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GINGER: ITS ROLE IN XENOBIOTIC METABOLISM

Plant derived products have been used for medicinal purposes for centuries. At present, it is estimated that about 80% of the world population relies on botanical preparations as medicines to meet their health needs. Herbs and spices are generally considered safe and proved to be effective against certain ailments. They are also extensively used, particularly, in many Asian, African and other countries. In recent years, in view of their beneficial effects, use of spices/herbs has been gradually increasing in developed countries also. Spices and herbs are widely used in phytotherapy, which is using plants and their chemical constituents to eliminate certain health problems. This form of treatment is common in Europe. Among these, Germany holds the largest share (49%). Italy, France and UK hold 10% each; Spain, Netherlands, Belgium 2% each and remaining 15% rest of Europe. About one third of the US adults use herbal remedies. In traditional Indian medicine or Ayurveda, ginger and many other spices have been used as medicine1.

History

Ginger (Zingiber officinale) belongs to Zingiberaceae family. The part of the plant used is rhizome. The plant produces an orchid like flower with petals that are greenish

yellow streaked with purple colour. Ginger is cultivated in areas of abundant rainfall. Even though it is native to southern Asia, ginger is cultivated in tropical areas also such as Jamaica, China, Nigeria and Haiti. It is an important spice crop in India. About 9000 metric ton (MT) of ginger valued at 4.5 crores was exported in 2001. It is mainly cultivated in Kerala, Karnataka, Tamil Nadu and North Eastern states.

In Sanskrit, ginger is known as *Sringavera* which has given way to *Zingiberi* in Greek and to the Latin *Zingiber*. Ginger has been used as medicine from vedic period and is called *"maha aushadhi"*, means the great medicine. In traditional medicine, it was used as a carminative or antiflatulent. The Greek physician Galen used ginger as a purificant of body. He used ginger to treat conditions caused by imbalances in body¹.

Nutrient Composition

Fresh ginger contains 80.9% moisture, 2.3% protein, 0.9% fat, 1.2% minerals, 2.4% fibre and 12.3% carbohydrates. The minerals present in ginger are iron, calcium and phosphorous. It also contains vitamins such as thiamine, riboflavin, niacin and vitamin C. The composition varies with the type, variety, agronomic

conditions, curing methods, drying and storage conditions².

Chemistry

In the fresh ginger rhizome, the gingerols were identified as the major active components and [6] gingerol [5-hydroxy-1-(4-hydroxy-3-methoxy phenyl) decan-3-one is the most abundant constituent in the gingerol series. The powdered rhizome contains 3-6% fatty oil, 9% protein, 60-70% carbohydrates, 3-8% crude fiber, about 8% ash, 9-12% water and 2-3% volatile oil. The volatile oil consists of mainly mono and sesquiterpenes; camphene, beta-phellandrene, curcumene, cineole, geranyl acetate, terphineol, terpenes, borneol, geraniol, limonene, linalool, alpha-zingiberene (30-70%), beta-sesquiphellandrene (15-20%), beta-bisabolene (10-15%) and alpha-farmesene. In dried ginger powder, shogaol a dehydrated product of gingerol, is a predominant pungent constituent upto biosynthesis³⁻⁵. Oleoresin, which is isolated by acetone and ethanol extraction, contains 4-7.5% of dried powder, pungent substances namely gingerol, shogaol, zingerone and paradol. The oleoresin has also been found to contain zingiberol, the principal aroma contributing component as well as zingiberene, gingediol, diarylheptanoids, vitamins and phytosterols.

Ginger in Traditional Use

Ginger is an essential ingredient in many traditional Chinese medicines and has been used since the 4th century BC. Africans and West Indians also use ginger medicinally and the Greeks and Romans use it as spice⁶. The Chinese take ginger for a wide variety of medical problems such as stomachache, diarrhoea, nausea, cholera, asthma, heart conditions, respiratory disorders, toothache and rheumatic complaints⁷. In *Ayurveda*, ginger has been recommended for use as carminative, diaphoretic, antispasmodic, expectorant, peripheral circulatory stimulant, astringent, appetite stimulant, anti-inflammatory agent, diuretic and digestive aid⁸. In United States, ginger is recommended to relieve and prevent nausea caused by motion sickness and morning sickness⁹.

Ginger in Foods

Ginger is an indispensable component of curry powder, sauces, ginger bread and ginger flavoured carbonated drinks. It is also used in some products like biscuits, pickles and confectionaries. It is extensively used in preparation of dietaries for its aroma and flavour. Dry ginger is used in the manufacture of oil, oleoresin, essence and processed meat^{10,11}.

