



Overview of Effective Traditional Medicinal Plants having Antihyperlipidemic Activity

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Abstract

Hyperlipidemia is characterized by excessive levels of lipids (cholesterol and triglycerides) in the blood. Elevated plasma concentrations of distinct lipid and lipoprotein fractions are key risk factors for Cardiovascular Disease (CVD). Natural ingredients have long been used to treat and prevent cardiovascular issues. Much research on natural compounds that are effective against hyperlipidemia has been done in recent decades as of interest. PubMed, Science Direct, Google Scholar, and Scopus are the search engines used to collect information. We picked anti-hyperlipidemia, atherosclerosis, and therapeutic plants as search terms. The goal of this article is to offer a rapid summary of herbal treatments used to treat and prevent atherosclerosis based on anti-hyperlipidemic action. This research aimed to analyze the anti-hyperlipidemic effectiveness of medicinal plants that have been scientifically demonstrated to be helpful.

Keywords: Antihyperlipidemic Activity, Atherosclerosis, Hyperlipidemia, Lipid-lowering Agents, Medicinal Plants

1. Introduction

Hyperlipidemia is a disorder that was characterized by a series of events in which the concentration of triglyceride-carrying lipoproteins in plasma is more than the normal limit. Lipoproteins deposited in the interstitial space of arteries originating from the aorta reduce the flow of blood to the heart which is a characteristic of atherosclerosis¹. Hyperlipidemia plays a crucial part in the development of Cardiac disorders. One of the long-term consequences of hyperlipidemia was diabetes which leads to diabetes-associated morbidity and death. Higher deposition of lipoproteins entirely stopped the blood flow to the heart, and therefore Myocardial Infarction (MI) develops, which is generally known as heart attack².

At present synthetic medications like statins plays a major role in treating cardiovascular disorders by bringing down the level of bad cholesterol in the blood. But long term usage of statins causes a check for existing atherosclerotic

lesions and also leads to kidney and liver damage. Usage of statins for treating atherosclerosis in its early stages seems to be implausible because of the severity of side effects. In recent times herbal related medicines taking the boom for treating various types of ailments and are specifically interested in phytomedicines because of having lesser side effects. Extensive research is going on nowadays for the protection of cardiac health based on plant-based compounds to reduce the cost of treatment by synthetic medications³.

Effective anti-atherosclerotic drugs based on active plant-based products might be a preferable option. Natural treatments may have a broader range of effects than medicines, impacting a variety of atherosclerosis risk factors and so holding not only a direct anti-atherosclerotic activity at the cellular level but also indirect anti-atherosclerotic effects (e.g., cholesterol-lowering and blood pressure regulation). The pathogenetic mechanism of action and the effectiveness established in clinical

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research should be the fundamental concepts for the use of pharmaceuticals and nonpharmaceutical therapies for the prevention of atherosclerosis. Natural products should be used to prevent atherosclerosis based on their ability to inhibit cholesterol formation in arterial wall cells, which might be prevented at the cellular level during the earliest stage of atherogenesis⁴.

Flavonoids and phenolic compounds found in plants have been shown in studies on atherosclerosis to have a variety of biological effects, including antioxidant, free radical scavenging, anti-inflammatory, and anticancer properties. The oxidation of flavonoids caused by free radicals results in the generation of less active and more stable radicals, aggravating the sickness⁵. Polyphenols such as catechin, quercetin, kaempferol, apigenin, and vitexin have protective effects against cardiovascular events by preventing disease-causing processes like oxidative stress, inflammation, and endothelial dysfunction⁶. The major purpose of the article was to provide a quick overview of chosen medicinal plants for treating hyperlipidemia-linked atherosclerosis.

2. Methodology

The method followed to collect the information on medicinal plants was based on the search engines like PubMed, science direct, Google Scholar, and Scopus. The information gathered using search engines uses the search phrases such as anti hyperlipidemia, atherosclerosis, and the medicinal plants selected. After the papers have been collected, eligible papers are selected for analysis, and done the revision to get an overview.

