

Some novel approaches for radioprotection and the beneficial effect of natural products

Dharmendra K Maurya, Thomas P A Devasagayam* & Cherupally Krishnan K Nair

Radiation Biology and Health Sciences Division, Bhabha Atomic Research Centre, Mumbai 400 085, India

Due to the increased use of ionizing radiation in various aspects of human life especially in areas pertaining to radiotherapy of cancer, food preservation, agriculture, industry and power generation, there is a need to develop an effective and non-toxic radioprotector. The currently available ones have many drawbacks including high cost, side effects and toxicity. Several novel approaches are on to locate a potent radioprotector. These include mimics of antioxidant enzymes, nitroxides, melatonin, growth factors, gene therapy, hyperthermia apart from natural products. The latter has several advantages since they are non-toxic with proven therapeutic benefits. These can be classified as natural compounds and plant extracts; polyherbal formulations; besides natural and semi-natural compounds of plant origin. A review of the above agents, their efficacy in radioprotection and possible mechanisms responsible has been carried out. As India and many Eastern countries have an enormous heritage of vast natural dietary and time tested medicinal resources it is worth exploring the possibility of developing efficient, economically viable and clinically acceptable radioprotectors for human application from these resources.

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In recent years there is an increased awareness and immense interest in the spectacular advances made in various areas of human health. Radiation has been considered an enigma to the general public and the use of radiation for therapeutic and other uses has always been associated with some skepticism. Currently ionizing radiation is being used in a large number of therapeutic, industrial and other applications apart from for generation of nuclear power and developing new varieties of high-yielding crops and enhancing storage-period of food materials. Cancer is one of the leading causes of morbidity and mortality in several populations of the world and radiotherapy is a dominant and effective mode of cancer treatment. In this aspect there is a need to protect normal cells from radiation during radiotherapy. In many instances where radiation is used for power generation, industrial/medical purposes or agricultural uses and food preservation personnel manning the radiation sources may be subjected to low-level exposures. High exposures to radiation may occur due to accidents or during 'nuclear war'. Besides, radiation

poses a major, currently un-resolvable risk for astronauts, especially for long-duration space flights. Hence there is a need to understand the mechanisms of radiation damage to humans and its possible prevention by drugs such as 'radioprotectors'. This review deals with some novel approaches to radioprotection and their underlying mechanisms.

Historical background

The research on development of radioprotectors commenced with the Manhattan project in the US and Walter Reed Army Research Institute synthesized and screened about 4500 compounds for this purpose. Among these, except one compound, 'Amifostine', which finds applications in radiotherapy of cancer to protect normal tissues during radiation exposure, none was found suitable for human applications due to acute toxicities. This is the present scenario in spite of more than six decades of research on the development of radioprotectors or anti-radiation drugs and the spectacular advances made over the last few decades in the areas of cell and molecular biology, synthetic chemistry and biochemistry. The development of a safe and effective non-toxic radioprotector for human use has remained elusive till today. Several compounds, which have been found very effective in

*Correspondent author
Phone: +91-22-25593948
Fax: +91-22-25560750; 25505151
E-mail: tpad@apsara.barc.ernet.in

the laboratory studies, have failed in human applications due to toxicity problems or lack of significant protective effects¹⁻³. The protection of healthy tissue during radiotherapy for cancer has been one of the strong motivations for continuing research on exogenous radioprotectors. Understanding of radiobiological effects in humans requires studies involving model chemical systems, microorganisms, tissue culture, and animals. Experimentation with animals ultimately provides assurance that conclusions from experimental results obtained in simpler systems have a biomedical reality and clinical application⁴.

Importance of research on radioprotection

Many natural and synthetic chemicals have been investigated in the recent past for their efficacy to protect against radiation-induced damage in biological systems⁵. However, the inherent toxicity of some of the synthetic agents at the effective radio-protective concentration warranted further search for safer and more effective radio-protectors. In fact, no radio-protective agent is now available, either alone or in combination to meet all the requisites of an ideal radio-protector⁶. Amifostine is the only one that is currently in use having good radioprotection to normal tissues during radiotherapy, even though there are reports about contra-indications in some cases⁷.

Though a large number of compounds have been shown to be promising as radio-protectors in laboratory studies, few could pass the transition from bench to bed-side. Most of them failed even before reaching the preclinical stage due to toxicity and side-effects. For clinical application of any compound as a radio-protector, it would require absolute certainty about its relative protection factors for tumour and normal tissues accompanied by minimum toxicity to avoid unacceptable clinical risk.

Classification of radioprotective agents

Radioprotective agents can be classified as: (i) chemical radioprotectors, (ii) adaptogens, and (iii) absorbents. The first group constitutes mainly sulfhydryl compounds and other antioxidants⁸. Adaptogens act as stimulators of radioresistance. These are natural protectors that offer chemical protection under low levels of ionizing radiations. They are generally extracted from the cells of plants and animals and have least toxicity. They can influence the regulatory system of exposed organisms, mobilize the endogenous background of radio-

resistance, immunity, and intensify the overall non-specific resistance of an organism. Absorbents protect organisms from internal radiation and chemicals. These include drugs which prevent the incorporation of radioiodine by the thyroid gland and the absorption of radionuclides like ¹³⁷Cs, ⁹⁰Sr and ²³⁹Pu.

Post-irradiation radioprotectors are important when an accidental exposure occurs during operation of equipments with radiation source or intentional exposures during war and such unnatural calamities. This area of radiation biology is a very slowly developing area since it is rather difficult to get such effective protectors.

The present review is an attempt to give an overview about novel approaches in radioprotection and radio-protectors of plant origin that are commonly used as dietary ingredients or as drugs in our daily life. Many of these plant products or their active ingredients and related compounds may be used as safe and effective radio-protectors for possible human applications in accidents or intentional exposures to ionizing radiation⁹ because of their known use and lack of toxicity. This review also covers plant extracts and some of their ingredients and concentrates more on novel approaches of radioprotection, efficacy of various natural products and their mechanistic aspects.

Mechanisms underlying radioprotection

The radioprotectors can elicit their action by various mechanisms such as: (1) suppressing the formation of free radicals, (2) detoxifying the radiation induced reactive species, (3) inducing the cellular radioprotectors such as superoxide dismutase (SOD), glutathione, prostaglandins and interleukin-1, (4) enhancing the DNA repair by triggering one or more cellular DNA repair pathways, and (5) delaying cell division and inducing hypoxia in the tissues⁵.

Importance of free radicals and related species in radiation damage and protection—Most of the cellular alterations induced by ionizing radiation is indirect and is mediated by the generation of free radicals and related reactive species, mainly derived from oxygen. Free radicals can be defined as atoms or a group of atoms having an unpaired electron. Because of the presence of unpaired electron, free radicals are highly reactive and are capable of altering all biological molecules including lipids, DNA and protein. In biological systems radiolysis of water gives rise to a large number of free radicals and

related reactive species collectively known as 'reactive oxygen species' (ROS). These include hydrated electron (e_{aq}^-), hydrogen radical (H), hydroxyl radical ($\cdot OH$), hydrated electron (e_{aq}^-), H_2O_2 , peroxy radical ($ROO\cdot$), $O_2^{\cdot-}$, singlet oxygen (1O_2) etc. The most oxidizing species formed in biological systems during exposure to radiation are 1O_2 and $\cdot OH$. These two ROS along with other reactive species are capable of inducing severe and undesirable alterations in many biological molecules.