Pharmacological Effects

Effects on the gastrointestinal tract

The active components of ginger is reported to stimulate digestion, absorption, relieve constipation and flatulence by increasing muscular activity in the digestive tract. The effectiveness of ginger (940 mg) in motion sickness was compared to that of dimenhydrinate (100 mg) in 18 male and 18 female college students, who were self rated as having extreme or very high susceptibility to motion sickness^{12,13}. The study concluded that ginger was superior to dimenhydrinate in preventing motion sickness. Ginger administration (1g) prior to elective gynaecologic laparoscopy was also found to be effective in preventing postoperative nausea and vomiting. The effect of ginger was similar to that observed with 100 mg metoclopramide. In addition, a double blind study in 27 pregnant women suffering from morning sickness demonstrated that oral administration of 250 mg of powdered ginger 4 times daily over 4 days significantly reduced symptoms of nausea and vomiting¹⁴⁻¹⁶.

Anti-inflammatory activity

Some of the characteristic features of rheumatic diseases are polyarthritis with inflammation, swelling, and pain accompanied by impaired mobility or even total loss of function of affected areas¹⁷. The condition is treated using medicines like corticosteroids or nonsteroidal anti-inflammatory drugs. These drugs sometimes produce undesirable side effects. One of the features of inflammation is increased oxygenation of arachidonic acid which results in the production of prostaglandins and leukotrienes¹⁸. In *Ayurveda*, ginger is reported to be useful in treating inflammation and rheumatism. One of the mechanisms by which ginger exerts its ameliorative effects could be related to inhibition of prostaglandin and leukotriene biosynthesis¹⁹.

A study conducted in Denmark revealed that an average intake of 5 g of fresh ginger or 0.5 to 1 g powdered ginger reduced pain, swelling, morning stiffness in patients suffering from arthritis. None had

side effects due to ginger intake. In another study, administration of ginger for at least 3 months in patients with rheumatoid arthritis (n=28), osteoarthritis (n=18) and muscular complaints (n=10) produced ameliorative effect in all with no side effects²⁰.

Antimicrobial effects

Ginger has strong antibacterial and to some extent antifungal properties. *In vitro* studies have shown that active constituents of ginger inhibit multiplication of colon bacteria. These bacteria ferment undigested carbohydrates causing flatulence. This can be counteracted with ginger. It inhibits the growth of *Escherichia coli, Proteus sp*, Staphylococci, Streptococci and Salmonella^{21,22}. The ginger extract has antimicrobial action at levels equivalent to 2000 mg/ml of the spice. Ginger inhibits aspergillus, a fungus known for production of aflatoxin, a carcinogen^{23,24}. Fresh ginger juice showed inhibitory action against *A.niger, S.cerevisiae, Mycoderma SPP.* and *L. acidophilus* at 4, 10, 12 and 14% respectively at ambient temperatures²⁵.

Effects on cardiovascular system

In traditional Chinese medicine, ginger is used to improve the flow of body fluids. It stimulates blood circulation throughout the body by powerful stimulatory effect on the heart muscle and by diluting blood²⁶. The improved circulation is believed to increase the cellular metabolic activity, thus contributing to the relief of cramps and tension²⁷. A Japanese study showed that active constituents in ginger reduced the blood pressure and decreased cardiac workload²⁸. Ginger reduced the formation of proinflammatory prostaglandins and thromboxane thus lowering the clotting ability of the blood²⁹. The inhibition of platelet aggregation by ginger is more than the similar effects observed with garlic and onion³⁰⁻³². Ginger can prevent the increase in cholesterol levels following intake of cholesterol-rich diet³³. Ginger is also known to possess antioxidant properties³⁴⁻³⁶.

Use in migraine

Ginger powder (500-600 mg) taken at the onset of migraine aura, followed by 4 hourly intake for 3-4 days, is reported to provide relief from migraine attacks³⁷.

Safety

The ginger has been listed in "Generally Recognised as Safe" (GRAS) document of the US FDA. A dose of 0.5 – 1.0 g of ginger powder ingested 2-3 times for periods ranging from 3 months to 2.5 years did not cause any adverse effects¹.