3. Medicinal Plants

3.1 *Acacia catechu*

Acacia catechu Willd. belongs to the family Fabaceae also termed as cutch tree was native to Africa. Pakistan, India, Thailand, and Bangladesh are the primary origins of this plant. *A. catechu* has traditionally been used to cure a variety of disorders, including gastrointestinal and stomach ailments, leprosy, and skin infections. Advanced techniques has made it simpler to examine the biological activities of traditional medicine, there has been a surge of interest in historical traditional herbs^{7,8}. Significant phytochemicals identified in the plant are catechin, quercetin, kaempferol, epigallocatechin,

protocatechuic acid, epicatechin, phloroglucine, lupenone, epicatechingallate, poriferasterol glycosides, D-galactose, L-arabinose, D-rhamnose, and afzelchin gum, aldoburonic acid, procyanidin, taxifolin. Catechin was used as an astringent and has anti-oxidant activity. The bioactivities identified was hypoglycemic action in rats, antibacterial activity, immunomodulatory activity, antifungal activity, anti-inflammatory activity and antimycotic activity⁹. Studies indicated that hydroethanolic leaf extract of *Acacia catechu* Willd when provided to diabetic rats exhibits considerable reduction in blood glucose levels.

Different solvent extracts such as petroleum ether, chloroform, ethanol, acetone, aqueous and crude aqueous extracts of barks of *Acacia catechu* Willd and the two fractions of ethanolic extracts were investigated for antihyperglycaemic activity in glucose-loaded hyperglycaemic rats. The extract and fraction of the plant investigated for antidiabetic activity have showed considerable effects in lowering the glucose levels and other diabetic related aspects¹⁰.

Combined antihyperlipidemic action treatment of *Acacia catechu* with that of *Trigonella foenum-graecum* (Fenugreek) has been done on High cholesterol fed diet rats. Idea of combining treatment of Fenugreek Ethanol extract (FE) and Catechu Ethyl acetate extract (CE) exhibited stronger anti-hyperlipidemic efficacy than the individual extracts. The inclusion of steroidal saponins, alkaloids, and free amino acids in FE may explain its hypolipidemic effect. CE's hypolipidemic effect can be attributed to the inclusion of carbohydrates, tannins, flavonoids, and fixed oils¹¹.

3.2 *Commiphora mukul*

Commiphora mukul (Burseraceae) is extensively dispersed in Pakistan and India and its gum-resin is believed to be beneficial in the treatment of rheumatism, arthritis and associated illnesses. Pharmacological investigations on the crude drug, as well as various fractions and pure components of *C. mukul* have showed strong anti-inflammatory, anti-rheumatic and hypocholesteremic/hypolipaeamic activity¹².

Guggul's chemical analysis revealed a complicated composition made up of several compounds such as lignans, lipids, diterpenes, and steroids. The active ingredients are Z-guggulsterone and E-guggulsterone. Along with these there was D-glucuronide, ellagic acid,

pelargonidin, linoleic acid, caryophylline, campesterol, stearic acid, cholesterol, myrcene, dimyrcene, polymyrcene, palmitic acid, and stigmasterol.

Animal studies have shown that ethanolic extracts of *Commiphora mukul* gum resin (CMEE) and ethyl acetate extracts of *Commiphora mukul* (EECM) exhibit antihyperlipidemic action. The lipid-lowering effects are mainly due to the E- and Z-guggulsterone isomers¹³. The ethanolic extract of *Commiphora mukul* gum resin (CMEE) works by inhibiting the transcriptional activity of farnesoid X receptor, a potential antagonist of the bile acid receptor, a ligand-dependent transcription factor that regulates the expression of genes involved in cholesterol/bile acid homeostasis¹⁴. While Ethyl acetate extract of *Commiphora mukul* (EECM) reduces the risk by changes in carbohydrate and lipid metabolism. Geographical variations also causes changes in the amount of available phytoconstituents and variations in therapeutic activity¹⁵.

Commiphora wightii and *Commiphora mukul* resins were harvested in different geographical locations like Gujarat, Madhya Pradesh, and Rajasthan, and their antihyperlipidemic efficiency was tested in rats fed a cholesterol-rich, high-fat diet. The results showed that the resins of *Commiphora wightii* and *Commiphora mukul* exudates collected in Gujarat and extracted in ethyl acetate, as well as the resins of *Commiphora mukul* exudates collected in Madhya Pradesh and extracted in ethyl acetate, had significantly higher antihyperlipidemic activity^{16,17}.

