

Hepatoprotective Activity - A Review

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Abstract

Liver diseases are a major problem of worldwide proportions and liver damage is very common since liver has the capacity to detoxicate toxic substances. In this review some of the plants with their extract studied for protective effect in liver diseases were summerised. The varios isolated compounds studied herein are Andrographolide, neo-andrographolide, bacoside-A, colchicine, populnin, naringenin, echinacoside, kolaviron, ternatin, indigtona, rubiadin, bacicalein, baicalin, wogonin, punicalagin, punicalin for their hepatoprotective activity. There are several chemicals have been known to induce heptotoxicity by producing reactive species which cause depletion in tissue thiol, lipid peroxidation, plasma membrane damage like carbontetrachloride, paracetamol, thioacetamide, antituberculer drugs, D galactosamine, liposachharide and arsenic etc.

Key Words: *Hepatoprotective, Heptotoxicity, Medicinal plants, Antioxidants*

1.Introduction

The Greek word for liver is *hepar*; so medicinal terms related to liver often start with hepato or hepatic. Liver plays a pivotal role in metabolism, secretion and storage and is sometimes referred as the “ great chemical factory” of the body, because the body depends on the liver to regulate, synthesize, store and secrete many important proteins, nutrients, chemicals and to purify and clear toxins or unnecessary substances from the body¹. The bile secreted by the liver, among other things, plays an important role in digestion. The risk of the liver intoxication has recently increased by the higher exposure to environmental toxins, pesticides and frequent use of chemotherapeutics.

Liver damage is always associated with cellular necrosis, increase in tissue lipid peroxidation and depletion in the tissue glutathione (GSH) levels. In addition, serum levels of many biochemical markers like serum glutamate oxaloacetate transaminase (SGOT/AST) and serum glutamate pyruvate transaminase (SGPT/ALT) triglycerides, cholesterol, bilirubin and alkaline phosphatase are elevated ^{2,3}.

The following are some of the liver diseases that are commonly observed.

- a) Necrosis
 - b) Cirrhosis
 - c) Hepatitis- may be of viral, toxic or deficiency type.
 - d) Hepatic failure - Acute or chronic
 - e) Liver disorders due to impaired metabolic function. Generally the disorders associated with fat (liposis) and bilirubin (jaundice) metabolisms are very commonly seen.
1. Disorders associated with fat metabolism: Fatty Liver

2. Disorders associated with bilirubin metabolism: jaundice or which may be of different types based upon mechanisms of action and etiology.

- i. Hemolytic/Pre-hepatic jaundice.
- ii. Obstructive (post-hepatic / cholestatic jaundice)
- iii. Hepatogenous/ hepatic jaundice/cholestasis.

In these three conditions there occurs unconjugated hyperbilirubinaemia.

iv. Hereditary jaundice or pure cholestasis: Gilbert's syndrome, Dubin Johnson syndrome and Crigler-Najjar syndrome etc, Rotor's syndrome are some of the hereditary jaundice types.

f) Chemical/Drug induced hepatotoxicity: Generally may be hepatitis, jaundice and carcinogenesis.

1.1. Hepatotoxicity

Hepatotoxin is a toxic chemical substance which damages the liver. Toxic liver injury produced by drugs and chemicals may virtually mimic any form of naturally occurring liver disease. Hepatoprotective effect was studied against chemicals and drugs induced hepatotoxicity in rats like alcohol, carbon tetrachloride, galactosamine, paracetamol, isoniazid and rifampicin, antibiotics, peroxidised oil, aflatoxin etc.

Severity of hepatotoxicity is greatly increased if the drug is continued after symptoms develop. Among the various inorganic compounds producing hepatotoxicity are arsenic, phosphorus, copper and iron. The organic agents include certain naturally occurring plant toxins such as pyrrolizidine alkaloids, mycotoxins and bacterial toxins.

