



Understanding Liver Function and Its Potential Complications

Muhammad Akram^{1*}; Abid Rashid²; David Pérez-Jorge³; Fahad Said Khan¹; Shafiq Ur Rehman¹; Momina Iftikhar¹; Naila Sarwar¹; Sarvananda L⁴; Francisco Garcia-Sierra⁵; Riyadh S Al-Malki⁶; Fethi Ahmet Ozdemir⁷; Gawel Sołowski⁷; Najmiatul Fitria⁸; Marcos Altable⁹; Adonis Sfera¹⁰; Simone Brogi¹¹; Ho Soonmin¹²; Zaryab Fatima¹³; El Hadji Seydou Mbaye¹⁴; Isah Suleiman Yahaya¹⁵; Md. Torequl Islam¹⁶; Yahaya Usman¹⁷

¹Department of Eastern Medicine, Government College University Faisalabad-Pakistan.

²Faculty of Medical Sciences, Government College University Faisalabad-Pakistan.

³DISAE Research Group. University of La Laguna. Spain.

⁴Molecular Nutritional and Biochemistry Laboratory, University of Peradeniya, Sri Lanka.

⁵Department of Cell Biology, Center of Research and Advanced Studies of the National Polytechnical Institute, Mexico City, Mexico.

⁶Department of Pharmacology and Toxicology, Faculty of Pharmacy, Umm Al Qura University, Makkah, Saudi Arabia.

⁷Department of Molecular Biology and Genetics, Faculty of Science and Art, Bingol University, Bingol, 1200, Türkiye.

⁸Department of Pharmacology and Clinical Pharmacy, Universitas Andalas, Indonesia.

⁹Department of Neurology, Neuroceuta, (Virgen de Africa Clinic), Spain.

¹⁰Department of Psychiatry, Patton State Hospital, USA.

¹¹Department of Pharmacy, University of Pisa, Via Bonanno, 6, I-56126 Pisa, Italy.

¹²Faculty of Health and Life Sciences, INTI International University, 71800, Putra Nilai, Negeri Sembilan, Malaysia.

¹³Department of Sociology & Criminology, University of Sargodha, Sargodha.

¹⁴7BCNet International Working Group, IARC/WHO, Dakar -Senegal.

¹⁵Department of Medical Laboratory Science, Faculty of Allied Health Sciences, Bayero University, Kano, Nigeria

¹⁶Pharmacy, Bangabandhu Sheikh Mujibur Rahman Science and Technology University, Bangladesh.

¹⁷Federal College of Forest Resources Management Maiduguri Borno State Nigeria.

*Corresponding Author(s): Muhammad Akram

Department of Eastern Medicine, Government College University Faisalabad-Pakistan.

Email: makram_0451@hotmail.com

Abstract

Protein synthesis, detoxification, and metabolism are just a few of the critical tasks carried out by the liver, an indispensable organ. It creates bile for digestion and processes medications, nutrients, and poisons. Many illnesses, including cirrhosis, fatty liver disease, and hepatitis, can impair liver function and have consequences such as portal hypertension, jaundice, and liver failure. Prompt identification and intervention are essential to avert grave consequences. Treatments aim to address the underlying cause and maintain liver function, while diagnostic techniques including imaging, blood tests, and biopsies aid in assessing liver health. For preventative and intervention measures to be effective, it is essential to comprehend these elements.

Keywords: Liver function; Detoxification; Nutrient processing; Cirrhosis; Intervention strategies.

Received: Aug 28, 2024

Accepted: Sep 19, 2024

Published Online: Sep 26, 2024

Journal: Journal of Plant Biology and Crop Research

Publisher: MedDocs Publishers LLC

Online edition: <http://meddocsonline.org/>

Copyright: © Akram M (2024). This Article is distributed under the terms of Creative Commons Attribution 4.0 International License



Cite this article: Akram M, Rashid A, Pérez-Jorge D, Said Khan F, Ur Rehman S, et al. Understanding Liver Function and Its Potential Complications. J Plant Biol Crop Res. 2024; 8(2): 1104.

