

Contents lists available at [ScienceDirect](#)

Asian Pacific Journal of Tropical Biomedicine

journal homepage: www.elsevier.com/locate/apjtb

Document heading doi: 10.1016/S2221-1691(15)30337-3 ©2015 by the Asian Pacific Journal of Tropical Biomedicine. All rights reserved.

Effect of cigarette smoking on human health and promising remedy by mangroves

Chinnappan Ravinder Singh*, Kandasamy Kathiresan

Centre of Advanced Study in Marine Biology, Faculty of Marine Sciences, Annamalai University, Parangipettai- 608 502, Tamil Nadu, India

ARTICLE INFO

Article history:

Received 24 Jul 2012

Received in revised form 7 Aug 2012

Accepted 28 Sep 2012

Available online 10 Mar 2015

Keywords:

Mangroves

Lung cancer

Anti-cancer drugs

Phytochemicals

Nicotiana tobacum

ABSTRACT

This article reviews the evils of cigarette smoking and the promise of mangroves to cure them. Chemicals in cigarette smoke are leading cause of death to both smokers and non-smokers. Plant is the potential source to produce medicine for almost all the diseases. Mangroves are promising as a novel source of anti-cancer drugs in regulating the cancer pathways and stimulating immunity in the body system. Research on medicine from mangroves for the treatment of cancer has not only been shown to have an effect on cancer, but also provided important methods for the study of cancer therapy and mechanism. This report may help to explore the medicinal properties of the mangroves.

1. Introduction

Tobacco is regarded as “holy herb” and “God’s remedy”[1]. The genus *Nicotiana* belongs to the botanical family Solanaceae with characteristic viscid foliage and tubular flowers. There are more than 60 species of the genus, differentiated based on size and shape of leaves and flowers[2]. *Nicotiana tobacum* (*N. tobacum*) is an indigenous species to South America, while *N. rustica* to the West Indies. Nicotin is a volatile, colourless and oily liquid with poisonous alkaloid, which differentiates *Nicotiana* from other plants.

Tobacco causes human deaths, more than by all deaths from HIV, illegal drug use, alcohol use, and motor vehicle injuries, suicides, and murders combined[3]. Smokers die 14 years earlier than nonsmokers[4]. Tobacco smoking is a leading cause of human cancer and deaths which are higher in developing countries than in developed countries. About 70% of tobacco-related deaths will occur in developing countries[5].

About 1.3 billion smokers worldwide and half of them die due to smoking-related diseases[6]. About 13.3% of total deaths are expected in the year 2020 due to tobacco use[7]. About 50% of all smokers will be killed by use of tobacco[8]. Tobacco smoking is causing over 3 million deaths every year worldwide, and if current smoking trends continue the annual mortality will exceed 10 million by 2030[9].

Cigarette smoking, particularly beedis and chewing tobacco (smokeless use), is an age-old practice in India. However, the popularity of smoking among women and young children has increased recently many folds and is a significant public health problem[10]. In India alone, nearly 1 in 10 adolescents initiate tobacco use before 10 years of age. About 47% of the Indian males and 14% of the Indian females are tobacco users. Every year about 850000 new cancer cases are diagnosed, resulting in India about 580000 cancer related mortality[11]. Realising the seriousness of smoking, the present review has been prepared to analyze the status of issue.

2. Toxic chemical composition of cigarette

Tobacco is grown and sold in many countries. The largest producers of tobacco are China, USA, the former Soviet States,

*Corresponding author: Dr. Chinnappan Ravinder Singh, UGC Dr.D.S. Kothari Post Doctoral Fellow, Centre of Advanced Study in Marine Biology, Faculty of marine sciences, Annamalai University, Parangipettai- 608 502, Tamil Nadu, India.