DNA forms the primary cellular target of radiation damage and membrane the alternative target. Mainly two types of changes are observed in DNA at the molecular level namely altered bases and strand breaks. Both types of changes, if not repaired affect the cell structure and function. Among the DNA bases, $\cdot OH$ is non-selective in its reaction while 1O_2 reacts mainly with guanosines¹⁰. Membrane protein and lipids can be damaged by radiation. In proteins it can lead to formation of protein carbonyls and loss of protein thiols besides loss of activity of membrane bound enzymes^{11,12}. Membrane lipids are highly susceptible for radiation damage mainly due to the presence of polyunsaturated fatty acids. The resulting damage results in lipid peroxidation. Unchecked peroxidative decomposition of membrane lipids has severe consequences for the cell and the organism. Since many cellular reactions are membrane based they are affected by lipid peroxidation. The products formed during this phenomenon also have effects at other targets away from the site of generation¹³.

Antioxidants are substances that can neutralize free radicals or their reactions. Hence many compounds with antioxidant activities proved to be effective radioprotectors. Conversely in several novel approaches, the antioxidant effect has been utilized to demonstrate radioprotective properties.

Radiation exposure syndromes in man

Exposure to ionizing radiation results in various type of sickness and symptoms in man depending upon the radiation dose. Table 1 represents different type of syndromes, their symptoms and consequences.

Criteria for evaluating and screening radio-protectors

Antioxidant compound—As mentioned earlier, ionizing radiation generates free radicals that in turn lead to DNA damage. Due to the induction of DNA double strand breaks, the ionizing radiation is extremely effective in producing chromosomal aberrations leading to genomic instability. Most of the radiation induced biological damage arises from the interaction of the radiation-induced free radicals with the biomolecules. The chemicals that can scavenge free radicals may also reduce the occurrence of the DNA strand breaks. Thus agents that can prevent the formation of free radicals or destroy free radicals by reacting with them, thereby inhibiting their reaction with biomolecules, can function as radio-protectors. Since free radicals are short-lived, it is necessary for such radio-protective molecules to be present in the cellular milieu in sufficient concentration at the time of radiation exposure^{14,15}.

Anti-emetic and anti-inflammatory compounds—Radiation exposure leads to nausea, vomiting and inflammation during radiation disaster. Plants and their active ingredients that are having anti-emetic and/anti-inflammatory activity could give good radioprotection under such circumstances. For example *Mentha piperata* and *Zingiber officinale* have good anti-emetic activity^{9,16} whereas *Tinospora cordifolia*, curcumin, *Glycyrrhizia glabra*, *Allium sativum*, *Aloe vera* and *Ocimum sanctum* have significant anti-inflammatory activity^{9,17}. The extracts of these plants have good radio-protecting activity.

Table 1—Different types of radiation syndromes and their consequences in man

Dose (Gy)	Name of the radiation syndrome	Symptoms and consequences
1-2	Nausea, vomiting, diarrhoea (NVD) syndrome	Nausea, vomiting, diarrhoea, anorexia, giddiness, and loss of appetite
2-6	Haematopoietic syndrome	Bone marrow, spleen and thymus get affected. Approximate time of death varies between 10-30 days.
8-15	Gastrointestinal (GI) syndrome	Damage to intestinal crypt takes place resulting in loss of absorption of nutrient, dehydration, loss of weight, severe electrolyte imbalance and low blood pressure. Death occurs usually within 3-5 days.
> 25	Central Nervous System (CNS) syndrome	Irritability, hyper excitability response, epileptic type fits and coma. Symptoms are irreversible. Death usually occurs within 48 hr.

Haemopoietic and Immuno-stimulant compounds—Exposure of animals to ionizing radiation leads to the injury of the lymphoid and haemopoietic system by development of a complex dose-dependent cascade (Haematopoetic syndrome), which can result in septicaemia and death¹⁴. Hence agents that can modulate the regeneration of haemopoietic cells and simulate immune system by mechanisms such as increasing spleen colony forming unit may have good ability to protect the cells and tissues against radiation exposure. For example *T. cordifolia*, *Podophyllum hexandrum* and *Hippophae rhamnoides* provide good protection by stimulating haemopoiesis and increasing spleen colony forming units^{9,18}.

Models for study of radioprotection—Various models corresponding to different levels of organization have been used to examine the radioprotective abilities. These include plasmid DNA, subcellular organelles, cell-cultures and whole animal models. Besides this, mechanistic studies and clinical trials, representing the opposite ends of the spectrum, are also being carried out and at different stages these models provide useful information.

Some novel approaches to radioprotection

In recent years many novel approaches have been made to develop effective radioprotectors¹⁹⁻³⁸. Among them are the following:

Mimics of antioxidant enzymes—Exposure of cells to ionizing radiation leads to formation of ROS and therefore, compounds that scavenge ROS may confer radioprotective effects. Superoxide dismutase (SOD) removes superoxide formed during radiation exposure and also inhibits formation of more reactive prooxidants. Manganese superoxide dismutase (MnSOD) exists exclusively in the mitochondria, which is the dominant site for ROS generation. MnSOD protects cells from the damage induced by these ROS. It has been proposed that MnSOD may play a central role in protecting cell against ROS injury during radiation exposure¹⁹. To extend the potential usefulness of the SOD as a protective antioxidant, SOD mimetics have been designed as possible pharmaceutical tools²⁰.

One such SOD mimetic, manganese (III) tetrakis-(*N*-methyl-2-pyridyl)porphyrin (MnTMPyP) is cell-permeable. It protects U937 cells and mice against ionizing radiation. Its administration for 14 days at a daily dose of 5 mg/kg body weight provided substantial protection against killing and oxidative damage in mice exposed to whole-body irradiation. This study

indicates that MnTMPyP may have great application potential as a new class of *in vivo*, non-sulfur containing radioprotectors²¹.

Nitroxides—Nitroxides are a class of stable free radical compounds that have been used as biophysical probes in electron paramagnetic resonance spectroscopy. More recently, the nitroxides were found to have *in vitro* antioxidant activity, protecting mammalian cells against cytotoxicity induced by prooxidants. These studies led to the investigation of the nitroxides as radioprotectors. The water-soluble nitroxide, Tempol, was shown to protect mammalian cells against aerobic radiation cytotoxicity. Tempol is an *in vivo* radioprotector. When administered 5-10 min prior to whole-body radiation, Tempol provided radioprotection. In tumor bearing animals, Tempol did not provide protection to tumour cells but protected normal cells. The differences in radioprotection may result from enhanced intratumor bioreduction of Tempol to its non-radioprotective hydroxylamine analogue²².

Following this study, a number of water soluble nitroxides were screened for *in vivo* radioprotection in C3H mice at a single radiation dose²³. Selected nitroxides were administered by the intraperitoneal route 10 min prior to a whole body radiation dose of 9 Gy. All of the nitroxides studied demonstrated radioprotection compared to saline-treated controls. The 6-membered piperidine ring nitroxides including Tempol were reduced to the inactive hydroxylamine rapidly over 10-20 min. The 5-membered ring nitroxides were reduced more slowly over time. *In vivo* radioprotection for most of the compounds may be at least partly explained by the induction of hypotension and bone marrow hypoxia. Other mechanisms for radioprotection, including scavenging of free radicals are also likely.

