	Phenylhydrazine induced anemia	26
6.	<i>Telfairia occidentalis</i> (Cucurbitaceae)	Leaves	Phenylhydrazine induced anemia	26
7.	<i>Amaranthus hybridus</i> (Amaranthaceae)	Leaves	Phenylhydrazine induced anemia	26
8.	<i>Brillanthisia nitens</i> (Acanthaceae)	Leaves	Phenylhydrazine induced anemia	27
9.	<i>Tectona grandis</i> (Lamiaceae)	Leaves	Phenylhydrazine induced anemia	28
10.	<i>Jatropa curcas</i> (Euphorbiaceae)	Bark, leaves	Traditionally used	29, 30
11.	<i>Flacourtia flavens</i> (Flacourtiaceae)	Leaves, root bark	Traditionally used	29, 30
12.	<i>Psoraspermum ferbrifugum</i> (Hypericaceae)	Whole plant	Traditionally used	29, 30
13.	<i>Combratum dolichopetalum</i> (Combretaceae)	Whole plant	Traditionally used	29, 30
14.	<i>Adenia gummifera</i> (Passifloraceae)	Root bark	Traditionally used	29, 30
15.	<i>Allophylus rubifolius</i> (Sapindaceae)	Stem bark, Root bark	Traditionally used	31
16.	<i>Bracken-ridgea zanguibarica</i> (Ochnaceae)	Root bark, Stem bark	Traditionally used	32



17	<i>Hygrophila spinosa</i> (Acanthaceae)	Aerial parts	Toad skin toxin induced anemia	33
18	<i>Annona squamosa</i> (Annonaceae)	Fruit Pod and Seed	Traditionally used	34
19	<i>Nardostachys jatamansi</i> (Caprifoliaceae)	Root	Traditionally used	35
20	<i>Mucuna pruriens</i> (Fabaceae)	Leaf	haloperidol induced anemia	36
21	<i>Moringa oleifera</i> (Moringaceae)	Leaf	Phenylhydrazine induced anemia	37
22	<i>Eclipta alba</i> (Asteraceae)	Root	Traditionally used	38
23	<i>Artocarpus heteropyllus</i> (Moraceae)	Leaf	Diabetes induced anemia	39
24	<i>Ipomoea batatas</i> (Convolvulaceae)	Leaf	Phenylhydrazine induced anemia	40
25	<i>Murraaya koenigii</i> (Rutaceae)	Fruit	Phenylhydrazine induced anemia	41
26	<i>Mukia maderaspatana</i> (Cucurbitaceae)	Whole plant	Phenylhydrazine induced anemia	42
27	<i>Nelumbo nucifera</i> (Nelumbonaceae)	Flower	Diabetes induced anemia	43
28	<i>Picrorrhiza kurroa</i> (Scrophulariaceae)	Leaf	Phenylhydrazine induced anemia	44
29	<i>Solanum nigrum</i> (Solanaceae)	Leaf	Phenylhydrazine induced anemia	45
30	<i>Alternanthera sessilis</i> (Amaranthaceae)	Leaf	Anemia induced bleeding through tail clipping technique	46
31	<i>Celosia argentea</i> (Amaranthaceae)	Stems & leaves	Traditionally used	47
32	<i>Amaranthus spinosus</i> (Amaranthaceae)	Whole plant	Traditionally used	48
33	<i>Digera muricata</i> (Amaranthaceae)	Whole plant	Traditionally used	49
34	<i>Sesbania grandiflora</i> (Leguminaceae)	Flower	Traditionally used	50
35	<i>Hibiscus cannabifolius</i> (Malvaceae)	Leaf	Phenylhydrazine induced anemia	51
36	<i>Trigonella foenum-graecum</i> (Rutaceae)	Seeds	Phenylhydrazine induced anemia	52
37	<i>Bursella rubra</i> (Basellaceae)	Leaf	Traditionally used	53
38	<i>Portulaca oleracea</i> (Portulacaceae)	Leaf	Traditionally used	54
39	<i>Boerhavia diffusa</i> (Nyctaginaceae)	Root	Phenylhydrazine induced anemia	55
40	<i>Coriander sativum</i> Linn (Umbelliferae)	Leaf	Phenylhydrazine induced anemia	56
41	<i>Mentha piperita</i> Linn (Labiatae)	Leaf	Traditionally used	57
42	<i>Amaranthus paniculate</i> (Amaranthaceae)	Leaf	Traditionally used	48
43	<i>Spinacia oleracea</i> Linn (Amaranthaceae)	Leaf	Phenylhydrazine induced anemia	58
44	<i>Adansonia digitata</i> L. (Bombacaceae)	Fruit	Children with iron deficiency anemia	59
45	<i>Cajanus cajan</i> (L.) (Fabaceae)	Seed	Sickle cell anemia patients	60
46	<i>Detarium microcarpum</i> (Caesalpiniaceae)	Bark	Phenylhydrazine induced anemia	61
47	<i>Detarium senegalense</i> (Caesalpiniaceae)	Bark	Traditionally used	62
48	<i>Faidherbia albida</i> (Mimosaceae)	Leaf	Traditionally used	63
49	<i>Ficus platyphylla</i> Del. (Moraceae)	Bark	Traditionally used	64
50	<i>Justicia secunda</i> (Acanthaceae)	Leaves and stems	Phenylhydrazine induced anemia	65
51	<i>Spondias mombin</i> (Anacardiaceae)	Leaves	Phenylhydrazine induced anemia	66
52	<i>Milicia excels</i> (Moraceae)	Stem bark	Traditionally used	67
53	<i>Ricinus communis</i> (Euphorbiaceae)	Leaves and stems	Traditionally used	67
54	<i>Stylosanthes erecta</i> (Fabaceae)	Leaves and stem	Traditionally used	67
55	<i>Thalia geniculata</i> (Marantaceae)	Whole plant	Traditionally used	67
56	<i>Lannea barteri</i> (Oliv.) (Anacardiaceae)	Stem bark	Traditionally used	67
57	<i>Lophira lanceolata</i> (Ochnaceae)	Leaves and stem bark	Traditionally used	67
58	<i>Opuntia elatior</i> (Cactaceae)	Fruit	Phenylhydrazine induced anemia	68
59	<i>Olax subscorpioidea</i> (Olacaceae)	Roots	Traditionally used	67
60	<i>Stylosanthes erecta</i> P. (Fabaceae)	Whole plant	Traditionally used	67
61	<i>Vitellaria paradoxum</i> C. (Sapotaceae)	Roots	Traditionally used	67
62	<i>Waltheria indica</i> L. (Sterculiaceae)	Leaves and stem	Traditionally used	67
63	<i>Tapinanthus dodoneifolius</i> (DC.) (Loranthaceae)	Leaves	Traditionally used	67
64	<i>Imperata cylindrica</i> var. <i>Africana</i> (Poaceae)	Whole plant	Phenylhydrazine induced anemia	67
65	<i>Lannea acida</i> A. Rich (Anacardiaceae)	Stem bark and Roots	Traditionally used	67
66	<i>Pterocarpus erinaceus</i> (Fabaceae)	Stem bark	Traditionally used	67
67	<i>Phyllanthus amarus</i> (Euphorbiaceae)	Whole plant	Traditionally used	67
68	<i>Bridelia ferruginea</i> (Euphorbiaceae)	Leaves	Traditionally used	67
69	<i>Anogeissus leiocarpus</i> (Combretaceae)	Stem bark and Leaves	Traditionally used	67
70	<i>Hoslundia opposita</i> (Lamiaceae)	Leaves and stem	Phenylhydrazine induced anemia	67



