

Indian Plants with Cardioprotective Activity – A Review

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ABSTRACT

Cardio-protection includes all mechanism and means that contribute to the preservation of the heart by reducing or even preventing Myocardial damage. Cardiovascular disease (CVD) remains the principle cause of death in both developed and developing countries. It may present as a typical heart attack, a sudden death or it may be detected at an advanced stage and be described as a silent infarct. CVD includes high blood pressure, coronary heart disease, congestive heart failure, stroke and accounts Myocardial infarction is the interruption of blood supply to part of the heart, causing heart cells to die, commonly due to blockage of coronary artery. Herbal drugs are known to exhibit creditable medicinal properties for the treatment of heart ailments and need to be explored to identify their potential application in prevention and therapy of human ailments. Cardio-vascular disease remains a leading cause of death in India. Therefore, finding ways to reduce the mortality of cardiovascular disease remains an important health goal. This review deals with medicinal plants possessing cardioprotective and cardio tonic activity. Cardiovascular disease is the number one cause of death globally and is projected to remain the leading cause of

death. This review work explains chemical and pharmacological status of various cardio-protective plants including phyto constituents responsible for cardio-protection, extract employed, dosage, pharmacological screening model and mechanism involved in cardio-protection. This review work definitely helps in enlisting the Indian plants having cardioprotective activity.

Key words: Cardioprotective, Review, Myocardial infarction, Cardiovascular disease.

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INTRODUCTION

The medicinal plants are potential sources of drugs as they are rich in secondary metabolites and essential oils of therapeutic importance.¹ Uses of medicinal plants in various ailments are due to being economical, effective, their ease availability and due to their safety.² Because of these advantages the use of medicinal plants has been widely increased by the traditional medical practitioners in their day to day practice.³ Foods are used commonly to meet our nutritional needs. However, foods obtained by plants contain a wide range of non-nutrient phytochemicals that are synthesized by plants for their own defence and for other biological functions. When we ingest these plant foods to meet our nutritional needs, we also ingest a wide variety of these non-nutrient phytochemicals. These phytochemicals have the potential for preventing chronic diseases and also non-toxic.⁴ Cardiovascular disease is the number one cause of death globally and is projected to remain the leading cause of death. As many as 1.4 million children are suffering from heart related diseases in Pakistan and some 8,000 need heart surgeries annually, but out of them only 1,200 are operated upon. (Sixth "Biennial International Conference," organized by the Pakistan Society of Cardiovascular and Thoracic Surgeries). Free radicals play deleterious role to body established ischemia. Presence of various antioxidant compounds in fruits and vegetables, for example, vitamins C and E, b-carotene and polyphenolics have been associated with decreased risks of several chronic diseases, such as coronary heart disease and some cancers. Antioxidants scavenging the free radicals and protect the body. There is inverse relationship between intake of polyphenols and heart diseases.⁵

There is a large and increasing global burden of cardiovascular disease. Approximately 14 million individuals died of cardiovascular disease in 1990, and this is projected to rise to about 25 million by 2020.⁶ The global burden of disease due to cardiovascular diseases (CVDs) is escalating, principally due to a sharp rise in the developing countries which are experiencing rapid health transition.⁷ The continuous increase in incidences of cardiovascular disease is a manifestation of chronic poor diet

and lifestyle choices, which lead to diabetes and obesity.⁸ More than 2000 plants have been listed in the Traditional (Herbal/Alternative) systems of medicine and some of these are providing comprehensive relief to the people suffering from cardio-vascular diseases, specially "hyperlipidemia" and "ischemic heart disease". WHO reports indicate that around eighty percent of the global population still relies on botanical drugs and several herbal medicines have advanced to clinical use in modern times. The use of Western medicinal drugs for the treatment of hypertension, congestive heart failure and post myocardial infarction are widely accepted.⁹

Various phytoconstituents from plants were responsible for cardioprotective activity. Refer Table 1.¹⁰⁻¹⁹

