

Antioxidant Activity of Zerumbone and Its Pharmacological Prospects in Oxidative Stress Conditions: A Narrative Review

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ABSTRACT

Introduction: Oxidative stress is a condition caused by an imbalance between the level of oxidants in cells and tissues and the ability of the biological system to detoxify these reactive products. To compensate for the excess oxidant molecules, the human body requires the intake of antioxidant compounds through diet or medicinal plants to overcome the deficiency of these endogenous antioxidants. Zerumbone is the main bioactive compound of the Zingiber zerumbet L. Smith rhizome that was reported to have antioxidant activity and different pharmacological effects, like anti-inflammatory, anti-cancer, antidiabetic, immunomodulatory, anti-neurodegenerative disease, hepatoprotective, and gastroprotective. **Aims:** This review aims to gather available scientific research data regarding the antioxidant activity of zerumbone and its pharmacological prospects under conditions of oxidative stress. This paper is an overview of previous research on the various pharmacological activities of zerumbone and studies of its mechanism of action related to oxidative stress at the molecular level. The selected articles are related research reports for the 2010–2022 period, which can be accessed online through NCBI, Science Direct, MDPI, and Google Scholar. **Result:** The research results mentioned in this review paper can summarize knowledge to explain the pharmacological potential of zerumbone so that it can be used as a starting point or comparison in designing further research. **Conclusion:** The results of the reviews show that the various pharmacological prospects of zerumbone are related to oxidative stress conditions through various modes of action.

KEYWORDS: Zerumbone, antioxidant, antiinflammation, oxidative stress, and narrative review.

INTRODUCTION

Oxidants are various highly reactive molecules that oxidize specific substrates under favorable conditions. Oxidant molecules can be free radicals or non-radical derivatives of oxygen, nitrogen, and sulfur (Ali et al., 2020). The metabolism of oxygen and nitrogen produces highly reactive molecules known as

reactive oxidant species (ROS) and reactive nitrogen species (RNS). ROS and RNS can be free radicals such as superoxide radicals ($O_2^{\bullet-}$), hydroxyl radicals (OH^{\bullet}), and nitric oxide (NO^{\bullet}). However, other non-free radicals can also exist, including peroxynitrite ($ONOO^{\bullet}$) and hydrogen peroxide (H_2O_2) (García-Sánchez et al., 2020). The human body can

produce endogen antioxidants to compensate for the presence of these various oxidant molecules. However, when an excess of oxidant molecules and endogenous antioxidants cannot neutralize them, oxidants and antioxidants are out of balance called the oxidative stress phenomenon (Pizzino et al., 2017).

Oxidative stress activates several inflammatory mediators implicated in several chronic diseases. According to clinical evidence, oxidative stress and inflammation brought on by an excess of ROS are likely to play a crucial part in the development of several diseases, including chronic inflammation-related disease (Hussain et al., 2016). Oxidative stress lead a major role in the development of certain pathophysiological conditions such as inflammation (Mittal et al., 2014), carcinogenesis (Ziech et al., 2011), diabetes mellitus, neurodegenerative diseases (He et al., 2017; Vigneron & Vousden, 2010), etc. (García-Sánchez et al., 2020). These various conditions can be inhibited by the intake of antioxidants through supplements, functional foods, or medicinal plants.

Antioxidant compounds commonly known to be used in treating various chronic diseases are N-acetylcysteine, Paricalcitol (vitamin D), retinol, ascorbic acid, and α -tocopherol, or coenzyme Q10 (García-Sánchez et al., 2020). In comparison, the antioxidant compounds obtained from medicinal plants are polyphenols and carotenoids (D.-P. Xu et al., 2017). Numerous sesquiterpenes with

promising anti-inflammatory, antiparasitic, and anticarcinogenic properties have been discovered recently through efforts in the research and development of new drugs derived from natural products (Shoaib et al., 2017). One of the sesquiterpenes that have been widely studied and reported regarding their antioxidant activity and other pharmacological prospects is zerumbone.

Zerumbone is a secondary metabolite found in various Zingiberaceae plants with many potentials. Suk Dev isolated zerumbone from the *Zingiber zerumbet* rhizome's essential oil in 1956 (Dev, 1960), and the compound's structure was then determined using NMR and X-ray analysis (Dev et al., 2002). As shown in Figure 1, Zerumbone is a sesquiterpene with an isolated double bond and a cross-conjugated dienone system (Ajish et al., 2014). This substance is classified as a potential cytotoxic sesquiterpene ketone. The pentadienone group of a particular sesquiterpene ketone in this compound plays a significant role in its bioactivity (Truong, Duy et al., 2015).

The pharmacological prospects of zerumbone for various conditions related to oxidative stress have been reported, such as anticancer (Girisa et al., 2019), anti-inflammatory (Su et al., 2021), hepatoprotector (Abuzahra et al., 2021), immunomodulator, anti-gastric ulcer, even antibacterial (Kalantari et al., 2017). This review aims to gather available scientific research data regarding the antioxidant activity