Tel.: 09597992543

Fax: 91-4144243555

E-mail: chinnaravinder@yahoo.co.in

Brazil and India. Cigarettes are made from dried leaves of the tobacco plant. The chemical composition of tobacco varies widely with different sites due to the diversity of climatic conditions. Even within the same tobacco, the chemical composition of different leaves can be significantly different[12]. Chlorophyll a and b, neoxanthin, violaxanthin, lutein and β - carotene are also present in *N. tabacum*[13]. After the leaves of the tobacco plant are harvested and dried, they are treated with many chemicals. Cigarette smoke contains over 4000 different chemicals and many of them cause cancer[14,15]. The cigarette smoke contains black sticky tar that contains toxic chemicals such as ammonia, toluene and acetone. Tar is the main cause of throat and lung cancer. It also causes the yellowish brown stains on fingers, teeth and lung tissue. Nicotine is the major drug found in tobacco which contributes to addiction to cigarette smoking which was first isolated from tobacco leaves as early as 1828[16]. Nicotine has a number of harmful effects on the human body in stimulating the nervous system, increasing heart beat, raising blood pressure and shrinking the small blood vessels under the skin shrink, which can cause wrinkles. Carbon monoxide is a poisonous gas that reduces the amount of oxygen taken up by red blood cells. Hydrogen cyanide damages the tiny hairs which act as natural lung cleaners of human bodies leading to accumulation of toxic substances in the lungs. The toxic heavy metals found in the cigarette smoke are: lead, nickel, arsenic and cadmium. Cancer-causing radioactive compounds are also found in cigarettes. Pesticides like DDT and methoprene do present in tobacco smoke which is used during tobacco cultivation. Other chemicals such as benzene, creosote, and some asphalts cause skin cancer, lung cancer and reduction in reproductive capacity. Among the 2256 different smoke components, 542 find place in conventional smoke by a cigarette[17]. The highly carcinogenic compounds such as dimethylbenz(a)anthracene, dimethylnitrosamine and methyl naphthalene are added when the cigarettes are being made[18].

2.1. Cigarette smoking and cancer

Cancer-related death was estimated at 100 million in 20th century and is 1 billion in 21st century[19]. Cancer prevalence in the United States is about 300 cases per 100000 populations, whereas that in Asian countries is less than 100 cases per 100000 due to tobacco smoke[20]. It is estimated that in 2015, tobacco is projected to kill 50% more people than HIV/AIDS and will be responsible for 10% of all deaths globally[21]. Over 3000 teenagers light up the cigarette for the first time every day[22]. In India, the International Agency for Research on Cancer estimated that about 635000 people died from cancer in 2008, representing about 8% of all estimated global cancer deaths and about 6% of all deaths in India[23]. The temperature estimated at glowing tip of lighted cigarette burning is 800 °C. A smoker with each puff draws into his mouth and lungs, a hot collection of gases and many toxic particles[24]. Tobacco smoke may

lead to changes in the lung tissue shortly after exposure, so called precancerous changes. Tobacco-related cancers represent 11.45% male cancer deaths and there were twice as many deaths from oral cancers as lung cancers in India[25]. Most of the lung cancer and emphysema, as well as a high percentage of heart attacks are caused by cigarette smoking[26].

Lung cancer is an aggressive and heterogeneous disease and most common malignant tumours worldwide[27-31]. The lungs are the most important organs that help us breathe and give oxygen to all the cells in the body. These organs affect directly or indirectly by cigarette smoking. Like all cancers, lung cancer cells have the ability to invade neighboring tissues and spread to distant parts of the body. It is usually classified as non-small cell lung cancer, which accounts for more than 80% of lung cancers and it is the most common cause of cancer deaths worldwide[32,33]. In women, lung cancer is the third-most common cancer worldwide, after breast and colorectal cancers[34]. Smokers are 5-10 times likely to develop lung cancer, about 87% of lung cancer cases are caused by cigarette smoking[35]. Every year, one million smokers die of lung cancer in USA, accounting for 25% of total smoking-related deaths (Figure 1). One in 10 moderate smokers and one in 5 heavy smokers (15 cigarettes per day) will die of lung cancer. About 85% of smokers with lung cancer die within 5.5 years. Many types of cancers including pancreatic cancer and colon cancer, bladder and kidney cancer are caused due to tobacco smoking[37]. Tobacco smoking is also associated with cancer of the oral cavity (including lip and tongue) in both men and women. Cigarette smoking causes not only lung cancer, but also cancer in urinary tract, oral cavity, oropharynx and hypopharynx, oesophagus, larynx, pancreas, stomach, cervix, leukaemia, female breast and prostate[38].

2.2. Cigarette smoking and human reproduction

Cigarette smoking affects adversely human fertility[39]. Chemical agents may affect male reproduction by means of direct effect on the testicular function and spermatogenesis. The mechanisms involve the hormonal control of spermatogenesis or through direct effect upon the germ cells and sertoli cells of the seminiferous epithelium. Such alterations in the spermatogenic capacity in the male may lead to infertility or production of mutated spermatozoa which may subsequently cause poor pregnancy if the mutated spermatozoa are to fertilize an egg. Cigarette smoking causes different negative effects on human reproductive process such as abnormal sperm morphology, less motile sperm, smaller quantity of sperm, lower proportion of normally shaped sperm and changes in the number and arrangement of the microtubules of the sperm in a smoker as compared to a non smoker group of men[40-44].

Women are likely to have menstrual irregularities, infertility problems, cramps and hot flashes during menopause due to smoking. Smoking lowers the level of estrogen and attains early menopause with increased risk of osteoporosis and fractures[45].

