

STUDY ON HERBAL DRUGS THAT STIMULATE THE CENTRAL NERVOUS SYSTEM

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Abstract

This review highlights various CNS-stimulating plant species. Pharmacological classifications include psychostimulants, psychoanaleptics, and cognition enhancers. Psychostimulants like Tea, Coffee, and Cocoa temporarily increase mental and physical function (CNS). Ephedra, Khat, and St. John's wort are used to lose weight. Ginkgo and Gotu kola increase memory and alleviate vertigo, short-term memory loss, and attention deficit. Novel formulation creation methods for herbal CNS stimulants and botanicals in research are also discussed.

Keywords: Herbal CNS stimulants. psychostimulants, psychoanaleptics, cognition enhancers

Introduction

central nervous Psychoactive system stimulants temporarily increase mental and physical function (CNS). They are extensively abused despite their many therapeutic advantages. The National Department of Health estimated that 2-3.5% of US adults take amphetamines and methylphenidate, which are given for ADHD in children. Generalized action may cause seizures at larger dosages.

Ma huang (Ephedra vulgaris) in China, khat in Africa, and coca in South America are examples of ancient CNS stimulants. For over 5100 years, the Chinese herb ma huang has been used as a circulatory stimulant, diaphoretic, antipyretic, and antitussive. After isolating ephedrine from plant used to treat asthma and related disorders.

CNS stimulants improve alertness. wakefulness, endurance. productivity. motivation, arousal, locomotion, heart rate, and blood pressure. Catecholamine or serotonergic medications suppress appetite and reduce food intake, making them popular weight loss treatments. They treat clinical depression and bipolar illness, especially atypical and treatment-resistant depression. It reduces nasal congestion, orthostatic hypotension, and POTS. Stimulants decrease hyperactivity and are typically safe at therapeutic levels.

CNS stimulants boost norepinephrine and dopamine activity through monoamine transporter inhibition, adenosine receptor antagonism, and nicotine acetylcholine receptor agonism.

Pharmacologically, CNS stimulants are psychostimulants, psychoanaleptics, and cognition enhancers. Almost 15 million Americans use herbal treatments or highdose vitamins.

In 2001, \$37.1 billion was spent on weight-loss goods, \$17.7 billion on herbal supplements. Herbal products are increasingly used for illness prevention and treatment. St. John's wort and gingko biloba are cardiovascular-harming herbs. The US's best-selling herb is St. John's wort. St. John's wort activates the hepatic cytochrome P450 which system,

metabolisms drugs, and may cause arrhythmia, hypertension, and other side effects. Ginseng causes hypertension and hypotension. Yet, Chinese medicine uses ginseng for myocardial infarction. congestive heart failure (CHF), and angina pectoris. Ginseng misuse may induce hypertension, behavioral problems, and diarrhea. Current research does not support its usage for cardiovascular diseases.

This article discusses popular herbal CNS stimulants and innovative formulation development methods.

Herbal CNS stimulants Psychostimulants

Cocaine

Cocaine, an alkaloid isolated from the coca plant (Erythroxylum coca), is pasted and turned into a salt like hydrochloride or sulphate since free base is unstable. This salt may be made by snorting or injecting cocaine. However, it has been used from thousands of years in Central and South America for its more modest stimulant effects.

Dopamine is released from nerve terminals into synaptic cleft, bound to dopamine receptors, and processed by monoaminooxidase enzyme (MAO).

Cocaine in the periphery prevents NA, adrenaline, and dopamine absorption into adrenergic nerve terminals, increasing transmitter concentrations surrounding the receptor and stimulating the Brain.

Cocaine blocks Na+ channels to anesthetize locally. Only the US allows medicinal usage. Recent data shows that inhibiting NMDA receptors may cause cocaine's convulsigenic effects. Cocaine reinforces and addicts by blocking dopamine reuptake.

Cocaine abuse may produce cardiotoxic and neurovascular problems. Treatment dosage determines severity. Cocaine may be used in ocular and ear procedures to decrease bleeding and edema and as a local anesthetic.

