

REVIEW ON: HEPATOTOXICITY AND HEPATOPROTECTIVE AGENTS**Patil Vishal S.*, Oswal Rajesh J. and Nandedkar Mugdha**

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ABSTRACT

The liver plays a central role in transforming and clearing chemicals and is susceptible to the toxicity from these agents. Certain medicinal agents, when taken in overdoses and sometimes even when introduced within therapeutic ranges, may injure the organ. Other chemical agents, such as those used in laboratories and industries, natural chemicals (e.g., microcystins) and herbal remedies can also induce hepatotoxicity. Chemicals that cause liver injury are called hepatotoxins. Hepatoprotective drugs means the drugs that are prevent the liver disease. A number of synthetic hepatoprotective drugs are available in practice, however their effectiveness does not hold true with the entire range of population suffering from this disorder.

Moreover, the side effects and the drug interactions are major restrictions in its clinical utility. On the other hand, drugs having toxic effect on the liver are better known as hepatotoxic drugs. Mono and poly-herbal preparations have been used in various liver disorders. According to one estimate, more than 700 mono and poly-herbal preparations in the form of decoction, tincture, tablets and capsules from more than 100 plants are in clinical use. The most commonly used parameters to assess the hepatoprotective activity are morphological e.g. Liver weight and volume, biochemical estimations, such as measurement of transaminase activity, SGPT, SCOT, alkaline phosphatase, serum bilirubin, total serum proteins, albumin, globulin and prothrombin time, functional parameters, pentobarbitone and hexobarbitone sleeping time and finally histopathological study regarding presence of necrosis, fatty degeneration and cirrhosis. In this review, we will briefly discuss hepatotoxicity and hepatoprotective agents.

KEYWORDS: Liver, Hepatotoxic, hepatoprotective, herbal formulations.

INTRODUCTION

Liver is the largest internal organ in our body performing more than 5000 separate bodily functions- from cleansing the blood of toxins to converting food into nutrients to controlling our hormone levels. It detoxifies various metabolites, synthesizes proteins, & produces biochemicals necessary for digestion. Most people never give their Liver a thought until something goes wrong. Yet, Liver disease is on rise. In fact, there are many types of Liver diseases that can be caused by various damages from drugs or chemicals, obesity, diabetic, or an attack from your own immune system. Hepatotoxicity has now become the most serious liver disorder, which accounts for about 15% of the world's burden of diseases. Hepatotoxicity, or liver damage, is caused by hepatotoxins, which may source from chemicals, dietary supplements, pharmaceutical drugs, and medicinal plants.

The main causes of liver damage are

- The major cause in India is alcohol addicts. It is suspected that more than half of the cases of hepatotoxicity are caused by alcohol.
- Chemicals like CCl₄, phosphorous, Aflatoxins, Chlorinated Hydrocarbon, etc.
- Drugs i.e. DILI (Drug-Induced Liver Injury)
- Autoimmune Disorders
- Infections like Viral Hepatitis

MECHANISM OF HEPATOTOXICITY

- Most of the hepatotoxic chemicals damage liver cells mainly by inducing lipid per oxidation & other oxidative damages in liver.
- By forming the reactive free oxygen radicals which directly induces hepatotoxicity
- Increasing the apoptosis
- Reducing glutathione stores (an antioxidant of Human body).