As mentioned earlier, Tempol, a cell-permeable hydrophilic nitroxide has been shown to be an *in vitro* and *in vivo* radioprotector. The limitations of Tempol as a systemic radioprotector are that it causes substantial reductions in arterial blood pressure when administered intravenously and is associated with seizure activity. Furthermore, Tempol is rapidly reduced to its hydroxylamine form, Tempol-H, which limits the period of time the active form of the nitroxide is available for radioprotection. To circumvent these difficulties, Tempol-H was evaluated as a radioprotector²⁴. Tempol-H provided protection against the lethality of whole-body

irradiation in C3H mice at 30 days with a dose modification factor of 1.3 which is similar to the results obtained with Tempol. Hemodynamic measurements in C3H mice after intravenous injection showed that Tempol-H produced little effect on blood pressure or pulse compared with Tempol. Hence Tempol-H is a systemic *in vivo* radioprotector of mice and is associated with less hemodynamic toxicity than Tempol.

Melatonin—Melatonin, a secretory product of the pineal gland in human brain, has been reported to participate in the regulation of a number of physiological and pathological processes. It is a hormone with multiple functions in humans and is stimulated by β -adrenergic receptors. It has been shown to act as an antioxidant and scavenge hydroxyl and peroxy radicals besides peroxynitrite. Human peripheral blood lymphocytes that were pretreated with melatonin showed radioprotection *in vitro* as assessed by the formation of chromosomal aberrations and micronuclei. In another study peripheral blood samples were collected from human volunteers after a single oral dose of 300 mg melatonin and then subjected to irradiation. Irradiated lymphocytes from such volunteers showed less primary DNA damage and reduced frequencies of chromosomal aberrations and micronuclei^{25,26}. The following mechanisms were proposed: the melatonin in the nucleus will bestow a direct protection by reducing the extent of primary DNA damage by scavenging the radiation-induced free radicals. The melatonin acting at the membrane and in the cytosol will generate 'signal(s)' that trigger the activation of one or more of the existing DNA repair enzymes, and/or activation of a set of gene(s) that lead to *de novo* protein synthesis associated with DNA repair²⁶.

In mice high doses of melatonin (e.g. 250 mg/kg body weight) are non-toxic and are effective in protecting mice from lethal effects of acute whole-body irradiation²⁷. The study by Badr *et al.*²⁸ has shown that melatonin administration confers protection to mice against damage inflicted by radiation when given prior to exposure to irradiation and not after, and support the contention that melatonin radioprotection is achieved by its ability as a scavenger for free radicals generated by ionizing radiation. In cultured skin fibroblasts, by pre-incubation with melatonin, a significant preventive effect was noted on the increase in the absolute number of surviving cells and the levels of malonaldehyde were markedly

decreased²⁹. This study suggests that melatonin pretreatment inhibits radiation-induced apoptosis, and melatonin exerts its radioprotective effect by inhibition of lipid peroxidation and without involvement of the p53/p21 pathway.

Results from many *in vitro* and *in vivo* investigations have confirmed that melatonin protects mammalian cells from the toxic effects of ionizing radiation. Furthermore, several clinical reports indicate that melatonin administration, either alone or in combination with traditional radiotherapy, results in a favourable efficacy:toxicity ratio during treatment of human cancers³⁰.

Growth factors—Normal toxicity remains a dose limitation for cancer radiotherapy and chemoradiotherapy. Growth factors offer a novel means of mitigating normal tissue radiotoxicity. In particular, keratinocyte growth factor (rHuKGF), whose proliferative activity is restricted to epithelial cells, holds promise on the basis of the findings of preclinical models of epithelial cytoprotection and the clinical developments to date. Experimental evidences in mice show that an increase in tissue cellularity, caused by rHuKGF treatment before irradiation, protected the lung from damage due to pneumonitis³¹.

Hyperthermia—Whole body hyperthermia (WBH) is another novel approach to radioprotection. For instance, exposure of Swiss mice to WBH at 40°C for 1 hr, 20 hr prior to total body irradiation (TBI), at 9 Gy affords significant protection of mice against radiation as assessed by their survival. The studies on mechanisms responsible suggest that WBH induced radioprotection of mice could be due to immunomodulation manifested through induction of cytokines responsible for protection and proliferative response, leading to accelerated recovery from hemopoietic damage, a major cause of radiation induced death³². Further studies also showed that mild hyperthermia results in reduction in TBI-induced apoptosis. The results from this study imply that WBH-induced impairment of apoptosis may have some role in WBH-induced radioprotection in Swiss mice³³. However, this may not be true with other strains.

Superoxide dismutase gene therapy—Organ and tissue damage caused by ionizing radiation is directly related to volume irradiated, total dose and dose rate. Radiation pneumonitis remains a critical dose-limiting toxicity of total body irradiation for use in bone marrow transplantation. In the lung, as in other organs, recovery from the acute effects of radiation

does not always correlate with prevention of the critical late effects, which contribute to organ failure. SOD gene therapy can prevent the late effects of irradiation lung damage. Overexpression of a transgene for human manganese SOD delivered by plasmid-liposome, or adenovirus to the lungs of C57BL/6J or Nu/J mice, respectively, before irradiation, decreased the late effects of whole lung irradiation³⁴. Effective prevention of irradiation-induced lung damage and improved survival in mice was achieved by MnSOD plasmid/liposome gene therapy. There is a two-phase mechanism in the molecular pathology of irradiation lung injury, in which IL-1 cytokine mRNA levels correlated with the acute pneumonitis phase and delayed elevation of TNF- α , TGF- β 1 and TGF- β 2 were associated with the fibrosis phase. Insight into the cell-specific and tissue-specific molecular mechanisms of ionizing irradiation induction of mRNA for pulmonary cytokines may provide new strategies for treatment of radiation pneumonitis in TBI patients³⁵.

After radiation therapy, oxidative stress is present at 15-20 weeks after initial exposure, which correlates with the delayed clinical onset of radiation-induced lung damage. Overexpression of extracellular SOD (EC-SOD) in transgenic mice appears to confer protection against this radiation-induced lung injury, with a corresponding decrease in oxidative stress. EC-SOD may be a potential therapeutic agent for radioprotection in the treatment of thoracic malignancies³⁶.

Radiation esophagitis remains a major complication of combined modality protocols for the radiation therapy of lung cancer. Stickle *et al.*³⁷ have shown that overexpression of the human MnSOD transgene in the esophagus can prevent irradiation-induced esophagitis in the mouse model. In a further development, Epperly *et al.*³⁸ have shown that intraesophageal administration of manganese superoxide dismutase-plasmid/liposome (MnSOD-PL) prior to single fraction radiation can protect mice from lethal esophagitis. This treatment significantly improved tolerance to fractionated radiation and modulated radiation effects on levels of GSH and lipid peroxidation. These studies provide further support for translation of MnSOD-PL treatment into human esophageal radiation protection.

Though the above-mentioned studies show some of the novel approaches to radioprotection, use of natural products including plant extracts as possible radioprotectors is gaining momentum in recent years due to

less toxicity, reduced cost and other advantages. Hence in the remaining part of our review we give more details on the use of natural products and related compounds as radioprotectors and the mechanisms behind their protective effects.

Natural compounds and plant extracts in radioprotection

Many natural antioxidants, whether consumed before or after radiation exposure, are able to confer some level of radioprotection. In addition to achieving beneficial effects from established antioxidants such as vitamins E and C and folic acid, some protection is conferred by several novel molecules, such as flavonoids, epigallocatechin, and other polyphenols. Immune system was protected against radiation by the following natural compounds: polyphenols, vitamin C, glutamine and arginine, Palm carotene, fatty acids, ubiquinone and hydroquinone. Similarly central nervous system was protected by the following components: aged garlic extract and polyphenols. Eye was protected against radiation by vitamin C, fruits and vegetables as well as by aged garlic extract. Radiation induced carcinogenesis can be reduced by the following components: zinc, vitamins C and E, selenite, polyphenols, thiols, fatty acids, yellow-green vegetables/fruits, curcumin, niacin and nicotinamide adenine dinucleotide²⁻⁴.