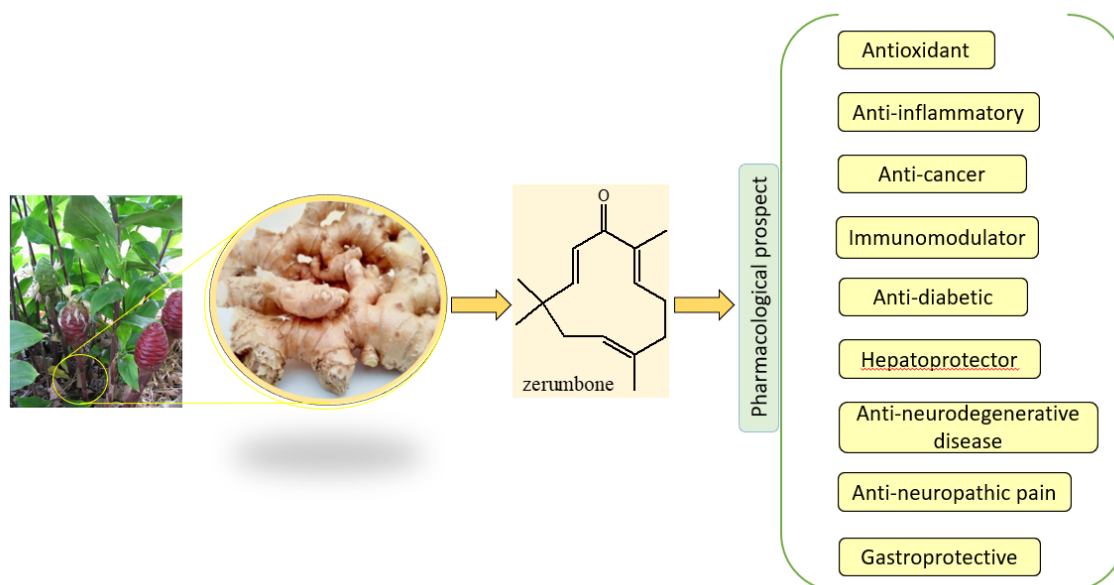


Figure 1. Zerumbone isolated from *Zingiber zerumbet* (L) Smith with various pharmacological prospective.

of zerumbone and its pharmacological prospects under conditions of oxidative stress. Currently, a number of previous authors have published review articles that touch on the biomedical aspects of zerumbone (Girisa et al., 2019; Kalantari et al., 2017; Rahman et al., 2014; Yeh, et al., 2022). The novelty value that we highlight in this article is associated with zerumbone's pharmacological potential based on its antioxidant activity. As a result, the information provided in this review is extremely relevant for upcoming investigations into the mechanism of action of zerumbone in a variety of disease conditions linked to oxidative stress.

METHODS

Several journals from NCBI, Science Direct, MDPI, and Google Scholar were gathered for this journal review using the keywords "bioactivity of zerumbone",

"zerumbone as antioxidant", "zerumbone as anticancer", "zerumbone as anti-inflammatory", "zerumbone as immunomodulator", "zerumbone as antidiabetic", zerumbone as hepatoprotector", "anti-neurodegenerative of zerumbone", "anti-neuropathic pain of zerumbone" and "Gastroprotective of zerumbone". The journals taken are those published from 2010 to 2022. The journals used as references are international journals.

RESULTS AND DISCUSSION

Zerumbone as Antioxidant

Several scientists investigated zerumbone's antioxidant activity by conducting both enzymatic and non-enzymatic methods. The enzymatic methods target enzymes involved in cell redox reactions, such as CAT (catalase), GSH (glutathione), MDA (malonaldehyde), and SOD (superoxide dismutase). In comp-

arison, the FRAP (Ferric reducing antioxidant power) method, which has been reported so far. MDA can indirectly reflect the severity of oxygen-free radical attacks on tissue cells, whereas CAT, GSH and SOD remove intracellular oxygen-free radicals and protect cells from injury (M. Xu *et al.*, 2017).

CAT and SOD activity, as well as GSH levels, significantly increased in the zerumbone group, according to research on the drug's impact on CAT, SOD, MDA, and GSH levels in the gastric tissue of rats with chronic gastritis. On the other hand, the MDA content fell by a statistically significant amount. The findings show that zerumbone, through its antioxidant effect, can increase the capacity to capture oxygen free radicals, protecting gastric mucosal cells from free radical attack and thus reducing gastric tissue injury (Liqing Li *et al.*, 2017). In line with these results, zerumbone was demonstrated to reduce oxidative stress and protect the liver from CCl₄-induced acute liver injury (ALI) by replenishing GSH reservoirs, restoring antioxidant enzyme activity, and reducing lipid peroxidation (M. Wang, Niu, Ou, *et al.*, 2019).

Elevated MDA levels due to lipid peroxidation with high ROS and low antioxidant levels have been consistently connected to hypercholesterolemia, increased circulating ox-LDL, and decreased plasma HDL-C levels. In order to prevent and treat atherosclerosis, oxidative stress tests and studies of antioxidant biomarkers revealed that zerumbone is a powerful antioxidant in

inhibiting the formation of free radicals (Hemn *et al.*, 2015). The antioxidant potential was revealed in this study by restoring the redox balance, where zerumbone increases E-SOD levels while decreasing MDA levels. Because zerumbone decreases free radical formation from inflammatory cells, this dual effect significantly reduces free radical generation and lipid peroxidation.

When exposed to oxidative stress, Nrf-2 can form a protein dipolymer with the corresponding protein, activating the HO-1 gene's transcription and translation. Liqing *et al.* (2017) investigated how zerumbone affected the expression of the proteins HO-1 and Nrf-2 in the gastric tissues of rats to understand better the mechanism underlying the drug's protective effect on gastric mucosal tissues. They also looked at CAT, SOD, GSH, and MDA. The outcomes demonstrated that HO-1 and Nrf-2 expressions in tissues of the gastric mucosa could be significantly increased by zerumbone, enhancing CAT and SOD activities, raising GSH levels, and lowering MDA levels (Liqing Li *et al.*, 2017). Furthermore, according to their findings, zerumbone protects rats from chronic gastritis by boosting the ability of antioxidants of stomach mucosal tissue and avoiding lipid peroxidation.

In line with those findings, zerumbone's protective properties in preventing lipopolysaccharide-induced acute lung injury was investigated using mouse model conditions. This effect involves the mechan-

ism of antioxidant enzymes and Nrf2/HO-1. It was discovered in this study that zerumbone pretreatment increased the expression of Nrf2 and HO-1 that LPS caused to be associated with erythroid and restored the GPx, SOD, and CAT activities that LPS had decreased. The results of this study show that zerumbone increases antioxidant enzymes and the Nrf2/HO-1 pathway, protecting against LPS-induced ALI (Leung et al., 2017).