Liver injury caused by hepatotoxins, such as carbon tetra chloride (CCl₄), ethanol and acetaminophen, is characterised by varying degrees of hepatocyte degeneration and cell death via either apoptosis or necrosis. The generation of reactive intermediate metabolites from the metabolism of hepatotoxins and the occurrence of reactive oxygen species (ROS) during the inflammatory reaction, account for a variety of pathophysiologic pathways leading to cell death, such as covalent binding, disordered cytosolic calcium homeostasis, GSH depletion, onset of mitochondrial permeability transition (MPT) and associated lipid peroxidation. The metabolism of hepatotoxins by cytochrome P-450 enzyme subtypes is a key step of the intoxication; therefore, enzyme inhibitors are shown to minimize the hepatotoxin-associated liver damage. Moreover, substantial evidence exists that MPT is involved in ROS-associated hepatocellular injury and new findings offer a novel therapeutic approach to attenuate cell damage by blocking the onset of MPT. Thus, oxidant stress and lipid peroxidation are crucial elements leading to hepatotoxin-associated liver injury. In addition to specific treatment for a given hepatotoxin, the general strategy for prevention and treatment of the damage includes reducing the production of reactive metabolites of the hepatotoxins, using anti-oxidative agents and selectively targeting therapeutics to Kupffer cells or hepatocytes for on-going processes, which play a role in mediating a second phase of the injury⁴.

1.2. Evaluation of hepatoprotective activity:

A review of literature reveals that several chemical substances and drugs having specific actions on liver are used as hepatotoxins in experimental animals to simulate ideal diseased conditions. The hepatoprotective activity can be most easily evaluated /screened with the aid of several model systems of liver damage in experimental animals.

In all test model systems, conditions for liver damage are implemented and an attempt is made to counteract this toxicosis with the substance/preparation under test. The magnitude of the protective effect can be measured by estimating the enzyme activities and the rate of survival and can be verified histologically. The available methods are *in vivo*, *ex vivo* and *in vitro* methods⁸. All these methods are used to study the protective or curative effects of any compound under test. In order to test for hepatoprotective activity the test substance and the hepatotoxin are administered simultaneously whereas in case of antihepatotoxic or curative activity the test substance is generally administered after induction of hepatotoxicity

a. In vitro methods: Hepatocytes are generally isolated by using *in-situ*, two step recirculating collagenase perfusion technique. These are then seeded in small containers and exposed to test samples and toxins. After a specified time period, the degree of toxicity or protection is assessed by viability tests and enzyme levels such as GOT and GPT. By employing primary culture hepatocytes using CCl₄, galactosamine, thioacetamide, ethanol, paracetamol (PCML) etc. as hepatotoxins several hepatoprotective screening models have been devised. These have a number of advantages over *in vivo* methods such as their ability to dispose numerous samples at a time, low cost with a small size, little variation and reproducibility of results. The major disadvantage is that sometimes it may not reflect the events which occur in animals.

b. Ex- vivo models: In this model, after completion of preselected *in vivo* test protocol hepatocytes are isolated and the percentage of viable cells and biochemical parameters are determined as liver function tests. These methods are somewhat better correlated to clinical models than *in vitro* or *in vivo* methods.

c. In vivo methods: This method is used not only to study the nature of the given compound but also to study the mechanism of the toxicant. Hepatotoxicity is produced in experimental animals by the administration of known dose of hepatotoxins like CCl_4 , galactosamine, thioacetamide, ethanol and paracetamol etc., which produce marked measurable effects, the magnitude of which can be measured by carrying out various liver function tests viz. morphological, metabolic or functional, biochemical and histopathological determinations. Although it is a very convenient laboratory method, reproducibility of results is rather poor. The compounds having hepatoprotective claims are also evaluated in general for their choleretic or anticholestatic activity in order to know whether the liver disorder is due to an abnormality of bilirubin metabolism or not. Choleretics are those agents which increase the out puts of bile by stimulating the liver where as anticholestatics are those which correct the retention and accumulation of bile due to intrinsic and extrinsic factors in the liver. These activities are evaluated by studying bile flow content in conscious and anaesthetized animals for 5 hours.

1.3.Experimental models for hepatoprotective screening:

Several chemical reagents and drugs which induce liposis, necrosis, cirrhosis, carcinogenesis and hepatobiliary dysfunctions in experimental animals are classified as hepatotoxins. The following are some of the experimental models explained by employing some of the important hepatotoxins.

1. CCl_4 model: A number of CCl_4 models are devised depending upon its dosage through different routes of administration.

a) Acute hepatic damage: Acute liver damage, characterized by ischemia, hydropic degeneration and central necrosis is caused by oral or subcutaneous administration of CCl_4 (1.25ml/kg). The maximum elevation of biochemical parameters are found to be 24 hours after the CCl_4 administration normally administered as 50% v/v solution in liquid paraffin or olive oil⁹.

b) Chronic reversible hepatic damage: Administration of CCl_4 (1ml/kg S.C.) twice weekly for 8 weeks produces chronic, reversible liver damage¹⁰.

c) Chronic, irreversible hepatic damage: Administration of CCl_4 (1ml/kg S.C.) twice weekly for 12 weeks simulates chronic, irreversible liver damage¹¹.

