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Review Article

GREEN TEA: A HEPATOPROTECTIVE HERB

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Abstract:

Camellia sinensis is commonly known as Green Tea which is most consummated beverage in the world. The diversify properties of the *C. sinensis* encourage us to new research in few recent years. There are lots of finding in the process of the tea and there are so many positive aspects also found in it. Present review is an attempt to summarize the various pharmacological effects like anti hepatoprotective and antioxidant activity, a powerful protective tool for future era. This article is enlighting the possible beneficial effects of green tea on the drug/chemicals induced hepatotoxicity.

Keywords: Green tea, Hepatoprotection, EGCG

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INTRODUCTION:

Green tea (GT) is one of the most consumed drinks in the world [1]. The *Camellia sinensis* is a biological name of GT and belonging to family Theaceae. *C. sinensis* is cultivated in India mainly in Assam. It is an evergreen shrub or tree and can grow to heights of 30 feet, but is usually pruned to 2-5 feet for cultivation. The leaves are dark green, alternate and oval, with serrated edges, and the blossoms are white, fragrant, and appear in clusters or singly. Depending on the manufacturing process, teas are classified into three major types: 'non-fermented' GT (produced by drying and steaming the fresh leaves to inactivate the polyphenol oxidase and thus, non-oxidation occurs); 'semi-fermented' oolong tea (produced when the fresh leaves are subjected to a partial fermentation stage before drying); and 'fermented' black and red (*Pu-Erh*) teas which undergo a post-harvest fermentation stage before drying and steaming, although the fermentation of black tea is due to an oxidation catalyzed by polyphenol oxidase, and that of *Pu-Erh* tea is attained by using microorganisms [2]. Approximately 76–78% of the tea produced and consumed in India is black tea, 20–22% is a GT and less than 2% is Oolong tea [3].

GT has many beneficial effects clinically, moreover it is a 'non-fermented' tea, contains more catechins, than black tea or Oolong tea. Catechins have shown a strong antioxidants effect [4]. The dosage of GT beverage varies, depending on the clinical situation and desired therapeutic effect. The phenolic content of GT infusion is between 50-100 mg polyphenols per cup, depending on species, harvesting variables, and brewing methods. Cancer preventative effects are usually associated with higher range of the dosages. The recently possible effect of GT has been noted the anti cancer [5], Cardioprotective [6], Anti-

inflammatory [7], Anti-arthritic [8], Anti-bacterial [9], Anti angiogenic [10], anti-viral [11], Neuroprotective [12] and cholesterol-lowering effects [13]. GT contains catechin derivatives including gallic acid (GA), epigallocatechin (EGC), epicatechin (EC), epigallocatechin 3-gallate (EGCG) and epicatechin 3-gallate (ECG) however EGCG is a major active ingredient [14]. However EGCG is a major constituent and is also the component with the highest anti-oxidant properties by the decreased ROS generation [15], expression of PPAR γ , Interleukins formation, TNF alpha and ATP generation [7]. It has been observed that EGCG up regulate the JAK/STAT [16], MAPK and PI $_3$ K/AKT pathways [17, 18] leading to hepatoprotection.

The United States Department of Agriculture (USDA) has recently published a database for the flavonoid content of selected foods. The four major catechins are (-)-Epigallocatechin-3-Gallate (EGCG), that represents approximately 59% of the total of Catechins; (-)-Epigallocatechin (EGC) (19%, approximately); (-)-Epicatechin-3-Gallate (ECG) (13.6% approximately) and (-)-Epicatechin (EC) (6.4%, approximately) chemical structure (FIG.1) GT also contains gallic acid (GA) and other phenolic acids such as chlorogenic acid, caffeic acid, and flavonols i.e. kaempferol, myricetin and quercetin. The main chemical components of unfermented tea are polyphenols of which the main ones are catechins, mainly (-)-Epigallocatechin Gallate (EGCG, 5–12%) and (-)-Epicatechin Gallate (ECG, 1–5%). GT is also a good source of methyl xanthines, primarily in the form of caffeine (2–5%), with smaller quantities of theobromine and theophylline. Epigallocatechin Gallate is the most abundant of the tea catechins and thought to be responsible for the majority of the biological activity of GT extracts.

