

A REVIEW ON CRUDE DRUGS AS ANTICANCER AGENTS**Manish Kumar^{*1}, Akanksha Chaurasiya², Vinay Kumar¹ and Navneet Kumar Verma³**¹Assistant Professor, Buddha Institute of Pharmacy, GIDA, Gorakhpur, UP, India-273209.²Assistant Professor, Rajiv Gandhi College of Pharmacy, Nautanwa, Maharajganj, UP, India.³Associate Professor, Suyash Institute of Pharmacy, Hakkabad, Gorakhpur, UP, India-273016.Article Received on
10 January 2025,Revised on 31 Jan. 2025,
Accepted on 21 Feb. 2025

DOI: 10.20959/wjpr20255-35758

***Corresponding Author****Manish Kumar**Assistant Professor, Buddha
Institute of Pharmacy,
GIDA, Gorakhpur, UP,
India-273209.**ABSTRACT**

Cancer is still the world's biggest cause of death, despite enormous advancements in both the creation of innovative cancer treatments and basic cancer biology. Cancer's etiopathogenesis is intricate. In addition to genetic susceptibility, diet, lifestyle, and exposure to environmental pollutants are recognized environmental variables linked to cancer. High rates of cancer death are a result of treatment toxicity and eventual cancer return. The cancer treatments that are currently available, such as thermotherapy, radiation, chemotherapy, and surgery, are not at all curative for numerous cancer types. Despite being the most often used cancer treatment, chemotherapy in particular is typically linked to a range of severe adverse effects. This succinct review aims to compile recent research on a few basic medicines with a particular emphasis on their therapeutic targets and helpful roles in cancer treatment and chemoprevention. It is thought that crude

medications have neutraceutical effects on cancer patients, even if their pharmacological processes and biochemical roles in cancer biology and tumor chemoprevention are not entirely understood.

KEYWORDS: Crude drug, cancer, inflammation, cell cycle, apoptosis.**INTRODUCTION OF CRUDE DRUGS**

Many potent medications have been developed over the course of medical history from organic plant or animal extracts. For instance, quinine, an anti-malarial medication, is taken from the bark of the Cinchona tree. This fact may indicate to us that nature contains a greater quantity of primary anticancer medications. People have been employing plant rhizomes,

leaves, barks, and other natural materials soaked in alcohol or wine as medicines to treat illnesses since ancient times in the East, particularly in China and Korea. Crude medications are those that originate from plants. The mounting data showing diets high in fruits and vegetables can lower the incidence of certain chronic diseases signals the significance of natural medicine sources. such as diabetes, heart disease, cancer, etc.^[1,2] The search for basic treatments has therefore grown more crucial as the incidence of cancer is rising and there are currently no effective medications for treating the disease that don't have serious side effects. Thankfully, advances in biochemical technology and molecular biology have encouraged the study of crude pharmaceuticals. The production of crude pharmaceuticals and their general availability have been made possible by new purification and analytical methods^[3], which have also produced notable success in the study of cancer biology and tumor treatment.^[3] Raw materials can be employed as standalone treatments, or their active components can be used directly or as supplementary treatments in clinical settings to treat cancer. Furthermore, pro-drugs experts employ crude pharmaceuticals as a starting point for screening for more effective anti-cancer medication precursors or in other ways that benefit them.

Examples of crude drugs as anticancer agents

Plant phytochemicals are thought to be responsible for the beneficial benefits of crude medicines components of plant-based diets), including fibers, phenolic chemicals, terpenoids, steroids, indoles, and carotenoids.^[3] These are the efficient components thought to lower the risk of cancer. We include a number of phytochemicals that are either currently being utilized or may one day be used to treat cancer below.