MARKERS OF HEPATOTOXICITY

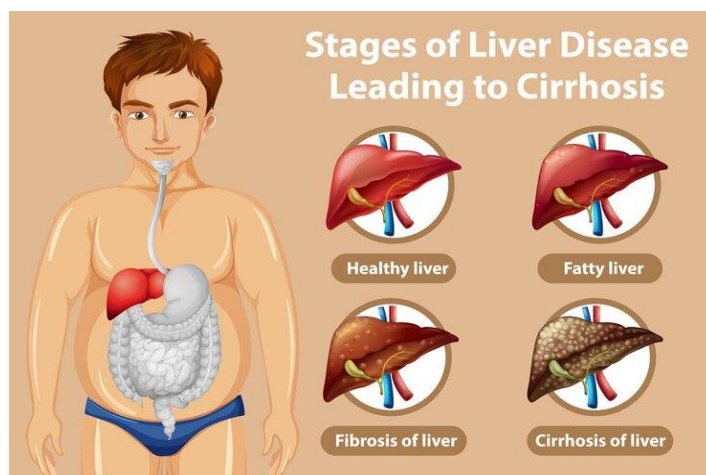
- AST- Aspartate Serum Transferase
- ALT- Alanine Amino Transferase
- ALP- Alkaline Phosphatase
- LDH- Lactate Dehydrogenase
- TB- Total Bilirubin
- TP- Total Protein
- TG- Triglycerides

➤ GGT- Gamma-glutamyl Transferase

A number of hepatoprotective agents are available in practice. However, their effectiveness doesn't hold true with the entire range of population suffering from the disorder.

MECHANISM OF ACTION

The mechanism of hepatoprotection by these compounds is generally by exerting multiple effects.^[13] The herbal drugs used for the management of the chronic liver disease can regulate and strengthen the liver, gastrointestinal, and immune system.^[24] The regulation of the gastrointestinal system may improve the general well-being of the patients, and the improvement of constipation may prevent the absorption of harmful substances and indirectly decrease ascites.^[25] The protection of liver cells against toxic materials including drugs, lipid per-oxidation, and free radical injury may decrease inflammation, improve liver blood flow, and ultimately help in reduction in ascites and blood pressure.^[26] They can suppress CYP2E1 enzyme that converts many drugs to their toxic metabolites.^[27] They can protect the normal structure of mitochondrial membrane and enhance the activity of ATPase in mitochondria, thereby modulating the balance of liver energy metabolism.^[28] They also possess anti-inflammatory and antiprotozoal activities. Immune dysfunction is a component of liver disease, and thus, immunomodulation by herbal therapy (withaferin-A) prevents oxidative stress and inflammation and strengthens the detoxifying power of liver cells.^[29] Antiviral properties of picroliv, ellagic acid, phyllanthin, and hypophyllanthin are reported.^[30] Moreover, Herbal drugs can promote protein synthesis in hepatocytes or decrease formation of leukotrienes, prostaglandins, and TNF- α by Kupffer cells.^[31] Drugs like picroliv (iridoid glycoside) can cause liver tissue regeneration, and ellagic acid can prevent liver fibrosis.^[31, 32] Anticholestatic and choleretic effects of silymarin and andrographolide are well established.^[20] Further, nuclear factor-kappa B-mediated inhibition of inflammatory cytokines and chemokines had been shown with silymarin, picroliv, curcumin, and ellagic acid.^[33–36] Moreover, cyclo-oxygenase-2-mediated inflammatory response had been shown to be inhibited by curcumin and inducible nitric oxide synthase inhibition with silymarin and curcumin.^[34, 35] The pro-inflammatory cytokines and chemokines had been exhaustively studied with curcumin by Nanji and coworkers.^[36] Silymarin and picroliv had been shown to inhibit TNF- α -mediated apoptosis.^[37–39] All these effects strengthen the liver and regulate body metabolism and ultimately inhibit further liver cell damage in the favor of their regeneration.^[40]