## CONCLUSION

Anemia, one among the most common blood disorders, occurs due to the decreased levels of healthy red blood cells (RBCs) in the body. Globally as well as in India, anemia has a high incidence and it is expected to elevate in the future. Hence, there is a need to prevent it and also to seek for better and more cost-effective treatment strategies for it. Anemia is most common in the developing world, where the causes are multifaceted. Combating anemia is a global public health challenge in the developing world due to limited resources and complex socioeconomics. Several studies have found a high prevalence of anemia in adolescent boys and girls. Adolescent health is the most important indicator of a country's development. As a result, immediate attention is required in this area. Evidence suggests that combining preventive supplementation with nutrition education may be a more efficient strategy for improving compliance and nutrition status. There hasn't been much research done to far that can establish a natural and safe cure for the ailment. According to certain research, the hemoglobin levels of women in the reproductive age range improved significantly after being treated with *Moringa oleifera* and jaggery. In anemic women, this might be marketed in the community as a preventive and nutritional supplement. The other species mentioned can also be used to create similar cures. In the near future, it will be necessary to develop a complete natural therapy to combat iron deficiency employing these four underutilized species.

According to the findings of this study, plant extracts have considerable hematinic activity in animal models. Even at relatively high concentrations, the extracts are non-toxic. A wide range of herbal products have been reported to have hematinic activity, but it should be noted that substances found in herbal extracts, such as flavonoids and phenols, are responsible for their hematinic activity. Moreover, an anaemia-free population is practicable if the outcomes of anemia, as well as its preventive and curative measures, are promoted among the general public, particularly in the rural people. This widely cited and well-documented review will undoubtedly aid researchers in the development of appropriate anemia treating drugs, the creation of experimental research protocols, and the cross-referencing of published methodologies.

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