Non-enzymatic antioxidant activity was tested using the FRAP method by comparing its reducing power activity with ascorbic acid. The results show that the reducing power of zerumbone was better than ascorbic acid, which had values of $58.3 \pm 2.08 \mu\text{M Fe (II)/g}$ and $215.5 \pm 3.11 \mu\text{M Fe (II)/g}$ (Sidahmed et al., 2015).

According to the findings of this study, zerumbone works as an antioxidant by reducing free radical levels and has a synergistic effect in increasing antioxidant enzyme levels in various types of diseases related to oxidative stress. The cellular antioxidant pathways are more robust due to zerumbone's antioxidant activity.

Zerumbone as Anti-Inflammatory

In oxidative stress situations, NF- κ B can provide protection by preventing the buildup of ROS (Lingappan, 2017). It has been assumed that oxidative stress and nuclear factor (NF)- κ B, a redox-sensitive factor, are closely related. Oxidative stress and the NF- κ B pathway have been shown to interact in a

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vicious cycle. The NF- κ B signaling pathway's activation depends on oxidative stress. However, following the activation of this pathway, a number of inflammatory cytokines are produced, which exacerbate oxidative stress. NF- κ B signaling pathway is one of the primary factors involved in the inflammatory pathway. Therefore, the mechanism of zerumbone's action on NF- κ B is closely related to its antioxidant activities.

In addition to the NF- κ B signal transduction cascade, oxidative stress has been shown to cause inflammation through the activation of cyclooxygenase-2 (COX-2), inducibility of nitric oxide synthase (iNOS), and high expression of inflammatory cytokines like tumor necrosis factor- α (TNF- α), interleukin-1 (IL-1), IL-6, and chemokines (CXC chemokine receptor 4), in addition to changes in specific microRNA expression, additionally shown to play a part in the inflammation brought on by oxidative stress (Arulselvan et al., 2016). Several researchers have reported zerumbone's anti-inflammatory activity based on the effect of zerumbone administration on the activity of various inflammatory signaling pathways related to oxidative stress, which is summarized in Table 1.

Zerumbone as Anticancer

Cancer is one of the diseases with the worst prognosis today (Kalantari et al., 2017). Uncontrolled cell growth and cell signalling abnormalities caused by genetic or epigenetic changes in cells trigger cancer (Jiang et al.,

Table 1. Anti-inflammatory activity of zerumbone

Method	Dose	Result	Ref
<i>In Vivo</i> Enterotoxigenic <i>Bacteroides fragilis</i> (ETBF) infection-induced colitis in mice	60 mg/kg	Zerumbone reduced ETBF-induced colitis by inhibiting NF- κ B signaling.	(S. Hwang et al., 2019)
<i>In Vivo</i> acute necrotizing pancreatitis in rats	20 mg/kg	Zerumbone inhibits NF- κ B activation and reduces the expression of ICAM-1 and IL-1 β in rats, reducing the severity of acute necrotizing pancreatitis and pancreatitis-induced hepatic injury.	(Wenhong et al., 2012)
<i>In Vivo</i> female ICR mice	100 mg/kg	Zerumbone may offer protection against UVB-induced cataractogenesis by lowering lipid peroxides and raising the levels and activity of the body's own antioxidants GSH and GR.	(Chen et al., 2011)
<i>In Vivo</i> Male ICR mice	0, 0.1, 1, or 10 mmol/kg	Zerumbone inhibits NF- κ B activation, Akt phosphorylation, and the release of proinflammatory cytokines like TNF α and IL-6. It also reduces the expression of proinflammatory mediators like iNOS and COX-2.	(Ho et al., 2017)
<i>In Vitro</i> murine J774A.1 cells, murine peritoneal macrophages, and murine bone marrow-derived macrophages.	10,20,30,40,50 μ M	preventing the activation of the NLRP3 inflammasome, ERK-MAPK, and NF- κ B signaling pathways.	(Su et al., 2021)
<i>In Vitro</i> The murine macrophage cell line, RAW 264.7	(2.5~20 μ M)	Zerumbone activated the HO-1 pathway, which reduced the activity of iNOS and COX-2.	(Chien et al., 2016)
<i>In Vivo</i> Abdominal writhing response of acetic-acid induces in mice. paw-edema in rat	Zerumbone (50 mg/kg) positive control (PC) was morphine (5 mg/kg) zerumbone (5 mg/kg) PC= indomethacine 1 mg/kg	inhibited the number of writhing instances reduced paw edema	(Chien et al., 2016)
<i>In Vivo</i> male Sprague Dawley rats	ZER: 0.4% w/v of diluted in corn oil. CS: 20% in normal saline. celecoxib = 30 mg/kg diluted in 5% CMC	zerumbone significantly increased the synovium's immunoreactivity in rat knees with monosodium iodoacetate (MIA)-induced arthritis.	(Al-Saffar et al., 2011)
<i>In Vivo</i> Syrian golden hamsters fed on high-fat diet (HFD)	Zerumbone 300 mg/kg PC= lipanthyl 100 mg/kg	zerumbone has a beneficial effect in inhibiting fat accumulation in liver, improves insulin resistance, possesses a repressive effect on hepatic lipogenesis and inhibits inflammation, which are linked to the suppression of SREBP-1c and induction of PPAR α .	(Tzeng et al., 2013a)
<i>In Vivo</i> carrageenan-induced paw edema and cotton pellet-induced granuloma tissue formation test in mice.	5, 10, 50 and 100 mg/kg	Zerumbone resulted in significant dose-dependent inhibition of carrageenan-induced leg edema and, at the same dose, significantly suppressed granulomatous tissue formation in a cotton pellet-induced granuloma assay.	(Sulaiman et al., 2010)