Caffeine

Caffeine stimulates the CNS. More than 60 plant species contain caffeine, including coffee, tea, cocoa, guarana, yerba mate, and kola nut.

Adult Americans use 4mg/kg of caffeine Caffeine increases daily. dopamine, norepinephrine, serotonin and and stimulates the CNS by nonselectively adenosine inhibiting receptors and phosphodiesterase. Caffeine boosts mental alertness, lowers weariness, and may metabolic disorders including lessen obesity and Parkinson's disease. Daily caffeine use (less than 400 mg/day or 6.5 mg/kg/day for a 70 kg adult) seldom causes serious side effects. Caffeine toxicity is uncommon; the deadly dosage is 150–200mg/kg or 10–20gm/day.

Following plants are used as CNS Stimulants due to its caffeine content:

Tea (Camellia sinensis)

Tea follows water in popularity. Tea lowers glucose, cholesterol, weight, blood pressure, and stroke risk and improves metabolic profiles. A cup of tea with 7.5 mg to 75 mg of tea leaves has 3 mg to 30 mg of caffeine. Caffeine levels vary per tea plant section. Caffeine is concentrated in leaf buds and younger leaves. Caffeine in tea may induce sleeplessness, anxiety, restlessness, and tachycardia.

Coffee (Coffea robusta/arabica)

Westerners use coffee as a caffeine source third most often. C. arabica has 1.45% caffeine and C. robusta 2.38%. (C. canephora). Caffeine may promote anxiety and sleeplessness. Giulia Runti also found Arabica that coffee extract has antibacterial activity against Staphylococcus epidermidis and



Enterococcus faecalis and that excessive caffeine consumption mav increase calcium and magnesium urine excretion, which might influence bone health in women.

Cocoa (Theobroma cacao)

Cocoa, often known as cocoa, is made from the seeds of the Theobroma cacao L. tree and used in chocolate. Cacao contains cocoa butter, minerals, methylxanthines (theobromine 1%-4% and caffeine 0.07%-0.36%), and polyphenols. Its flavonoid neuromodulates and protects. Flavanols work through direct interactions and cellular cascades to express neuroprotective and neuromodulatory stimulate neurogenesis, proteins. and enhance neuronal function, and increase brain and sensory system blood flow. Hence, it improves cognition, prevents insulin resistance. and reduces inflammation. In one animal investigation. cocoa-derived tryptophan converted into serotonin prevented sadness. Chocolate is well-tolerated but may produce allergic skin reactions, increased urine, heart rate, and constipation.

Cola Nut (Cola nitida/acuminata)

Western African cola species. Kola nuts contain theobromine and caffeine. Cola nitida and acuminata seeds produce cola nuts. Cola nut herbal extract contains 1.5%-3.8% caffeine. It treats depression, migraines, weight loss, and exhaustion. It flavors meals too. Due to gastrointestinal discomfort, it should not be taken during pregnancy.

Guarana (Paullinia cupana)

Brazilian soft beverages use the center Amazonian Basin's Guarana plant. Caffeine, which makes up 2.5–5% of the extract's dry weight, is the CNS stimulant in Guarana. Other purine alkaloids including theophylline and theobromine are found in lower amounts. Saponins and tannins in guarana contribute to its psychoactivity. Guarana is usually used alongside Ginseng to ease stress. Guaranacontaining energy beverages may cause anxiety, restlessness, and irritation.

Yerba Mate (Ilex paraguariensis)

Aquifoliaceae Ilex paraguariensis leaves make yerba mate. Southern Brazil. Argentina, Paraguay, and Uruguay utilize it for caffeine and therapeutic purposes. It is sold in the US as tea bags, pills, and food and nutritional supplements. High caffeine concentrations (1% to 2% dry weight) stimulate the CNS. Persistent intake may cause oral, esophagus, lung, bladder, and kidney cancer.