NIN studies

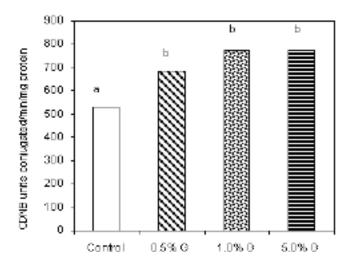
Both the nutritive and the non nutritive components of the diet play a significant role in the inhibition of carcinogenic process. The non-nutritive constituents exert their anticarcinogenic effect by various mechanisms *viz.* (i) by virtue of their antioxidant property; (ii) deactivating the carcinogens; or (iii) enhancing the tissue levels of protective enzymes in the body. Toxic metabolites of harmful drugs and chemicals are detoxified by the body's defense system. Phytochemicals in spices like turmeric, mustard and allium vegetables may act in more than one way to confer their beneficial effect³⁸.

Studies conducted at the National Institute of Nutrition (NIN), Hyderabad showed that some of the spices/vegetables stimulate, specifically, the levels of glutathione-s-transferases (GST), a group of enzymes which are known as cellular detoxification enzymes. There is a high correlation between the induction of these enzymes and inhibition of carcinogenesis.

Since ginger has the potential to inhibit chronic inflammation and arachidonic acid metabolism coupled with antioxidant property, studies were undertaken to evaluate the stimulation in drug metabolizing enzyme levels in rats, fed ginger through diet.

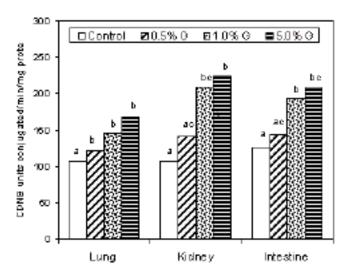
Wistar/NIN rats aged 8-10 weeks were divided into 4 groups of six rats per group. Ginger powder was fed at 0.5, 1 and 5% levels for one month. The fourth group was maintained as control without ginger feeding. The food intake of the animals was recorded every week throughout the study. The body weights of the animals were recorded at the beginning and end of the experiment. After one month of feeding, the animals were sacrificed and liver, kidney, lung and intestine were collected, processed and levels of drug metabolising enzymes measured. At all levels of ginger feeding (0.5, 1 and 5%) stimulation of GST activity was seen in liver and lungs whereas in intestine and kidney, a significant

increase was observed at 1 and 5% level of ginger feeding (Figs.1 & 2).



Values bearing different superscripts are significant (P<0.05) Duncan's multiple range test CDNB: 2-Chloro dinitro benzene

Fig.1. Effect of ginger on GST activity in rat hepatic cytosol.



Values bearing different superscripts are significant (P<0.05) Duncan's multiple range test CDNB: 2-Chloro dinitro benzene

Fig.2. Effect of ginger on GST activity in rat tissue cytosol

There was some increase (though statistically non significant) in the activity of uridine diphosphoglucuronyl transferase (UDPGT) in liver, lung, kidney

and intestine tissues (Fig. 3). There was almost no difference in the levels of arylhydrocarbon hydroxylase (AHH) in treated and control groups of rats showing thereby that ginger feeding does not stimulate

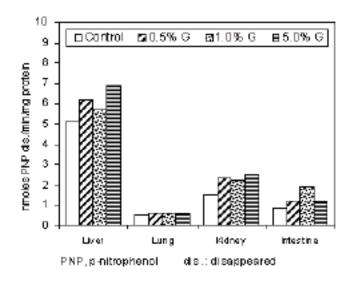


Fig.3. Effect of ginger on UDPGT activity in rat tissue microsomes

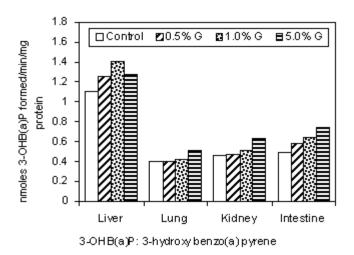
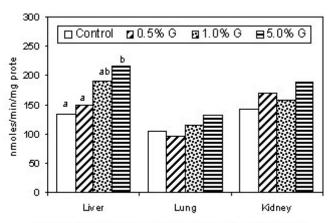


Fig.4. Effect of ginger on AHH activity in rat tissue microsomes

carcinogen metabolism (Fig.4). Significant stimulation in liver quinone reductase (QR) was noted with 1 and 5% ginger feeding compared to control. In lungs,

significant increase was observed in only 5% ginger fed group (Fig. 5).



Values bearing different superscripts are significant (P<0.05) Duncan's multiple range test

Fig.5. Effect of ginger on quinone reductase activity in rat tissue cytosol.