A. Plant extract based radio-protectors

Plant extracts, in certain cases, proved to be very effective radioprotectors. These extracts originate from diverse group of plants (Table 2). Some individual plants that show a variety of significant protective effects are dealt with in detail, as given below.

Citrus plants—Fruits and leaves of citrus plants (*Citrus* sp.) are rich sources of radioprotective compounds. The main flavonoids found in most cultivated citrus species are flavonone glycosides, such as hesperdin, and naringin. These compounds can account for up to 5% of the dry weight of the leaf and fruit tissues. Citrus flavonoids were reported to decrease capillary fragility and to improve blood flow, and were labeled “Vitamin P”. Other therapeutic uses are anticancer³⁹, and antiulcer effects⁴⁰. Its flavonoid, hesperdin, exhibits strong antioxidant activity⁴¹. It reduces the frequencies of micronucleated polychromatic erythrocytes and normochromatic erythrocytes and protects mouse bone marrow by a factor of 2.2 against the side-effects of γ -irradiation⁴².

Table 2—Radioprotective effect of medicinal plants

Plants	Medicinal / beneficial properties	Radioprotective effects	Ref.
1	2	3	4
<i>Acanthopanax senticosus</i> (Shigoka)	-	Protect against radiation-induced suppression of haemopoiesis.	62
<i>Acorus calamus</i>	-	Protect prenatal irradiation induced development and neurophysiological effect.	63
<i>Aegle marmelos</i>	Anticancer effects	Reduces the symptoms of radiation-induced sickness and increase survival of mice. The possible mechanism is free radical scavenging and elevation of GSH and other antioxidant enzymes (64) Reduced the frequency of micronuclei in human peripheral blood lymphocytes (65)	64, 65
<i>Allium sativum</i> (Garlic, Lahsuna)	Antimicrobial, cardioprotective, antiarthritic, hypoglycemic, antithrombotic	Protects against γ -radiation induced micronuclei (chromosomal damage) <i>in vivo</i> .	66, 67
<i>Aloe vera</i> (Gritkumari)	Anticancer effects	Protects skin of Swiss mice (68) Protects against radiation induced injury in intestinal mucosa of Swiss mice (69)	68, 69
<i>Aspalanthus linearis</i> (Rooibos tea)	-	Reduced the frequency of MNRETs upon γ -radiation exposure.	70
<i>Asparagus racemosus</i> (Shatavari)	Reduce effect of stressors	Protects mitochondria against radiation-induced lipid peroxidation, protein oxidation, and depletion of protein thiol and levels of SOD.	71
<i>Centella asiatica</i>	Good wound healing properties	Protects radiation induced conditioned taste aversion in rats (72) Reduce prenatal irradiation-induced changes in brain function (73) Enhanced the survival of mice exposed to lethal dose and also reduces the weight loss (74)	72-74
<i>Citrus aurantium</i> var. <i>amara</i>	Rich in vitamin C and carotenoids	Reduces the frequencies of micronucleated polychromatic erythrocytes and normochromatic erythrocytes. Protects mouse bone marrow by a factor of 2.2 against the side effects of γ -irradiation.	42
Dang-Gui-Shao-Yao-San (DGSYS)	-	Prevents hematopoietic injury caused by sublethal dose of radiation	75
<i>Emblica officinalis</i> (Amalaki)	Antibacterial, Anti-inflammatory, Reduce stress	Pre-treatment inhibits mortality and provides protection against radiation induced deleterious alteration in intestinal mucosa of mice (76) Modulates TNF- α and IL-1 β and prevents radiation induced gastric damage (77)	76, 77
<i>Lycium chinense</i>	-	Protects against radiation induced bone marrow death.	78
<i>Mentha piperata</i>	Mint for flavouring	Enhances the survival of mice (46) Oil affords protection in terms of survival percentage and haematological parameters in mice (47) Oral administration before exposure to γ -radiation protects against chromosomal damage in bone marrow of mice with a DRF value 1.78 (45)	45-47
<i>Myristica fragrans</i>	-	Protects testes of mice by inhibiting γ -radiation induced TBARS and increased the level of GSH.	79

(Contd)

Table 2—Radioprotective effect of medicinal plants—Contd

1	2	3	4
<i>Ocimum sanctum</i> (Tulsi)	Anticancer, antimicrobial, stimulant	Water extract enhances the survival of mice with a DMF of 1.28 (53) Enhances the bone marrow protection (54)	53, 54
<i>Panax ginseng</i>	Cardioprotective	Enhances the jejunal crypt survival and endogenous spleen colony formation and reduces the frequency of radiation induced apoptosis.	80
<i>Phyllanthus amarus</i>	Antidiabetic	Significantly increased the total W.B.C count, bone marrow cellularity, and alpha-esterase activity. It also increases the antioxidant defense enzymes such as CAT, SOD, GST, GPx and GR both in blood and tissue, which were reduced by radiation treatment (81). Protect mouse chromosome against radiation-induced damage (82)	81, 82
<i>Podophyllum hexandrum</i>	Anti-tumor effect	Enhanced liver GST and SOD, intestinal SOD and survival of mice (58) Protects plasmid pBR 322 DNA against radiation induced damage (57) Prevents radiation-induced neuronal damage in postnatal rats exposed <i>in utero</i> (59)	57-59
<i>Amaranthus paniculatus</i> (Ragira)	-	The oral administration of aqueous <i>Rajgira</i> extract at 800 mg / kg body weight / day for 15 consecutive days before whole body exposure to radiation was found to be effective with a dose reduction factor of 1.36.	83
<i>Rubia cordifolia</i>	Platelet activating property	Protects plasmid pBR322 DNA against strand breaks and microsomal and mitochondrial membranes against lipid peroxidation induced by γ -radiation.	84
si-jun-zi-tang	Energy tonic	Protects jejunal crypt and increased the endogenous spleen colony formation and reduces the frequency of radiation induced apoptosis (85) Protects mouse bone marrow cells (86)	85, 86
si-wu-tang	Blood building decoction	Protects jejunal crypt and increased the endogenous spleen colony formation and reduces the frequency of radiation induced apoptosis.	85
<i>Syzygium cumini</i> (Jamun)	Anti-diabetic	Leaf extract reduces radiation induced micronuclei formation in human peripheral blood lymphocytes (87) Delayed the onset of mortality and reduced the symptoms of radiation sickness (88)	87, 88
<i>Terminalia chebula</i>	Anti-bacterial, Reduce effect of stressors	Protects plasmid pBR322 DNA and human peripheral blood leukocytes (89) Inhibits γ -radiation-induced lipid peroxidation in rat liver microsomes and damage to superoxide dismutase enzyme in rat liver mitochondria besides γ -radiation-induced strand breaks in plasmid pBR322 DNA (90)	89, 90
<i>Tinospora cordifolia</i> (Guduchi)	Antibacterial, Antihyperglycemic, Reduce toxic effect of cyclophosphamide, Improve surgical outcome	Enhanced the survival of mice and modulate macrophage response to radiation (18) Reduces radiation induced damage in the liver cells Protects Swiss albino mice against radiation injury and regain the weight loss Pre-irradiation treatment with RTc rendered 76.3% survival (30 days), compared to 100% mortality in irradiated control and prevented radiation induced weight loss. It restores total lymphocyte counts and increases the S-phase population which was reduced after 2 Gy exposure (61)	18, 61
<i>Zingiber officinale</i>	Anti-inflammatory, Anti-cancer, Anti-stressor, Anti-proliferative	Reduces the severity of radiation sickness and mortality. Protects mice from GI and bone marrow syndromes.	91

Hippophae rhamnoides (Linn.)—*Hippophae rhamnoides* (Sea Buckthorn) is being used in the Indian and Tibetan system of medicine for centuries. The plant has antioxidant, anti-inflammatory, antimicrobial and immunostimulatory properties. Its aqueous extract enhances the survival of strain 'A' mice when administered 30 min prior to whole body γ -irradiation⁴³. It provides protection to the gastro-intestinal system against lethal whole-body γ -irradiation. Administration of a hydroethanol (50:50 v/v) extract, 30 min before irradiation increased the number of surviving crypts in the jejunum by a factor of 2.02 and villi cellularity by 2.5 fold⁴⁴.