Combined effects of *Commiphora mukul* and *Terminalia arjuna* demonstrate antihyperlipidemic activity similar to the standard medication and possess good antioxidant activities than those of standard drug¹⁸. Guggulipid has been shown to have cardioprotective properties in several studies. In rats, guggulsterones have been shown to inhibit isoproterenol-induced cardiac damage and metabolic changes¹⁹. Another study looked at the anti-inflammatory effects of Guggulosomes containing ibuprofen. A rat model was used to demonstrate the cardioprotective effects of guggulipid. Guggulsterones inhibit TNF-induced COX-2 promoter activity and protein expression in vitro in a dose-dependent manner. In rat insulinoma cells, guggulsterone has been demonstrated to suppress cytokine-induced COX-2 mRNA and protein production²⁰.

Guggulsterone has a high level of antioxidant activity due to its radical scavenging properties. The oxidation

of LDL caused by Fe²⁺ or rat peritoneal macrophages produced a significant amount of lipid peroxidation products, it was discovered. In the aforementioned setup, guggulsterone prevented the development of thiobarbituric acid reactive chemicals and lipid hydroperoxide of LDL. The reactivity of lipid peroxidation in liver microsomes with Fe²⁺ and sodium ascorbate was significantly reduced by guggulsterone. Guggulsterone's antioxidant properties might be linked to its metal chelating activity.

Gugulipid mixed with conventional medicine Atorvastatin has synergistic impact towards curing hyperlipidemia in Triton induced hyperlipidemic rats. It exhibits optimum effectiveness and safe in conjunction with even lower dosage of Atorvastatin^{21,22}. The combined effects of *Commiphora mukul* and *Terminalia arjuna* have antihyperlipidemic activity comparable to normal medicine and have higher antioxidant activity than standard medication. Another herbal combination of *Commiphora mukul* and *Commiphora myrrha* ethanolic extracts and *Terminalia chebula* hydro-ethanolic extract was studied for its antidiabetic activity in streptozotocin induced animal models. According to the results, it possesses antihyperglycemic and cholesterol-lowering properties, as well as a positive effect on scavenging free radicals²³.

3.3 *Garcinia cambogia*

Garcinia cambogia is a well-known fat-burning plant. Mostly throughout Southeast Asia, the plant may be found. *Garcinia gummigutta* is the popular name for this plant from the Clusiaceae family. Phytoconstituents found in the plant include antiulcer, anticancer, antimicrobial, antihyperlipidemic, and anti-obesity effects. The fruit is used as a food bulking agent, as well as a traditional cure for piles, constipation, rheumatism, irregular menstruation, intestinal parasites, and oedema in many Asian cultures. In previous phytochemical studies on the plant, several benzophenones, xanthenes, and organic acids were isolated as main ingredients²⁴. The primary phytoconstituent contained in fruit portion is Hydroxy citric acid (HCA). Glycogen production in the liver was greatly enhanced by HCA. HCA inhibits lipid biosynthesis and switches carbohydrate metabolism to glycogen creation in the liver, lowering hunger and HCl production. The anti-ulcerogenic potential of HCA present in the rind of the fruit has been proposed²⁵.

Nowadays, eating a high-fat, high-carbohydrate diet may lead to concerns such as dyslipidemia, oxidative stress, and obesity. It leads to changes in blood parameters and variations in oxidative enzyme levels. *Garcinia cambogia* extract (GE) treatment found to be effective in altering lipid levels²⁶.

When rats are treated with Dexamethasone, there was a rise in triglyceride and cholesterol levels both in plasma and liver but when treated with *Garcinia cambogia* fruit extract it alters the level of cholesterol and triglyceride levels and brings to normalcy. *Garcinia cambogia* extract shows strong antioxidant activity by DPPH technique²⁷. Combination therapy of four plants like *Garcinia cambogia* extract, *Cocos nucifera* (coconut inflorescence), *Myristica fragrans* (nutmeg), and *Saraka asoka* (asoka flower) were studied for the role of flavonoids for treating hyperlipidemia. The results were proven that there was a substantial drop in cholesterol and triglyceride levels²⁸.