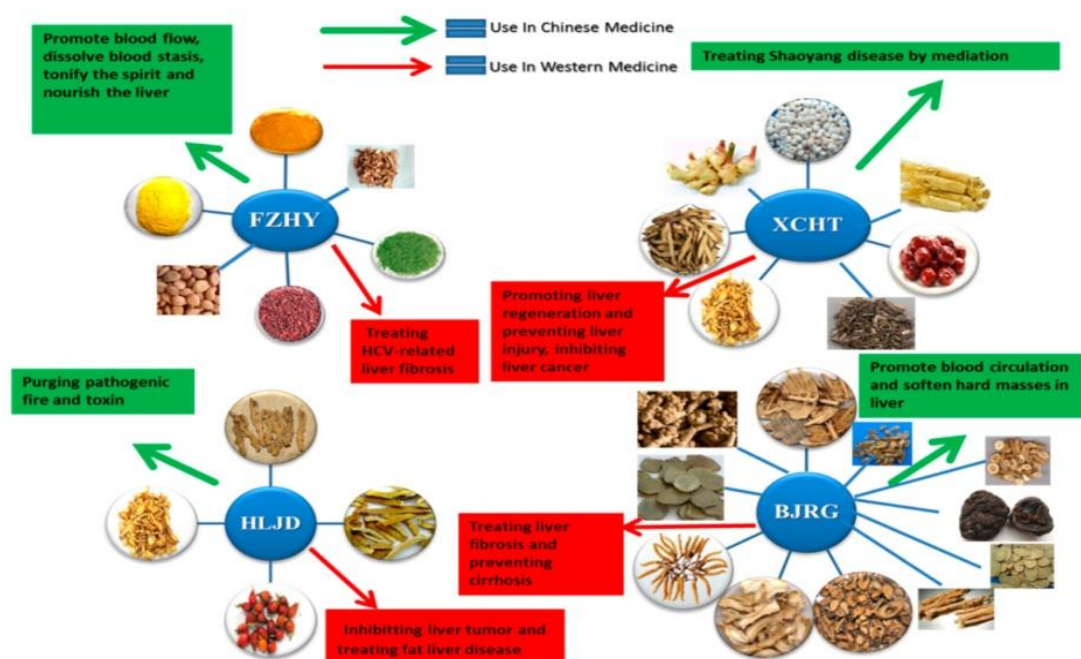
(Fig 1.)



(Fig.2)

HERBAL FORMULATIONS

Numerous medicinal plants and their formulations are used to treat liver disorders in ethno medicine practice as well as traditional system of medicine in India. There are about 600 commercial herbal formulations available in market all over the world, which are claimed to have hepatoprotective activity (Bedi et al., 2016). In India, about 40 anti- hepatotoxic, patented, polyherbal formulations representing a variety of combination of 93 medicinal plants from 44 families are available (Sharma et al., 1991). More than 700 mono and poly-herbal hepatoprotective preparations from more than 100 plants are in clinical use in the form of decoction, tincture, tablets and capsules. Recent global increase in the utilization of herbal drugs has also been reported in the literature (Girish et al., 2009).



(Fig. 3)

Eastern countries have been using herbal drugs to treat liver diseases since ancient time (Rajaratnam et al., 2014). In ancient India (Vedic period) and China (Xia dynasty), records on use of herbal medicines track back to 2100 BC. The first written reports date back to 600 B.C. with the Charka Samhita of India and the early notes of the Eastern Zhou dynasty of China around 400 B.C (Onyije and Avwioro, 2012). Ayurveda, an indigenous system of medicine in India, has a long tradition of treating liver disorders with plant drugs. Minimizing side effects and increasing therapeutic efficacy of medicines is the basic need of today. Alternative system of medicine like Ayurveda, Unani etc. has been proved to be effective with minimum side effects. With rich diversity of plants, over 45,000 diverse plant species are found in India out of which about 15,000-20,000 plants have medicinal and therapeutic properties. Of these, only about 7,000- 7,500 are being used by traditional practitioners (Bedi et al., 2016). As per WHO report, around three quarters of the world's population uses herbs and other traditional medicines to cure various diseases, including liver disorders (Chaudhury and Refei, 2001). The medicinal plant such as Guduchi (Sharma and Pandey, 2010), *Elephantopus scaber* (Ho et al., 2012), *Aquilegia vulgaris* (Adamska et al., 2003), *Strychnos potatorum* (Sanmugapriya & Venkataraman, 2006), *Tridax procumbens* (Ravikumar et al., 2006), *Picrorhiza kurroa* (Mohd et al., 2012), *Silybum marianum* (Hermenean et al., 2015), *Andrographis paniculata* (Nasir et al., 2013), *Azadirachta indica* (Johnson et al., 2015) and *Glycyrrhiza glabra* (Sharma and Agrawal, 2014) has proven hepatoprotective properties and are used to treat liver disorders. Guduchi (*Tinospora sp.*) is one of the most versatile

rejuvenating shrubs, also known as 'Giloya' in Indian vernacular, and is reported to have many therapeutic applications (Pandey et al., 2012). Guduchi, as it is most commonly called, has been described as "one which protects the body" (Gawhare, 2013).

