

Ethnobotany and literature survey of hepatoprotective herbal drugs

Nikita Rajlaxmi Rana, Pushpendra Goswami and Shilpa Subhedar

1, Swami Vivekanand College of Pharmacy, Indore, M.P., India
 2, Central India Institute of Pharmacy, Indore, M.P., India

Abstract

Hepatic disease (Liver disease) is a term for a collection of conditions, diseases, and infections that affect the cells, tissues structures, or functions of the liver. Liver has a wide range of functions, including detoxification, protein synthesis, and production of biochemical necessary for digestion and synthesis as well as breakdown of small and complex molecules, many of which are necessary for normal vital functions.

There are no specific allopathic medicines used as hepatoprotective, although different research works are going on some drug. Herbal drugs are more widely used than allopathic drugs as hepatoprotectives because they are inexpensive, have better cultural acceptability, better compatibility with the human body and minimal side effects. In the current review, it had been tried to redefine the use of important herbal hepatoprotective drugs like *Tionospora Cordifolia*, *Terminalia Arjuna*, *Plumbago Zeylanica* and *Berberis Aristata* that consist of specific chemical constituents who have their specific hepatoprotective activity against hepatotoxicant like ethanol, drugs, chemicals and others. These herbal drugs have shown the ability to maintain the normal functional statues of the liver with or without fewer side effects. These are the reasons why herbal hepatoprotectives are mostly preferred by medical practitioners, as well as over-the-counter.

Keywords: Hepatoprotectives, Ethnobotny, *Tionospora Cordifolia*, IL-6/Stat3 pathway.

Introduction

The liver is the first line of defense against damage by a variety of insults including viral hepatitis, poisons, xenobiotics and drugs. Hepatic injury by these agents frequently results in both hepatic necrosis and apoptosis¹. It is well known that oxidative damage plays a prominent role in hepatic injury mediated by drugs and poison, whereas viral hepatitis and immune-mediated liver damage are believed to occur largely via activation of the Fas apoptotic death pathway. The link between Fas-mediated damage and the induction of reactive oxygen species (ROS) and oxidative damage has only recently been established²⁻⁶. Growth factors and cytokines, such as HGF and IL-6, promote hepatic survival by stimulating liver regeneration and providing hepatoprotection in a variety of liver-injury models, including Fas-mediated injury, toxic damage caused by hepatotoxins (such as CCL₄), and ischemic liver injury¹⁻⁷⁻¹¹. These growth factors provide protection against chronic liver injury that ultimately leads to cirrhosis. Part of this protection is mediated by induction of anti-apoptotic proteins that regulate the caspase cascade. A new study demonstrates that IL-6/ Stat 3 pathway provide hepatoprotection against Fas-mediated apoptotic liver damage.

*Corresponding Author

E.mail: goswami.pushpendra@yahoo.in
 Mob.: +919977406640

Mechanism Of Action Of Hepatoprotective Drugs :

Hepatoprotection Via The IL-6/Stat3 Pathway

Stat3 is a vital transcription factor that is activated downstream of the gp{glycoprotein}130 receptor, primarily via IL-6 signaling in adult liver. A new study demonstrates that Stat3 provides hepatoprotection against Fas-mediated apoptotic liver damage by two mechanisms: direct inactivation of caspases and reduction of reactive oxygen species. Acute liver failure is caused by a variety of insults, including viral hepatitis, toxic liver damage by poisons or drugs, and ischemia. The liver is the main site of detoxification against of ingested agents, including xenobiotics and drugs. Hepatic injury by these agents frequently results in both hepatic necrosis and apoptosis. In this issue of the JCI, Haga and colleagues demonstrate that signal transducer and activator of transcription-3 (Stat3), a key signaling molecule in pathways regulated by IL-6 and related cytokines, blocks apoptotic injury in two ways: induction of anticaspase{apoptotic} regulators; and reduction of oxidative injury via upregulation of an antioxidant protein, Ref-1{neucleus +}¹². These findings provide new insights into common mechanisms of hepatoprotection in both Fas-mediated and toxin-mediated acute liver injury and allow predictions about potential therapeutic interventions that could prove beneficial in a variety of liver insults.