Paclitaxel

The medicine Paclitaxel, also known as Taxol, is a widely used and effective cancer treatment that has been approved to treat many tumors. It is currently being evaluated for the treatment of coronary heart disease and Alzheimer's disease. Figure 1A illustrates this. It is a crude medicine success story as a result. Paclitaxel, which belongs to the natural organic chemical family known as terpenoid, was extracted from the bark of the slow-growing and endangered *Taxus brevifolia*, a member of the *Taxaceae* tree family. It was initially taken from the Yew tree in the US in 1971, and by 1992, the US Food and Drug Administration (FDA) had approved it for use in clinical settings. These days, paclitaxel has shown promise in the treatment of numerous cancer types, including ovarian^[1,2,4,5], breast^[1,5,6], lung^[7, 8], and esophageal^[9], among others & malignancies of the liver.^[10] Paclitaxel exhibits distinct

properties such as selective and reversible binding to β -tubulin within the microtubule, with a stoichiometry of nearly one (in comparison to the α,β tubulin dimer)^[11,12], inhibition of cell division, blocking of cell mitosis, stabilization of cytoplasmic microtubules, and induction of the formation of the recognizable microtubule bundles in cells.^[13]

Curcumin

Numerous naturally occurring substances derived from fruits and vegetables are being researched for their possible medical benefits in addition to paclitaxel, also known as Taxol. For instance, curcumin, which comes from the plant *Curcuma longa* and is depicted in Figure 1B, is used in Chinese medicine and as the yellow coloring agent in turmeric, an Indian traditional dish. It is recognized for its anti-inflammatory, antiviral, antibacterial, antifungal, and antioxidant properties and may also be able to treat a number of other conditions, such as diabetes, allergies, arthritis, and Alzheimer's disease.^[14] In their paper on curcumin, Goel et al.^[15] proposed that since deregulation of up to 500 distinct genes is the primary cause of most malignancies, substances, Multiple gene-targeting compounds, including curcumin, are essential for both cancer prevention and treatment. Curcumin has been demonstrated in research to far to interact with a broad range of proteins and alter their expression and activity. These proteins include transcription factors, inflammatory cytokines and enzymes, and gene products associated with angiogenesis, invasion, proliferation, and survival of cells.^[15] There were 22 active Phase I or II clinical trials employing curcumin connected to cancer as of 2007.^[16] Numerous of these studies suggest that curcumin is safe and might have therapeutic benefits. For instance, curcumin has stopped the growth of several tumor cells in culture, stopped malignancies in rats caused by carcinogens, and inhibited the development of human cancers in animal models used for xenotransplantation or orthotransplantation, either by itself or in conjunction with radiation or chemotherapy drugs.^[14] According to recent research, curcumin reduced the lifespan of RT4V6 and KU7 bladder cancer cells, at least in part by increasing apoptotic parameters and DNA fragmentation.^[17] Furthermore, as shown in other studies.^[17-20], curcumin enhanced the effects of other medications and cytokines on bladder cancer cells.

Carotenoids

Carotenoids, which are present in almost all vividly colored fruits, vegetables, and seafood, have potent anti-cancer capabilities, much like curcumin. Their ability to prevent cancer

stems from their antioxidative qualities. Free radicals are chemicals that aim to damage DNA and cell membranes; antioxidants shield cells from these harmful agents. Contrary to popular assumption, not all carotenoids can be turned into vitamin A, even though the carotenoid β -carotene (Figure 1C) has a very high quantity of vitamin A activity. The advantages of carotenoids as antioxidants are numerous. For instance, smokers typically have greater levels of free radicals in because of the toxins they breathe in, their blood. Research indicates that antioxidants could reduce a Lung cancer risk in smokers.^[26,27] Additionally, research indicates that carotenoids may aid in the prevention of endometrial cancer^[37], prostate, breast, and skin cancers.^[27–37, 38, 39] Another carotenoid, astaxanthin (Figure 1D), is present in salmon, red fish, shrimp, and crab and has been shown in rat lung and liver cancer models to exhibit anti-carcinogenic properties. Astaxanthin considerably and dose-dependently reduced the growth of liver cancer cells in the HepG2 human liver cancer cell line.