2. Thioacetamide model: Thioacetamide (100mg/kg s.c.) induces acute hepatic damage after 48 hrs of administration by causing sinusoidal congestion and hydropic swelling with increased mitosis¹².

3. D-galactosamine model: D-galactosamine (800mg/kg i.p.) induces acute hepatotoxicity after 48 hrs of administration with diffused necrosis and steatosis¹³.

4. Paracetamol model: Paracetamol induces acute hepatotoxicity depending upon its dosage through different routes of administration, such as

a. Paracetamol (800mg/kg i.p.) induces centrilobular necrosis without steatosis¹⁴.

b. Paracetamol at a single dose of 3g/kg p.o. stimulates acute hepatic damage. It takes 48 hrs to induce the toxicity¹⁵.

5. Chloroform model: It produces hepatotoxicity with extensive central necrosis, fatty metamorphosis, hepatic cell degeneration and necrosis either by inhalation or by subcutaneous administration (0.4-1.5ml/kg)¹⁶.

6. Ethanol model: Ethanol induces liposis to a different degree depending upon its dose, route and period of administration as follows:

a. A single dose of ethanol (1ml/kg) induces fatty degeneration¹⁷.

b. Administration of 40%v/v ethanol (2 ml/100g/day p.o.) for 21 days produces fatty liver¹⁸.

c. Administration of country made liquor (3ml/100 g/day p.o.) for 21 days produces liposis¹⁹.

1.5. Hepatoactive medicaments: The literature review reveals that a large number of drugs of plant origin are endowed with hepatoprotective claims either directly or indirectly. In recent years, the usage of herbal drugs for the treatment of liver diseases has increased all over the world³⁶. The herbal drugs are believed to be harmless and free from serious adverse reactions, as they are obtained from nature and are easily available. Also, the limited therapeutic options and disappointing therapeutic success of modern medicine including herbal preparations³⁷.

In recent years many researchers have examined the effects of plants used traditionally by many folklore remedies from plant origin have long been used for the treatment of liver diseases³⁸ indigenous healers and herbalists to support liver function and treat diseases of the liver. In most cases, research has confirmed traditional experience and wisdom by discovering the mechanisms and mode of action of these plants as well as reaffirming the therapeutic effectiveness of certain plants or plant extracts in clinical studies. Several hundred plants have been examined for use in a wide variety

of liver disorders. Just a handful has been fairly well researched³⁹

There are about 600 commercial herbal formulations, which are claimed to have hepatoprotective activity and many of them are being sold in market all over the world. In India, about 40 patented polyherbal formulations representing a variety of combinations of 93 herbs from 44 families are available⁴⁰. It has been reported that 160 phytoconstituents from 101 plants possess hepatoprotective activity⁴¹. Liver protective herbal drugs contain a variety of chemical constituents like phenols, coumarins, lignans, essential oil, monoterpenes, carotenoids, glycosides, flavonoids, organic acids, lipids, alkaloids and xanthone derivatives⁴⁰. Studies carried out in China and Japan resulted in the isolation of a hepatoprotective lignan, gomishin from the fruits of Chinese medicinal plant *Schizandra chinensis*. Gomishin is used for the treatment of chronic hepatitis. Studies carried out at Tropical Botanic Garden and Research Institute (TBGRI) have shown that *Trichopus zeylanicus*, *Phyllanthus maderaspatensis* and *P. kozhikodanus* are extremely active against paracetamol-induced liver damage in rats^{42,43,44}. A recent report indicates that fumaric acid obtained from *Sida cordifolia* has significant anti-hepatotoxic activity in rat⁴⁵. Ursolic acid which occurs in many plants also showed promising hepatoprotection against paracetamol and CCl₄ induced liver damage in rats^{46,47}. Some of the reported constituents with pharmacologically/therapeutically proved claims may be enlisted as silymarin, (+)- catechin, saikosaponins, curcumin, glycyrrhizin, picroside I and II gomisin etc⁴⁸, acetyl bergenin⁴⁹ and kolaviron⁵⁰. Most commonly used plants in herbal formulations in India and scientifically validated in experimental animals are *Andrographis paniculata*⁵¹, *Boerhaavia diffusa*, *Eclipta alba*, *Picrorrhiza kurroa*⁵², *Cichorium intybus*, *Tinospora cordifolia*⁵³.