Psychoanaleptics

Ephedra

China has long used Ephedra, or MA huang. Most ephedra comes from Ephedra sinica. Ephedrine and pseudoephedrine give it amphetamine-like CNS stimulant properties. Centrally, ephedrine increases the release and inhibits the reuptake of noradrenaline and adrenaline, decreasing food intake and promoting satiety via hypothalamic appetite centers. Ephedrine energy expenditure, boosts reducing weight. β receptor activation causes thermogenesis. The FDA prohibited ephedra-containing products in 2004. The FDA deemed these supplements unsafe.

Khat

Khat is CNS stimulant Catha edulis leaves or young shoots. East Africa and the Arabian Peninsula grow it. Khat has chemicals. Khat's numerous main psychotropic alkaloid, cathinone, is a structural counterpart of amphetamine. Cathinone with amphetamine may reduce metabolism and appetite. Habitual users reduce appetite and promote fullness without changing ghrelin or Peptide YY.



St. John's wort

St. John's wort, Hypericum perforatum, is a perennial plant from Europe, West Asia, and North America with yellow flowers. This plant may cure cancer, inflammation, bacterial, and viral infections, and function as an antioxidant and neuroprotectant, according to recent studies. St. John's wort's antidepressant hypericin. oxidase degrades Monoamine neurotransmitters. Hypericin inhibits MAO and boosts neurotransmitters, according to research.

Cognition Enhancers Ginkgo

The Chinese tree Ginkgo biloba's dried leaves have been used medicinally for millennia. It treats vertigo, short-term memory loss, and inattention. It treats cerebral vascular diseases. Bryn Williams found that ginkgo extract directly affects the glutamatergic system and improves cognition in dementia patients. Ginkgo biloba inhibits amyloid-β neurotoxicity, against hypoxic stress, protects and scavenges radicals.

Gotu Kola

Psychoactive Centella asiatica herb. Triterpenoid glycosides such asiaticoside, madecassoside, Asiatic acid. and madecassic acid make Centella asiatica active. Nora E. Gray et al. found that plant extract boosts mitochondrial respiration antioxidant genes regardless and of amyloid ß exposure. Mitochondrial malfunction and oxidative stress are linked to Alzheimer's disease and other disorders. NMDA receptor overstimulation causes glutamate-induced neuronal degeneration. Asiatic acid lowers intracellular free radicals and H2O2-induced cell death. Triterpene asiatic acid and its derivatives protect cortical neurons against glutamateinduced excitotoxicity in vitro. Centella extract at 100, 200, and 300 mg/kg against cognitive protected rats impairments, oxidative stress, and memory loss.

Ginseng

Since 2000 years ago, China, Korea, and Japan have utilized dried Panax ginseng roots. Ginseng extract improves cognition in Alzheimer's disease. Ginseng prevents and amyloid beta spatial memory impairment Reduces in rats. AGE formation. Red ginseng water extract (0.3– 3 mg/mL) prevents glutamate, N-methylβ-amyloid-induced D-aspartate, and neuronal death and neurodegenerative disorders in rat cortical cells.

Clinical trials

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Short-lived Cucurbitaceae shrub Cucurbita maximum. Seeds are bitter tonics, and the oil from them helps heal sadness and nerve This problems. CNS stimulant investigation used Swiss albino mice. Reference drug: caffeine. Compared to control group, crude extract demonstrated strong CNS stimulant action equivalent to reference medication.

Rhinacanthus nasutus

Rhinacanthus nasutus leaf extract was tested on obese mice with impaired glucose and lipid metabolism. Obesity caused by HFD and improper lipid metabolism may disrupt insulin signalling by decreasing hepatic glucose release and fat and muscle cell glucose absorption. Mice fed a 60 kcal% fat diet for 12 weeks became obese. After six weeks of diet, obese mice received 250 and 500 mg/kg of R. nasutus leaf water extract daily for six weeks. Histopathology and protein expression studies need liver and adipose tissue removal. Glucose, lipids, insulin, leptin, and adiponectin were measured. R. nasutus water extract reduced serum and hepatic lipid contents in obese mice after 6 weeks. R. nasutus extract increases liver and adipose tissue insulin sensitivity to improve glucose and lipid metabolism in mice with high-fat diet-induced obesity. Herbal CNS stimulants are safer than synthetic drugs and are being used more for disease prevention and treatment.