METHODS EMPLOYED

Pharmacology of cardioprotective plants: Phytoconstituents reported in cardioprotective plants significantly prevented the altered biochemical variation such as marker enzymes serum glutamate-pyruvate transaminase (SGPT) or alanine transaminase (ALT), serum glutamate oxaloacetate transaminase (SGOT) or aspartate transaminase (AST), creatinephosphokinase (CPK), alkaline phosphatase (ALP), lactate dehydrogenase (LDH), lipid profile including low density lipoprotein (LDL), VLDL (very low density lipoprotein), triglycerides (TGs), high density lipoprotein (HDL), total cholesterol and antioxidant parameters including Superoxide dismutase (SOD), glutathione (GSH), catalase (CAT), Glutathione peroxidase (GPx), MDA (malonaldehyde) and glutathione reductase (GR) come to near normal status. Cardioprotective activity was evaluated using various pharmacological screening models like isoproterenol induced myocardial necrosis in rats, doxorubicin (DOX) induced cardiotoxicity in albino rats, cyclophosphamide induced oxidative myocardial injury in a rat model, ischemia-reperfusion-induced myocardial infarction in albino rats, cigarette smoke-exposed Rats, Adriamycin-induced cardio Myopathy in rats etc.²⁰⁻³⁸

Table 1: Various phytoconstituents from plants were responsible for cardioprotective activity

Phytoconstituents	Plant name	Family
Allixin, sulphur compounds ¹⁰	Allium sativum	Liliaceae
Flavonoids, carotenoids ¹¹	Anacardiumoccidentale	Anacardiaceae
Cardiac glycosides ¹²	Antiaristoxicaria	Moraceae
Saponins-Shatavarins I-IV ¹³	Asparagus racemosus	Asparagaceae
Triterpenes ¹⁴	Ganoderma lucidum	Ganodermataceae
Triterpenoid ¹⁵	Leptadenia protestchnica	Asclepiadaceae
Cardiac glycoside ¹⁶	Digitalis purpurea	Scrophulariaceae
Alkaloidal constituents, including berberine; bitter principles, including columbin, chaamanthin, palmarin and tinosporon, tinosporic acid and tinosporol ¹⁷	Tinospora cordifolia	Menispermaceae
Caffeic acid ¹⁸	Raphanus sativus	Cruciferae
Protein ¹⁹	Euryale ferox	Nymphaeaceae

Table 2: Pharmacological status of some cardioprotective plants has been mentioned below

Plant/Family name	Dose administered mg/kg	Extract	In vitro/in vivo model	Mechanism involved and observation
Bacopamonnieri, Scrophulariaceae	50, 100, 150, 200	hydroalcoholic	Isoproterenol induced myocardial necrosis in rats	Antioxidant components (Bacosides A and B) caused significant rise in endogenous antioxidants (SOD, CAT, GSH) and decrease in MDA
Cocosnucifera,Palmae	100	Water	Isoproterenol induced myocardial infarction in albino rats	Decrease in serum enzymes (CPK, LDH, SGOT, SGPT) and very little myocardial damage in isoproterenol treated rats fed tender coconut water
Cichoriumintybus, Compositae	500	Aqueous	Ageing myocardium of albino rats	Cichorium extract was found to ameliorate the age induced injury and offered protection to the heart from oxidative damage and also found to decreases serum enzymes
<i>Colebrookea oppositifolia</i> , Lamiaceae	250,500	Methanolic	Doxorubicin(DOX) induced cardiototoxicity in albino rats	The study of lipid peroxidation and anti-oxidant enzymes revealed that the malondialdehyde level was decreased, GS, SOD and CAT levels were significantly risen in <i>C. oppositifolia</i> extract treated group
Curcumalonga, Zingiberaceae	100	hydroalcoholic	Isoproterenol induced hemodynamic, biochemical and histopathological alternations in rats	Administration of hydroalcoholic extract causes myocardial adaptation by augmenting endogenous antioxidants and protects rat hearts from decline in cardiac function and oxidative stress associated with isoproterenol induced myocardial injury
Cynodontactylon, Poaceae	25,50,100,200 µg/wl	hydroalcoholic	Ischemia/reperfusion-(I/R)induced arrhythmias	<i>C. dactylon</i> produce protective effects against I/R-induced arrhythmias in isolated rat hearts probably by increase in the myocardial contractility and as a result by improvement of Hemodynamic factors