Introduction

The liver, which in the human body is made up of four lobes of different sizes, is an essential metabolic organ [1]. The liver is crucial for maintaining our body's metabolism and regulating physiological functions [2]. Among the many crucial functions of the liver are the elimination of harmful substances, detoxification and blood control, blood clotting, and the production of essential hormones. In general, the liver participates in all metabolic processes, from defense to development [3]. The liver is a xenobiotic organ that is mainly responsible for the enzymatic conversion of harmful metabolites, such as lipophilic urinary metabolites into water-soluble ones, in a safe form [4-6]. In addition, it is essential for other processes such as blood extraction, bile salt synthesis, defense against pathogens, and food supply. Liver disease is one of the biggest global health problems for medical experts, and conventional treatments performed without official scientific approval can be dangerous [7]. The liver is extremely susceptible to medications and other drugs due to its role in chemical metabolism close to the gastrointestinal tract [8]. Approximately 75% of blood is transported directly to the liver through the gastrointestinal system and medications and xenobiotics from the portal vein [9]. According to many study reports on liver injury pathways, there is still no clear mechanism combining an adverse immune response and direct hepatotoxicity. Pharmaceutical bioactivation produces chemically reactive metabolites that interact with proteins, lipids and nucleic acids in cells. This leads to oxidative stress, lipid peroxidation, protein malfunction and DNA damage [10]. The liver's strategic location and variety of functions make it susceptible to numerous disorders. The liver can become inflamed for several reasons. The liver is damaged by hepatotoxins, including alcohol, xenobiotics, drug overdoses, and hazardous industrial substances [11,12]. Large amounts of chemicals and medications enter the liver and damage organs. Approximately 900 drugs have been removed from the market because they are believed to damage the liver. When taken in excess, several medications can cause damage to internal organs and ingestion of chemical solvents [13,14]. Drug-induced toxicity can range from symptomless elevation of liver enzymes to liver dysfunction. Liver damage is caused by repeated exposure to toxins in the environment and drug abuse behaviors such as acetaminophen overdose. Oxidative stress is caused by the metabolism of acetaminophen, which depletes glutathione (GSH), a potent antioxidant in the body [15]. Alcoholism causes hepatitis, alcoholic liver disease and liver cirrhosis [16]. Diseases classified as liver diseases include liver cirrhosis, non-inflammatory disorders, acute and chronic hepatitis, and jaundice [17]. Hepatitis C, liver cancer, ascites and liver failure, bacterial peritonitis, and hepatic encephalopathy are among many other liver problems that exist [18]. Liver disorders are caused by laboratory chemicals, parasites, hepatitis B and C viruses, carbon tetrachloride, chemotherapy drugs, thioacetamide (TAA), and overuse of antibiotics in developing countries [19]. Fatty liver occurs in people with metabolic syndrome, obesity, and diabetes mellitus in developed and developing countries. Lack of exercise and poor eating habits have turned Non-Alcoholic Steatohepatitis (NASH) into a global problem [20]. Global health problems include Chronic Liver Disease (CLD) and NASH will undoubtedly increase in the next ten years [21]. Liver cirrhosis and drug-induced liver diseases rank ninth among causes of death in both developed and developing countries [22]. About 90% of liver cancer cases are reported to be related to cirrhosis [23]. Patients with alcohol-related cirrhosis in the Asia-Pacific region have serious

complications, including mortality [24]. The prevalence of Non-alcoholic Fatty Liver Disease (NAFLD) is around 40% in several Asian countries, and the risk factors are mostly comparable to those in Western nations. Other research has shown that hepatitis B and hepatitis C viruses interact with Nonalcoholic Fatty Liver Disease (NAFLD) in Asia [25]. Due to pharmacological side effects, more than 20% of Pakistani patients receiving anti-TB treatment also suffer from liver damage [26].