Polysaccharide

Oranges are orange because of the pigment β carotene, but they also include GCS-100, a polysaccharide that is generated from oranges and an additional anticancer agent. citrus pectin. GCS100 increases dexamethasone-induced apoptosis and overcomes bortezomib resistance in multiple myeloma cells. Put differently, GCS-100 exhibits anti-angiogenic activity as it reduces the proliferation of multiple myeloma cells and even prevents VEGF-induced cell migration, even in the presence of BMSCs.^[40] Additionally, GCS-100 overcomes the cytoprotective effects of the antiapoptotic protein Bcl-2 as well as the growth/survival advantage provided by NF-B. GCS-100-induced biochemical GCS-100 has no effect on mitochondrial apoptotic signaling, which includes changes in DYm, O₂-production, or the activation of caspase-9. Instead, apoptosis primarily happens via the caspase-8-to-caspase-3 signaling route. In addition to inhibiting the anti-apoptotic protein Galectin, low dose GCS100 also initiates additive anti-multiple myeloma activity when taken with dexamethasone.^[40]

Mushrooms

The mushroom is another natural component that has the potential to be used as a crude medication due to its anti-tumor, antiviral, and antibacterial qualities.

whole spleen cells, macrophages, or NK cells.

These findings imply that higher consumption of White button mushrooms have the potential to strengthen innate immunity against viruses and malignancies by boosting NK cell activity,

which is mediated by elevated TNF- α and IFN- γ production.^[43, 44] It is believed that mushrooms have these effects because of their capacity to alter immune cell activities.^[43]

These substances are primarily classified as polysaccharides, particularly beta-dglucan derivatives, proteoglycans, proteins, and triterpenoids. They also fall under the category of glycopeptide/protein complexes, or polysaccharide-peptide/protein complexes. Beta (1 \rightarrow 3)-dglucans and their peptide/protein derivatives are among the polysaccharides and additional proteins: fungal immunomodulatory proteins (Fips) play a significant part in the anti-tumor and immunomodulatory actions.^[44, 45]

Resveratrol

Resveratrol (Figure 1E) is another potential crude drug or crude drug element that has been identified based on its capacity to suppress cyclooxygenase (COX) activity that is present in the skin of red grapes and, consequently, in red wine. Cellular processes linked to the development, propagation, and initiation of tumors are inhibited by resveratrol. Moreover, it inhibits the activation of TNF- α . The nuclear transcription factors NF- κ B, AP-1, and apoptosis have been linked to a possible reduction in oxidative stress and lipid peroxidation.^[46–48]

Green Tea

Similar to the resveratrol found in grape skins, most people are now aware of the health benefits of green tea. Polyphenols in green tea (-)-Epigallocatechin-3-gallate (EGCG) (Figure 1F) exhibits a number of advantageous characteristics, such as anticarcinogenic, antioxidant, and chemopreventive effects.^[49] The potential for EGCG to induce cancer cells to die similarly to healthy cells is one of its advantages. According to a recent study, the JNK-mediated signaling pathway's MAPKKK protein MEKK1 also promotes NF- κ B by activating IKK β . EGCG prevented NF- κ B and CREB from binding to DNA in a tumor promoter 12-O-tetradecanoylphorbol-13-acetate (TPA). Mouse skin in living things, In addition, EGCG inhibited TPA-induced phosphorylation of I κ B α and its subsequent degradation, as well as p65's nuclear translocation.^[53] It has been documented that EGCG inhibits p38 and NF- κ B activation, at least in part, to regulate the expression of monocyte chemotactic protein-1 (MCP-1) in endothelial cells, hence having an anti-inflammatory impact.^[54] It has been demonstrated that EGCG is beneficial in controlling the mast-cell-mediated allergic inflammatory response by preventing the production of TNF- α , IL-6, and IL-8 by blocking intracellular Ca²⁺ levels, ERK1/2, and activation of NF- κ B.^[55] The degradation of IL-1 β -receptor-associated kinase (IRAK) induced by EGCG was significantly reduced, as were the

signaling processes that follow IRAK degradation, including NF- κ B activation, IKK activation, and I κ B degradation. Furthermore, EGCG prevented the phosphorylation of the NF- κ B p65 subunit. The inhibition of IL-8 gene expression demonstrated the functional impact of this inhibition.^[56]