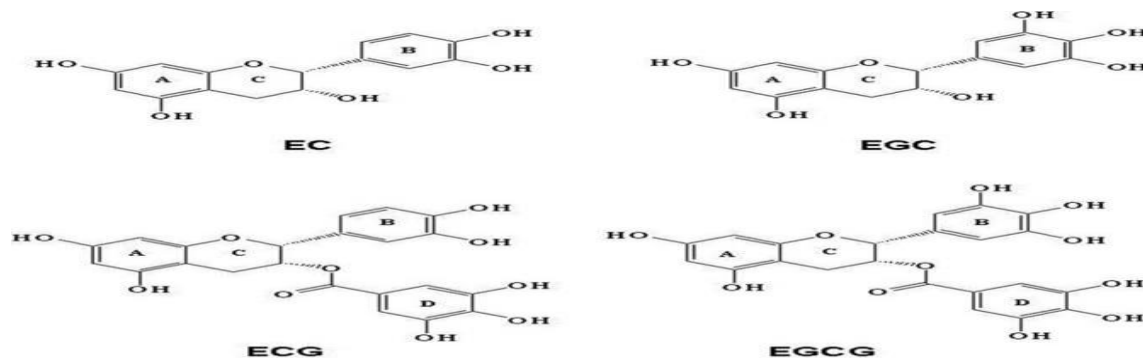


Fig 1: Chemical Structure of GT Ingredients

Hepatoprotective Effect of GT:

Anti oxidant Effect of GT

Oxidative stress is considered to play a prominent causative role in many diseases, including liver damage [19]. It is the state of imbalance between the level of antioxidant defense system and production of oxygen-derived species. Increased O_2 concentration and production of oxygen-derived species such as superoxide radical (O_2^-), hydroxyl radical (OH) and hydrogen peroxide (H_2O_2) cause oxidative stress [20]. It will lead to cellular damage and DNA damage due to consumption of hepatotoxic agent. GT is a popular nutraceutical and as per previous studies GT catechins counteracted oxidative mitochondrial damage in the livers of rats [21]. EGCG scavenged hepatic mitochondrial free radicals effectively and the benefit would prevent liver mitochondrial damage and apoptosis [22]. Moreover the alcohol induced liver injury also attenuated with EGCG [23].

Anti-inflammatory Effect of GT

A high concentration of free radicals leads to activation of inflammation and cellular injury. The expression of iNOS and Cyclo-oxygenase-2 (COX-2) are the key modulators of inflammation [24, 25]. The consequence of high levels of iNOS and COX-2 caused the production of high concentrations of NO and eicosanoids through the initiation of the COX-Prostanoid pathway respectively [26, 27], which caused cellular inflammation and necrosis [26, 27]. EGCG significantly reduced the release of tumor necrosis factor (TNF)- α activated by kuffer cells, interferon (IFN)- γ , interleukin (IL-4), and IL-6 in serum induced Nitrite Oxide Synthase as well as the COX-2. Moreover it reduced malondialdehyde (MDA) and restored the glutathione (GSH) content including superoxide dismutase (SOD) activity in liver [28] by modulating the activities of TGF/SMAD, PI3K/Akt pathways [29, 30, 31]

Effect of GT on Mitochondria

Mitochondria are to be primary targets in hepatotoxicity, with particular attention on the mitochondrial permeability transition [32]. The mitochondrial oxidative process plays a central role in the cellular energy metabolism by providing about 95% of cellular energy needs in the form of high energy phosphate bond i.e. adenosine Triphosphate (ATP) [33]. The active transport of sodium-potassium across the cell membrane is controlled by sodium-potassium adenosine triphosphates ($Na^+ K^+$ ATPase) enzyme, which is an integral plasma

membrane protein responsible for a large part of the energy consumption constituting the cellular metabolic rate [34]. The hepatic necrosis are associated with damage to sub-cellular organelles including mitochondria. Interleukin-1 (IL-1) and Tumor Necrosis Factor- α (TNF- α) are extracellular mediators, produced by activating Kuffer cells known to have a central role in inflammatory responses. The cytokines induced the release of chemotactic mediators, increased the expression of adhesion molecules, activate neutrophils and endothelial cells [35]. EGCG administration also increased resting hepatic energy stores as determined by an increase in cellular Adenosine Triphosphate (ATP) novel cell-specific mechanism for the control of the translation of mRNAs required in mitochondrial function [36].