Hepatitis is a life-threatening disease that affects many families. Hepatocellular Carcinoma (HCC), a consequence of hepatitis, is now the fifth leading cause of death worldwide [27,28]. Hepatitis B and C Viruses (HBV and HCV) are important causes of health decline and can cause chronic viral infections that can progress to Hepatocellular Carcinoma (HCC) and liver cirrhosis [29]. Risk factors for hepatitis B and C viruses are mainly related to the most common cause of HCC development [30].

In Western countries, cirrhosis has occurred in 16% to 20% of people infected with hepatitis C virus. The HCV genome is a single-stranded RNA with a length of approximately 9600 nucleotides. It has six non-structural proteins (NS2, NS3, NS4A, NS4B, NS5A and NS5B), one ion channel protein (p7) and three structural proteins (nucleus, E1 and E2). RNA has a positive sense layer. Each protein has a crucial role in HCV entry, development, infection or replication [31,32].

Additionally, unstable molecules with most of their core electrons unpaired include Hydrogen Peroxide (H₂O₂), superoxide anion, and hydroxyl radicals (ROS). Anaerobic respiration produces these free radicals, as do external sources. Oxidants and an imbalance in antioxidants occur when biological components such as proteins, lipids and Deoxyribonucleic Acids (DNA) react with free radicals. The antioxidant system decreases the association between Reactive Oxygen Species (ROS) and aging, cancer, cirrhosis, arthritis, and Alzheimer's disease. Antioxidant systems regularly remove reactive oxygen species. The main cause of liver disease is an alteration in the production of ROS during antioxidant metabolism in the body [33,34]. Oxidative stress is caused by a degradation of catalase, Glutathione Peroxidases (GSH-Px) and SOD-ROS interactions [35]. Reactive oxygen species are produced by the metabolism of ethanol in the liver. Reactive Nitrogen Species (RNS) and ROS have an impact on the biological functions of the liver. Oxidative stress from alcohol consumption exacerbates the inflammatory process. Prolonged ethanol use results in ROS production, oxidative stress, and mitochondrial failure [33]. Since our bodies are equipped with various natural antioxidant defenses, antioxidants are always necessary. The liver is protected from hepatotoxic chemicals by hepatoprotective drugs [36].

Hepatoprotective agents are substances, both natural and artificial, that are used to treat liver inflammation. Hepatocytes or liver are protected by them [37]. Penicillin G and silymarin are approved antidotes for the treatment of liver diseases. When drug-induced liver injury occurs, N-acetylcysteine is used. Lamivudine is a commonly used treatment for chronic hepatitis; However, there is no specific drug for viral hepatitis. Instead, nucleoside and interferon analogues are used [38]. When prednisone is used to treat autoimmune hepatitis and autoantibodies are negatively affected, a liver biopsy is recommended [39]. Antibiotics such as trimethoprim and norflaxacin are used in cases of bacterial peritonitis, hepatic encephalopathy and ascites [40]. Microbiological resistance to ethnopharmacognosy and unfavorable side effects of chemically produced drugs have been reported [41].

No amount of medication is enough to protect our liver from damage. Even with advances in modern medicine, liver diseases remain a global health problem. Liver cells play a role in numerous metabolic processes. Therefore, to protect our liver, we must search for new hepatotoxin preventive agents [15]. As an alternative to conventional medications, herbal remedies can offer comprehensive support [42]. Medicinal plants and human health and well-being are closely related [43]. Humans use a variety of plant components for medical purposes, but each plant has a unique mode of action. The plant components included in popular herbs protect the body from cancer-causing toxins. The efficacy of primary chemical activities of plants has been studied for multilayer and multidirectional drugs [44].