Conclusion

Herbal CNS stimulants are cheaper, safer, adverse effects and have less than synthetic ones, hence they are being studied increasingly for CNS problems. Except for cocaine and khat (abusive substances), caffeine and ephedra are safer and have fewer negative effects than amphetamine and methylphenidate.

Novel herbal CNS stimulant targeted

methods are being studied. Numerous research, manufacturing, and application issues must be resolved. A suitable carrier should decrease medication toxicity and boost pharmacological activity. With value-added medication delivery technologies, herbal pharmaceuticals offer great therapeutic potential.

References

David J Heal, Sharon L Smith. CNS 1. stimulants, Neuropharmacology. 2014; 87:1-3.

2. Tripathi KD. CNS Stimulants and Cognition Enhancers, Essentials of Medical Pharmacology, Fifth Edition, 2003, 435.

Chen KK, Schmidt CF. The action of 3. ephedrine, the active principle of the Chinese drug Ma Huang. Journal of Pharmacology and Experimental Therapeutics. 1925; 24:339-357.

Burton Angrist, Central Nervous System 4 Stimulants: Historical Aspects and Clinical Effects, Handbook of Psychopharmacology, 2010; 11:99-165.

5. Stimulant Wikipedia.

https://en.wikipedia.org/wiki/Stimulant. 6. 2016.

7. Silverstone T. Appetite suppressants—a review. Drugs. 1992; 43(6):820-36.

Stotz Gabriele. Woggon Brigitte. Angst, 8. Jules. Psychostimulants in the therapy of treatment-resistant depression Review of the literature and findings from a retrospective study in 65 depressed patients. Dialogues in Clinical Neuroscience. 1999; 1(3):165-174.

Stewart Jonathan W, Deliyannides 9 Deborah A, McGrath Patrick J. How treatable is refractory depression. Journal of Affective Disorders. 2014: 167:148-152.

10. Dell'Osso Bernardo, Ketter Terence A, Cremaschi Laura, Spagnolin Gregorio, Altamura Assessing Α. Carlo the roles of stimulants/stimulant-like drugs and dopamineagonists in the treatment of bipolar depression. Current Psychiatry Reports. 2013; 15(8):378.

11. Corp Stephanie A, Gitlin Michael J, Altshuler Lori L. A review of the use of stimulants and stimulant alternatives in treating bipolar depression and major depressive disorder. The Journal of Clinical Psychiatry. 2014; 75(9):1010-1018.

12. Husain A, Virmani OP, Popli SP, Misra LN, Gupta MM, Srivastava GN, Abraham Z, Singh



AK, Dictionary of Indian medicinal plants (CIMAP, Lucknow). 1992.

13. Bracesco N, Sanchez AG, Contreras V, Menini T, Gugliucci A. Recent Advances on Ilex paraguariensis Research: Mini Review, Journal of Ethnopharmacology. 2011; 136:378-384.

14. The US. Weight Loss and Diet Control Market. 9th edition. Tampa, FL: Marketdata Enterprises, 2007.

15. Valli G, Giardina EG. Benefits, adverse effects and drug interactions of herbal therapies with cardiovascular effects. Journal of the American College of Cardiology. 2002; 39:1083-95.

16. Barnes PM, Powell-Griner E, McFann K, Nahin RL, editors, Complementary and Alternative Medicine Use Among Adults, United States, Hyattsville, MD: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, 2004.

17. Ernst E. Second thoughts about safety of St. John's wort. (erratum in Lancet 2000;355:580). Lancet 1999; 354:2014-6.

18.AltCareDexSystem.ThomsonReuters(HealthCare)Inc.Availableat:http://www.thomsonhc.com.Accessed.2008.

19. Sung J, Han KH, Zo JH, Park HJ, Kim CH, Oh BH. Effects of red ginseng upon vascular endothelial function in patients with essential hypertension, The American Journal of Chinese Medicine, 2000; 28:205-16.

20. Ara Tachjian MD et al, Use of Herbal Products and Potential Interactions in Patients With Cardiovascular Diseases. Journal of the American College of Cardiology. 2010; 55(6).