2019). In addition, factors such as genetics, environment, free radicals and oxidative stress also contribute to cancer development (Esquivel-Chirino et al., 2016). Multiple endogenous and exogenous factors can produce reactive oxygen species, which can have various biological consequences. ROS is also a double-edged sword in cancer immunity, acting as an intracellular second messenger at low levels. Moderate ROS levels benefit cancer cells by increasing cancer metabolism and signalling and inhibiting antioxidants, which contribute to oncogenesis. High levels of ROS, on the other hand, can cause cell death caused by DNA damage (Nakamura & Takada, 2021). Antioxidants defend cells against free radical damage by interacting with them, stabilising them, and preventing cell damage. Zerumbone has antioxidant activity and can inhibit inflammatory reactions caused by oxidative stress in cancer. Thus, zerumbone can assist cancer treatment and other methods, such as chemotherapy and immune modification.

Studies have reported zerumbone's biological activity as an anticancer in various organs and its inhibition mechanism, as shown in Table 2.

The cells use signaling pathways involved in cell proliferation, metastasis, apoptosis, and cell cycle regulation, all of which are targets for anticancer therapy to respond to various potentially DNA-damaging exogenous and endogen stimuli (Kabeer et al., 2017). The tumour suppressor p53 acts as a transcription

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factor that allows genes involved in the stress response to be activated, and most types of cancer in humans are associated with defects in the p53-mediated stress response (Duronio & Xiong, 2013). In this case, by activating p53, zerumbone also prevents the proliferation of cancer cells in various cancer types (Ma et al., 2018; Zhang et al., 2012b).

Many studies reveal the antiproliferative effect of zerumbone on various types of cancer. The underlying mechanisms include up-regulating P53 in esophageal cells to promote apoptosis (Ma et al., 2018), pancreatic (Zhang et al., 2012a), and lung cancers (Truong, Nam, et al., 2015). In addition, apoptosis occurs by downregulating Bcl-2 in oesophageal (Ma et al., 2018), CNS (Jalili-Nik et al., 2020), and gastric cancers (D. Wang et al., 2016). Meanwhile, in breast (Sehrawat et al., 2012), CNS (Jalili-Nik et al., 2020), and gastric cancer cells (D. Wang et al., 2016), zerumbone induces Bax/Bak-mediated apoptosis. Zerumbone can also induce apoptosis in human gastric cancer cells through the Cyp A regulatory and mitochondria-mediated pathways (D. Wang et al., 2016). IKK inactivation, followed by Akt and FOXO1 phosphorylation and caspase-3 activation, contributes to zerumbone-mediated GBM cell death. Zerumbone inhibits cancer cell growth by inducing apoptosis, stops the cell cycle in the G2/M phase, and reduces IL-6 secretion in ovarian, cervical, and liver cancer cells (Abdelwahab et al., 2012).

Zerumbone can inhibit angiogenesis by inhibiting the $\alpha v\beta 3$ integrin signaling pathway in breast cancer. This compound also suppresses TGF- $\beta 1$ -induced expression of FN, MMP-2, and MMP-9 through smad3 inactivation and inhibits triple-negative breast cancer (TNBC) cell tumorigenicity. In TNBC, tumor invasion is also reduced by zerumbone by inhibiting the formation of IL-1 β and NF- κ B activation. Zerumbone can also inhibit angiogenesis by blocking NF- κ B activity in gastric, central nervous system, and pancreas cancer.

Zerumbone also suppresses Rac1 expression, inhibiting oesophageal cancer cell migration (M. Wang, Niu, Gao, et al., 2019). Inhibition of cancer cell migration to the pancreas by zerumbone is mediated by inhibiting the JAK2/STAT3 signaling pathway (Jorvig & Chakraborty, 2015). Lung cancer metastasis and migration are inhibited by zerumbone by inhibiting TGF- β -induced EMT through up-regulation of E-cadherin and down-regulation of the Smad2 signaling pathway (Hseu et al., 2015).

Zerumbone as Immunomodulator

Reactive oxygen species, as an agent with direct cytotoxic effects on cells, triggers the autoimmune response. Furthermore, antioxidant systems, which include enzymatic and nonenzymatic antioxidants, regulate ROS levels (Tavassolifar, Vodjgani, Salehi, & Izad, 2020). In immune-related diseases, immunomodulators can increase or decrease

the immune response of the innate and adaptive immune systems (T. Behl et al., 2021). The cells of the innate immune system, especially those with phagocytic activity like neutrophils and macrophages, are used in in vitro cellular functional tests to assess the effect of drugs or chemicals on immune system function (Bilitewski, 2008). Several studies related to the immunomodulatory activity of zerumbone have been reviewed and presented below.

When activated by endogenous or exogenous chemoattractants, phagocyte migration to the infection site is inhibited, which serves as a mechanism for a sample's anti-inflammatory activity. According to a study by Akhtar et al. (2019), the effects of extract, oil of *Zingiber zerumbet* rhizome, and zerumbone on CD18 integrin expression were moderately inhibited with a dose-dependent pattern. An extract from *Z. zerumbet* inhibited phagocytic engulfment to the greatest extent, with a percentage of phagocytic cells for PMN (Polymorphonuclear Neutrophils) of about 55 %. Zerumbone inhibited PMA (Phorbol myristate 13-acetate) and zymosan-induced neutrophil oxidative sequences significantly. Zerumbone has activity comparable to aspirin in inhibiting the production of extracellular ROS in PMN with an IC₅₀ of 17.36 M (Akhtar et al., 2019). concentration-dependent results. Zerumbone inhibited the release of Th1 and Th2 cytokines and significantly reduced T and B lymphocyte proliferation. Zerumbone significantly

Table 2. Anticancer activity of zerumbone on various organs, cell lines and targets.