A variety of plant-derived active compounds can treat a variety of nutrients, including liver problems [46]. Plant-based medicines continue to be more successful than synthetic ones in treating a variety of ailments, even with advances in allopathic medicine [47]. Since ancient times, green medicines have been used to treat a wide range of disorders due to their low toxicity and lower possibility of side effects [48]. Eighty percent of people use herbal treatments to cure illnesses, making plants an example of a source of medication [49]. Even when the biologically active components of plants are not fully known, they are generally used as medicines [50]. The effectiveness, safety and affordability of herbal treatments have led to their increased popularity in recent times. Medicinal plants are used as anticancer, antibacterial, anti-inflammatory, antiviral and antioxidants in developing countries with poor hygienic infrastructure and health services, as well as with endemic infectious diseases [51]. There are fewer natural therapies for treatment than modern pharmaceuticals. According to modern research, standardized plant extracts can be used to treat a variety of diseases [52]. Possible active plant compounds that are being used to create medicines [53]. While drug development is the process of identifying and commercializing drugs, drug discovery is a technique for finding these potentially active compounds. Therefore, sources related to drug development and discovery are necessary to protect the body against a variety of infections, including liver problems.

Liver disorder management

Managing liver disease remains a significant challenge in modern medicine. Effective treatments for liver cirrhosis and chronic conditions often come with serious side effects. Current therapies, including interferon, colchicine, penicillamine, and corticosteroids, can be particularly harsh on patients. There is no reliable and effective medication available that can fully prevent or treat liver diseases. As a result, researchers are increasingly focusing on discovering hepatoprotective agents from natural sources. Herbal medicine has gained attention for its potential in supporting liver health and healing. Many traditional hepatoprotective remedies are widely used around the world, highlighting their importance. One well-known plant-derived compound is silymarin, extracted from *Silybum marianum*, which has demonstrated potential in treating liver abnormalities. Additionally, chronic viral hepatitis treatment often includes *Phyllanthus amarus* and *Glycyrrhizin*. In countries like China and Japan, certain herbs have shown significant benefits for liver health. Silymarin, a flavonolignan from *S. marianum*, is frequently used in healthcare for liver protection and has shown excellent results in experimental animal studies involving liver cirrhosis-induced toxins. Despite this, only about 1-2% of the estimated 25,000 to 500,000 plant species have been

thoroughly studied for their hepatoprotective effects. Many plants have been evaluated for liver disorders, and herbal extracts from natural sources are crucial in recovering from liver toxicity. Although natural medicine has a long history of addressing liver issues, challenges remain, such as the need for standardization and comprehensive toxicity assessments. Antioxidants, found in many medicinal plants, are known to combat liver diseases by reducing lipid peroxidation, neutralizing free radicals, and enhancing endogenous antioxidant levels. Plants containing phenolic acids and flavonoids are particularly notable for their antioxidant properties. Future research on hepatoprotective medicinal plants should focus on evaluating the safety of these compounds, especially concerning their impact on liver metabolism. In recent decades, herbal remedies have become increasingly significant in treating liver disorders. With their efficiency and safety, plant-based treatments offer a promising alternative for managing liver diseases. In-vivo and in-vitro studies on plant phenolics and flavonoids have shown excellent potential in preventing liver cirrhosis due to their strong antioxidant properties.

Hepatoprotective agents

The blood concentration of serum biochemical components ALT, AST and ALP increases when hepatotoxic drugs are administered. These are commonly identified as indicators of hepatotoxicity [65]. ALT is a more accurate measure of hepatotoxicity. In several animal models, CCl₄ is commonly used to induce hepatotoxicity [66]. In animal models, elevated CCl₄ causes significant increases in the levels of enzymes such as AST, TB, ALP, and AST. When administered to toxic mice with CCl₄, an effective hepatoprotective or antioxidant treatment reduces the level of enzymes in the blood. While plants are safe and harmless to use against liver problems, conventional medications are ineffective and have significant negative effects.

Popular herbal treatments have been used to treat liver diseases, although few pharmaceutical products are more effective in treating liver difficulties. To investigate the pharmacological effects of ethnobotanically reported liver drugs, which are more beneficial for liver protection and medicinal development, urgent research on medicinal plants is required [67].

For the human body to establish immunity and protect itself against various alterations related to reactive oxygen species, antioxidants play a fundamental role. Lipid peroxidation is the common process that produces ROS, which damages cell membranes and inhibits enzyme function [68]. Oxidative stress is a contributing factor to a number of serious diseases and disorders, including diabetes, cancer, hyperlipidemias, atherosclerosis, neuronal degeneration, and hepatotomy. Fortunately, plants are a rich source of antioxidants that can successfully combat these problems [69].