Herbals

Prostate cancer is being studied as a potential treatment for *Scutellaria baicalensis*, a popular Chinese herbal remedy that has traditionally been utilized as an anti-inflammatory and anticancer agent. Growth inhibition was measured in two human prostate cancer cell lines (PC-3, an androgen-independent line, and LNCaP, an androgen-dependent line) after they were treated to *S. baicalensis*. In both cell lines, *S. baicalensis* demonstrated enhanced growth inhibition that was dependent on both time and dose. Following *S. baicalensis* treatment, PGE2 generation was markedly decreased in both cells; this was due to direct inhibition of COX-2 activity as opposed to COX-2 protein suppression. Moreover, *S. baicalensis* prevented LNCaP cells from producing prostate-specific antigens. Lastly, *S. baicalensis* inhibited cdk1 expression and kinase activity in PC-3 cells, which ultimately led to a G2/M cell cycle arrest, and suppressed cyclin D1 expression in LNCaP cells, resulting in a G1 phase arrest. According to animal research, *S. baicalensis* treatment reduced tumor volume by 50% after 7 weeks, suggesting that the plant may be a new anticancer treatment for prostate cancer.^[58] In traditional Asian medicine, *Artemisia asiatica* has also been widely utilized to treat conditions involving microbial infection, inflammation, and cancer.

Table 1: Crude drugs or elements of crude drugs in various research and clinical phase.

Crude drugs	status	target
Paclitaxel	In FDA-approved clinical use	β -tubulin
Curcumin	In Phase I/II clinical trials	Multiple target
Citrus pectin	In pre-clinical research phase	NF- κ B
Mushroom	In pre-clinical research phase	CD4 ,CD8, CD25, IFN- γ , IL-6, TNF- α
Astaxanthin	In pre-clinical research phase	p21CIP1/WAF , GADD153, c-myc
Resveratrol	In pre-clinical research phase	NF- κ B
Capsaicin	In pre-clinical research phase	Bcl-2

CONCLUSION

A selection of promising natural ingredients are shown in the preceding excerpts, such as Paclitaxel (Taxol), curcumin, β -carotene, astaxanthin, citrus pectin, mushrooms, and resveratrol. The following substances are being utilized and studied as crude medications or components of crude drugs in research and clinical settings: EGCG, *Scutellaria baicalensis*,

Artemisia asiatica, red and white ginseng extracts, isoliquiritigenin, and capsaicin (Table 1). Crude medicines may be useful therapeutic targets for cancer because of their diverse effects on oncogenes, cell signaling, and apoptosis (p21CIP1/WAF1, GADD153, c-myc, COX-2, NF- κ B, CDK1, p38, and Bcl-2, among others). These are not brand-new medications.

ACKNOWLEDGEMENT

The Brigham Young University Department of Radiology has provided research funding for this project and the BWH Women's Hospital. We appreciate Ms. Kim Lawson of the BWH Radiology Department's insightful feedback and meticulous editing of our article.