Some of the plant constituents possessing hepatoprotective activity (Handa et. al., 1986).

Plant constituents	Plant Name
Andrographolide	<i>Andrographis paniculata</i>
Catechin	<i>Anacardium occidentale</i>
Curcumin	<i>Curcuma longa</i>
Fumaric acid	<i>Sida cordifolia</i>
Glycyrrhizin	<i>Glycyrrhiza glabra</i>
Picrolive	<i>Picrorhiza kurroa</i>
Saikosaponins	<i>Bupleurum falcatum</i>
Silybin	<i>Silybum marianum</i>

List of few plants with hepatoprotective property against toxic chemical induced liver damage in experimental animals.

Plants	References
<i>Acacia catechu</i>	Jayasekhar et. al. (1997)
<i>Azadirachta indica</i>	Chattopadhyay et. al. (1994)
<i>Andrographis paniculata</i>	Handa and Sharma (1990)
<i>Cappris spinosa</i>	Gadgoll and Mishra (1995)
<i>Carissa carandas</i>	Hegde and Joshi (2009)
<i>Daucus carota</i>	Bishayee et. al. (1995)
<i>Eclipta alba</i>	Saxena et. al. (1993)
<i>Ocimum sanctum</i>	Chattopadhyay et. al. (1992)
<i>Phyllanthus emblica</i>	Gulati et. al. (1994)
<i>Phyllanthus debilis</i>	Shah et. al., 2002
<i>Picrorhiza kurroa</i>	Dwivedi et al., 1991
<i>Ricinus communis</i>	Reddy et. al., 1993

CONCLUSION

The liver is of vital importance in intermediary metabolism, in the detoxification and in the elimination of toxic substances. Since the liver has considerable functional reserve, damage to the organ may not affect its activity. The maintenance of a healthy liver is vital to overall health of the human beings. Since the liver is involved in almost all biochemical processes and there are many different diseases that will affect it. The liver is often abused by environmental toxins, which are eating habits, alcohol and overdose of certain drugs which can damage and weaken the liver and eventually lead to many diseases. Therapies developed along the principles of Western medicine are often limited in efficacy, carry the risk of

adverse effects, and are often too costly, especially for the developing world. Therefore, treating liver diseases with plant-derived compounds, which are accessible and do not require laborious pharmaceutical synthesis seems highly attractive.