Phytochemicals derived from plants are essential for improving human health [70]. Many of these phytochemicals can be used effectively to treat human ailments and have long-term positive effects on human health. In reality, oxidative stress is caused by the production of free radicals during metabolism and other activities, not by the antioxidant capacity of a biological system [71]. Foods and medicinal plants high in natural antioxidants, including phenolics, reduce the risk of this condition. Nowadays, most food products are prohibited from containing artificial antioxidants due to their negative effects. However, due to their pharmacological properties and potential health benefits, the use of natural antioxidants in foods is gain-

ing popularity [72].

While it is claimed that Ayurvedic medicines rarely cause side effects, there is not enough evidence to support this claim. The fact that Ayurvedic doctors are unaware of the possibility of combining this data for reporting is a likely cause. However, excessive use of Ayurvedic medicines can have negative effects. Plant secondary metabolites offer a variety of medicinal and pharmacological components. Phenolic compounds inhibit both antioxidants and free radical mediation mechanisms. The incredible advances in allopathic medicine have not resulted in the development of any hepatoprotective drugs. Plant-derived drugs are recognized to play an important role in the treatment of liver diseases [73]. Many natural remedies or conventional medications are being investigated for the treatment of liver disorders. The results indicate that the components found in herbs have antioxidant-related effects.

Since more than 80% of people around the world still depend on traditional healthcare. The natural resources of Medicinal and Aromatic Plants (MAP) are the focus of the WHO. In addition to introducing "wild" plants into agriculture, a strategic objective should be to monitor and classify MAP in their natural habitats. Natural resources must be observed and managed in typical contexts, as they are abundant but highly variable [75]. Synergistic interactions between phytomedicine or herbal medicines are very significant. The effectiveness of a preparation, especially when used in small quantities when necessary, is usually explained by synergism. The bioactivity or effectiveness of a component of an herbal mixture is often decreased when it is isolated from the mixture. This applies to phytomedicines made from multiple plants, as well as preparations made from a single plant. The use of fully or partially purified extracts with multiple active ingredients is essential for herbal medicines [76].

Treatment with carbon tetrachloride (CCl₄), a colorless, odorless, volatile chemical, can cause hepatotoxicity in experimental animals. Paracetamol, often known as acetaminophen, is widely used to reduce fever and pain. With a half-life of one to four hours, it begins between eleven and twenty-five minutes after oral administration [77]. Acute acetaminophen overdoses cause dangerous side effects and damage to major organs, including the brain, liver, and kidneys. One of the main causes of acute liver failure in the West is paracetamol [78]. When paracetamol is taken in large quantities, glucuronidation and sulfur reactions occur, converting the drug into unreactive metabolites in the liver. These metabolites will then be converted to N-acetyl-p-benzoquinoneimine, a reactive metabolite known to be toxic to the liver. The resulting metabolite causes severe damage to the cell membrane of liver tissue by covalently binding to its lipid and sulfhydryl groups.

According to the literature review, the combined use of two or more medicinal plants with comparable pharmacological activity can have a powerful synergistic effect. CGX, consisting of thirteen herbal plants, is a commercially available remedy that was produced based on a traditional Chinese recipe. The name "CGX" means "liver cleansing." The drug exhibits hepatotherapeutic properties in animal models and is especially useful in the treatment of alcohol-induced liver damage, liver fibrosis, and hyperlipidemia [79]. CGX has demonstrated a high treatment rate for beagle dogs in a toxicity study and is recommended for a number of liver conditions including chronic hepatitis type B. Jigrine CL is an additional herbal mixture produced by Hamdard Laboratories in Pakistan which contains eight therapeutic herbs used to treat liver conditions [80]. When exposed

to rat-induced hepatic CCl₄, the aqueous extracts of the three plants-L. japonica, A. capillaris, and S. marianum-effectively restore liver function [81]. The combination of Menthalongifolia, Cyperus rotundus and Zingiber officinale is widely used to treat a variety of gastrointestinal ailments, particularly in people with irritable bowel syndrome. Carthamus tinctorius, Radix Salviae Miltiorrhizae and Fructus Cartaegi were the three plants used in a study of herbal mixtures for cardiovascular purposes carried out by DSH Pharmaceutical Activity [82]. There is insufficient information on the combined therapeutic use of A. absinthium, S. marianum and Rheum emodi, despite reports on specific pharmacological and biochemical effects.