REFERENCES

1. Kohn EC, Sarosy G, Bicher A, Link C, Christian M, Steinberg SM, Rothenberg M, Adamo DO, Davis P, Ognibene FP and et al. Dose-intense taxol: high response rate in patients with platinum-resistant recurrent ovarian cancer. *J Natl Cancer Inst.*, 1994; 86: 18-24.
2. Morgan MA, Darcy KM, Rose PG, DeGeest K, Bookman MA, Aikins JK, Sill MW, Mannel RS, Allievi C and Egorin MJ. Paclitaxel poliglumex and carboplatin as first-line therapy in ovarian, peritoneal or fallopian tube cancer: a phase I and feasibility trial of the Gynecologic Oncology Group. *Gynecol Oncol*, 2008; 110: 329-335.
3. Mou X. Cancer prevention by astaxanthin, a natural carotenoid. *Journal of Kyoto Prefectural University of Medicine*, 2005; 114: 21-29.
4. Duan Z, Ames RY, Ryan M, Hornicek FJ, Mankin H and Seiden MV. CDDO-Me, a synthetic triterpenoid, inhibits expression of IL-6 and Stat3 phosphorylation in multi-drug resistant ovarian cancer cells. *Cancer Chemother Pharmacol*, 2009; 63: 681-689.
5. Gardner ER, Dahut WL, Scripture CD, Jones J, Aragon-Ching JB, Desai N, Hawkins MJ, Sparreboom A and Figg WD. Randomized crossover pharmacokinetic study of solvent-based paclitaxel and nab-paclitaxel. *Clin Cancer Res.*, 2008; 14: 4200-4205.
6. Rossi D, Baldelli AM, Casadei V, Fedeli SL, Alessandrini P, Catalano V, Giordani P, Ceccolini M, Graziano F and Catalano G. Neoadjuvant chemotherapy with low dose of pegylated liposomal doxorubicin plus weekly paclitaxel in operable and locally advanced breast cancer. *Anticancer Drugs*, 2008; 19: 733-737.
7. Ettinger DS, Finkelstein DM, Sarma RP and Johnson DH. Phase II study of paclitaxel in patients with extensive-disease small-cell lung cancer: an Eastern Cooperative Oncology Group study. *J Clin Oncol*, 1995; 13: 1430-1435.

8. Iranzo V, Bremnes RM, Almendros P, Gavila J, Blasco A, Sirera R and Camps C. Induction chemotherapy followed by concurrent chemoradiation for patients with non-operable stage III non-small-cell lung cancer. *Lung Cancer*, 2009; 63: 63-67.
9. Pennathur A, Luketich JD, Landreneau RJ, Ward J, Christie NA, Gibson MK, Schuchert M, Cooper K, Land SR and Belani CP. Long-term results of a phase II trial of neoadjuvant chemotherapy followed by esophagectomy for locally advanced esophageal neoplasm. *Ann Thorac Surg*, 2008; 85: 1930-1936; discussion 1936-1937.
10. Okano J, Nagahara T, Matsumoto K and Murawaki Y. The growth inhibition of liver cancer cells by paclitaxel and the involvement of extracellular signal-regulated kinase and apoptosis. *Oncol Rep.*, 2007; 17: 1195-1200.
11. Parness J and Horwitz SB. Taxol binds to polymerized tubulin in vitro. *J Cell Biol*, 1981; 91: 479-487.
12. Andreu JM, Bordas J, Diaz JF, Garcia de Ancos J, Gil R, Medrano FJ, Nogales E, Pantos E and Towns-Andrews E. Low resolution structure of microtubules in solution. Synchrotron X-ray scattering and electron microscopy of taxol-induced microtubules assembled from purified tubulin in comparison with glycerol and MAP-induced microtubules. *J Mol Biol*, 1992; 226: 169-184.
13. Schiff PB and Horwitz SB. Taxol stabilizes microtubules in mouse fibroblast cells. *Proc Natl Acad Sci U S A*, 1980; 77: 1561-1565.
14. Kunnumakkara AB, Anand P and Aggarwal BB. Curcumin inhibits proliferation, invasion, angiogenesis and metastasis of different cancers through interaction with multiple cell signaling proteins. *Cancer Lett.*, 2008; 269: 199-225.
15. Goel A, Kunnumakkara AB and Aggarwal BB. Curcumin as "Curecumin": from kitchen to clinic. *Biochem Pharmacol*, 2008; 75: 787-809.
16. Steward WP and Gescher AJ. Curcumin in cancer management: recent results of analogue design and clinical studies and desirable future research. *Mol Nutr Food Res.*, 2008; 52: 1005-1009.
17. Kamat AM, Sethi G and Aggarwal BB. Curcumin potentiates the apoptotic effects of chemotherapeutic agents and cytokines through down-regulation of nuclear factor-kappaB and nuclear factor-kappaB-regulated gene products in IFN-alpha-sensitive and IFN-alpha-resistant human bladder cancer cells. *Mol Cancer Ther*, 2007; 6: 1022-1030.
18. Kunnumakkara AB, Guha S, Krishnan S, Diagaradjane P, Gelovani J and Aggarwal BB. Curcumin potentiates antitumor activity of gemcitabine in an orthotopic model of