3.4 *Vitis vinifera*

Grape plant (*Vitis vinifera* L.) is one of the most food and commercially significant plant; belong to vitaceae family. Grapes contain a broad array of polyphenol chemicals, including flavonoids, phenolic acids, and resveratrol. Grapes include catechin, gallic acid, epicatechin, epigallocatechin, tannins, anthocyanins, flavonols, and epicatechin gallate, including proanthocyanidins, making them one of the most popular and commonly produced fruits on the planet^{29,30}.

Resveratrols (the predominant types were glycoside and trans) and tyrosol were found in abundance in red wines collected. *In vivo* biomonitoring of antioxidant and hypolipidemic activities revealed that drinking these wines increased antioxidant capacity while lowering hypercholesterolemia and hypertriglyceridemia generated by a high-fat diet in C57BL6 LDL receptor deletion mice model. Significant connections were found between the increase in antioxidant capacity markers, the decrease in lipid levels caused by wine consumption, and the concentrations of stilbenes and tyrosol, suggesting that these chemicals are important biologically³¹.

Polyphenols found in grape seeds have been demonstrated to offer health benefits in the prevention of dyslipidemia. Grape seed has three essential polyphenolic components namely gallic acid, catechin, and epicatechin that have been shown to decrease cholesterol levels and

also strongly inhibit pancreatic cholesterol esterase in a concentration-dependent manner in a study³².

Anti-hypercholesterolemic activity was assessed in experimental animals for upto 21 days. Methanolic extract of *Vitis vinifera* (VVME) and aqueous extract of *Vitis vinifera* (VVAE) extract dramatically decreases lipid levels during the experimental periods. VVME was shown to be more effective than VVAE and histopathology findings verified the efficiency of VVME. According to the findings, *Vitis vinifera's* anti-hypercholesterolemic action can be linked to the presence of active phytoconstituents and its antioxidant effectiveness³³.

Grape seed extract (GSE) showed considerable inhibition of pancreatic lipase and cholesterol esterase in dose-dependent manner. In addition, GSE also hindered the development of cholesterol micelles, and bonded to bile acid. The oral dose of GSE dramatically lowered blood triglyceride and cholesterol in rat given high fat emulsion via prevention of lipid digestion and absorption. People with hyperlipidemia and obesity may benefit from GSE as a therapeutic alternative for prevention and therapy³⁴.

Vitis vinifera stem bark extract has antihyperlipidemic effects and antioxidant activities in which bioactive components such as flavonoids and glycosides are responsible for the action³⁵. Resveratrol, one of the key chemical component of *Vitis vinifera* plant possesses safe and powerful hypoglycemia and hypolipidemic actions which was validated by investigations on diabetic rabbits³⁶.

3.5 *Rubia cordifolia*

Rubia cordifolia, which belongs to the family Rubiaceae also known as Indian Madder or Common Madder, is a species of flowering plant in the coffee family. The phytochemical components anthraquinones and naphthoquinones are well recognised in *Rubia cordifolia*, also known as Manjistha. The principal phytoconstituents of *Rubia cordifolia* was Rubiadin, Rubiatriol (triterpenoid), Rubicordone A, Rubiasins AC, two pentacyclic triterpenoid- Rubicoumaric acid, Rubifolic acid and an iridoid glycoside 6-methoxygeniposidic acid. Traditional and proven actions demonstrate that *Rubia cordifolia* works as a powerful blood purifier, antioxidant, diuretic, calcium channel blocker, antiplatelet, antidiabetic, anti-inflammatory, anti-stress, immunomodulator, and antiplatelet agent. *Rubia cordifolia*, a plant known for its antioxidant, anti-inflammatory, and blood purifier

properties, might help to detoxify ischemia-related free radical generation^{37,38}.