Mentha piperita (Linn.)—This is an aromatic plant (peppermint) with several reported therapeutic properties pertaining to treatment for nausea and vomiting. The oral administration of Mentha extract (ME) (1g/kg body weight/day) before exposure to γ -radiation was found to be effective in increasing the frequency of radiation-induced endogenous spleen colonies. A significant increase in the weight of the spleen was observed in animals of the Mentha treated and radiation exposed group in comparison to the irradiated group on day 10 of post-irradiation. Oral administration of 1g/kg body weight/day before exposure to γ -radiation protects against radiation induced chromosomal damage in bone marrow of mice with a dose modifying factor (DRF) value 1.78⁴⁵. Mentha extract and its oil enhanced the survival of mice^{46,47} besides improving hematological parameters⁴⁷.

Ocimum sanctum (Linn.)—*Ocimum sanctum* (Tulsi or Indian holy basil) is a medicinal herb widely used in the Ayurveda system of medicine in India. It is used for treating infections, skin diseases, common cold and cough, malarial fever besides hepatic disorders. It is also having antibacterial⁴⁸, anti-inflammatory⁴⁹, anti-viral⁵⁰, anti-carcinogenic⁵¹, antioxidant and immunostimulatory activities⁵². Uma Devi and Ganasoundari reported its radioprotective property for the first time⁵³. Aqueous and alcoholic extracts of leaves have radio-protective properties, but its aqueous extract (optimum dose was 50 mg/kg body weight, acute LD₅₀ was 6 g/kg body weight) was more effective in increasing survival⁵³. Its extract was compared to WR-2721, a standard radioprotector. An intraperitoneal injection of an optimum dose (10 mg/kg daily for 5 days) of leaf extract to mice before

delivering sub-lethal (2 Gy) total body γ -radiation produced a significantly higher bone marrow stem cell survival than such a pre-treatment with 300 mg/kg of WR-2721⁵⁴. Two active components of *O. sanctum*, orientin and vicanin, did not exhibit any systemic toxicity in mice even at a dose of 100 mg/kg b.wt and both significantly increased the survival of mice when administered 30 min prior to lethal whole body γ -irradiation. Vicanin has DMF value of 1.37 whereas orientin has 1.30 in the murine system⁵⁵. These compounds also significantly inhibited the Fenton reaction-induced OH radical under *in vitro* conditions⁵⁶ and protected human lymphocyte chromosomes against radiation⁵¹.

Podophyllum hexandrum (Royle)—*Podophyllum hexandrum* (Himalayan Mayapple) has been shown to mitigate radiation injuries and especially the haemopoietic syndrome in adult mice. It protects plasmid pBR322 DNA against radiation-induced damage *in vitro*⁵⁷. It enhanced survival of mice and increased levels of liver GST and SOD besides intestinal SOD⁵⁸. It also prevents radiation-induced neuronal damage in postnatal rats exposed *in utero*⁵⁹. Podophyllotoxin is one of the major constituents of the extract of *Podophyllum* and it has radioprotective action in *Saccharomyces cerevisiae*⁶⁰.

Tinospora cordifolia (Miers)—*Tinospora cordifolia* (Guduchi) is widely used in Ayurvedic medicines. It is known for its immunomodulatory, anti-hepatotoxic, anti-stress and antioxidant properties. It has been used in combination with other plant products to prepare a number of Ayurvedic formulations. A preparation of *T. cordifolia* (RTc) administered ip (200 mg/kg body weight) to male mice 1 hr before whole body γ -irradiation was evaluated for its radioprotective efficacy, in terms of whole body survival, spleen colony forming units (CFU), hematological parameters, cell cycle progression and micronuclei induction. Pre-irradiation treatment with RTc rendered 76.3% survival (30 days), compared to 100% mortality in irradiated control and prevented radiation induced weight loss. It restores total lymphocyte counts and increases the S-phase population that was reduced after 2 Gy exposures⁶¹. Its aqueous extract enhances the survival of mice against a sublethal dose of gamma radiation¹⁸. It protects Swiss albino mice against radiation injury and helps to regain the weight lost. It also reduces radiation induced damage in the liver cells^{18,61}.

B Polyherbal formulations

There are some polyherbal formulations that show radioprotective effects. A compilation of such effects is given in Table 3.

Abana—Abana's active ingredients are from *Terminalia arjuna* (arjuna), *Centella asiatica* (Gotu-Kola) and *Withania somnifera* (ashwagandha). It reduces hypertension^{92,93} and other cardiovascular diseases in man⁹⁴. It inhibits platelet aggregation⁹⁵. Abana protects mouse bone marrow against radiation-induced micronuclei formation⁹⁶. The alcoholic extract of abana (20 mg/kg body weight) provided protection against gastrointestinal (GI) death and enhanced the survival of mice after exposure to γ -radiation. Acute toxic studies revealed that Abana was non-toxic up to a dose of 1.6 g/kg body weight, where no drug induced mortality was observed. The LD₅₀ dose of abana was found to be 1.8 g/kg body weight. This study demonstrated the ability of abana as a good radioprotective agent and the optimum

protective dose of abana was 1/90 of its LD₅₀ dose^{97,98}.

Cystone—Some of Cystone's active ingredients are *Rubia cordifolia* (Indian madder), *Didymocarpus pedicellata* (Shilapushpa), *Saxifraga ligulata* (Pasanavheda), *Cyperus scariosus* (Umbrella's edge), *Achyranthes aspera* (Rough Chaff tree) and *Tinospora cordifolia* (Guduchi). It is very effective in supporting the urinary tract function. It reduces susceptibility to urinary problems by maintaining mucosal integrity. Cystone keeps the kidneys and urinary tract flushed and working at optimum efficiency. Cystone inhibits calculogenesis by reducing stone-forming substances like oxalic acid, calcium hydroxyproline etc., and causes their expulsion by micropulverization. Treatment of mice with different doses of cystone, consecutively for five days before irradiation, delayed the onset of mortality and reduced the symptoms of radiation sickness⁹⁹.