- pancreatic cancer through suppression of proliferation, angiogenesis, and inhibition of nuclear factor-kappaB-regulated gene products. *Cancer Res.*, 2007; 67: 3853-3861.
19. Aggarwal BB, Shishodia S, Takada Y, Banerjee S, Newman RA, Bueso-Ramos CE and Price JE. Curcumin suppresses the paclitaxel-induced nuclear factor-kappaB pathway in breast cancer cells and inhibits lung metastasis of human breast cancer in nude mice. *Clin Cancer Res.*, 2005; 11: 7490-7498.
20. Liu Y, Chang RL, Cui XX, Newmark HL and Conney AH. Synergistic effects of curcumin on all-trans retinoic acid- and 1 alpha, 25-dihydroxyvitamin D3-induced differentiation in human promyelocytic leukemia HL-60 cells. *Oncol Res.*, 1997; 9: 19-29.
21. Carter A. Curry compound fights cancer in the clinic. *J Natl Cancer Inst* 2008; 100: 616-617.
22. Johnson JJ and Mukhtar H. Curcumin for chemoprevention of colon cancer. *Cancer Lett* 2007; 255: 170-181.
23. Cruz-Correa M, Shoskes DA, Sanchez P, Zhao R, Hyland LM, Wexner SD and Giardiello FM. Combination treatment with curcumin and quercetin of adenomas in familial adenomatous polyposis. *Clin Gastroenterol Hepatol*, 2006; 4: 1035-1038.
24. Chadalapaka G, Jutooru I, Chintharlapalli S, Papineni S, Smith R, 3rd, Li X and Safe S. Curcumin decreases specificity protein expression in bladder cancer cells. *Cancer Res* 2008; 68: 5345-5354.
25. Narasimhan M and Ammanamanchi S. Curcumin blocks RON tyrosine kinase-mediated invasion of breast carcinoma cells. *Cancer Res.*, 2008; 68: 5185-5192.
26. Surh YJ and Chun KS. Cancer chemopreventive effects of curcumin. *Adv Exp Med Biol* 2007; 595: 149-172.
27. Ruano-Ravina A, Figueiras A and Barros-Dios JM. Diet and lung cancer: a new approach. *Eur J Cancer Prev.*, 2000; 9: 395-400.
28. DiGiovanna JJ. Retinoid chemoprevention in patients at high risk for skin cancer. *Med Pediatr Oncol*, 2001; 36: 564-567.
29. Zhang S, Hunter DJ, Forman MR, Rosner BA, Speizer FE, Colditz GA, Manson JE, Hankinson SE and Willett WC. Dietary carotenoids and vitamins A, C, and E and risk of breast cancer. *J Natl Cancer Inst.*, 1999; 91: 547-556.
30. Cook NR, Stampfer MJ, Ma J, Manson JE, Sacks FM, Buring JE and Hennekens CH. Beta-carotene supplementation for patients with low baseline levels and decreased risks of total and prostate carcinoma. *Cancer*, 1999; 86: 1783-1792.