Some of the polyherbal formulations are verified for their hepatoprotective action against chemical induced liver damage in experimental animals^{54,55,56}: Liv.52^{40,57}, Liv.42, Liver cure, Tefroli^{51,58}, Livol, Hepatomed⁵⁹, Jigrine⁴⁰, Stimuliv⁴⁴, Koflet⁴⁰ and Icterine⁶⁰.

Antioxidants can protect experimental animals and humans from oxidant mediated liver damages. This effect can be seen even in certain common vitamins, spices and vegetables (e.g. Vitamin-E and turmeric). Efficacy of the traditional and new herbal products should be tested by standard experimental methods. Also, there should be adequate data from *in vivo* and *in vitro* studies to validate the therapeutic potential claimed⁶¹.

Several plants have been reported to have hepatoprotective activity among those, a few plants tested against different experimental models are listed in below table.

2. List of hepatoprotective activity having medicinal

Plants:

Botanical Name	Family	Plant Parts Used	Screening Methods	References
<i>Acacia catechu</i>	Leguminosae	Powdered pale catechu	Carbontetra chloride induced	62
<i>Acacia confuse</i>	Leguminosae	Bark	Carbon tetra chloride	63
<i>Aegle marmelos Correa</i>	Rutaceae	Leaves	Paracetamol Induced	64
<i>Aerva lanata</i>	Amaranthaceae	Coarse powder Plant	Paracetamol Induced	65
<i>Alchornea cordifolia</i>	Euphorbiaceae	Leaves	Paracetamol Induced	66
<i>Alocasia indica Linn</i>	Araceae	Leaves	Paracetamol Induced	67
<i>Aloe barbadensis</i>	Liliaceae	Dried aerial parts	Carbontetra chloride	68
<i>Amaranthus spinosus</i>	Amaranthaceae	Whole plant	Carbontetra chloride	69
<i>Amaranthus caudatus Linn</i>	Amaranthaceae	Whole plant	Carbontetrachloride Induced	70
<i>Anisochilus carnosus Linn</i>	Lamiaceae	Stems	Carbontetrachloride Induced	71
<i>Apium graveolens</i>	Apiaceae	Seeds	Paracetamol and thioacetamide	72
<i>Arachidodes exilis</i>	Dryopteridaceae	Rhizomes	Carbontetra chloride	73
<i>Argemone mexicana</i>	Solanaceae	Plant material	Carbontetra chloride	74
<i>Asparagus racemosus Linn</i>	Asparagaceae	Roots	Paracetamol induced	75
<i>Azadirachta indica</i>	Meliaceae	Leaf	Paracetamol Induced	76
<i>Azitetraantha</i>	Salvadoraceae	Leaves	Paracetamol induced	77