Table 3—Radioprotective effect of polyherbal formulations

Plants	Medicinal/beneficial properties	Radioprotective effects	Ref.
Abana (a polyherbal formulation)	Reduces hypertension and other cardiovascular diseases	Treatment of mice with different doses of abana delayed the onset of mortality and reduced the symptoms of radiation sickness as compared to the irradiated controls (97) Pre-treatment of mice with abana before irradiation delayed the onset of mortality and reduced the symptoms of radiation sickness. Provided protection against both the gastrointestinal and haemopoietic death (98).	97, 98
Bu-zhong-yi-qi-tang (a Chinese formulation)	-	Protects intestine and hematopoietic organs against radiation damage.	106
Cystone (an ayurvedic herbal medicine)	Keeps the kidneys and urinary function at optimum efficiency	Treatment of mice with different doses of cystone, consecutively for five days before irradiation, delayed the onset of mortality and reduced the symptoms of radiation sickness.	99
Geriforte (Polyherbal formulation)	Anti-aging effects, and improves hormonal effectiveness	Delayed the onset of mortality and reduces radiation sickness. Protects against GI and bone marrow death with a DRF of 1.14.	100
Mentat (a polyherbal formulation)	Improves memory and minimize deficits associated with aging.	Mentat, consecutively for five days administration before irradiation delayed the onset of mortality and reduced the symptoms of radiation sickness. It also protects against GI syndrome.	101
Triphala (an Ayurvedic formulation)	Anti-bacterial Anti-malarial, Anti-fungal, Anti-allergic, and anti-viral	Delayed the radiation induced mortality and reduced the symptoms of radiation sickness. Provide protection against gastrointestinal and hematopoietic deaths (104) Differentially protect normal cells more than tumor cells in culture (105)	104, 105
Y Rad A (a herbal formulation)	-	Protects hematological parameters and reduces micronuclei. Inhibits lipid peroxidation and reduced glutathione content in RBC.	107

Geriforte—Geriforte is a completely natural product. Some of its active ingredients are Chyavanprash, *Withania somnifera* (ashwagandha), *Embolica officinalis* (Indian gooseberry), *Mucuna urens* (Cowitch plant) etc. It has strong antioxidant properties, the key to its reported anti-aging benefits. It improves hormonal effectiveness, the key to its menopausal benefit. It is also found to be effective in stress related conditions like premature aging, fatigue, insomnia or emotional imbalance. Treatment of mice with different doses of geriforte, consecutively, for five days before irradiation delayed the onset of mortality and reduces radiation sickness. A dose of 10 mg/kg body weight ($1/475^{\text{th}}$ of the LD_{50}) protects against GI and bone marrow death with a DRF of 1.14 upon γ -radiation exposure¹⁰⁰.

Mentat—Mentat is an herbal formulation of several medicinal plants that have been categorized in Ayurveda as “Medharasayanans”. It is used to regulate behavior, improve memory and minimize deficits associated with aging. This formulation includes *Bacopa monniera* (Brahmi), *Centella asiatica* (Gotu-Kola), *Adoxa moschatellina* (Musk root), *Terminalia arjuna* (Arjuna) as some of the active ingredients. Mentat supports the brain function in normal situations as well as when facing various mental and emotional pressures. Administration of Mentat consecutively for five days before irradiation delayed the onset of mortality and reduced the symptoms of radiation sickness. It also protects against GI syndrome¹⁰¹.

Triphala—Triphala, is one of the important formulations commonly used in the Ayurvedic system of medicine. It is a formulation of three herbs namely, *Terminalia chebula*, *Phyllanthus emblica* (or *Embolica officinalis*) and *Terminalia bellerica*. It has been described in the Ayurveda as a ‘tridoshic rasayan’. This is an antioxidant rich formulation^{102,103}. Triphala and/or its individual plant constituents have antibacterial anti-malarial, anti-fungal, anti-allergic and anti-viral activities. It has good radioprotecting effect at a dose of 1/28 of its LD_{50} dose. It enhances the survival of mice and reduces the symptoms of radiation sickness upon exposure to γ -radiation and provides protection to gastrointestinal and hematopoietic deaths¹⁰⁴. Under culture condition it differentially protects normal cell MOE than tumor cell¹⁰⁵.

C Natural and semi-natural compounds of plant origin as radio-protectors

There are many natural and related compounds that show radioprotective effects. A compilation of such compounds and their effects are given in Table 4. Among these a detailed analysis is done for the following compounds:

Ascorbic acid—Vitamin C protects *Allium*¹⁰⁸ and barley seeds¹⁰⁹ against ionizing radiation. The radioprotective effects of ascorbate seem to be due to its interactions with radiation-induced free radicals¹¹⁰. Earlier studies had shown a protection factor of 2 for dietary vitamin C following irradiation from ^{131}I ¹¹¹. Ascorbic acid pretreatment inhibited the radiation-induced elevation in lipid peroxidation and significantly elevates the antioxidant enzymes¹¹². It protected mice against radiation-induced sickness, mortality and improves the healing of wounds after exposure to whole-body γ -radiation¹¹³. It also leads to early recovery from radiation injury. The significant inhibition of the biochemical alterations in liver suggests the prophylactic role of vitamin C against γ -irradiation¹¹⁴.

Caffeine—Caffeine scavenges hydroxyl radicals^{115,116} and competes with oxygen for radiation-induced electrons^{10,117,118}. Caffeine offers radioprotection against oxygen-dependent radiation-induced damage in barley seeds¹¹⁹, in Chinese hamster ovary cells¹²⁰, rat liver mitochondria^{121,122} and plasmid DNA¹²³. Caffeine is radioprotective in bone marrow chromosomes of mice whether given before or after whole-body γ -irradiation¹²⁴. Post-treatment with caffeine did not influence radiation-induced damage in mouse L cells¹²⁵, or Chinese hamster cells¹²⁶. Caffeine restores the normal cell cycle following X-ray-induced arrest in G_2 phase in one and two-cell mouse embryos¹²⁷. The effect of caffeine was blocked by cycloheximide, suggesting that caffeine action depends on protein synthesis¹²⁸. Caffeine reduced the concentration of an X-ray-induced protein in melanoma cells¹²⁹. Caffeine protects against radiation-induced lethality in mice¹³⁰.

Chlorophyllin—Chlorophyllin acts both as an antimutagen¹³¹ and as a radioprotector¹³²⁻¹³⁸. The mutagenicity of 26 krad X-rays given to yeast (*S. cerevisiae*), was inhibited by chlorophyllin¹³⁹. Chlorophyllin protects mitochondrial membranes against γ -radiation., *in vitro*^{133,134}, strand breaks and plasmid DNA¹⁴⁰ sister chromosomal exchange (SCE) in murine bone marrow cells, *in vivo*¹³⁷. It signi-

