

# The Medicinal Plants Used In Hepatic Dysfunction

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## ABSTRACT

India is one of the richest floristic regions of the world and has been a source of plants and their products since antiquity and man uses them in different ways according to his needs, particularly as food or as medicine. Many hepatoprotective herbal preparations have been recommended in alternative system of medicine for the treatment of hepatic disorders. The Thar desert of India is particularly important for its medicinal plant species. Generally whole plant is not used for the medicinal preparation. The parts used in the preparation are seeds, leaves, wood, rhizomes, fruits, bark, etc. Various Thar plants used to treat liver diseases are such as *Tinospora cordifolia*, *Laurasia intermis*, *Calotropis gigantea*, *Tecomella undulata*, *Curcuma orchioides*, *Peganum harmala*, *Phyllanthus niruri*, *Cichyrotiza glabra*, *Abu vera*, *Solanum xanthocarpum*, *Boerhaavia diffusa*, *Telonia purpurea*, *Capparis deciduas*, *Eclipta alba*, *Calotropis procera*, *Azadirachta indica*, *Cynodon dactylon*, *Euphorbia nerifolia*, *Leuca aspera*, *Lagaria striaria*, etc. All these plants have some use in the liver diseases with fewer side effects in comparison to synthetic drugs.

**Key words:** Hepatotoxicity, Thar dessert, liver diseases.

## INTRODUCTION

Liver is the largest organ inside the body. It filters harmful substances from the blood, makes substances that digest food, and changes food into energy. Liver disease is a worldwide problem. Conventional drugs used in the treatment of liver diseases are sometimes inadequate and can have serious adverse effects. There are many kinds of liver diseases. Viruses cause some of them, like hepatitis A, hepatitis B and hepatitis C. Others can be the result of drugs, poisons or drinking too much alcohol. If the liver forms scar tissue because of an illness, it's called cirrhosis. Jaundice, or yellowing of the skin, can be one sign of liver disease. Therefore, it is necessary to search for alternative drugs for the treatment of liver disease in order to replace currently used drugs of doubtful efficacy and safety. Acute renal failure- This is a general term applied to the rapid development of hepatic synthetic dysfunction associated with significant coagulopathy, usually defined by a prothrombin time or factor V level less than 50% of normal. The most common cause of acute renal failure is drugs and viral hepatitis. Acute viral hepatitis- The agents of acute viral hepatitis can be broadly classified into two

atitis B virus, Hepatitis D virus and Hepatitis C virus. Chronic viral hepatitis- This describes persistent inflammation of the liver for 6 months or more after initial exposure and/or initial detection of liver disease. The primary cause of chronic hepatitis is viral infection. Drug induced hepatotoxicity- Hepatotoxicity may occur as an unexpected idiosyncratic reaction to a medication's therapeutic dose or as an expected consequence of the agent's intrinsic toxicity. Serum alanine and aspartate aminotransferase and lactate dehydrogenase levels may be elevated 10-100 times in acute hepatocellular injury, while alkaline phosphatase levels are usually less than 3 times the upper limit of normal. The serum bilirubin may be elevated or within the normal range. Cirrhosis- The diffuse process characterized by fibrosis and the conversion of normal liver architecture into structurally abnormal nodules that lack normal lobular organization. Structural changes in the liver may cause impairment of hepatic function manifested as jaundice, ascites, hepatorenal syndrome, hepatic encephalopathy, spontaneous bacterial peritonitis. Portal hypertension- It is defined as an increase in the portal venous pressure gradient and is a function of portal venous blood flow and hepatic and portocollateral re-