<i>Baliospermum montanum</i>	Euphorbiaceae	Roots	Paracetamol induced	78
<i>Boerhaavia diffusa</i>	Nyctaginaceae	Roots	Thioacetamide	79
<i>Bupleurum kaoi</i>	Umbelliferar	Dried roots	Carbontetra chloride	80
<i>Byrsocarpus coccineus</i>	Connaraceae	Leaf	Carbontetra chloride	81
<i>Bixa orellana</i>	Bixaceae	Plant material	Carbontetra chloride	82
<i>Cajanus cajan</i> Linn	Leguminosae	Pigeon pea leaf	D-galactosamine	83
<i>Cajanus scarabaeoide</i>	Fabaceae	Whole plant	Paracetamol induced	84
<i>Carissa carindas</i> Linn	Apocyanaceae	Root	Carbontetrachloride Induced	85
<i>Carum copticum</i>	Apiaceae	Seed	Carbontetra chloride, paracetamol	86
<i>Calotropis procera</i>	Asclepiadiaceae	Root bark	Carbontetrachloride Induced	87
<i>Cassia fistula</i>	Leguminosae	Leaf	Carbontetrachloride Induced	88
<i>Cassia tora</i>	Caesalpiniaceae	Leaves	Carbontetra chloride	89
<i>Cassia Occidentalis</i>	Caesalpiniaceae	Leaves	Paracetamol and Ethyl alcoho	90
<i>Chamomile capitula</i>	Asteraceae	Fresh natural mature capitula	Paracetamol	91
<i>Clerodendrum inerme</i>	Verbenaceae	Leaves	Carbontetra chloride	92
<i>Clitoria ternatea</i> Linn	Fabaceae	Leaves	Paracetamol induced	93
<i>Cleome viscosa</i> Linn	Capparidaceae	Leaf powder	Carbon tetra chloride	94
<i>Cochlospermum planchonii</i>	Coclospermaeae	Rhizomes	Carbontetra chloride	95
<i>Cichorium intybus</i>	Asteraceae	Leaves	Thioacetamide	96
<i>Cordia Macleodii</i>	Boraginaceae	Leaves	Carbontetra chloride	97
<i>Cuscuta chinensis</i>	Convolvulaceae	Seeds	Acetaminophen	98
<i>Decalepis hamiltonii</i>	Asclepiadaceae	Roots	Carbontetra chloride	99
<i>Elephantopus scaber</i> Linn	Asteraceae	Whole plant	D-galactosamine and acetaminophen	100
<i>Equisetum arvense</i>	equisetaceae	Aerial parts	Carbontetra chloride Induced	101
<i>Embelia ribes</i>	myrsinaceae	Fruits	Paracetamol induced	102
<i>Enicostemma axillare</i>	Gentianaceae	Whole plant	D-galactosamine	103
<i>Euphorbia fusiformis</i>	Euphorbiaceae	Tubers	Rifampicin	104
<i>Ficus religiosa</i> Linn	Moraceae	Stem bark	Paracetamol induced	105
<i>Fructus schisandrae</i>	Magnoliaceae	Dried fructus	Carbontetra chloride Induced	106
<i>Fumaria indica</i>	Papaveraceae	Whole plant	D-galactosamine	107
<i>Ganoderma lucidum</i>	Polyporaceae	Winter mushrooms	D-galactosamine	108
<i>Ginkgo biloba</i>	Ginkgoaceae	Dried extract	Carbontetra chloride Induced	109
<i>Glyrrhiza glabra</i>	Fabaceae	Root powder	Carbontetra chloride Induced	110
<i>Gracinia indica</i> Linn	Clusiaceae	Fruit rind	Carbontetrachloride Induced	111
<i>Gmelina asiatica</i> Linn	Verbenaceae	Aerial parts	Carbontetrachloride Induced	112
<i>Gundelia tourenfortii</i>	Asteraceae	Fresh edible stalk	Carbontetra chloride Induced	113
<i>Halenia elliptica</i>	Gentianaceae	Whole plant	Carbontetra chloride Induced	114
<i>Hibiscus Sabdariffa</i>	Malvaceae	Leaves	Paracetamol induced	115
<i>Hibiscus esculentus</i>	Malvaceae	Roots	Carbontetra chloride Induced	116
<i>Hypericum japonicum</i>	Clusiaceae	Whole plant	Carbontetra chloride Induced	117
<i>Hygrophila auriculata</i>	Acanthaceae	Root	Carbontetra chloride Induced	118