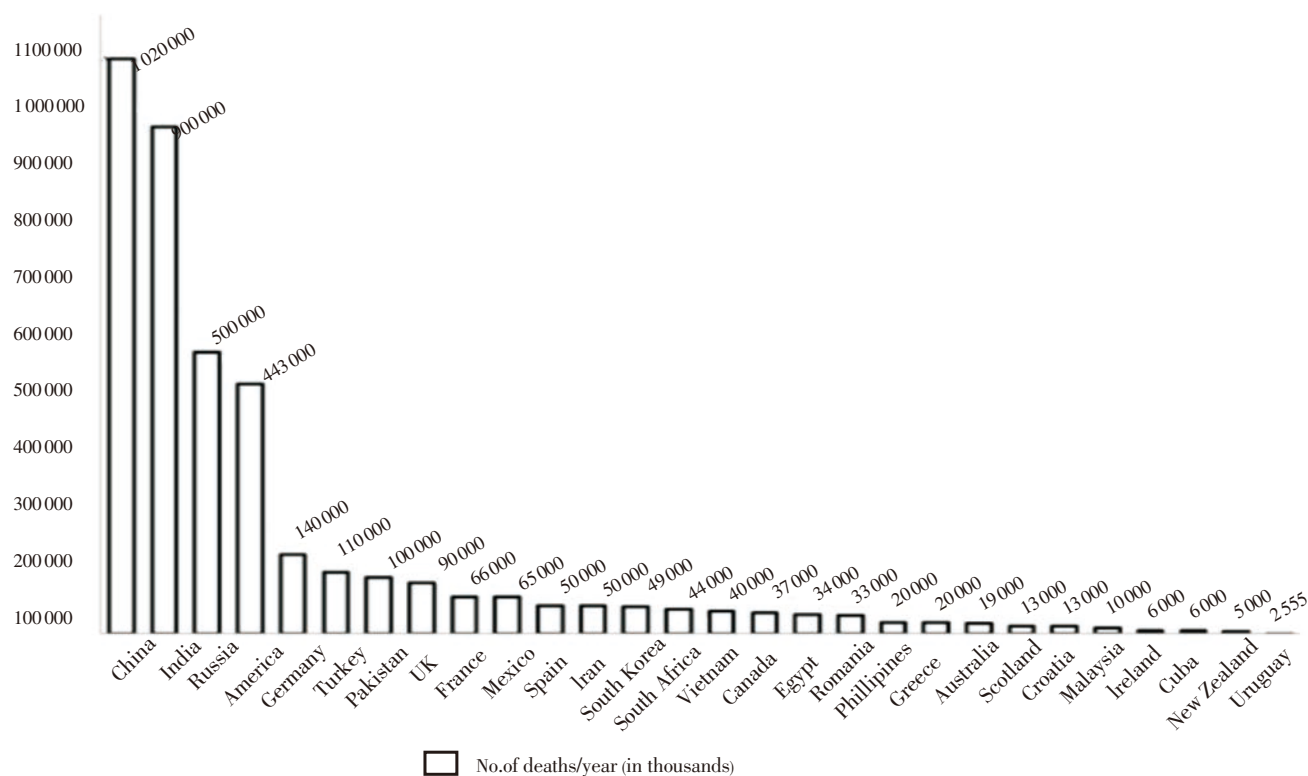


Figure 1. Annual global death due to cigarette smoking related diseases.

Cigarette smoking can interfere with almost every aspect of egg production, fertilization process, embryo attachment, growth and development of the baby during the pregnancy. From the initial step of woman pregnancy, cigarette smoking causes a number of problems such as deleterious effects on embryo transport, control of oocyte production, embryo viability, onset of menopause and bone metabolism. The smoke affects both the mother and the growing young ones. The smoke adversely affects both the humoral and cellular immune systems. Such alterations might affect epithelial response to inflammation result in an increased frequency of tubal infection and subsequent infertility. Possible early or deferred entry of blastocyst into the uterus and alterations in the immune system that can account for the smoking and decreased fecundity[46,47]. Exposure to cigarette smoke during pregnancy is associated with low birth weight, premature delivery, early pregnancy loss, prenatal mortality, and ectopic pregnancy[48].

2.3. Other harmful effects of cigarette smoking

Cigarette smoking contributes to remarkable risk factors of non-communicable diseases, including coronary heart disease, stroke, chronic obstructive pulmonary disease, peripheral vascular disease, peptic ulcer disease and tuberculosis[49]. Cigarette smoking is strongly associated with lung cancer, emphysema, chronic bronchitis, cardiovascular disease, and other serious internal diseases and cancers[50-54]. The non-stop chronic inhalation of cigarette smoke alters a wide range of immunological functions, including innate and adaptive immune responses[55].