Organ	Cell line	Dose	Mechanism	Ref.
Esophagus	Esophageal Cancer EC-109 Cells	30; 40; 50 μ M	Apoptosis is induced by increasing the expression of P53's mRNA and decreasing the expression of Bcl-2's mRNA, as well as by increasing the expression of P53's protein and decreasing the expression of Bcl-2's protein.	(Ma et al., 2018)
	KYSE-30 Cells and KYSE-150 Cells	5; 10; 20; 40; 80 μ M	Rac1 expression is suppressed by Zerumbone, which prevents cell migration. Rac1 is suppressed by encouraging its ubiquitination and destruction.	(M. Wang, Niu, Gao, et al., 2019)
Breast	MCF-7 and MDA-MB-231 and (Hs27)	3,125; 6,25;12,5; 25; 50; 100, μ g/mL	On coadministration with the TP5-iRGD Peptide, by explicitly targeting α v β 3 Integrin, Zerumbone causes apoptosis.	(Eid et al., 2019)
	(TNBC) Cell	20 mg/kg	Smad3 deactivation and inhibition of tumorigenicity in TNBC cells.	(Kim et al., 2016)
	(TNBC) Cell	20 μ M	Zerumbone reduces TNBC cell invasion by inhibiting IL-1 β production through inhibiting NF- κ B activation.	(Jeon et al., 2016)
	Various BCS	20 and 40 μ M	Zerumbone affects CD1d expression and lipid antigen presentation pathways	(Shyanti et al., 2017)
Central nerve system	MDA-MB-231, MCF-7, and MCF-10A cells. Wild-type HCT-116 cell line	20 μ M	Zerumbone prevented MDA-MB-231 xenograft growth in vivo by causing G2/M cell cycle arrest and Bax/Bak-mediated death in human breast cancer cells.	(Schrawat et al. 2012)
	GBM U-87 MG cell	12.5; 25; 50; 100; 200; and 400 μ M	Zerumbone upregulates proapoptotic Bax gene expression while suppressing antiapoptotic Bcl-2 gene expression. Zerumbone causes cytotoxicity via the production of ROS.	(Jalili-Nik et al. 2020)
	(GBM8401) cells	10; 30; 50 μ M	Zerumbone-mediated GBM cell death was influenced by IKK inactivation, Akt and FOXO1 phosphorylation, and caspase-3 activation.	(Weng et al., 2012)
Ovaries	HeLa Sel cells	0, 5; 10; 15 μ M	With an IC50 of 14.2 ± 0.5 mol/L, Zerumbone specifically inhibits HeLa cell growth.	(Ashraf et al., 2019)
	HeLa and Caov-3 cells	10; 20; 30 μ M	Zerumbone arrested the cell cycle in the G2/M phase, decreased the level of IL-6 release, and inhibited the development of both cancer cells by inducing death.	(Abdelwahab et al., 2012)
Liver	Hepatoma HepG2 cells	0; 2; 5; 10; 20; 50; 100 μ M	In HepG2 hepatoma cells, zerumbone caused apoptosis and inhibited invasion and metastasis.	(Lv et al., 2018)
	HepG2 Cells	6.25; 12.5; 25 μ g/mL	HepG2 cell migration and proliferation are both inhibited by zerumbone.	(Samad et al., 2017)
	(PaCa)	0,5;1;5;10;25; 50 μ M	By suppressing NF-1D705B and NF-B-dependent proangiogenic gene products, zerumbone reduces angiogenesis linked to PaCa.	(Shamoto et al., 2014)

Tabel 2. Continue...

Organ	Cell line	Dose	Mechanism	Ref.
Colorectal	Human CRC cell lines; HCT116 cells; HT29; SW620 cells	10;20;30; 40; 50 μ M	Zerumbone generates more significant radiation-induced DNA damage; however, zerumbone-mediated radiosensitisation is achieved by cellular glutathione (GSH) depletion rather than ROS.	(Deorukhkar et al., 2015)
Pancreas	(PaCa)	3; 10; 30; 100 μ M	The expression of p53 and p21 proteins were both markedly increased.	(Zhang et al., 2012a)
	(PaCa)	0,5;1;5;10;25; 50 μ M	By suppressing NF-1D705B and NF-B-dependent proangiogenic gene products, zerumbone reduces angiogenesis linked to PaCa.	(Shamoto et al., 2014)
	(PaCa)	20; 40; 60; 80; 100 μ M	An effective Jak2/Stat3 inhibitor that prevents the proliferation of pro-migration genes and cancer cell expression and migration.	(Jorvig & Chakraborty, 2015)
Lung	TGF- β 1- (A549) cells	10 or 20 μ M	In A549 lung cancer cells stimulated with TGF-1, zerumbone showed anti-EMT and anti-metastatic effects.	(Hseu et al., 2015)
	Skin	CHL-1	0; 1; 2; 4; 8; 16 μ g/ml.	Alterations in mitochondrial function decrease proliferation and migration.
Stomach	SGC-7901	0,1; 1;5;10; 20; 50 μ M	the levels of Cyp A and Bcl-2 are decreased, Bax is increased, and Caspase-3 is activated by cytochrome c (Cyt-C) being released.	(D. Wang et al., 2016)
	VEGF	500 nM,; 1; 5; 10 μ M.	In AGS cells, zerumbone treatment decreased VEGF expression and NF-B activity, which restricted angiogenesis.	(Tsuboi et al., 2014)
Mouth	OSCC cell lines	3; 10; 30 μ M	inhibits the CXCR4-RhoA and PI3K-mTOR signalling pathways, decreasing cell viability.	(Zainal et al., 2018)
Blood	murine leukaemia induced with WEHI-3B cells	20; 40; 60; 80; 100 μ g/mL	Zerumbone-NLC induces apoptosis in leukaemia cells.	(Rahman et al., 2015)
	CEM-ss cells	5; 10; 20; 30; 40; 50; 60; 70; 80; μ g/mL	In acute T-lymphocytic leukaemia, CEM-ss and Zerumbone can induce apoptosis.	(Abdelwahab et al., 2011)

reduced sRBC-induced delayed-type hypersensitivity (DTH) rat-paw swelling. Anti-sRBC immunoglobulin antibody titers were significantly reduced in mice immunised with zerumbone and treated with it (Jantan et al., 2019). Based on these various research reports, further investigation and application

of zerumbone's immunomodulatory potential is recommended.