REFERENCES

1. Adikwu E. and Deo O. (2013); Hepatoprotective Effect of Vitamin C (Ascorbic Acid); Journal of Pharmacology & Pharmacy, 4(1): 84-92.
2. Akila M. and Prasanna G. (2014); Hepatoprotective Effect of Indigofera Linnael Ali. On Carbon Tetrachloride Induced Wistar Albino Rats; International Research Journal of Pharmacy, 5(5): 392-395.
3. Adamska T., Młynarczyk W., Jodynys-Liebert J., Bylka W. Matławska I. (2003); Hepatoprotective Effect of the Extract and Isocytiside from *Aquilegia vulgaris* Phytotherapy Research, 17(6): 691-696.
4. Bishayee, A., Sarkar, A. and Chatterjee (1995), Hepatoprotective activity of carrot (*Daucus Carota*) against carbon tetrachloride intoxication in mouse liver, J Ethnopharmacol, 47: 69-74.
5. Bedi O., Bijjem K.R.V., Kumar P., Gauttam V. (2016); Herbal Induced Hepatoprotection and Hepatotoxicity: A Critical Review; Indian Journal of Physiological Pharmacology, 60(1): 6-21.
6. Bahar E., Ara J., Hossain M., Nath B., Runi N. (2013); Cytotoxic (In-Vitro) Effect of Methanol and Petroleum Ether Extracts of the *Aerva lanata*; Journal of Pharmacognosy and Phytochemistry, 2(1): 92-100.
7. Bigoniya P., Singh C. S., Shukla A., (2009); A Comprehensive Review of Different Liver Toxicants Used in Experimental Pharmacology; International Journal of Pharmaceutical Sciences and Drug Research, 1(3): 124-135.
8. Chaudhury R.R. and Refei U.M. (2001); Traditional Medicine in Asia; New Delhi, WHO Regional Office for South-East Asia, World Health Organization Regional Publication No.39, ISBN 92 9022 2247.
9. Chattopadhyay, R. R., Sarkar, S. K., Ganguly, S., Benerjee, R. N., Basu, T. K. and Mukherjee, A. (1994), Hepatoprotective activity of *Azadirachta indica* leaves on paracetamol induced hepatic damage in rats, Indian J Pharmacol, 26: 35-40.
10. Chattopadhyay, R. R., Sarkar, S. K., Ganguly, S., Medda, C. and Basu, T. K. (1992), Hepatoprotective activity of *Ocimum sanctum* leaf extract against paracetamol induced hepatic damage in rats. Indian J Pharmacol, 24: 163- 165.

11. Chang C.Y and Schiano T.D. (2007); Review Article: Drug Hepatotoxicity; Journal of Alimentary Pharmacology & Therapeutics, 25(10): 1135-1151.
12. Dwivedi, Y., Rastogi, R., Garg, N. K. and Dhawan, B. N. (1991), Prevention of paracetamol induced hepatic damage in rats by picroliv, the standard active fraction from *Picrorhiza kurroa*, *Phytother Res*, 5: 115-119.
13. Das A., Biswas P., Chakrabarty P. (2011); Hepatotoxicity and Hepatoprotective Herbs: Herbal Remedies; International Journal of Research in Ayurveda and Pharmacy, 2(4): 1073-1078.
14. Fatma N. and Uphadhyay R.P. (2015); Euphorbia Nivulia Buch. Ham.: A Boon for Jaundice (A Case Study); Annals of Plant Sciences, 4(6): 1137-1139.
15. Flatland B. (2003); Botanicals, Vitamins, and Minerals and the Liver: Therapeutic Applications and Potential Toxicities; Compendium on Continuing Education for the Practising Veterinarian Practitioners, 25(7): 514-524.
16. Flora K., Hahn M., Rosen H., Benner K. (1998); Milk Thistle (*Silybum marianum*) for the Therapy of Liver Disease; The American Journal of Gastroenterology, 93(2): 139-143.
17. Gulati, R. K., Agrawal, S. and Agrawal, S. S. (1994), Hepatoprotective studies on *Phyllanthus emblica* Linn and quercetin, *Ind J Expt Biol*, 33: 261- 268.
18. Gawhare V.S. (2013); A Review on Guduchi through Ayurvedic Texts; International Ayurvedic Medical Journal, 1(3): 1-7.
19. Gadgoll, C. and Mishra, S.H. (1995), Preliminary screening of *Achillea millefolium*, *Cichorium intybus* and *Capparis spinosa* for anti- hepatotoxic activity, *Fitother*, 66: 319-323.
20. Girish C., Koner B.C., Jayanthi S., Rao K.R., Rajesh B., Pradhan S.C. (2009); Hepatoprotective Activity of Six Polyherbal Formulations in Paracetamol Induced Liver Toxicity in Mice; Indian Journal of Medical Research, 129(5): 569-578.
21. Ho W. Y., Yeap S.K., Ho C.L., Rahim R.A., Alitheen N.B. (2012); Hepatoprotective Activity of *Elephantopus scaber* on Alcohol-Induced Liver Damage in Mice; Evidence-Based Complementary and Alternative Medicine, 417953: 8.
22. Hermenean A., Stan M., Ardelean A., Pilat L., Mihali C.V., Popescu C., Nagy L., Deak G., Zsuga M., Keki S., Bacskay I., Fenyvesi F., Costache M., Dinischiotu A., Miklos V. (2015); Antioxidant and Hepatoprotective Activity of Milk thistle (*Silybum marianum* L. Gaertn.) Seed Oil; Life Sciences, 10(1): 225-236.
23. Handa S. S., Sharma. A. and Chakraborty, K. K. (1986), Natural products and plants as liver protecting drugs, *Fitother*, 57: 307-351.