3. Environmental impact of cigarette smoking

Smoking of cigarettes causes a great concern of environmental problems[56]. In the past 25 years, 52907756 cigarette butts have been collected from international beaches, accounting for 32% of all debris collected. The number of cigarette butts collected is over three times more than that of other wastage[57]. These butts may then be carried as runoff to drains, making their way to rivers and ultimately to oceans. Though the waste materials are biodegradable, it will take a long time of nine months to degrade the cellulose acetate and plastic materials present in the cigarette waste in the sewage water[58-60]. The studies conducted in the aquatic ecosystems have reported that the nicotinic acid and ethyl phenol present in the cigarette butts affect the fish and microbial communities[61-63]. Cigarette smoking releases about 2.6 billion kilograms of carbon dioxide in the air every year and about 5.2 billion kilograms of methane annually worldwide[64,65].

4. Mangroves in cancer treatment

The plant kingdom is potentially a very diverse source of chemical constituents with many bioactivity notably tumour cytotoxic activity. India has the richest source of medicinal plants among the world. About 25000 effective plant derived drugs are used in folk medicine in India. There are 7800 drug manufacturing units, which exploit about 2000 tonnes of herbal plants every year in the country[66]. Natural products have played a significant role in drug discovery and development, especially as agents active against cancer and infectious diseases[67]. Several anticancer agents including taxol, vinblas-tine, vincristine,

camptothecin derivatives, topotecan and irinotecan and etoposide are in clinical use all over the world[68].

Traditional uses of mangroves recently attracted the scientific communities to find out the pharmaceutical products to combat a number of serious diseases[69]. Mangrove plants such as *Avicennia africana*, *Avicennia nitida*, *Bruguiera exaristate*, *Buddleja parviflora* and *Bruguiera sexangula* (*B. sexangula*) and some of the mangrove associates are also used to cure the cancer diseases by the fishermen communities[70,71]. The mangrove plants and their associates possess a strong antioxidant activity as they grow in the stressful environment conditions. *Excoecaria agallocha*, *Avicennia alba*, *Aegiceras corniculatum*, *Bruguiera gymnorrhiza*, *Ceriops decandra* (*C. decandra*), *Rhizophora mucronata*, *Rhizophora apiculata*, *Rhizophora stylosa*, *Sonneratia apetala*, *Acanthus ilicifolius*, *Ipomea pes-caprae*, *Sesuvium portulacastrum*, *Suaeda maritima*, *Heritiera fomes*, *Terminalia catappa* and *Pandanus odoratissimu* possess the free radical scavenging and antioxidant activity[72-78]. Mangrove plants are a rich source of steroids, triterpenes, saponins, flavonoids, alkaloids and tannins[79]. Natural products with antitumour properties can be classified into 13 distinct chemical groups such as alkaloids, phenylpropanoids, terpenoids, aldehydes, glycosides, lignans, lipids, unsaponified lipids, nucleic acids, polysaccharides, proteins and unidentified compounds[80].

About 32 plants, *Acanthus ebracteatus*, *Acanthus ilicifolius*, *Acrostichum aureum*, *Avicennia alba*, *Avicennia marina*, *Barringtonia asiatica*, *Bruguiera cylindrica*, *Bruguiera gymnorrhiza*, *Buddleja parviflora*, *B. sexangula*, *C. decandra*, *Ceriops tagal*, *Cissus carnosa*, *Cordia cochinchinensis*, *Cynometra ramiflora*, *Derris trifoliata*, *Flagellaria indica*, *Lumnitzera racemosa*, *Nypa fruticans*, *Phoenix paludosa*, *Rhizophora apiculata*, *Rhizophora mucronata*, *Sarcolobus globosus*, *Sonneratia alba*, *Sonneratia caseolaris*, *Sonneratia ovata*, *Stenochlaena palustris*, *Suaeda maritima*, *Trianthema decandra*, *Weddellia biflora*, *Xylocarpus granatum* and *Xylocarpus rumphii* exhibit the antioxidant and cancer chemoprevention activity[81]. In the year of 2011, Kathiresan and his research team have proved anti-oral cancer effect of black tea extracted from the mangrove plant *C. decandra*[80]. Extracts of *B. sexangula* bark are active against two tumours, sarcoma 180 and Lewis lung carcinoma[82]. Twelve naphthoquinones isolated from the mangrove *Avicennia marina* exhibit strong anti-proliferative activities against L-929 mouse fibroblasts and K562 human chronic myeloid leukemia cell lines[83]. *Xylocarpus granatum*, *Aegiceras corniculatum*, *Calophyllum inophyllum* and *Excoecaria agallocha* display the strong anti-proliferative effect[84].