Zerumbone as Antidiabetic

Diabetes mellitus (DM) is a severe, chronic, and complicated metabolic disorder with many etiologies that can have immediate and long-

term adverse effects (Salehi et al., 2019). ROS are produced during euglycemic, natural insulin-regulated glucose metabolism; their levels are regulated by factors that regulate cellular respiration, such as the availability of NAD-linked substrates, succinate, and oxygen; and antioxidant enzymes that maintain cellular redox balance. Under normal reduced conditions, only about 1-2% of total oxygen consumption results in the formation of superoxide anion and hydrogen peroxide. However, under hyperglycemic conditions, free radicals may account for up to 10% of the respiratory oxygen consumed (Black, 2022). Several investigators have reported the activity of zerumbone in reducing the severity of inflammation associated with hyperglycemic conditions in animal models of diabetes mellitus.

Reduced creatinine clearance, elevated blood glucose, blood urea nitrogen, proteinuria, and a markedly higher kidney-to-body weight ratio are all signs of renal dysfunction in diabetic mice. Zerumbone therapy significantly enhanced the diabetic kidney's histologic architecture. Mitogen-activated protein kinase p38 activation by hyperglycemia increases macrophage infiltration and interleukin-1, IL-6, and TNF levels. In diabetic kidneys, zerumbone treatment reversed all these abnormalities and decreased fibronectin expression, transforming growth factor 1, intercellular adhesion molecule 1, and monocyte

chemoattractant protein-1 (Tzeng et al., 2013b).

In streptozotocin-induced diabetic rats, Liu et al. (2016) looked into the impact of zerumbone administration on repairing retinal damage. They achieved this by obstructing the receptors for advanced glycation end products. According to the results of this study, zerumbone decreased the expression of retinal angiogenic genes and inflammatory cytokines and chemokines in the retina of diabetic rats. In addition, zerumbone prevented NF- κ B p65 nuclear translocation and decreased p38 MAPK phosphorylation in the retina of diabetic mice. Zerumbone reduced the severity of retinal inflammation and angiogenesis in diabetic mice by blocking the p38 MAPK and NF- κ B signalling pathways. Zerumbone's antihyperglycemic and antihyperlipidemic qualities are to thank for this benefit for DR (Liu et al., 2016).

The majority and noticeable diabetic microvascular complication is a retinal condition called diabetic retinopathy (DR). In 2016, Tzeng et al. published a study on zerumbone's ability to protect diabetic rats' retinas from damage brought on by the disease. Their research revealed that giving zerumbone to diabetic rats resulted in markedly lower plasma glucose and glycosylated haemoglobin levels. The treatment with zerumbone for diabetic rats reversed the irregularity and loss of retinal layer thickness, according to retinal histopathological findings. In the retina of

diabetic rats, zerumbone prevents upregulation of advanced glycosylation end products (AGEs) and elevated levels of AGE receptors (RAGE). Additionally, zerumbone decreased the upregulation of the cytokines interleukin (IL)-1, IL-6, and tumour necrosis factor connected to diabetes. Zerumbone also inhibits nuclear factor (NF)- κ B activation, apoptosis, and the overexpression of VEGF and ICAM-1 in the retina of streptozocin diabetic mice (Tzeng *et al.*, 2016).

Wang *et al.* (2015) found that zerumbone prevents apoptosis in INS-1 pancreatic cells primarily by inhibiting ROS production and activating p38 and JNK in a study on the impact of zerumbone administration on high-glucose-induced pancreatic cell cytotoxicity. In INS-1 cells exposed to high glucose, zerumbone significantly reduced ROS production and the activation of the JNK, p38 and MAPK pathways (C. Wang *et al.*, 2015). These findings imply the potential therapeutic value of zerumbone in treating beta-cell degeneration in diabetic patients.

Zerumbone as Hepatoprotector

ROS and reactive nitrogen species greatly impact cellular structures such as hepatocytic proteins, lipids, and DNA. The process causes structural and functional abnormalities in the liver (Cichoż-Lach & Michalak, 2014). The painkiller paracetamol can damage liver cells if used excessively. This is caused by the production of N-acetyl-para-benzo-quinone imine, a reactive, poisonous metabolite of

paracetamol (Hinson *et al.*, 2010). The metabolite N-acetyl-para-benzo-quinone imine interacts with mitochondrial proteins in hepatocytes to produce oncotic necrosis, which is thought to be a factor in the elevated levels of ALT and AST (Jaeschke & Bajt, 2006). Furthermore, PCM-induced liver damage could result from mitochondrial permeability changes, which can lead to mitochondrial oxidative stress and ATP depletion. Hamid *et al.* (2018) investigated zerumbone's hepatoprotective properties against paracetamol-induced acute hepatotoxicity in rats (Hamid *et al.*, 2018). Zerumbone administration significantly lowered ALT, AST, and total liver protein levels compared to paracetamol-induced animals. Hepatocyte structure was typical in mice given zerumbone, with no vacuolisation or necrosis. However, the number of neutrophils significantly decreased (Hamid *et al.*, 2018).