Effect of GT on Nitric Oxide Associated Injury

The nitric oxide activated by the increased levels of cytokines and endotoxins and different isoforms of NO synthase (NOS): inducible (iNOS), endothelial (eNOS) and neuronal (nNOS) in a variety of cells which leads to cellular injury [35, 37]. It is well known that nitric oxide plays a diverse range of physiological and pathophysiological actions in hepatic metabolism [38, 39]. GT Polyphenols reduce the severity of liver injury in association with lower concentrations of lipid peroxidation and pro inflammatory nitric oxide-generated mediators [40].

Adverse Effects of GT

Although GT has several beneficial effects on health, the effects of GT and its constituents may be beneficial up to a certain dose yet higher doses may cause some unknown adverse effects. GT extract induced a thyroid enlargement (goiter) in normal rats [41, 42].

CONCLUSION:

Human studies suggest that GT may contribute to decrease many types of risk to the human body due to its antioxidant properties. Increasing interest in its health benefits has led to the inclusion of GT in the group of beverages with functional properties. The development of biomarkers for GT consumption, as well as molecular markers for its biological effects, will facilitate future research in this area. As per present review it is concluded that GT is very much effective as a hepatoprotective agent. Thus, there is clearly need to improve and standardize the GT, and a better understanding of the mechanisms involved in hepatoprotection may help to define new therapeutic strategies.

REFERENCES:

- Zaveri NT. Green tea and its polyphenolic Catechins: Medicinal uses in cancer and non-cancer applications. *Life Sci*, 2006; 78:2073–2080
- Willson KC. 1999. *Coffee, Cocoa and Tea*. New York, CABI Publishing.
- Wu CD, Wei GX. Tea as a functional food for oral health. *Nutrition*, 2002; 18:443–444
- Cabrera C, Artacho R, Giménez R. Beneficial effects of green tea: A review. *J Am Coll Nutr*, 2006; 25(2): 79-99
- Boehm K, Borrelli F, Ernst E, Habacher G, Hung SK, Milazzo S, Horneber M. Green tea (*Camellia sinensis*) for the prevention of cancer. *The Cochrane Library* 2009; 3.
- Bhardwaj P, Khanna D. Green tea Catechins: Defensive role in cardiovascular disorders. *Chin J Nat Med*, 2013; 11,345–353.
- HS Oz, Chen T, de Villiers WJ. Green tea Polyphenols and Sulfasalazine have Parallel Anti-Inflammatory Properties in Colitis Models. *Front Immunol*. 2013; 5, 4: 132.
- Riegsecker S, Wiczynski D, Kaplan MJ, Ahmed S. Potential benefits of Green tea polyphenol EGCG in the prevention and treatment of vascular inflammation in rheumatoid arthritis. *fe Sci*. 2013, 93(8):307-12.
- Sharma A, Gupta S, Sarethy IP, Dang S, Gabrani R. Green tea extract: Possible mechanism and antibacterial activity on skin pathogens, 2012; 135(2):672-5.
- Sartippour MR, Shao ZM, Heber D, Beatty P, Zhang L, Liu C, Ellis L, Liu W, Go VL, Brooks MN. Green tea inhibits vascular endothelial growth factor (VEGF) induction in human breast cancer cells. *J Nutr*, 2002; 132:2307–2311
- Kim M, Kim SY, Lee HW, Shin JS, Kim P, Jung YS, Jeong HS, Hyun JK, Lee CK. Inhibition of influenza virus internalization by (-)-Epigallocatechin-3-Gallate. *Antiviral Res*, 2013; 100 (2):460-72
- Lardner AL. Neurobiological effects of the Green tea constituent theanine and its potential role in the treatment of psychiatric and neurodegenerative disorders. *Nutr Neurosci*. 2014; 17(4):145-55.
- Lee SM, Kim CW, Kim JK, Shin HJ, Baik JH. EGCG-rich tea catechins are effective in lowering cholesterol and triglyceride concentrations in hyperlipidemic rats. *Lipids*, 2008; 43 (5): 419-29.
- Khokhar S, Venema D, Hollman PC, Dekker M, Jongen W. A RP-HPLC method for the determination of tea catechins. *Cancer Lett*, 1997; 114: 171 172.
- Saffari Y, Sadrzadeh SM. Green tea metabolite EGCG protects membranes against oxidative damage in vitro. *Life Sci*, 2004; 74 (12): 1513-8.
- Tedeschi E, Suzuki H, Menegazzi M. Anti-inflammatory action of EGCG, the main component of green tea, through STAT-1 inhibition. *Ann N Y Acad Sci*, 2002; 973:435–437.
- Huang B, Lin C, Chen H, Lin J, Cheng Y, Kao S. AMPK Activation Inhibits Expression of Pro inflammatory Mediators Through Down regulation of PI3K/p38 MAPK and NF- κ B Signaling in Murine Macrophages. *DNA Cell Biol*, 2014; 23.
- Xio J, Ho CT, Liong EC, Nanji AA, Leung TM, Lau TY, Fung ML, Topeo GL. Epigallocatechin Gallate attenuates fibrosis, oxidative stress, and inflammation in non-alcoholic fatty liver disease rat model through TGF/SMAD, PI3 K/Akt/FoxO1, and NF-kappa B pathways, *Eur j nutr* , 2012;53 (1): 187-99.
- Chen JH, Tipoe GL, Liong EC, So HS, Leung KM, Tom WM, Fung PC Nanji A. Green tea polyphenols prevent toxin-induced hepatotoxicity in mice by down-regulating inducible nitric oxide-derived prooxidants. *Am J Clin Nutr*, 2004; 80 (3): 742-51.
- Zhou H, Chen JX, Yang CS, Yang MQ, Deng Y, Wang H. Gene regulation mediated by micro RNAs in response to green tea Polyphenol EGCG in mouse lung cancer. *BMC Genomics* 2014, 15 (11): 3
- Huy LP, He H, Huy CP. Free Radicals, Antioxidants in Disease and Health. *Int J Biomed Sci*. 2008; 4 (2): 89–96.
- Somdet S, Kulprachakarn K, Pangjit K, Pattanapanyasat K, Fuchaeron S. Green tea extract and Epigallocatechin 3-Gallate reduced labile iron pool and protected oxidative stress in iron-loaded cultured Hepatocytes. *Advances in Bioscience and Biotechnology*, 2012; 3, 1140-1150.
- Jimenez-Lopez JM, Cederbaum AI. GT Polyphenol Epigallocatechin-3-Gallate protects HepG2 cells against CYP2E1-