Table 4—Radioprotective effect of natural and semi-natural compounds

Natural compounds	Radioprotective effects	Ref.
1	2	3
Ascorbic acid	Protects <i>Allium</i> and barley seeds against ionizing radiation (109)	109, 112,
Vitamin C	Inhibited radiation-induced elevation in lipid peroxidation and significantly elevated the anti-oxidant enzymes (112) Protected mice against radiation induced sickness, mortality and improve the healing of wounds after exposure to whole-body γ -radiation (113)	113
Caffeine	Differentially protects against oxic component of damage but not anoxic component in rat liver mitochondria (122) Inhibits chromosomal aberrations in bone marrow cells of mice (120) Offers radioprotection against oxygen-dependent radiation-induced damage in barley seeds (119)	119, 120, 122
β -carotene	Inhibits radiation induced micronuclei as well as PCEs/NCEs and mitotic index of bone marrow cells (199-201) Inhibits MN frequency in mouse splenocytes, reticulocytes and spermatids but not in bone marrow cells (202)	199-202
Chlorophyllin	Protects mitochondrial membranes against γ -radiation (133) <i>In vivo</i> protection against γ -ray-induced sister chromatid exchange (SCE) in murine bone marrow cells (138) Radioprotective effect on somatic cell of <i>Drosophila</i> (135) Reduce the incidence of micronucleated polychromatic erythrocytes in bone marrow cell upon γ -ray exposure (136)	133, 135, 136, 138
Curcumin	Curcumin pretreatment has a conducive effect on the irradiated wound. Protects rat liver microsomes against lipid peroxidation induced by radiation.	203
Cystamine	Inhibits radiation induced changes in composition of fatty acid (204). Ameliorates radiation induced haemopoiesis (205).	204, 205
Eugenol	Effectively prevents membrane and cellular damage in irradiated thymocytes	206
Ferulic acid	Protects against the γ -radiation induced damage to plasmid pBR322 DNA <i>in vitro</i> , mouse blood leukocytes and bone marrow cells <i>in vivo</i> , also enhances the DNA repair process <i>in vivo</i> in mouse blood leukocytes.	146
Genistein	At non-toxic doses provides protection against acute radiation injury.	207
Glutathione (GSH)	GSH is a radioprotector of cells in culture (150) and animals <i>in vivo</i> (151).	150, 151
Glycyrrhizic acid	Protects against γ -radiation induced DNA damage to plasmid pBR322 <i>in vitro</i> , human peripheral blood leukocytes <i>ex vivo</i> and mouse blood leukocytes and bone marrow cells <i>in vivo</i> .	158
L-Lysine	Protects against radiation induced hemolysis of human RBCs and enhances the survival of Swiss mice.	208
Mangiferin	Reduces the radiation induced damage and enhances the repair of DNA double strand breaks in human peripheral blood lymphocytes.	209
Naringin	Protects against the radiation-induced genomic instability in terms of micronuclei and chromosomal aberrations in the mouse bone marrow (210, 211).	210, 211
Orientin	It also inhibits radiation peroxidation of lipid upon gamma-radiation exposure. (56) Protects the human lymphocytes against the clastogenic effect of radiation. (212) Orientin (50 μ g/ kg body weight) is having DMF value 1.6 for stem cell survival, exogenous spleen colony (CFU-S) (213) It protects against foetal irradiation-induced genomic damage and instability. (214)	56, 212, 213, 214
Sesamol	Significantly reduced γ -radiation-induced micronuclei and dicentrics in human lymphocytes.	215

(Contd)

Table 4—Radioprotective effect of natural and semi-natural compounds—*Contd*

1	2	3
Tocopherol Monoglucoside (TMG)	TMG has been shown to have a radioprotective effect in mammalian systems and yeast (195). Reduces radiation clastogenicity in mouse bone marrow when administered after irradiation (197) In a multi organ study using mice exposed to gamma radiation, it has been reported that administration of TMG resulted in preferential protection of cellular DNA in normal tissue such as liver, spleen, blood and bone marrow but not in tumour (198)	195, 197, 198
α -tocopheryl succinate (α -TS)	It enhances the levels of γ -irradiation-induced chromosomal damage in cancer cells, whereas it protects normal cells against such damage	190
Trigonelline	Protects plasmid pBR322 DNA and <i>Saccharomyces cerevisiae</i> cells against γ -radiation.	216
Troloxerutin	During radiotherapy of head and neck cancer, administration of a mixture of troloxerutin and coumarin offered protection to salivary glands and mucosa. (168) Inhibited lipid peroxidation in membranes of sub-cellular organelles as well as normal tissues of tumour-bearing mice exposed to γ -radiation. And differential protection of DNA in blood leukocytes and bone-marrow cells and not in cells of tumour in whole body irradiated tumour-bearing mice (169) Enhanced the DNA repair process in mouse blood leukocytes <i>in vivo</i> (170)	168-170
Vanillin	It suppresses the chromosomal aberrations induced by X-rays in V79 cells <i>in vitro</i> (176) and in mice <i>in vivo</i> (177)	176, 177
Vicenin	It also inhibits radiation peroxidation of lipid upon gamma-radiation exposure. (56) Protects the human lymphocytes against the clastogenic effect of radiation. (212) Vicenin (50 μ g/ kg body weight) is having DMF value 1.6 for stem cell survival, exogenous spleen colony (CFU-S) (213) It protects against foetal irradiation-induced genomic damage and instability. (214)	56, 212, 213, 214
Vinblastine sulfate	Offers protection to the normal tissues against γ -radiation-induced DNA strand breaks.	217
Vitamin E (α -Tocopherol)	Protects intestinal crypt of rat (180) Reduces the frequency of micronuclei and chromosomal aberrations in bone marrow cells. Significantly radio-protects the hematological parameters- RBC count, serum-SH level, blood GSH etc. (181).	180, 181

ificantly reduces the incidence of micronucleated polychromatic erythrocytes in bone marrow cells upon γ -ray exposure¹³⁶. Chlorophyllin exhibited radioprotective activity in *Drosophila melanogaster*¹³². A dose of 100 μ g of chlorophyllin /g body weight protected against the induction of sister chromatid exchange in murine bone marrow cells by 1 Gy of γ -rays^{137,138}.

Ferulic acid—Ferulic acid is a monophenolic phenylpropanoid occurring in plant products such as rice, green tea and coffee beans. It has ability to act as an antioxidant against peroxy radical induced oxidation in neuronal culture and synaptosomal membranes¹⁴¹. It scavenges the reactive oxygen species such as hydroxyl radical (OH), hypochlorous acid (HOCl) and peroxy radical (RO_2)¹⁴² besides the stable free radical 1, 1-diphenyl-2-picrylhydrazyl (DPPH)¹⁴³. No *in vivo* data is available, but *in vitro* studies on cytotoxicity indicate that in rat hepatocyte the LD_{50} is 25 mM¹⁴⁴. Short-term feeding study showed that ferulic acid-sulfoglucuronide is the main

metabolite in the plasma of rat administered with ferulic acid or its sugar esters¹⁴⁵. Administration of ferulic acid 1 hour prior to irradiation significantly reduced the DNA damages in mouse blood leukocyte and bone marrow cells. Also, ferulic acid given 1 h prior and/or immediately after γ -radiation exposure significantly reduces the micronucleated reticulocytes (MNRETs) in mouse blood. It also enhances the DNA repair in mouse peripheral blood leukocytes¹⁴⁶.

Glutathione (GSH)—Glutathione is a very important cellular antioxidant. Most normal cells have a large excess of glutathione. Cells deprived of glutathione suffer severe oxidative damage associated with degeneration of mitochondria. Intracellular glutathione increases the resistance of tumor cells to alkylating agents and ionizing radiation^{147,148}, while depletion of glutathione inhibits tumor cell growth¹⁴⁹. GSH is a radioprotector of cells in culture¹⁵⁰ and animals *in vivo*¹⁵¹. Patients with higher GSH levels, treated with radiation for squamous cell carcinoma of the oral cavity, had less severe mucositis¹⁵².