The stimulation of GST due to ginger feeding in liver and lungs and to some extent in intestine and kidney indicates that ginger feeding can confer protection against the toxic effect of xenobiotics. The GST group of enzymes play a major role in the detoxification pathway and help in the conversion of reactive chemicals to non reactive polar compounds which can be excreted from the body. Since liver is the major site of xenobiotic metabolism and transformation, stimulatory effect of ginger feeding on liver and intestine enzyme levels are significant. Other tissues namely lungs and kidney also play a role in the detoxification and elimination of xenobiotics. The increases in GST levels in all these tissues further support the hypothesis that regular intake of ginger through diet can enhance the activity of phase II detoxification enzymes. Quinone reductase is another important phase II enzyme which participates in the antioxidative process. Stimulation of the quinone reductase activity suggests that 5% ginger feeding can effectively counteract the oxidative damage in tissues of liver and lungs. However, significant differences were not observed in kidney and intestine.

Conclusions

Spices and condiments are an integral part of human diet, particularly in the orient. Besides their use to impart flavour, colour, food preservation and enhance palatability, they have been extensively used in view of their health

beneficial effects. Fortunately, even long term consumption of these substances is not known to produce any side effects.

Ginger has been used extensively in folklore medicine to treat common ailments. Now scientific evidences in favour of some of these beneficial properties are emerging which would support their consumption and use to ameliorate certain disorders. Observations from studies on animals suggest that ginger has the ability to stimulate protective enzymes involved in xenobiotic metabolism. Thus, diets rich in some of these phytochemicals can play a major role in providing protection from xenobiotics.

Refernces

- Langner, E., Greifenberg, S. and Gruenwald, J. Ginger: History and use. Adv Ther 15: 25, 1998.
- Govindarajan, V.S. Ginger: Chemistry, technology and quality evaluation (Part I). Crit Rev Food Sci Nutr 17: 1, 1982.
- 3. Mustafa, T., Srivastava, K.C. and Jensen, K.B. Drug Development Report (9): Pharmacology of ginger, *Zingiber officinale*. *J Drug Dev 6*: 24, 1993.
- Kiuchi, F., Shibuya, M. and Sankawa, V. Inhibitors of prostaglandin biosynthesis from ginger. *Chem Pharm Bull* 30: 754, 1993.
- Awang, D.V.C. Ginger, CPJRPC July: 309, 1992.
- Tyler, V.E., Brady, L.R. and Robbers, J.E. *Pharmacognosy*. (8th Edition). Lea and Febiger, Philadelphia, p.156, 1981.
- Economic and Medicinal Plants Research (Vol.1). Eds. H. Wagner and H.Hikino. Academic Press, New York, p.62, 1965.
- Warrier, P.K. Spices in Ayurveda. In: Strategies for Export Development of Spices. Ed. C.K. George, C.R. Sivadasan, D. Devakaran and K.P. Sreekumari, Spices Board, Cochin and International Trade Centre, Geneva, p.28, 1989.
- 9. Ginger: *Botanical Monograph Series*. United States Pharmacopeial Convention, Rockville M.D. 1998.
- 10. Arctangder, S. *Perfume and Flavour Materials of Natural Origin*, Elizabeth, New Jersey, p.275, 1960.
- Bakhru, H.K. Herbs That Heal: Natural Remedies for Good Health. Oriental Paper Backs, A Division of Vision Books Pvt. Ltd., New Delhi, p.97, 1999.
- Stewart, J., Wood, M.J., Wood, C.D. and Mims, M.E. Effects of ginger on motion sickness susceptibility and gastric function. *Pharmacology* 42: 111, 1991.
- 13. Mowrey, D.B. and Clayson, D.E. Motion sickness, ginger and psychophysics. *Lancet i*: 6557, 1982.