5. Conclusions

It is matter of necessity to develop potent drugs to treat smoking related diseases. It is a matter of urgency to consider effective way for prevention of smoke-related cancers. In this regard, plant bioactive compounds are important in the treatment of cancers. Natural products comprise of 14 out of the top 35 drugs on worldwide sales[85]. There

are more than 270000 higher plants existing on this planet including mangroves but only a small portion has been explored scientifically. So, it is anticipated that plants can provide potential bioactive compounds for the development of new “leads” to combat cancer diseases. Finding remedy from natural sources is the only effective way to reduce the cancer diseases. In this regard, mangroves are promising as a source of medicines. Further research is warranted to develop potent drugs from the mangroves for smoking-related diseases in the following lines.

Broad based screening of mangrove species extracted in different solvents of various polarities against carcinogenesis; isolation, purification and identification of anti-cancer chemicals present in the potent extract; physical, chemical and biological characterizations of the bioactive compounds; formulation of mangrove-based drugs and testing their efficacy with standard drugs under *in vitro* and *in vivo* conditions; cost-benefits analysis for developing commercial ventures.

Acknowledgements

The authors are thankful to the authority of Annamalai University for providing facilities and Dr. C. Ravinder Singh to UGC for “UGC-Dr. DS Kothari Post Doctoral Fellowship”.

References

- [1] Dickson SA. *Panacea or precious bane: tobacco in 16th century literature*. New York: New York Public Library; 1954.
- [2] Feinhandler SJ, Fleming HC, Monahan JM. Pre-Columbian tobaccos in the Pacific. *Econ Bot* 1979; **33**: 213-26.
- [3] McGinnis JM, Foege WH. Actual causes of death in the United States. *JAMA* 1993; **270**: 2207-12.
- [4] Centers for Disease Control and Prevention (CDC). Annual smoking-attributable mortality, years of potential life lost, and economic costs—United States, 1995-1999. *MMWR Morb Mortal Wkly Rep* 2002; **51**: 300-3.
- [5] Jemal A, Center MM, DeSantis C, Ward EM. Global patterns of cancer incidence and mortality rates and trends. *Cancer Epidemiol Biomarkers Prev* 2010; **19**: 1893-907.
- [6] World Health Organization. Global youth tobacco survey. Geneva: World Health Organization. [Online] Available from: <http://www.who.int/tobacco/surveillance/gyts/en/> [Accessed 26th March, 2011]
- [7] Ministry of Health and Family Welfare, Government of India. Reddy SK, Gupta PC, editor. Report on tobacco control in India. New Delhi: Ministry of Health and Family Welfare; 2004. [Online] Available from: http://www.who.int/fctc/reporting/Annex6_Report_on_Tobacco_Control_in_India_2004.pdf [Accessed on 26th March, 2011]
- [8] Peto R, Lopez AD, Boreham J, Thun M, Heath C Jr, Doll R. Mortality from smoking worldwide. *Br Med Bull* 1996; **52**: 12-21.
- [9] Gupta PC. Tobacco control in India. *Indian J Med Res* 2006; **123**: 579-82.
- [10] Sinha DN, Reddy KS, Rahman K, Warren CW, Jones NR, Asma S. Linking global youth tobacco survey (GYTS) data to the WHO framework convention on tobacco control: the case for India. *Indian J Public Health* 2006; **50**: 76-89.