Glycyrrhizic acid (GZA)—Root extracts of the plant *Glycyrrhiza glabra* L, known as Yashtimadhu in Ayurveda have been used for curing various diseases due to their anti-inflammatory, antibacterial, antiviral and immune-modulating activities¹⁵³. The extract, generally called liquorice, is widely used as sweetener in food products and chewing tobacco. The active compounds of the extract have been reported to have immunomodulating¹⁵⁴ and anti-oxidant effects¹⁵⁵. The radioprotective effect of the extract on γ -radiation induced DNA and membrane damages have been reported¹⁵⁶. One of the major components of the extract is glycyrrhizic acid. In biological systems most of the damage induced by gamma rays is indirect and mediated through free radicals that interact with important macromolecules including DNA and membranes¹⁵⁷. Membrane damage occurs mainly due to peroxidation of membrane lipids. In the earlier study we have investigated the mechanism of radiation protection of DNA by glycyrrhizic acid (GZA) *in vitro*, *ex-vivo*, and *in vivo*. GZA offered protection to plasmid pBR322 DNA from radiation-induced strand breaks with a dose-reduction factor of 2.04 at 2.5 mM concentration. Under *ex vivo* condition GZA protected the cellular DNA of human peripheral blood leukocytes exposed to gamma radiation in a concentration-dependent manner. Intraperitoneal administration of the GZA (4 mg/kg body weight) to mice one hour prior to radiation exposure protected cellular DNA of peripheral blood leucocytes and bone marrow cells. Pulse radiolysis studies indicated that GZA offered radioprotection by scavenging free radicals¹⁵⁸.

Troloxerutin—Troloxerutin, a derivative of the natural flavonoid rutin extracted from *Sophora japonica* (Japanese pogoda tree) has been commonly used in the treatment of Chronic Venous Insufficiency (CVI) disease¹⁵⁹⁻¹⁶². It improves capillary function, reduces capillary fragility¹⁶³ and abnormal leakage and has anti-erythrocytic, anti-thrombotic, fibrinolytic and rheological activity¹⁵⁹. Its effectiveness and safety has been evaluated in both elderly patients¹⁶⁴ and pregnant women¹⁶⁵, with excellent results. It scavenges oxygen-derived free radicals^{166,167}. It has been reported that during radiotherapy of head and neck cancer, administration of a mixture of troloxerutin and coumarin offered protection to salivary glands and mucosa¹⁶⁸. It has been shown that troloxerutin inhibited lipid peroxidation in membrane of sub-cellular organelles as well as normal tissues of tumor-bearing

mice exposed to γ -radiation. Further, it was found that administration of troloxerutin resulted in differential protection of DNA in blood leukocytes and bone-marrow cells and not in cells of tumor in whole body irradiated tumor-bearing mice¹⁶⁹. Maurya *et al.*¹⁷⁰ have recently shown that it enhances the process of DNA repair and having concentration dependent radioprotection to mouse blood and bone marrow cells. It significantly inhibited the micronuclei in human peripheral blood lymphocytes and mouse blood reticulocytes.

Vanillin—Vanillin (4-hydroxy-3-methoxybenzaldehyde) is the major component of natural vanilla, which is one of the most widely used and important flavouring materials worldwide. The source of vanilla is the bean, or pod, of the tropical *Vanilla orchid* (principally *Vanilla planifolia* Andrews, syn. *V. fragrans* (Salisb. Ames)). Vanillin is an antioxidant in lipid assay systems¹⁷¹. Vanillin and its analogs were strongly antimutagenic or antigenotoxic in most but not all studies^{172,173}. Vanillin itself was not mutagenic but in a few studies it enhanced mutagenesis of chemical mutagens¹⁷⁴. Oral treatment of mice with 500 mg/kg body weight vanillin at 7.5 hr after injection of mitomycin C caused 50% decrease in the frequency of micronucleated polychromatic erythrocytes¹⁷⁵. The antimutagenic effects of vanillin may be the result of a mutation-dependent, error-free pathway for post-replication DNA repair¹⁷². It suppresses the chromosomal aberrations induced by X-rays in V79 cells *in vitro*¹⁷⁶ and in mice *in vivo*¹⁷⁷. It inhibits lipid peroxidation in rat liver mitochondria and reduces DNA damage in plasmid pBR322^{178,179}.

Vitamin E and its derivatives—Several studies on the radioprotective effects of vitamin E on normal cells in animals have been published¹⁸⁰⁻¹⁸³. Vitamin E, a singlet oxygen scavenger, does not scavenge hydroxyl radicals or hydrogen peroxide¹⁸⁴. Vitamin E prevents radiation-induced lipid peroxidation. The whole body LD_{50/30} radiation dose in mice fed a vitamin E deficient diet decreased, while excess vitamin E increased the dose. Vitamin E suppressed X-ray-induced transformation of C3H10T1/2 and other cells when present during and after radiation exposure^{185,186}. Transformants appeared when vitamin E was removed and cells were allowed to proliferate, indicating that initiated cells were still present¹⁸⁵. This indicates that vitamin E does not inhibit oxidizing radicals produced by radiation, thought to be responsible for initiating DNA damage. However,

vitamin E (300 mg/kg body weight) did not significantly prevent chromosomal damage in bone marrow cells against a whole body dose of 0.4 Gy X-rays¹⁸⁷.

Alpha-tocopheryl succinate (α -TS): One of the most effective form of vitamin E, α -TS^{188,189}, enhances the growth-inhibitory effect of X-irradiation on neuroblastoma cells in culture¹⁹⁰. Recently, it has been shown that α -TS increases the levels of radiation-induced decrease in mitotic accumulation in human cervical carcinoma cells and ovarian carcinoma cells in culture, but it does not modify this effect of irradiation in normal fibroblasts in culture¹⁹¹. It has been reported that α -TS by itself induces chromosomal damage in cancer cells, but not in normal cells in culture. In addition, it enhances the levels of γ -irradiation-induced chromosomal damage in cancer cells, whereas it protects normal cells against such damage¹⁹².

Alpha-tocopherol monoglucoside (TMG): TMG is a highly water-soluble derivative of α -tocopherol where the isoprenoid side chain of α -tocopherol is replaced by a glucose moiety through an o-glycosidic bond. This compound has been found to scavenge free radicals and effectively protect DNA and membranes against ionizing radiation^{193,194}. TMG has been shown to have a radioprotective effect in mammalian systems and yeast¹⁹⁵⁻¹⁹⁷. Administration of TMG to mice, five minutes prior to whole-body X-irradiation by an oral route or immediately after by an ip route, protected them from the lethal effects of radiation. Administration of TMG by ip to mice following irradiation prevented gamma-radiation-induced chromosomal aberrations in bone-marrow cells¹⁹⁷. In a multi organ study using mice exposed to gamma radiation, it has been reported that administration of TMG resulted in preferential protection of cellular DNA in normal tissue such as liver, spleen, blood and bone marrow but not in tumor¹⁹⁸.

Conclusions and future prospects

From the fore-going review it can be surmised that there are several novel approaches to radioprotection. Many have potential applications. The benefits of using natural products for radioprotection are many. Some of the natural compounds and herbal extracts/preparations could be effective in mitigating radiation injuries and several radiation related syndromes. Major advantage of using these would be their relative non-toxicity and time tested effectiveness in curing symptoms akin to the pathological situations

arising from radiation exposures. Exposure to ionizing radiation in early life for diagnostic/therapeutic purposes has been reported to increase the cancers in later life²¹⁸. Pre-natal radiation exposure increases the incidence of tumors in the experimental animals and humans. Protection against radiation induced genetic instability by non-toxic dietary ingredients or herbal preparations form an attractive proposition to prevent radiation-induced carcinogenesis^{214,219}. Plants, their products and polyherbal preparations have been used to treat various human ailments from ancient time in Eastern countries as well as in the West. As some of the radiation syndromes exhibit pathological manifestation similar to these human ailments, the herbal medicines useful for treating the ailments could also be effective in case of radiation syndromes. As we have an enormous heritage of vast natural dietary and time tested medicinal resources it is worth exploring the possibility of developing efficient, economically viable and clinically acceptable radioprotectors for human application from these resources.

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