The anti-diabetic properties of *Rubia cordifolia* roots extracted with water were tested in a rat model. The existence of numerous types of bioactive constituents operating singly or in a coordinated way with a single or a broad range of pharmacological activities has been discovered in streptozotocin induced diabetic rats, resulting in antihyperglycemic, hypotriglyceridemic effects³⁹. The same study was repeated with different solvent fractions like ethyl acetate fraction and n-butanol fraction in Alloxan-induced diabetic rats. This effect is due to the antioxidant activity of these solvent fractions, which was determined using the DPPH test. *R. cordifolia*'s antidiabetic properties are linked to antioxidant activity and phytochemical components such as phenolics and flavonoids, particularly mangiferine and purpurine. Tannins, terpenoids, alkaloids, and saponins, among other phytochemicals, may have a synergistic effect⁴⁰. *Rubia cordifolia* plays a vital role in treating atherosclerosis and other cardiovascular disorders which was confirmed based on their proven scientific evidence of antihyperlipidemic and antioxidant activities.

3.6 *Terminalia arjuna*

Terminalia arjuna is a huge evergreen tree that belongs to the family Combretaceae. It may be found in abundance on northern side of India. The beneficial portion of this plant is bark which discovered to have several therapeutic actions including cardiogenic, antiulcer, antidiabetic, astringent, treating allergies and skin problems, anti-inflammatory activity and are utilized in Indian traditional medicine. The major action of bark is to strengthen cardiac muscles and heals faulty functioning⁴¹. The primary phytochemicals detected in the stem bark section of *T. arjuna* species, include hydrolysable tannins, triterpenoids acid and their glycosides, flavonoids, phenolics, and phytosterol. Arjunolic acid, terminolic acid, and arjunglucoside 1-3 were all substantial components of bark⁴².

Saravanan Subramaniam *et al.*, proceeded on to a research on ethanolic fraction of bark powder of *Terminalia arjuna* on rabbits. The bark has proved to have antiatherogenic effect on hypercholesterolemic rabbits. The bioactivity of this ethanolic extract of the bark was due to the presence of flavonoids, tannins and plant sterols⁴³.

Leaves of *T. arjuna* was assessed for hypolipidemic activity in hyperlipidemic rat models which was done in both Triton induced and Cholesterol and cholic acid fed models. The research reveals that Methanolic extract of *T. arjuna* leaves exhibits outstanding hypolipidemic activities that may be due of numerous effects of several active principles contained in plant⁴⁴.

The bark of *Terminalia arjuna* has strong hypolipidemic properties. The experimental group of mice received a 50 percent v/v ethanol bark extract of *T. arjuna* at a dose of 40mg/kg body weight, which successfully reduced plasma TC, TG, and LDL cholesterol while increasing HDL cholesterol. Based on the increased breakdown of cholesterol to neutral sterols, the extract's activity seems to be mediated via increased hepatic clearance of cholesterol, down regulation of lipogenic enzymes, and inhibition of HMG-CoA reductase⁴⁵.

Along with *T. arjuna* two indigenous medications like *T. belerica*, *T. chebula* were investigated for hypolipidemic activity done in rabbits fed with cholesterol diet to induce atherosclerosis. The findings reveal that plasma and tissue lipid components levels are controlled and atherosclerotic lesions are largely diminished which suggests hypolipidemic activity and also having antiatherogenic action⁴⁶.

Oral administration of *T. arjuna* improves antihyperlipidemic effect in high cholesterol fed rats with fortified milk products. It regulates the lipid profile in the circulatory system and found to have antioxidant properties in addition. The researchers discovered that *T. arjuna* encased with gum arabic and maltodextrin is protected in the gastrointestinal tract and may be beneficial to those suffering from cardiovascular illness⁴⁷.

The antihyperlipidemic and antioxidant activity of three extracts (ethyl acetate, diethyl ether, ethanol) of *T. arjuna* showed significant activity in Poloxamer induced animal models and when gone through comparative studies out of three fractions, ethanolic fraction discovered to have more effective activity of being antioxidant and hypolipidemic⁴⁸.

4. Conclusion

In this study, we attempted to offer a summary of overview of the chosen medicinal plants which showed anti-hyperlipidemic action. The chosen plants in this

review are having great lipid lowering effects individually. When we construct the formulations by combining the medicinal plants it may exhibit some synergistic effects in therapeutic activity in combination forms than the impact noticed in separate plants. The reason may be due to mixtures of interacting compounds as Resveratrol, catechin, arjunin, arjunic acid, arjunetin, rubiadin, Hydroxy citric acid, E, Z Guggulosterone produced by plants which when applied in combination therapies affect different pharmacological routes and clinically more effective than single compound-based drugs.

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