<i>Hyptis suaveolens</i> Linn	lamiaceae	leaves	Acetaminophen induced	119
<i>Hoslundia opposita</i>	Lamiaceae	Stem	Carbontetra chloride And paracetamol Induced	120
<i>Juncus subulatus</i>	Juncaceae	Powdered tubers	Paracetamol induced	121
<i>Kalanchoe pinnata</i>	Crassulaceae	Leaves	Carbontetra chloride Induced	122
<i>Lawsonia alba</i>	Lythraceae	Whole plant	Carbon tetrachloride	123
<i>Lactuca indica</i>	Compositae	Aerial parts	Carbontetra chloride Induced	124
<i>Luffa echinata</i>	Curcubitaceae	Fruits	Carbontetra chloride Induced	125
<i>Laggers pterodonta</i>	Asteraceae	Whole herb	Carbontetra chloride And D-galactosamine Induced	126
<i>Mallotus japonicas</i>	Euphorbiaceae	Cortex	Carbontetra chloride Induced	127
<i>Mamoridca subangulata</i>	Cucurbitaceae	Leaf	Paracetamol induced	128
<i>Melia azhadirecta</i> Linn	Piperaceae	Leaves	Carbontetrachloride, silymarin induced	129
<i>Morinda citrifolia</i> Linn	Rubiaceae	Fruit	Streptozotocin induced	130
<i>Myoporum lactum</i> Linn	myoporaceae	Leaves	Carbontetrachloride Induced	131
<i>Myrtus communis</i> Linn	Myrtaceae	Leaves	Paracetamol induced	132
<i>Nelumbo nucifera</i>	Nelumbonaceae	Leaves	Carbontetrachloride Induced	133
<i>Nigella sativa</i>	Ranunculaceae	Seeds	Tert –butyl hydroperoxide	134
<i>Ocimum sanctum</i>	Lamiaceae	Leaf	Paracetamol induced	135
<i>Orthosiphon stamineus</i>	Lamiaceae	Leaves	Acetaminophen	136
<i>Phyllanthus amarus schum</i>	Euphorbiaceae	Aerial part	Ehanol	137
<i>Phyllanthus amarus</i>	Euphorbiaceae	Whole plant except root	Aflatoxin b1 induced liver damage	138
<i>Physalis minima</i>	Solanaceae	Plant material	Carbontetra chloride	139
<i>Phyllanthus niruri</i>	Euphorbiaceae	Leaves and fruits	Carbontetrachloride Induced	140
<i>Phyllanthus polyphullus</i>	Euphorbiaceae	Leaves	Acetaminophen	141
<i>Picrorrhiza kurrooa</i>	Scrophulariaceae	Root and rhizomes	Alcohol –carbon tetra chloride	142
<i>Picrorrhiza rhizome</i>	Scrophulariaceae	Dried underground stem	Poloxamer(PX)-407	143
<i>Piper chaba</i>	Piperaceae	Fruit	D-galactosamine	144
<i>Piper longum</i>	Piperaceae	Fruits and roots	Carbontetra chloride	145
<i>Pittosporum neelgherrense</i>	Pittosporaceae	Stem bark	Carbontetra chloride, D-galactosamine and acetaminophen Induced	146
<i>Plantago major</i>	Plantaginaceae	Seeds	Carbontetra chloride	147
<i>Pterocarpus marsupium</i>	Papilionaceae	Stem bark	Carbontetra chloride	148
<i>Pterospermum acerifolium</i>	Sterculiaceae	Leaves	Carbontetra chloride	149
<i>Ricinus communis</i>	Euphorbiaceae	Leaves	Carbon tetrachloride	150
<i>Rubia cordifolia</i>	Rubiaceae	Roots	Carbontetra chloride	151
<i>Sarcostemma brevistigma</i>	Asclepiadaceae	Stem	Carbontetra chloride	152
<i>Saururus chinensis</i>	Sauruaceae	Whole plant	Carbontetra chloride	153
<i>Scoparia dulcis</i>	Scrophulariaceae	Whole plant	Carbontetra chloride	154
<i>Schouwia theebica</i>	Arecaceae	Aerial part	Carbontetra chloride	155
<i>Solanum nigrum</i> Linn	Solsnaceae	Fruits	Carbontetrachloride Induced	156

<i>Tecomella undulate</i>	Bignoniaceae	Stem bark	Thioacetamide	157
<i>Tephrosia purpurea</i> Linn	Fabaceae	Aerial parts	Thioacetamide	158
<i>Thunbergia laurifolia</i>	Acanthaceae	Leaves	Ethanol	159
<i>Tridax procumbens</i>	Asteraceae	Leaves	Carbontetrachloride Induced	160
<i>Tylophora indica</i>	Asclepiadaceae	Leaf powder	Ethanol	161
<i>Vitex trifolia</i>	Verbenaceae	Leaves	Carbontetrachloride Induced	162
<i>Vitis vinifera</i>	Vitaceae	Leaves	Carbontetrachloride Induced	163

3. Conclusion

Despite tremendous advances in modern medicine, hepatic disease remains a worldwide health problem; thus the search for new medicines is still ongoing. Numerous formulations of medicinal plants are used to treat liver disorders in Chinese ethno medical practice and traditional medicine. Many of these treatments act as radical scavengers, whereas others are enzyme inhibitors or mitogens .

The goal of ethnopharmacological studies on medicinal plants should not be restricted to find new prototype pure compounds as drugs. Active extracts, fractions or mixture of fractions/extracts may prove very effective drugs. Plant drugs (combinations or individual drug) for liver diseases should possess sufficient efficacy to cure severe liver diseases caused by toxic chemicals, viruses (Hepatitis B, Hepatitis C, etc.), excess alcohol intake, and repeated administration of drugs like paracetamol, Rifampicin and Isoniazid. A single drug cannot be effective against all types of severe liver diseases. Effective formulations have to be developed using indigenous medicinal plants, with proper pharmacological experiments and clinical trials. The manufacture of plant products should be governed by standards of safety and efficacy.

Various herbal plants and plants extracts have significant hepatoprotective activity in animal models was proved by research .The hepatoprotective activity of the plants probably due to the presence of flavonoids, alkaloids, terpenoids, glycosides and steroids.

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