Conclusion

In summary, the liver has a variety of roles in metabolism, detoxification, and bile generation, all of which highlight how vital it is to general health. Timely diagnosis and care are necessary for complications originating from liver disease, including cirrhosis and jaundice. To prevent serious consequences and maintain liver function, early identification and targeted therapy are essential components of an effective treatment plan.

References

1. Cortan R, et al. Robbins and Cotran Pathologic Basis of Disease St. Louis: Elsevier/Saunders. 2005; 1375.
2. Svensson J, et al. Liver-derived IGF-I regulates mean life span in mice. PLoS one. 2011; 6(7): e22640.
3. VAŇKÁT, E., Implementace inovačního projektu v obchodní společnosti. Vysoká škola ekonomická v Praze. 2015.
4. Mroueh M, Y Saab, R Rizkallah. Hepatoprotective activity of Centaureum erythraea on acetaminophen-induced hepatotoxicity in rats. Phytotherapy Research: An International Journal Devoted to Pharmacological and Toxicological Evaluation of Natural Product Derivatives. 2004; 18(5): 431-433.
5. Saoudi M, A El Feki. Protective role of Ficus carica stem extract against hepatic oxidative damage induced by methanol in male Wistar rats. Evidence-Based Complementary and Alternative Medicine. 2012.
6. Shukla RK, et al. TiO₂ nanoparticles induce oxidative DNA damage and apoptosis in human liver cells. Nanotoxicology. 2013; 7(1): 48-60.
7. Arhoghro E, K Ekpo, G Ibeh. Effect of aqueous extract of scent leaf (Ocimum gratissimum) on carbon tetrachloride (CCl₄) induced liver damage in albino Wistar rats. African Journal of Pharmacy and Pharmacology. 2009; 3(11): 562-567.
8. Caussy C, et al. Nonalcoholic fatty liver disease with cirrhosis increases familial risk for advanced fibrosis. The Journal of clinical investigation. 2017; 127(7): 2697-2704.
9. Mitra V, J Metcalf. Functional anatomy and blood supply of the liver. Anaesthesia & intensive care medicine. 2009; 10(7): 332-333.
10. Lynch T, AL Price. The effect of cytochrome P450 metabolism on drug response, interactions, and adverse effects. American family physician. 2007; 76(3): 391-396.
11. Atiq M, M Gill, N Khokhar. Quality of life assessment in Pakistani patients with chronic liver disease. Emotion. 2004; 5(3.52): 0.05.
12. Tokushige K, et al. Hepatocellular carcinoma in Japanese patients with nonalcoholic fatty liver disease, alcoholic liver disease, and chronic liver disease of unknown etiology: report of the nationwide survey. Journal of gastroenterology. 2011; 46(10): 1230.