- [11] McClure WF. Spectral characteristics of tobacco in the near infrared region from 0.6 to 2.6 microns. *Tobacco Sci* 1968; **12**: 232-5.
- [12] Burton HR, Kasperbauer MJ. Changes in chemical composition of tobacco lamina during senescence and curing. I. Plastid pigments. *J Agric Food Chem* 1985; **33**(5): 879-83.
- [13] Hoffmann D, Hoffmann I, El-Bayoumy K. The less harmful cigarette: a controversial issue. a tribute to Ernst L Wynder. *Chem Res Toxicol* 2001; **14**: 767-90.
- [14] Charlton A. Medicinal uses of tobacco in history. *J R Soc Med* 2004; **97**: 292-6.
- [15] Posselt W, Reimann L. [Chemical analysis of tobacco plants and representation of its active principles]. *Geigers Mag Pharm* 1828; **24**: 138-61. Polish.
- [16] Reinskje T, Thomas S, Ewa Florek JVB, Piet W, Antoon O. Hazardous compounds in tobacco smoke. *Int J Environ Res Public Health* 2011; **8**: 613-28.
- [17] World Health Organization, International Agency for Research on Cancer. *IARC monographs on the evaluation of carcinogenic risks to humans*. Lyon: IARC Press; 2002, p. 83.
- [18] Doll R, Peto R, Wheatley K, Gray R, Sutherland I. Mortality in relation to smoking: 40 years' observation on male British doctors. *BMJ* 1994; **309**: 901-11.
- [19] Garodia P, Ichikawa H, Malani N, Sethi G, Aggarwal BB. From ancient medicine to modern medicine: ayurvedic concepts of health and their role in inflammation and cancer. *J Soc Integr Oncol* 2007; **5**: 25-37.
- [20] Centers for Disease Control and Prevention. Preventing tobacco use among young people: a report of the surgeon general. *Morb Mortal Wkly Rep* 1994; **43**.
- [21] Mathers CD, Loncar D. Projections of global mortality and burden of disease from 2002 to 2030. *PLoS Med* 2006; **3**: e442.
- [22] Ferlay J, Shin HR, Bray F, Forman D, Mathers C, Parkin D. Estimates of worldwide burden of cancer in 2008: GLOBOCAN 2008. *Int J Cancer* 2010; **127**: 2893-917.
- [23] Dikshit RP, Mathur G, Mhatre S, Yeole BB. Epidemiological review of gastric cancer in India. *Indian J Med Paediatr Oncol* 2011; **32**(1): 3-11.
- [24] Jiloha RC. Biological basis of tobacco addiction: implications for smoking-cessation treatment. *Indian J Psychiatry* 2010; **52**(4): 301-7.
- [25] Glade MJ. Food, nutrition and the prevention of cancer: a global perspective. American Institute for Cancer Research/World Cancer Research Fund, American Institute for Cancer Research, 1997. *Nutrition* 1999; **15**(6): 523-6.
- [26] Parkin DM, Bray F, Ferlay J, Paola P. Estimating the world cancer burden: Globocan 2000. *Int J Cancer* 2001; **94**: 153-6.
- [27] Bray F, Sankila R, Ferlay J, Parkin DM. Estimates of cancer incidence and mortality in Europe in 1995. *Eur J Cancer* 2002; **38**: 99-166.
- [28] Ding L, Getz G, Wheeler DA, Mardis ER, McLellan MD, Cibulskis K, et al. Somatic mutations affect key pathways in lung adenocarcinoma. *Nature* 2008; **455**: 1069-75.
- [29] Sanders HR, Albitar M. Somatic mutations of signaling genes in non-small cell lung cancer. *Cancer Genet Cytogenet* 2010; **203**: 7-15.
- [30] Burris HA 3rd. Shortcomings of current therapies for non-small-cell lung cancer: unmet medical needs. *Oncogene* 2009; **28**: S4-S13.
- [31] Toyooka S, Toyooka KO, Maruyama R, Virmani AK, Girard L, Miyajima K, et al. DNA methylation profiles of lung tumors. *Mol Cancer Ther* 2001; **1**: 61-7.
- [32] Ancuceanu RV, Istudor V. Pharmacologically active natural compounds for lung cancer. *Altern Med Rev* 2004; **9**(4): 402-19.
- [33] American Cancer Society. ACS cancer facts and figures. *Cancer Pract* 2000; **8**: 105-8.
- [34] Jemal A, Thomas A, Murray T, Thun M. Cancer statistics, 2002. *CA Cancer J Clin* 2002; **52**: 23-47.
- [35] Maurya V, Vijayan VK, Shah A. Smoking and tuberculosis: an association overlooked. *Int J Tuberc Lung Dis* 2002; **6**: 942-51.
- [36] Proctor RN. Tobacco and the global lung cancer epidemic. *Nature Rev Cancer* 2001; **1**: 82-6.
- [37] Zavos PM, Zarmakoupis-Zavos PN. Impact of cigarette smoking on human reproduction: its effects on male and female fecundity. *Technology* 1999; **6**: 9-16.
- [38] Evans HJ, Fletcher J, Torrance M, Hargreave TB. Sperm abnormalities and cigarette smoking. *Lancet* 1981; **1**: 627-9.
- [39] Handelsman J, Conway J, Boylan M, Turtle R. Testicular function in potential sperm donors: normal ranges and the effects of smoking and varicocele. *Int J Androl* 1984; **7**: 369-82.
- [40] Karagounis CS, Papanikolav A, Zavos M. Semen parameters compared between smoking and nonsmoking men: smoking intensity and semen parameters. *Infertility* 1985; **8**: 373-9.
- [41] Vogt HJ, Heller WD, Borelli S. Sperm quality of healthy smokers, ex-smokers, and never-smokers. *Fertil Steril* 1986; **45**: 106-10.
- [42] Zavos PM, Correa JR, Karagounis CS, Agharaki A, Phoroglou C, Hicks CL, et al. An electron microscope study of the anomalous ultra structure in human spermatozoa from male smokers and nonsmokers. *Fertil Steril* 1998; **69**(3): 430-4.
- [43] Lodrup Carlesen KC, Jaakkola JJ, Nafstad P, Carlsen KH. In utero exposure to cigarette smoking influences lung function at birth. *Eur Respir J* 1997; **10**(8): 1774-9.
- [44] Saha U. Tobacco interventions and anaesthesia-a review. *Indian J Anaesth* 2009; **53**(5): 618-27.
- [45] Burton RC. Smoking, immunity and cancer. *Med J Aust* 1983; **2**: 411-2.
- [46] Shiverick KT, Salafia C. Cigarette smoking and pregnancy I: ovarian, uterine and placental effects. *Placenta* 1999; **20**: 265-72.
- [47] Rose JE. Nicotine addiction and treatment. *Annu Rev Med* 1996; **47**: 493-507.
- [48] Sonnenfeld G, Hudgens RW. Effect of carcinogenic components of cigarette smoke on *in vivo* production of murine interferon. *Cancer Res* 1983; **43**(10): 4720-2.
- [49] Bartsch H, Malaveille C, Friesen M, Kadlubar FF, Vineis P. Black (air-cured) and blond (flue-cured) tobacco cancer risk. IV: molecular dosimetry studies implicate aromatic amines as bladder carcinogens. *Eur J Cancer* 1993; **29A**(8): 1199-207.
- [50] Penn A, Chen LC, Snyder CA. Inhalation of steady-state sidestream smoke from one cigarette promotes arteriosclerotic plaque development. *Circulation* 1994; **90**(3): 1363-7.