Carbon tetrachloride (CCl₄) is a well-known hepatotoxin. The most popular *in vivo* experimental model is acute CCl₄ administration to rodents, which quickly causes oxidative stress and inflammatory response (Dai *et al.*, 2018). The trichloromethyl peroxy radical, a toxic CCl₄ metabolite, promotes lipid peroxidation and oxidative stress (Reyes-Gordillo *et al.*, 2017). Zerumbone will reduce the inflammatory response and oxidative stress, which will have a hepatoprotective effect against acute liver injury (ALI) (M. Wang, Niu, Ou, *et al.*, 2019).

Their findings verified that zerumbone reduces oxidative stress by restoring antioxidant enzyme activity, restoring GSH reservoirs, and reducing peroxidation of lipids in particular to protect the liver from CCl₄-induced ALI. SOD, GSH-Px, GSH, and MDA were among the oxidative stress indicators in the liver tissue that were evaluated. Research regarding the hepatoprotective activity of zerumbone has yet to be widely reported. Therefore, it is recommended that research be carried out using other methods.

Anti-neurodegenerative Effect of Zerumbone

Oversecretion of ROS in the brain causes oxidative stress, which, if not suppressed or inhibited, can cause oxidative damage to critical components of the central nervous system. This condition can also start or speed up reactions that harm the brain's physiological functions and health. Suppose these reactions, such as neuroinflammation and progressive neuronal cell loss via apoptosis, are not suppressed. In that case, they can exacerbate protein misfolding and the formation of protein aggregates, resulting in neurodegeneration and associated neurobehavioral incompetence (Oladele, Oladiji, Oladele, & Oyeleke, 2021).

The most typical type of neurodegeneration and the leading cause of dementia is Alzheimer's disease. Language, learning and memory, executive function, complex attention, visuospatial function, praxis, gnosis,

Antioxidant Activity of Zerumbone and social and behavioural issues are the symptoms of this condition (Long & Holtzman, 2019). The formation of senile plaques composed of extracellular amyloid (A) peptide accumulation is among the most notable neuropathological characteristics of Alzheimer's disease (Serrano-Pozo et al., 2011). The A peptide may contribute to memory loss, behavioural problems, and neurodegenerative diseases (Klein et al., 2004). Neuroinflammation also contributes to the pathogenesis of Alzheimer's disease. Microglial and astroglial activity and the production of different inflammatory mediators are characteristics of neuroinflammation that are incredibly close to amyloid plaques (Heneka et al., 2015; Hensley, 2010).

Zerumbone inhibits the $\text{nf-}\kappa\text{B/MAPK}$ signalling cascade, which reduces the pro-inflammatory cytokine expression and changes microglia from a typically inflammatory phenotype to an alternative anti-inflammatory phenotype, according to research by Li et al. published in 2020. After a 20-day treatment period, zerumbone significantly enhanced cognitive and non-cognitive behaviour in APP/PS1 transgenic mice. Zerumbone reduced amyloid buildup significantly in the cortex and hippocampus and suppressed pro-inflammatory microglial activation. The percentage of among all activated microglia, anti-inflammatory microglia increased with the use of zerumbone, suggesting that it may encourage

phagocytosis to aid in reducing amyloid deposition and preventing the accumulation of amyloid. Zerumbone inhibits the synthesis of crucial MAPK pathway molecules like p38 and extracellular signal-regulated kinases (ERKs) (Lei Li *et al.*, 2020).

Cholinergic transmission is carried out by acetylcholine (ACh), the most prevalent neurotransmitter in the brain. Acetylcholine is broken down by the cholinesterase enzymes butyrylcholinesterase (BChE) and acetylcholinesterase (AChE) (Reid *et al.*, 2013). According to this theory, as Alzheimer's disease progresses, cholinergic insufficiency develops, resulting in widespread cognitive impairment and deterioration. According to a recent study by Hwang *et al.*, 2020, an essential possibility for zerumbone's physiological and pharmacological efficacy in preventing Alzheimer's disease is that it is a rare dual AChE and BChE inhibitor with strong BBB permeability (J. Hwang *et al.*, 2020).

Early stages of memory loss have been associated with hippocampus and cerebral cortex cholinergic deficits (P. Behl *et al.*, 2014). Scopolamine impairs learning and memory in rats by causing the degeneration and dysfunction of cortical cholinergic neurons and by causing the expression of a large number of genes related to cell differentiation, apoptosis, and muscarinic receptor signalling pathways. Studies have shown a correlation between a high levels of lipid peroxidation and low levels of

antioxidant in the brain and the memory-decreasing effects of scopolamine. As part of their investigation into the impact of zerumbone on these outcomes, Jafarian and associates (Jafariana *et al.*, 2019) looked at the impact of scopolamine on scopolamine-induced memory impairment and anxiety-like behaviour in rats. According to their research, scopolamine-induced learning and memory deficits can be reversed with zerumbone therapy. Last but not least, their research demonstrates that zerumbone has a beneficial effect on dementia-like behaviour in the animal model they used, which may be helpful in future studies on hyperactivity, anxiety, and learning difficulties.

Anti-neuropathic pain Activity of Zerumbone

Several studies have suggested that GABA neurons are vulnerable to oxidative stress. For example, superoxide, a type of ROS, contributed to angiotensin's presynaptic inhibition of GABA release in the paraventricular nucleus of the hypothalamus, indicating the vulnerability of GABA neurons to oxidative stress (June Yowtak, Kim, Jigong Wang, Chung, & Chung, 2011). In order to simulate neuropathic pain, chronic constriction injury (CCI), a common method of causing peripheral neuropathy, is used (Safakhah *et al.*, 2017). Changes in mitochondrial dynamics brought on by oxidative stress result in increased production of ROS, which is the cause of mitochondrial

dysfunction (Ilari, Giacotti, Lauro, Dagostino, et al., 2020). As with neurodegenerative diseases, neuropathic pain is also triggered by oxidative stress conditions. Ilari, Giacotti, Lauro, Gliozzi, et al. (2020) specifically showed that oxidative stress, caused by the buildup of lipid peroxidation and malondialdehyde, alters mitochondrial activity and is responsible for post-translational modifications and the inactivation of important mitochondrial proteins.