Daucuscarota, Umbelliferae	250,500	Aqueous	Isoproterenol induced myocardial infarction in albino rats	Aqueous extract showed a decrease in serum as partate Transaminase (AST), alanine transaminase (ALT), lipidperoxidase, lactate dehydrogenase levels and cardiac total protein lipid peroxidase, and lactate dehydrogenase
<i>Dracocephalum moldavica, Labiateae</i>	25-200 µg/wl	Total extract (Methanol-water)	Ischemia/Reperfusion induced arrhythmias and infarcts in the isolated rat heart	Total extract of <i>D.moldavica</i> caused a significant reduction in the number of ventricular arrhythmias (VT), total ventricular ectopic beats (VEBs) and VT duration in ischemic and reperfusion periods
Embelicaribes, Myrsinaceae	100	Aqueous	Isoproterenol induced myocardial infarction in albino rats	Pretreatment with an aqueous extract of E.ribes, significantly reduced the elevated markerenzym levels in serum and heart homogenates and also enhances the antioxidant defence system against isoproterenol-induced myocardial infarction
Ficusispida, Moraceae	400 mg/kg	Methanolic	Cyclophosphamide induced oxidative myocardial injury in a rat model	Methanolic extract of F.ispida protected the cardiac tissue by scavenging the free radicals, which was proved by normalization of biochemical parameters
<i>Tribulusterrestris,Zygophylaceae</i>	250	Hydroalcoholic	Isoproterenol induced myocardial infarction in rats	<i>T.terrestris</i> hydroalcoholic extract decreased the leakage of CK-MB and LDH enzymes from myocardium. Presence of antioxidant constituents (flavanoids) in the extract might be responsible for its cardioprotection
Trichopuszeylanicus, Trichopodaceae	500	Ethanoic	Isoproterenol induced myocardial infarction in rats	Significant decline was shown in the activities of cardiac markers such as ALT, AST, LDH and CK in the heart of acute Isoproterenol-treated rats
Withaniaomniflora, Solanaceae	300	Ethanoic	Doxorubicin-induced cardiotoxicity in rats	Significant decrease in serum enzymes
Zingiberofficinale,Zingiberaceae	200	Ethanoic	Isoproterenol induced oxidative myocardial necrosis in rats	Significant decline was shown in the activities of cardiac markers such as ALT, AST, LDH and CK
Cinnamomumtamala Lauraceae	200 and 400	Ethanoic extract	Doxorubicin-induced cardiotoxicity in rats	Significant cardio protective activity by lowering the levels of serum marker enzymes and lipid peroxidation and elevated the levels of catalase.
Garciniaindica	250 and 500	aqueous extract	Isoproterenol induced oxidative myocardial necrosis in rats	Cardioprotective effect was also confirmed by histopathology of hearts which showed less necrosis in extract treated rats when compared to untreated rats of toxic control group.
PithecellobiumDulce	200	aqueous and ethanolic extract	Isoproterenol induced oxidative myocardial necrosis in rats	Aqueous and ethanolic extracts of P. dulce fruit peel reverses the cardiac damage induced by isoproterenol.

CONCLUSION

Secondary metabolites like carotenoids, triterpenes, flavonoids, cardiac glycosides, alkaloids saponins, polyphenols, terpenoids, fatty acids etc were responsible for cardio-protective activity at a particular dose which was evaluated using appropriate pharmacological screening approach.

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SUMMARY

- Secondary metabolites like coumarins, terpenes, flavonoids, cardiac glycosides, alkaloids saponins, polyphenols, terpenoids, fatty acids etc were responsible for cardioprotective activity at a particular dose which was evaluated using appropriate pharmacological screening approach.