Signal Transducers And Activation Of Transcription::: Stat3

The IL-6 signal transduction pathway in liver injury and regeneration

IL-6 is a critical proregenerative factor and acute-phase inducer in the liver that also confers resistance to liver injury by hepatic toxins, ischemia, and Fas (Figure 1). Its effects are mediated almost exclusively on hepatocytes within the liver. Although the source of IL-6 within the liver has not been unequivocally established, studies with bone marrow transplantation provide evidence that hepatic Kupffer cells (liver macrophages) are responsible for production of IL-6 in response to liposaccharide or TNF¹³. Secreted IL-6 acts on neighboring hepatocytes in a paracrine fashion to stimulate liver regeneration and repair. IL-6 bound to the soluble IL-6 receptor signals via gp130 and Janus kinase-1 (JAK-1), leading to activation of the Stat3 transcription factor and the MAPK signal transduction cascade. IL-6^{-/-} livers induce little Stat3 in response to IL-6 activation during liver regeneration after partial hepatectomy, hepatic injury, or acute-phase induction, suggesting that Stat3 may mediate many of the effects of IL-6¹⁻⁷⁻¹⁰. Conditional Stat3 knockout mice have been used to show that Stat3 is an important component of the IL-6 response during liver regeneration and the acute-phase response, but Stat3 does not account for all of the effects of IL-6, particularly those that are mediated by MAPK{mitogen activated prot. Kinase} activation¹⁴. Up to 40% of the immediate-early genes induced during liver regeneration are regulated at least in part by IL-6, and a significant subset of these are also regulated by Stat3.

Figure 1

Model for IL-6/Stat3 signaling pathway. IL-6 binds to its soluble receptor, sIL-6R, which binds to the gp130 receptor, resulting in the activation of Janus kinase (JAK). This leads to activation of the MAPK pathway and activation of Stat3 by tyrosine (Y) phosphorylation. Dimerized Stat3 is able to translocate into the nucleus and activate gene transcription. In the liver, this process promotes liver regeneration, the acute-phase response, and hepatoprotection against Fas and toxic damage. P, phosphate.

Anti Apoptotic Effects Of IL-6/Stat3 Pathway**Modulation of Stat3 levels in liver cells points to its critical role in hepatocyte survival**

Stat3 is a vital, ubiquitously expressed protein that is activated by a number of ligands in addition to IL-6^{15,16}. It has important roles in mitogenesis and antiapoptosis. Stat3 has been shown to be involved in the transcriptional upregulation of many genes, not only acting by direct DNA binding, but acting in some cases as a coactivator of transcription factors such as activator protein-1 and hepatocyte nuclear factor-1¹⁷. Stat3 knockout results in early embryonic lethality, but conditional knockouts provide useful tools to examine the actions of Stat3 in specific tissues. In the study by Haga et al.¹², two animal models were used to examine the effects of Stat3 modulation in Fas-mediated liver injury: mice injected with adenoviruses expressing constitutively active Stat3 and other proteins; and mice with hepatocyte-specific Stat3 gene deletions. Adenoviruses injected intravenously normally home to the liver, infecting more than 80% of hepatocytes and allowing for expression of encoded proteins. Haga et al. demonstrate that constitutively active Stat3 provided protection against Fas-mediated liver injury, and that Stat3 deficiency led to Fas sensitivity. The antiapoptotic proteins FLIP, Bcl-2, and Bcl-XL, which block caspase activation, are elevated in IL-6-treated livers². Haga and colleagues report here that these proteins were also elevated in Stat3-overexpressing livers, providing evidence that Stat3 mediates the major antiapoptotic effects of IL-6 (Figure 2). Whereas IL-6-mediated elevation of antiapoptotic proteins is largely posttranscriptional², mRNA for these proteins was elevated in the Stat3-overexpressing livers¹². This difference could be due to the massive overexpression of Stat3 and the fact that adenovirus infection confers a degree of transcriptional induction not seen in normal mice.

Figure 2

Proposed model for the actions of IL-6 and Stat3 that result in hepatoprotection against Fas activation. Interaction of FasL with its receptor activates the caspase cascade that is blocked by IL-6 and Stat3 through the upregulation of FLIP, Bcl-2, and Bcl-XL. Fas activation also generates an oxidative stimulus that is blocked by the upregulation of Ref-1. FADD, Fas-associated death domain; Rac1, RAS-related C3 botulinum toxin substrate 1; Apaf1, apoptotic protease activating factor; Bax, Bcl2-associated X protein; Bid, BH3-interacting domain death agonist.