The effects of zerumbone on the mechanisms underlying neuropathic pain have been the subject of numerous studies. For instance, Gopalsamy et al.'s (2020) study into how potassium channels and opioid receptors interact to cause zerumbone to induce analgesia in a rat model of neuropathic chronic constriction injury (CCI) is one example. They concluded that zerumbone's antiallodynic and antihyperalgesic effects in a mouse model of CCI-induced neuropathic pain were caused by K^+ channels, specifically V_K , K_{ATP} , BK_{Ca} , and SK_{Ca} channels (Gopalsamy et al., 2020). Furthermore, zerumbone's modulation of neuropathic pain is linked to μ -, δ -, and κ -opioid receptor subtypes.

Gopalsamy et al. 2017 used a rat model of CCI neuropathic pain to study the prophylactic effects of zerumbone treatment on hyperalgesia and allodynia. They found that IL-1, IL-6, and TNF- α production in blood plasma and bone marrow tissue was successfully inhibited by zerumbone, but IL-10 production was not affected. According to

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the findings, zerumbone may have antiallodynic and antihyperalgesic effects by reducing nociceptor neurons' sensitivity to pain by inhibiting inflammatory mediators. Zerumbone was successful in providing analgesia at an effective dose of 10 mg/kg as a prophylactic dose (Gopalsamy et al., 2017).

The transmission of pain signals can be slowed down or altered by various receptors and pathways. The serotonin 5-HT receptor was previously connected to the serotonergic system and zerumbone's anti-neuropathic properties in an animal model of CCI. They demonstrated the availability of the neurotransmitter serotonin and the inhibitory effect of 5-HT receptor subtypes 1A, 1B, 2A, 3, 6, and 7 interacting with zerumbone in modulating nociception (Chia et al., 2016). In a recent study, it was examined whether zerumbone could modulate the SH-SY5Y neuroblastoma model in vitro and vivo, as well as TRPV1, NMDA NR2B, adrenergic receptor plasticity, and neuropathic pain caused by CCI. Zerumbone interacts with the noradrenergic system, TRPV1, and NMDA receptors to produce antiallodynic and antihyperalgesic effects in a mouse model of neuropathic pain. Furthermore, zerumbone's impact on the expression of 2A-adrenoceptor receptors, TRPV1, and NMDA NR2B sheds light on the drug's mechanism of action. Prior studies on zerumbone for the treatment of neuropathic pain indicate that zerumbone has a high potential as an antinociceptive substance (Chia et al., 2020).

Given these findings, we suggest future research studies to investigate other possible mechanisms of action needed to fully characterize the anti-neuropathic properties of zerumbone.

Gastroprotective Activity of Zerumbone

The gastrointestinal (GI) tract is vulnerable to ROS attack because it is exposed to the outside environment, which contains immune cells that are already present, intestinal flora, and dietary components that could all be ROS sources. In the GI tract, ROS are primarily produced by the HX/XO system and the NADPH oxidase system. The body's highest XO concentration is found in the GI tract, where it is combined with a significant number of phagocytic cells to produce a significant amount of O₂. ROS has been linked to a number of inflammatory GI conditions, such as gastric cancer, ulcers, and gastroduodenal inflammation (Bhattacharyya *et al.*, 2014).

A rat model of gastric ulcers caused by ethanol or nonsteroidal anti-inflammatory drugs, such as indomethacin, can be used to study an ingredient's gastroprotective effects. Through the oxidative stress and inflammation induction, ethanol can directly or indirectly damage cell membranes, exfoliation, dehydration, and cytotoxicity. Furthermore, ethanol makes mast cells, macrophages, and blood cells release vasoactive substances, which increases gastric acid mucosal permeability. As mentioned above, the effects lead to necrosis, which in turn triggers the

ulcer development (Aziz *et al.*, 2019; Shams & Eissa, 2022). Meanwhile, NSAIDs cause mucosal damage via ROS-mediated leukocytes produced, besides inhibiting cyclooxygenase and decreasing prostaglandin production. ROS-mediated mitochondrial damage and lipid, protein, and DNA oxidation cause apoptosis and mucosal injury (Suzuki *et al.*, 2012).

According to animal studies, intragastric ethanol administration causes extensive submucosal oedema, long hemorrhagic bands, mucosal ossification, inflammatory cell infiltration, and epithelial cell death. Shidamed *et al.* (2015) reported that zerumbone has antioxidant, anti-helicobacter pylori, gastroprotective, and antisecretory properties. They discovered that mucus integrity, antioxidant activity, and HSP-70 activation are related to the anti-ulcer properties of zerumbone. As an antimicrobial, zerumbone has also successfully combated *Helicobacter pylori* (Sidahmed *et al.*, 2015).

CONCLUSION

Oxidative stress has been implicated in many chronic diseases. Inflammation and oxidative stress are two pathophysiological processes that are intimately linked and that can be easily induced by one another. Then both take part in the pathogenesis of many chronic diseases, including cancer, metabolic diseases, immune-related diseases, neurodegenerative diseases, and others. The results of the reviews show that the various

pharmacological prospects of zerumbone are related to oxidative stress conditions through various modes of action. This review will provide scientific knowledge about the development of the natural product zerumbone for various diseases and disorders related to oxidative stress. Because most commonly used test methods are still limited to in vitro methods, more in vivo research and clinical trials are required to complete scientific data on the pharmacological potential of zerumbone in overcoming various oxidative stress-related conditions.

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