- [51] Stefanadis C, Tsiamis E, Vlachopoulos C, Stratos C, Toutouzas K, Pitsavos C, et al. Unfavorable effect of smoking on the elastic properties of the human aorta. *Circulation* 1997; **95**(1): 31-8.
- [52] Schafer T, Dirsched P, Kunz B, Ring J, Uberla K. Maternal smoking during pregnancy and lactation increases the risk for atopic eczema in the offspring. *J Am Acad Dermatol* 1997; **36**(4): 550-6.
- [53] Holt PG, Keast D. Environmentally induced changes in immunological function: acute and chronic effects of inhalation of tobacco smoke and other atmospheric contaminants in man and experimental animals. *Bacteriol Rev* 1977; **41**: 205-16.
- [54] Curnow RC, Spehr KL. *Littering behaviour studies 3: measuring environmentally desirable behaviour. A community change report to the Beverage Industry Environment Council*. New South Wales: Beverage Industry Environment Council; 2001.
- [55] International coastal cleanup. Tracking trash: 25 years of action for the ocean (ICC Report 2011). Washington, DC: International coastal cleanup; 2011. [Online] Available from: <https://coastalcleanup.wordpress.com/2011/03/23/tracking-trash-25-years-of-action-for-the-ocean-icc-report-2011/> [Accessed on 10th March, 2011]
- [56] Ishigaki T, Sugano W, Nakanishi A, Tateda M, Ike M, Fujita M. The degradability of biodegradable plastics in aerobic and anaerobic waste landfill model reactors. *Chemosphere* 2004; **54**(3): 225-33.
- [57] Register KM. Cigarette butts as litter-toxic as well as ugly. *Bull Am Litt Soc* 2000; **25**(2).
- [58] Micevska T, Warne MS, Pablo F, Patra R. Variation in, and causes of, toxicity of cigarette butts to a cladoceran and microtox. *Arch Environ Contam Toxicol* 2006; **50**(2): 205-12.
- [59] Slaughter E, Gersberg RM, Watanabe K, Rudolph J, Stransky C, Novotny TE. Toxicity of cigarette butts, and their chemical components, to marine and freshwater fish. *Tob Control* 2011; **20**: i25-9.
- [60] Novotny T, Zhao F. Consumption and production waste: another externality of tobacco use. *Tob Control* 1999; **8**: 75-80.
- [61] Leistikow BN, Martin DC, Milano CE. Estimates of smoking-attributable deaths at ages 15-54, motherless or fatherless youths, and resulting social security costs in the United States in 1994. *Prev Med* 2000; **30**(5): 353-60.
- [62] Verma S, Singh SP. Current and future status of herbal medicines. *Vet World* 2008; **1**(11): 347-50.
- [63] Butler MS. Natural products to drugs: natural product-derived compounds in clinical trials. *Nat Prod Report* 2008; **25**: 475-516.
- [64] Shoeb M. Anticancer agents from medicinal plants. *Bangladesh J Pharmacol* 2006; **1**: 35-41.
- [65] Patra JK, Thatoi HN. Metabolic diversity and bioactivity screening of mangrove plants: a review. *Acta Physiol Plant* 2011; **33**: 1051-61.
- [66] Taylor JLS, Rabe T, McGaw LJ, Jager AK, van Staden J. Towards the scientific validation of traditional medicinal plants. *Plant Growth Regul* 2001; **34**(1): 23-37.
- [67] Kathiresan K. Book review: Atlas of mangrove wetlands of India. *Curr Sci* 2005; **88**(1): 182-3.
- [68] Jong TT, Chau SW. Antioxidative activity of constituents isolated from *Pandanus odoratissimus*. *Phytochemistry* 1998; **49**: 2145-8.