- dependent toxicity. *Free Radic Biol Med*, 2004; 36 (3): 359-70.
24. Tsatsanis C, Androulidaki A, Venihaki M, and Margioris AN. Signalling networks regulating cyclooxygenase-2. *Int J Biochem Cell Biol*. 2006; 38, 1654–1661.
 25. Surh YJ, Chun KS, Cha HH, Han SS, Keum YS, Park KK, and Lee SS, Molecular mechanisms underlying chemopreventive activities of anti-inflammatory phytochemicals: down-regulation of COX-2 and iNOS through suppression of NF-kappa B activation. *Mutat. Res*, 2001; 480-481.
 26. Hu, KQ, Cyclooxygenase 2 (COX-2) prostanoid pathway and liver diseases, *Prostaglandins Leukot Essent Fatty Acids*, 2003; 69. 329–337.
 27. Billiar, TR. Resolving the nitric oxide paradox in acute tissue damage. *Gastroenterology*, 1997; 113, 1405–1407.
 28. Liu D, Zhang X, Jiang L, Guo Y, Zheng C. Epigallocatechin-3-gallate (EGCG) attenuates concanavalin A-induced hepatic injury in mice. *Acta Histo chem*, 2014; 116 (4): 654-62.
 29. Kim HS, Kim MH, Jeong M, Hwang YS, Lim SH. EGCG blocks tumor promoter-induced MMP-9 expression via suppression of MAPK and AP-1 activation in human gastric AGS cells. *Anticancer Res*, 2004; 24:747–753.
 30. Lin BR, Yu CJ, Chen WC, Lee HS, Chang HM, Lee YC, Chien CT, Chen CF. Green tea extract supplement reduces D-galactosamine-induced acute liver injury by inhibition of apoptotic and pro inflammatory signaling. Raven Press, New York, pp. 169. *J Biomed Sci*, 2009; 25; 16:35. 1423-0127-16-35.
 31. Lin YT, Wu YH, Tseng CK, Lin CK, Chen WC, Hsu YC, Lee JC. Green tea phenolic epicatechins inhibit hepatitis C virus replication via cyclooxygenase-2 and attenuate virus-induced inflammation. *PLoS One*, 2013; 8 (1): e54466.
 32. Kon K, Kim J.S, Jaeschke H. and Lemasters J.J, Mitochondrial permeability transition in acetaminophen induced necrosis and apoptosis of cultured mouse hepatocytes, *Hepatology*, 2004; 40, 1170–1179.
 33. Raza M, Ahmad M, Gado A, Al-Shabanah OA. A comparison of Hepatoprotective activities of amino Guanidine and N-acetyl cysteine in rat against the toxic damage induced by Azathioprine. *Comparative Biochem Physiol*, 2003; 134: 451–56.
 34. Dixon M.F, Histopathological and enzyme changes in paracetamol-induced liver damage, in: *Advances in Inflammation Research*. K.D. Rainsford and G.P. Velo (Raven Press, New York), 6, ed 1984; 169.
 35. Fiorini R N, Donovan JL, Rodwell D, Evans Z, Cheng G, May H.D, Milliken C.E, Markowitz J.S, Campbell C, Haines J.K, Schmidt M.G, Chavin K.D, Short-term administration of (-) -epigallocatechin gallate reduces hepatic steatosis and protects against warm hepatic ischemia/reperfusion injury in steatotic mice. *Liver Transpl*, 2005; 11 (3): 298-308.
 36. Di Liegro C.M, Bellafiore M, Izquierdo J.M, Rantanen A, Cuezva JM. Untranslated regions of oxidative phosphorylation mRNAs function in vivo as enhancers of translation. *Biochem J*, 2000; 15, 352
 37. Rainsford KD, Velloso G, Kirkali G, Gezer V, Umur N, Ali M, Tankur EO. Nitric Oxide in Chronic Liver Disease. *Turk J Med*, 2000; 511-515
 38. Lane P and Gross S.S. Cell signalling by nitric oxide. *Semin Nephrol*, 1999; 19: 215–229.
 39. Alexander B. The role of nitric oxide in hepatic metabolism. *Nutrition*, 1998; 14:376–390
 40. Reutov VP and Sorokina EG. NO-synthase and nitrite-reductase components of nitric oxide cycle. *Biochemistry*, 1998; 63:874–884.
 41. Yun SY, Kim SP, Song DK: Effects of (-)-Epigallocatechin-3-Gallate on pancreatic beta-cell damage in Streptozotocin-induced diabetic rats. *Eur J Pharmacol*, 2006; 541:115-121.
 42. Sakamoto Y, Mikuriya H, Tayama K, Takahashi H, Nagasawa A, Yano N, Yuzawa K, Ogata A, Aoki N. Goitrogenic effects of green tea catechins by dietary administration in rats. *Arch Toxicol*, 2001; 75: 591-596.