31. Chlon TM, Taffany DA, Welsh J and Rowling MJ. Retinoids modulate expression of the endocytic partners megalin, cubilin, and disabled-2 and uptake of vitamin D-binding protein in human mammary cells. *J Nutr.*, 2008; 138: 1323-1328.
32. Schug TT, Berry DC, Toshkov IA, Cheng L, Nikitin AY and Noy N. Overcoming retinoic acidresistance of mammary carcinomas by diverting retinoic acid from PPARbeta/delta to RAR. *Proc Natl Acad Sci U S A*, 2008; 105: 7546- 7551.
33. Czczuga-Semeniuk E, Lemancewicz D and Wolczynski S. Can vitamin A modify the activity of docetaxel in MCF-7 breast cancer cells? *Folia Histochem Cytobiol*, 2007; 45 Suppl 1: S169- 174.
34. Dragan S, Nicola T, Ilina R, Ursoniu S, Kimar A and Nimade S. Role of multi-component functional foods in the complex treatment of patients with advanced breast cancer. *Rev Med Chir Soc Med Nat Iasi*, 2007; 111: 877-884.
35. Young CY, Yuan HQ, He ML and Zhang JY. Carotenoids and prostate cancer risk. *Mini Rev Med Chem*, 2008; 8: 529-537.
36. Ahn J, Moslehi R, Weinstein SJ, Snyder K, Virtamo J and Albanes D. Family history of prostate cancer and prostate cancer risk in the Alpha-Tocopherol, Beta-Carotene Cancer Prevention (ATBC) Study. *Int J Cancer*, 2008; 123: 1154-1159.
37. Dahan K, Fennal M and Kumar NB. Lycopene in the prevention of prostate cancer. *J Soc Integr Oncol*, 2008; 6: 29-36.
38. Lens M and Medenica L. Systemic retinoids in chemoprevention of non-melanoma skin cancer. *Expert OpinPharmacother*, 2008; 9: 1363- 1374.
39. Pelucchi C, Dal Maso L, Montella M, Parpinel M, Negri E, Talamini R, Giudice A, Franceschi S and La Vecchia C. Dietary intake of carotenoids and retinol and endometrial cancer risk in an Italian case-control study. *Cancer Causes Control*, 2008; 19: 1209-1215.
40. Chauhan D, Li G, Podar K, Hideshima T, Neri P, He D, Mitsiades N, Richardson P, Chang Y, Schindler J, Carver B and Anderson KC. A novel carbohydrate-based therapeutic GCS-100 overcomes bortezomib resistance and enhances dexamethasone-induced apoptosis in multiplemyeloma cells. *Cancer Res.*, 2005; 65: 8350- 8358.
41. Sarangi I, Ghosh D, Bhutia SK, Mallick SK and Maiti TK. Anti-tumor and immunomodulating effects of *Pleurotus ostreatus* mycelia-derived proteoglycans. *Int Immunopharmacol*, 2006; 6: 1287-1297.
42. Kodama N, Komuta K and Nanba H. Effect of Maitake (*Grifolafrondosa*) D-Fraction on the activation of NK cells in cancer patients. *J Med Food*, 2003; 6: 371-377.

43. Wu D, Pae M, Ren Z, Guo Z, Smith D and Meydani SN. Dietary supplementation with white button mushroom enhances natural killer cell activity in C57BL/6 mice. *J Nutr*, 2007; 137: 1472-1477.
44. Moradali MF, Mostafavi H, Ghods S and Hedjaroude GA. Immunomodulating and anticancer agents in the realm of macromycetes fungi (macrofungi). *Int Immunopharmacol*, 2007; 7: 701-724.
45. Kim JY, Byeon SE, Lee YG, Lee JY, Park J, Hong EK and Cho JY. Immunostimulatory activities of polysaccharides from liquid culture of pinemushroom *Tricholoma matsutake*. *J Microbiol Biotechnol*, 2008; 18: 95-103.
46. Jang M, Cai L, Udeani GO, Slowing KV, Thomas CF, Beecher CW, Fong HH, Farnsworth NR, Kinghorn AD, Mehta RG, Moon RC and Pezzuto JM. Cancer chemopreventive activity of resveratrol, a natural product derived from grapes. *Science*, 1997; 275: 218-220.
47. Manna SK, Mukhopadhyay A and Aggarwal BB. Resveratrol suppresses TNF-induced activation of nuclear transcription factors NF-kappa B, activator protein-1, and apoptosis: potential role of reactive oxygen intermediates and lipid peroxidation. *J Immunol*, 2000; 164: 6509- 6519.
48. Adhami VM, Afaq F and Ahmad N. Suppression of ultraviolet B exposure-mediated activation of NF-kappaB in normal human keratinocytes by resveratrol. *Neoplasia*, 2003; 5: 74-82.
49. Ishii T, Mori T, Tanaka T, Mizuno D, Yamaji R, Kumazawa S, Nakayama T and Akagawa M. Covalent modification of proteins by green tea polyphenol (-)-epigallocatechin-3-gallate through autoxidation. *Free Radic Biol Med*, 2008; 45: 1384-1394.
50. Khan N and Mukhtar H. Multitargeted therapy of cancer by green tea polyphenols. *Cancer Lett.*, 2008; 269: 269-280.
51. Richmond A. Nf-kappa B, chemokine gene transcription and tumour growth. *Nat Rev Immunol*, 2002; 2: 664-674.
52. Aggarwal BB and Shishodia S. Suppression of the nuclear factor-kappaB activation pathway by spice-derived phytochemicals: reasoning for seasoning. *Ann N Y Acad Sci.*, 2004; 1030: 434- 441.
53. Kundu JK and Surh YJ. Epigallocatechin gallate inhibits phorbol ester-induced activation of NFkappa B and CREB in mouse skin: role of p38 MAPK. *Ann N Y Acad Sci.*, 2007; 1095: 504-512.