- [69] Lin CC, Hsu YF, Lin TC. Effect of punicalagin and punicalin on carrageenan induced inflammation in rat. *Am J Chin Med* 1999; **27**: 371-6.
- [70] Masuda T, Yonemori S, Oyama Y, Takeda Y, Takana S, et al. Evaluation of the antioxidants activity of environmental plants: activity of the leaf extracts from seashore plants. *J Agric Food Chem* 1999; **47**: 1749-54.
- [71] Chen PS, Li JH, Liu TY, Lin TC. Folk medicine *Terminalia catappa* and its major tannin component, punicalagin, are effective against belomycin-induced genotoxicity in Chinese hamster ovary cells. *Cancer Lett* 2000; **152**: 115-22.
- [72] Li DL, Li XM, Peng ZY, Wang BG. Flavanol derivatives from *Rhizophora stylosa* and their DPPH radical scavenging activity. *Molecules* 2007; **12**: 1163-9.
- [73] Banerjee D, Chakrabarti S, Hazra AK, Banerjee S, Ray J, Mukerjee B. Antioxidant activity and total phenolic of some mangroves in Sunderbans. *Afr J Biotechnol* 2008; **7**(6): 805-10.
- [74] Wangenstein H, Alamgir M, Duong GM, Gronhaug TE, Samuelson AB, Malterud KE. Chemical and biological studies of medicinal plants from the Sundarbans mangrove forest. In: Eddouks M, ed. *Advances in phytotherapy research*. Kerala: Research Signpost; 2009, p. 59-78.
- [75] Sithranga Boopathy NS, Kathiresan K, Subramanian M, You-Jin J. Effect of mangrove tea extract from *Ceriops decandra* (Griff.) Ding Hou. on salivary bacterial flora of DMBA induced hamster buccal pouch carcinoma. *Indian J Microbiol* 2011; **51**(3): 338-44.
- [76] Bunyaphatsara N, Jutiviboonsuk A, Sornlek P, Therathanathorn W, Aksornkaew S, Fong HHS, et al. Pharmacological studies of plants in the mangrove forest. *Thai J Phytopharm* 2003; **10**(2): 1-12.
- [77] Loder JW, Russell GB. Tumour inhibitory plants. The alkaloids of *Bruguiera sexangula* and *Bruguiera exaristata* (Rhizophoraceae). *Aust J Chem* 1969; **22**: 1271-5.
- [78] Bandaranyake WM. Survey of mangrove plants from Northern Australia for phytochemical constituents and UV-absorbing compounds. *Curr Top Phytochem* 1995; **14**: 69-78.
- [79] Han L, Huang X, Dahse HM, Moellmann U, Fu H, Grabley S, et al. Unusual naphthoquinone derivatives from the twigs of *Avicennia marina*. *J Nat Prod* 2007; **70**: 923-7.
- [80] Trapp S, Croteau R. Defensive resin biosynthesis in conifers. *Annu Rev Plant Physiol Plant Mol Biol* 2001; **52**: 689-724.
- [81] Uddin SJ, Nahar L, Shilpi JA, Shoeb M, Borkowski T, Gibbons S, et al. Gedunin, a limonoid from *Xylocarpus granatum*, inhibits the growth of CaCO₂ colon cancer cell line *in vitro*. *Phytother Res* 2007; **21**(8): 757-61.
- [82] Xu M, Cui J, Fu H, Proksch P, Lin W, Li M. Embelin derivatives and their anticancer activity through microtubule disassembly. *Planta Med* 2005; **71**: 944-8.
- [83] Konoshim T, Konishi T, Takasaki M, Yamazoe K, Tokuda H. Anti-tumor-promoting activity of the diterpene from *Excoecaria agallocha* II. *Biol Pharm Bull* 2001; **24**: 1440-2.
- [84] Beebe-Dimmer JL, Wood DP Jr, Gruber SB, Dougla JA, Bonner JD, Mohai C, et al. Use of complementary and alternative medicine in men with family history of prostate cancer: a pilot study. *Urology* 2004; **63**(2): 282-7.
- [85] Butlet MS. The role of natural product chemistry in drug discovery. *J Nat Prod* 2004; **67**: 2141-53.