This mechanistic evaluation was taken to another level by the demonstration that not only anticaspase agents, but also the antioxidant N-acetyl cysteine, were able to provide some protection against the effect of Stat3 deficiency on Fas-mediated apoptosis¹². Having identified ROS as a component of Fas-mediated liver injury, Haga et al. identified an endogenous antioxidant, Ref-1, as a target of Stat3. Expression of Ref-1 provided hepatoprotection, strongly suggesting that Ref-1 is a critical component of Stat3-mediated hepatoprotection. Ref-1, a dual-function protein upregulated by increases in ROS, is an

endonuclease in the base excision repair pathway and a reducing agent that facilitates the DNA-binding properties of redox-sensitive transcription factors¹⁸⁻²¹. Ref-1 is able to suppress ROS generation and hepatic apoptosis (Figure 2).

Hepatoprotection by redox-dependent and -independent mechanisms

These findings provide important insights into the hepatoprotective properties of IL-6 and its major anti-injury mediator Stat3¹². Though not yet shown, it is expected that IL-6 induces Ref-1, as IL-6 is the major regulator of Stat3 activation in Fas- and toxin-mediated liver injury. Stat3 has not yet been shown to be hepatoprotective in toxic liver damage, but based on these findings, Stat3 is predicted to be hepatoprotective in liver injury. Toxin-mediated liver injury occurs largely through the generation of ROS and direct mitochondrial damage, leading to hepatic necrosis with a lesser degree of apoptosis¹. The level of oxidants may be so high that glutathione is depleted, thereby precluding the activation of caspases, a glutathione-dependent process. By inducing both antioxidant Ref-1 and caspase inhibitors such as Bcl-2, FLIP, and Bcl-XL, IL-6, Stat3, and similar cytokines are hepatoprotective in a broad spectrum of liver injuries mediated by Fas and liver toxins²². Cytokines such as IL-6 also promote liver regeneration, another component of the hepatoprotective mechanism that restores liver mass after necrotic or apoptotic injury has occurred. The link between intracellular signals resulting in mitogenic and antiapoptotic effects of these agents remains to be completely dissected.

Footnotes

Nonstandard abbreviations used: reactive oxygen species (ROS); signal transducer and activator of transcription-3 (Stat3).

ETHNOBOTANY**TINOSPORA CORDIFOLIA**

English name: Gulancha tinospora

Common name: Guduchi

Family: Menispermaceae

Part used: All parts

Traditional uses¹⁻⁵:

Tinospora cordifolia is mentioned in various texts of ayurvedic system of medicine for treatment of various ailments like leprosy, fever, asthma, anorexia, jaundice, gout, diabetes, skin infections, diarrhea and dysentery. It is considered as a rejuvenator, bitter tonic, astringent, diuretic and aphrodisiac.

Phytochemistry²:

T.cordifolia contains number of chemical constituents belonging to the different groups, viz. terpenoids, alkaloids, lignans, and steroids. Leaves of *T.cordifolia* are rich in protein (11.2%) and are fairly rich in calcium and phosphorus^{6,7}. Stem of

T.cordifolia has reported to contain alkaloids like berberine, palmatine, tembetarine and magnoflorine. *T.cordifolia* roots have reported to contain other alkaloids like choline, tinosporin, isocolumbin, palmatine, tetrahydropalmatine and magnoflorine⁸⁻¹³.

Pharmacology:

T.cordifolia has shown to have immuno modulatory activities^{14,15} in clinical studies. In hepatitis patients *T.cordifolia* has shown normalization of the liver function¹⁶ and significant decrease in all symptoms of allergic rhinitis in rhinitis patients¹⁷. Pre-clinical studies of *T.cordifolia* has shown various pharmacological activities like anti-cancer¹⁸⁻²⁰, anti-diabetic and hypoglycemic²¹⁻²⁵, anti-inflammatory²⁶, antioxidant²⁷, anti-stress²⁸, antiulcer²⁹, digestive³⁰, hypolipidaemic³¹, immunobiological activity³²⁻³⁵. It has also reported to be effective in the treatment of liver disorders³⁶, mental disorders³⁷, urinary calculi³⁸ and uraemia³⁹.

Indication:

Immune health

TERMINALIA ARJUNA



English name: Arjuna

Common name: Arjun

Family: Combretaceae

Part used: Bark

Traditional uses^{43,42}:

Pacifies Kapha and Pitta. The herb Arjuna is used in Ayurveda in various types of ailments, main formulations in Ayurveda are: Arjunarishta, Arjuna ghrita and Kumkumadi churan.

Phytochemistry^{43,42}:

Tannins and flavonoids are responsible for its anticancer properties.