24. Handa S. S. and Sharma. A. (1990), Hepatoprotective activity of andrograpolid against galactosamine and paracetamol intoxication in rats; Indian J Med Plant, 92: 284-292.
25. Hegde, K. and Joshi, A. B. (2009), Hepatoprotective effect of *Carissa carandus* Linn root extract against CCl₄ and paracetamol induced hepatic oxidative stress; Indian j Expt Biol, 47: 660- 666.
26. Jayasekhar, P., Mohanan, P.V. and Rathinum, K. (1997), Hepatoprotective property of ethyle acetate extract of *Acacia catechu*; Indian J Pharmacol, 29: 426-428.
27. Johnson M., Olufunmilayo L.A., Anthony D.O., Olusoji E.O. (2015); Hepatoprotective Effect of Ethanolic Leaf Extract of *Vernonia amygdalina* and *Azadirachta indica* against Acetaminophen-Induced Hepatotoxicity in Sprague-Dawley Male Albino Rats; American Journal of Pharmacological Sciences, 3(3): 79-86.
28. Jia J.D., Bauer M., Cho J.J., Ruehl M., Milani S. Boigk G., Riecken E.O., Schuppan D. (2001); Antifibrotic Effect of Silymarin in Rat Secondary Biliary Fibrosis is Mediated by Downregulation of Procollagen α 1 (I) and TIMP-1; Journal of Hepatology, 35(3): 392-398.
29. Lee W.M. (2003); Drug-Induced Hepatotoxicity; The New England Journal of Medicine, 349(5): 474-485.
30. Maheswari E., Saraswathy G.R., Thakur Santhranii T. (2014); Hepatoprotective and Antioxidant Activity of N- acetyl Cysteine in Carbamazepine-Administered Rats; Indian Journal of Pharmacology, 46(2): 211-215.
31. McMahon B.J. (2005); Epidemiology and Natural History of Hepatitis B; Seminars in Liver Disease, 25(1): 3-8.
32. Mohd J., Akhtar A.J. Abuzer A., Tajuddin T.E., Sayeed S. (2012); Hepatoprotective Evidence of Higher Altitude Medicinal Plant *Picrorhiza kurroa* Royle Ex Benth: Threatened with Extinction; Journal of Herbal Medicine and Toxicology, 6(2): 1-5.
33. Nasir A., Abubakar M.G., Shehu R.A., Aliyu U., Toge B.K. (2013); Hepatoprotective Effect of the Aqueous Leaf Extract of *Andrographis paniculata* Nees against Carbon Tetrachloride Induced Hepatotoxicity in Rats; Nigerian Journal of Basic and Applied Science, 21(1): 45-54.
34. Navarro V.J. and Senior J.R. (2006); Drug-Related Hepatotoxicity; The New England Journal of Medicine, 354(7): 731-739.
35. Onyije F. M. And Avwioro O. G. (2012); Effect of Ethanolic Extract of *Bauhinia Monandra* Leaf on the Liver of Alloxan Induced Diabetic Rats; Journal of Physiology and