- 14. Yamahara, J. and Huang, Q. Gastrointestinal motility enhancing effect of ginger and its active constituents. *Chem Pharm Bull 38:* 430, 1990.
- Ernst, E. and Pittler, M.H. Efficacy of ginger for nausea and vomiting. A systematic review of randomised clinical trials. Br J Anaesth 84: 367, 2000.
- Al-yahya, M.A., Rafatullah, S., Morsa, J.S., Ageel, A.M., Parmar, N.S. and Tariq, M. Gastroprotective activity of ginger, *Zingiber officinale* Roscoe in albino rats. *Am J Chinese Med 17:* 51, 1989.
- 17. Srivastava, K.C. and Mustafa, T. Ginger (*Zingiber officinale*) in rheumatism of musculoskeletal disorders. *Med Hypotheses* 39: 342, 1992.
- Srivastava, K.C. and Mustafa, T. Pharmacological effects of spices: Eicasanoid modulatory activities and their significance in human health. *Biomed Rev 2*: 15, 1993.
- Kiuchi, F., Iwakami, S., Shibuya, M., Hanaoka, F. and Sankawa, U. Inhibition of prostaglandin and leukotriene biosynthesis by gingerols and diaryl heptanoids. *Chem Pharm Bull 40*: 387, 1992.
- Srivastava, K.C. and Mustafa, T. Ginger (Zingiber officinale) and rheumatic disorders. Med Hypotheses 29: 25, 1989.
- James, M.E., Nannapaneni, R. and Johnson, M.G. Identification and characterization of two bacteriocinproducing bacteria isolated from garlic and ginger root. *J Food Prot 62*: 899, 1999.
- Gugnani, H.C. and Ezenwanze, E.C. Antibacterial activity
 of extracts of ginger (Zingiber officinale) and African
 oil bean seed (Pentaclethora macrophylla). J Commun
 Dis 17: 233, 1985.
- Nanir, S.P. and Kadu, B.B. Effect of medicinal plant extracts on some fungi. Acta Botanica Indica 15: 170, 1987.
- Kapoor, A. Antifungal activities of fresh juice and aqueous extracts of turmeric and ginger (Zingiber officinale). J Phytological Res 10: 59, 1997.
- Meena, M.R. Studies on antimicrobial activity of various spices and their oils. M.Sc. Thesis: Indian Agricultural Research Institute, New Delhi, 1992.
- Shoji, N., Iwasa, A., Jakemoto, T., Ishida, Y. and Ohizuma,
 Cardiotonic principle of ginger (*Zinigiber officinale* Roscoe). *J Pharm Sci* 7: 1174, 1982.

- 27. Kobayashi, M., Tshida, Y., Shoji, N. and Okizumi, Y. Cardiotonic action of [8] gingerol, an activator of the Ca⁺⁺ pumping adenosine triphosphatase of sarcoplasmic reticulum, in guinea pig atrial muscle. *J Pharmacol Exp Ther 246:* 667, 1988.
- Tanabe, M., Chen, Y.D., Saits, K. and Kano, Y. Cholesterol biosynthesis inhibitory component from *Zingiber* officinale Roscoe. Chem Pharm Bull 41: 710, 1993.
- 29. Bordia, A., Verma, S.K. and Srivastava, K.C. Effect of ginger (*Zingiber officinale* Roscoe) and fenugreek on blood lipids, blood sugar and platelet aggregation in patients with coronary artery disease. *Prostaglandins Leukot Essent Fatty Acids* 56: 379, 1997.
- Srivastava, K.C. Aqueous extracts of onion, garlic and ginger inhibit platelet aggregation and alter arachidonic acid metabolism. *Biomed Biochem Acta* 43: 335, 1984.
- 31. Srivastava, K.C. Effect ofaqueous extracts of onion, garlic and ginger on the platelet aggregation and metabolism of arachidonic acid in the blood vascular system. *Prostaglandins Leukot Med* 13: 227, 1984.
- 32. Srivastava, K.C. Isolation and effects of some ginger components on platelet aggregation and eicasonoid biosynthesis. *Prostaglandins Leukot Med 25:* 187, 1986.
- 33. Gujral, S., Bhumura, H. and Swaroop, M. Effect of ginger oleoresin on serum and hepatic cholesterol levels in cholesterol fed rats. *Nutr Rep Int 17:* 183, 1978.
- 34. Kikuzaki, H. and Nakatani, N. Antioxidant effect of some ginger constituents. *J Food Sci 58:* 1407, 1993.
- 35. Lee, Y.B., Kim, Y.S. and Ashmore, C.R. Antioxidant property in ginger rhizome and its application to meat products. *J Food Sci 51:* 20, 1986.
- 36. Jayakumar, S.M. Nalini *et al.* Antioxidant activity of ginger (*Zingiber officinale* Roscoe.) in rats fed a high fat diet. *Med Sci Res* 27: 341, 1999.
- Mustafa, T. and Srivastava, K.C. Ginger (Zingiber officinale) in migraine headache. J Ethnopharmacol 29: 267, 1990.
- 38. Krishnaswamy, K. and Polasa, K. Non-nutrients and cancer prevention. *ICMR Bull 31:* 1, 2001.

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