Its stem bark possesses glycosides, large quantities of flavonoids, tannins and minerals. Flavonoids have been detected to exert antioxidant⁴², anti-inflammatory⁴³ and lipid lowering effects while glycosides are cardiotonic, thus making *Terminalia arjuna* unique amongst currently used medicinal plants.

Pharmacology^{40,41,44,45}:

Its bark exerts significant inotropic and hypotensive effect, increase in coronary artery flow and protection of myocardium against ischemic damage. It has also been detected to have mild diuretic, antithrombotic, prostaglandin E2 enhancing and hypolipidaemic⁴⁴ activity. It has a beneficial effect in coronary artery disease alone and along with statin.

It has the potential to correct dyslipidemia⁴⁵, reduce left ventricular mass and increase left ventricular ejection fraction.

In alleviating the pain of angina pectoris

In treating heart failure and coronary artery disease.

Treating hypercholesterolemia⁴⁰

The cardioprotective effects of *terminalia* are thought to be caused by the antioxidant nature of several of the constituent flavonoids and oligomeric proanthocyanidins, while positive

inotropic effects may be caused by the saponin glycosides. In addition to its cardiac effects, Protective against gastric ulcers, such as those caused by NSAIDs⁴¹.

Indication⁴⁰⁻⁴⁵:

Adjuvant in Ischemic heart disease.

In hypertriglyceridemia.

Mild to moderate hypertension

Preventive medicine in individuals susceptible to Ischemic heart disease.

PLUMBAGO ZEYLANICA



English name: Plumbago and Leadwort

Common name: Chitrak

Family: Plumbaginaceae

Part used: Fruit

Traditional uses⁴⁶ :

Plumbago zeylanica (known as "Chitrak") is a useful Indian medicinal plant. The plant and its constituents are credited with potential therapeutic properties including anti-atherogenic, cardiotonic, hepatoprotective and neuroprotective properties. The ability of the sap to create lead-colored stains on skin and the plant was a cure for lead poisoning.

Phytochemistry⁴⁷:

It consists of naphthoquinone, plumbagin, chloro plumbagin, biplumbagin, chitranone, zeylinone, isozelynone, plumbagin acid etc

Pharmacology⁴⁷:

It has various pharmacological uses like, antipyretic, appetizer, antibacterial, uterotonic, antifungal, antifertility, anticancer, anticoagulant, antitumor, cytotoxic, and hepatoprotective⁴⁷

Indication⁴⁸:

Antioxidant⁴⁹.

It is used as a stimulant adjunct to other preparations. In small doses it is stimulant of mucus membrane of digestive organs.

BERBERIS ARISTATA



English name: Indian Berberry
Common name: Daruhaldi, Darhaldi
Family: Berberidaceae
Part used: Root

Traditional uses:

The roots form a reputed drug in Ayurvedic medicine and possess cholagogue, stomachic, laxative, diaphoretic, antipyretic and antiseptic⁵⁰.

Phytochemistry:

The alkaloids in the bark and root of *Berberis aristata* are berberine, berbamine, aromoline, karachine, palmatine, oxyacanthine and oxyberberine⁵⁰.

Pharmacology:

It has antibacterial and anti-inflammatory activity on acute, subacute and chronic types of inflammations produced by immunological and non-immunological methods⁵¹.

The drug is regarded as a bitter tonic and is apparently used as a cholagogue, stomachic, laxative, diaphoretic, antipyretic and antiseptic. It is administered externally in painful eye afflictions, indolent ulcers and hemorrhoids. The root is very useful in periodic neuralgia and menorrhagia.

Indication:

Antibacterial and Anti-inflammatory⁵²

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CONCLUSION

Liver is the main site for detoxification of certain drugs and toxins by either oxidation, hydrolysis, reduction or conjugation and excretes out toxic metabolites through bile. Hepatic injury can be caused by a variety of insults like viral hepatitis, poisons, drugs etc. which can result in both hepatic necrosis and apoptosis. The signal transducer and activator of Transcription-3 (Stat-3), a key molecule in pathways regulated by IL-6, blocks apoptotic injury in two ways: induction of anticaspase regulators and reduction of oxidative injury via up regulation of antioxidant protein. In this context, plants like *Tinospora Cordifolia*, *Terminalia Arjuna*, *Plumbago Zeylanica* and *Berberis Aristata*, have anti-oxidant and anti-inflammatory properties that help in preventing hepatic injury by certain hepatic insults.