- Pharmacology Advances, 2(1): 59-63.
36. Ostapowicz G., Fontana R.J., Schiodt F.V., Larson A., Davern T.J., Han S.H., McCashland T.M., Shakil A.O., Hay J.E., Hynan L. (2002); Results of a Prospective Study of Acute Liver Failure at 17 Tertiary Care Centers in the United States; *Annals of Internal Medicine*, 137(12): 947-954.
37. Pandit A., Sachdeva T., Bafna P. (2012); Drug-Induced Hepatotoxicity: A Review; *Journal of Applied Pharmaceutical Science*, 2(5): 233-243.
38. Papay J.I., Clines D., Rafi R., Yuen N., Britt S.D., Walsh J.S., Hunt C.M. (2009) Drug-Induced Liver Injury Following Positive Drug Rechallenge; *Regulatory Toxicology and Pharmacology*, 54(1): 84-90.
39. Pascual C., Gonz R., Armesto J., Muriel P. (1993); Effect of Silymarin and Silybinin on Oxygen Radicals; *Drug Development Research*, 29(1): 73-77.
40. Pradhan S.C. and Girish C. (2006); Hepatoprotective Herbal Drug, Silymarin from Experimental pharmacology to Clinical Medicines; *Indian Journal of Medical Research*, 124(5): 491-504.
41. Pandey S., Gujrati V.R., Shanker K., Singh N., Dhawan K.N. (1994); Hepatoprotective Effect of Liv.52 Against CCl₄-Induced Lipid Peroxidation in Liver of Rats; *Indian Journal of Experimental Biology*, 32(9): 674-675.
42. Reddy, B. P., Murthy, V. N., Venkateshwarlu, V., Kokate, C. K. and Rambhau, D. (1993); Antihepatotoxic activity of *Phyllanthus niruri*, *Tinospora cordifolia* and *Ricinus communis*; *Indian Drugs*, 87: 401-404.
43. Ravikumar V., Shivashangari K.S., Devaki T. (2006); Effect of *Tridax procumbens* on Liver Antioxidant Defense System during Lipopolysaccharide- Induced in D-galactosamine Sensitized Rats; *Molecular and Cellular Biochemistry*, 269(1-2): 131-136.
44. Rajaratnam M., Prystupa A., Lachowska-Kotowska P., Załuska W., Filip R. (2014); Herbal Medicine for Treatment and Prevention of Liver Diseases; *Journal of Pre-Clinical and Clinical Research*, 8(2): 55-60.
45. Sanmugapriya E. and Venkataraman S. (2006); Studies on Hepatoprotective and Antioxidant Actions of *strychnos potatorum* Linn. Seeds on CCl₄-Induced Acute Hepatic Injury in Experimental Rats, 105(1-2): 154- 160.
46. Saxena, A. K., Singh, B. and Anand, K. K. (1993); Hepatoprotective effects of *Eclipta alba* on sub cellular levels in rats; *J Ethnopharmacol*, 40: 155-161.
47. Shah, M., Patel, P., Phadke, M., Menon, S., Mary, F. and Sane, R. T. (2002); Evaluation of the effect of aqueous extract from powders of root , stem, leaves and whole plant of

- Phyllanthus debilis against CCl₄ induced rat liver dysfunction, *Ind Drugs*, 39: 333- 337.
48. Sharma V. and Pandey D. (2010); Protective Role *Tinospora cordifolia* against Lead-Induced Hepatotoxicity; *Toxicology*, 17(1): 12-17.
49. Sharma V. and Agrawal R.C. (2014); In Vivo Antioxidant and Hepatoprotective Potential of *Glycyrrhiza Glabra* Extract on Carbon Tetrachloride (CCl₄) Induced Oxidative-Stress Mediated Hepatotoxicity; *International Journal of Research in Medical Sciences*, 2(1): 314-320.
50. Saller R., Meier R., Brignoli R. (2001); The Use of Silymarin in the Treatment of Liver Diseases; *Drugs*, 61(14): 2035-2063.
51. Sharma A., Singh R.T., Sehgal V., Handa S.S. (1991); Antihepatotoxicity Activity of Some Plants Used in Herbal Formulations; *Fitoterapia*, 62: 131-138.
52. Singh D., Cho W.C. and Upadhyay G. (2016); Drug-Induced Liver Toxicity and Prevention by Herbal Antioxidants: An Overview; *Frontiers in Physiology*, 6: 363-381.