54. Hong MH, Kim MH, Chang HJ, Kim NH, Shin BA, Ahn BW and Jung YD. (-)-Epigallocatechin-3-gallate inhibits monocyte chemotactic protein-1 expression in endothelial cells via blocking NF κ B signaling. *Life Sci.*, 2007; 80: 1957- 1965.
55. Shin HY, Kim SH, Jeong HJ, Kim SY, Shin TY, Um JY, Hong SH and Kim HM. Epigallocatechin-3-gallate inhibits secretion of TNF- α , IL-6 and IL-8 through the attenuation of ERK and NF- κ B in HMC-1 cells. *Int Arch Allergy Immunol*, 2007; 142: 335-344.
56. Wheeler DS, Catravas JD, Odoms K, Denenberg A, Malhotra V and Wong HR. Epigallocatechin-3-gallate, a green tea-derived polyphenol, inhibits IL-1 beta-dependent proinflammatory signal transduction in cultured respiratory epithelial cells. *J Nutr.*, 2004; 134: 1039-1044.
57. Hastak K, Gupta S, Ahmad N, Agarwal MK, Agarwal ML and Mukhtar H. Role of p53 and NF- κ B in epigallocatechin-3-gallate-induced apoptosis of LNCaP cells. *Oncogene*, 2003; 22: 4851-4859.
58. Ye F, Jiang S, Volshonok H, Wu J and Zhang DY. Molecular mechanism of anti-prostate cancer activity of *Scutellaria baicalensis* extract. *Nutr Cancer*, 2007; 57: 100-110.
59. Choi SC, Choi EJ, Oh HM, Lee S, Lee JK, Lee MS, Shin YI, Choi SJ, Chae JR, Lee KM, Lee WJ, Park JS, Shin CY, Oh TY and Jun CD. DA-9601, a standardized extract of *Artemisia asiatica*, blocks TNF- α -induced IL-8 and CCL20 production by inhibiting p38 kinase and NF κ B pathways in human gastric epithelial cells. *World J Gastroenterol*, 2006; 12: 4850- 4858.
60. Nishino H, Tokuda H, Ii T, Takemura M, Kuchide M, Kanazawa M, Mou XY, Bu P, Takayasu J, Onozuka M, Masuda M, Satomi Y, Konoshima T, Kishi N, Baba M, Okada Y and Okuyama T. Cancer chemoprevention by ginseng in mouse liver and other organs. *J Korean Med Sci.*, 2001; 16 Suppl: S66-69.
61. Ii T, Satomi Y, Katoh D, Shimada J, Baba M, Okuyama T, Nishino H and Kitamura N. Induction of cell cycle arrest and p21(CIP1/WAF1) expression in human lung cancer cells by isoliquiritigenin. *Cancer Lett*, 2004; 207: 27-35.
62. Jun HS, Park T, Lee CK, Kang MK, Park MS, Kang HI, Surh YJ and Kim OH. Capsaicin induced apoptosis of B16-F10 melanoma cells through down-regulation of Bcl-2. *Food Chem Toxicol*, 2007; 45: 708-715.