This study so far concludes that plants like *Tinospora Cordifolia*, *Terminalia Arjuna*, *Plumbago Zeylanica* and *Berberis Aristata* have anti-oxidant and anti-inflammatory properties and thus prevent hepatic injury from various insults to the liver. Liver being the main site for detoxification of certain drugs and toxins, either by oxidation, hydrolysis, reduction or conjugation excretes out toxic metabolites through bile. Hence, this can open a new era of treatment for hepatotoxicity.

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BERBERIS ARISTATA:

Figure 1: Hepatoprotection via the IL-6/Stat3 pathway

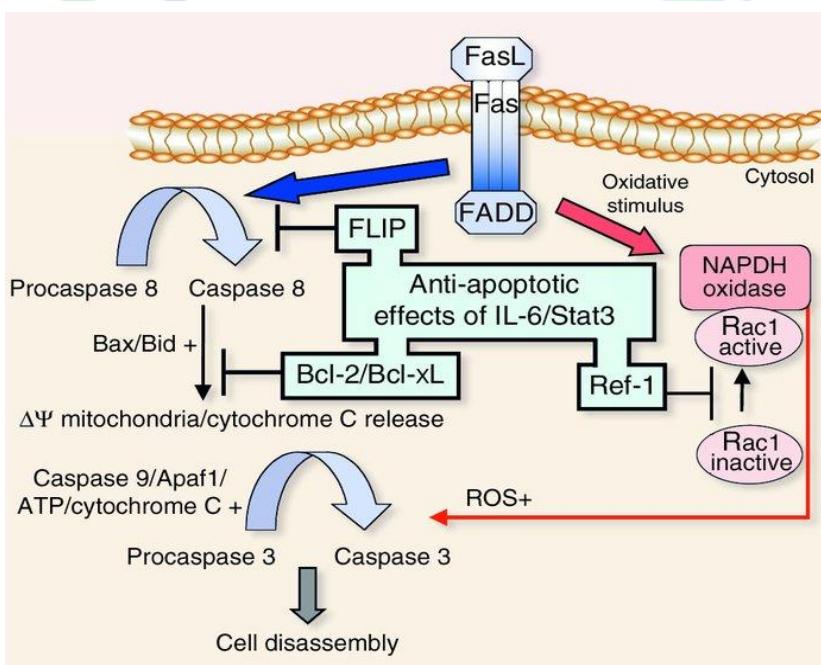
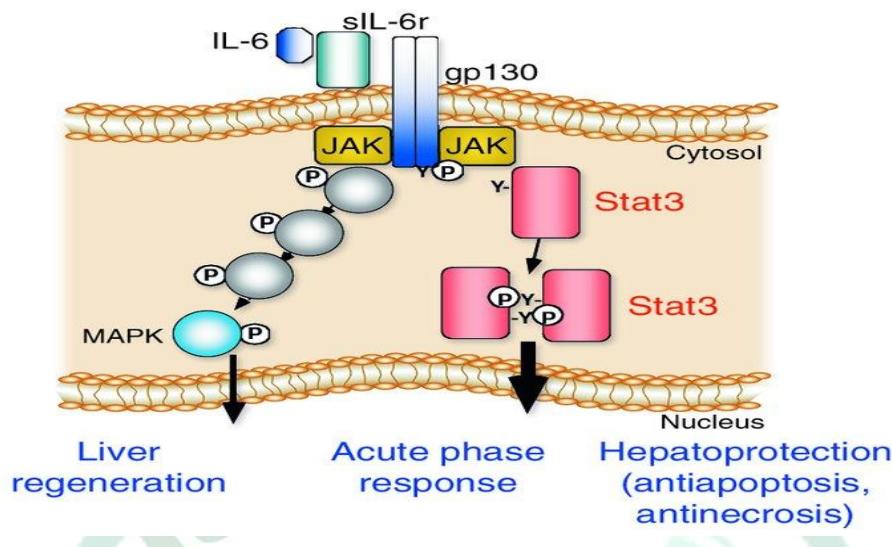


Figure 2:
 Bcl: oncogenes found in b cell lymphoma. C.elegance prot.{A.APOPTOTC.-BCL-X}
 BIM, BAK, BAX: PRO APOPTOTIC PROT.
 Apaf 1: apoptosis activ. Fact.1
 Aif: apopt.inducing fact.
 Cystiene aspartate lyasase---3,6 wrk in xecution phase
 CD31: apoptotic cells' marker