13. Knopf AC, A Lomax. In vivo proton range verification: A review. *Physics in Medicine & Biology*. 2013; 58(15): R131.
14. Hiraoka A, et al. Clinical importance of muscle volume in lenvatinib treatment for hepatocellular carcinoma: Analysis adjusted with inverse probability weighting. *Journal of Gastroenterology and Hepatology*. 2020.
15. Russmann S, GA Kullak-Ublick, I Grattagliano. Current concepts of mechanisms in drug-induced hepatotoxicity. *Current medicinal chemistry*. 2009; 16(23): 3041-3053.
16. Bang CS, et al. Osteoporosis and bone fractures in alcoholic liver disease: A meta-analysis. *World Journal of Gastroenterology: WJG*. 2015; 21(13): 4038.
17. Kumar A, VA Saraswat. Hepatitis E and acute-on-chronic liver failure. *Journal of clinical and experimental hepatology*. 2013; 3(3): 225-230.
18. Yamamoto M, et al. Anti-obesity effects of lipase inhibitor CT-II, an extract from edible herbs, *Nomame Herba*, on rats fed a high-fat diet. *International Journal of Obesity*. 2000; 24(6): 758-764.
19. Yunfu L. Changes of peripheral blood cells in patients with cirrhotic portal hypertension. *Portal Hypertension-Causes and Complications*. Rijeka, Croatia: InTech. 2012; 133-42.
20. Okazaki I, et al. Fibrogenesis and carcinogenesis in nonalcoholic steatohepatitis (NASH): involvement of matrix metalloproteinases (MMPs) and tissue inhibitors of metalloproteinase (TIMPs). *Cancers*. 2014; 6(3): 1220-1255.
21. Marcellin P, BK Kutala. Liver diseases: A major, neglected global public health problem requiring urgent actions and large-scale screening. *Liver International*. 2018; 38: 2-6.
22. Qadir MI, et al. Hepatoprotective activity of aqueous methanolic extract of *Viola odorata* against paracetamol-induced liver injury in mice. *Bangladesh Journal of Pharmacology*. 2014; 9(2): 198-202.
23. Benvegnù L, A Alberti. Patterns of hepatocellular carcinoma development in hepatitis B virus and hepatitis C virus related cirrhosis. *Antiviral research*. 2001; 52(2): 199-207.
24. Koh JC, et al. Asian consensus on the relationship between obesity and gastrointestinal and liver diseases. *Journal of gastroenterology and hepatology*. 2016; 31(8): 1405-1413.
25. Seto WK, MF Yuen. Nonalcoholic fatty liver disease in Asia: Emerging perspectives. *Journal of gastroenterology*. 2017; 52(2): 164-174.
26. Munir S, et al. Hepatitis C treatment: Current and future perspectives. *Virology journal*. 2010; 7(1): 1-6.
27. Yang JD, LR Roberts. Hepatocellular carcinoma: A global view. *Nature reviews Gastroenterology & hepatology*. 2010; 7(8): 448.
28. Villanueva A, et al. Combining clinical, pathology, and gene expression data to predict recurrence of hepatocellular carcinoma. *Gastroenterology*. 2011; 140(5): 1501-1512. e2.
29. Nazeema T, V Brindha. Antihepatotoxic and antioxidant defense potential of *Mimosa pudica*. *Int J Drug Discov*. 2009; 1: 1-4.
30. Liehl P, et al. Host-cell sensors for *Plasmodium* activate innate immunity against liver-stage infection. *Nature medicine*. 2014; 20(1): 47-53.
31. Penin F, et al. Structure and function of the membrane anchor domain of hepatitis C virus nonstructural protein 5A. *Journal of Biological Chemistry*. 2004; 279(39): 40835-40843.
32. Bartenschlager R, S Sparacio. Hepatitis C virus molecular clones and their replication capacity in vivo and in cell culture. *Virus research*. 2007; 127(2): 195-207.
33. Galicia-Moreno M, G Gutiérrez-Reyes. The role of oxidative stress in the development of alcoholic liver disease. *Revista de Gastroenterología de México (English Edition)*. 2014; 79(2): 135-144.
34. Allemani C, et al. Global surveillance of trends in cancer survival 2000-14 (CONCORD-3): Analysis of individual records for 37 513 025 patients diagnosed with one of 18 cancers from 322 population-based registries in 71 countries. *The Lancet*. 2018; 391(10125): 1023-1075.
35. Baba SA, et al. Phytochemical analysis and antioxidant activity of different tissue types of *Crocus sativus* and oxidative stress alleviating potential of saffron extract in plants, bacteria, and yeast. *South African Journal of Botany*; 2015. 99: 80-87.
36. Lin CC, PC Huang, JM Lin. Antioxidant and hepatoprotective effects of *Anoectochilus formosanus* and *Gynostemma pentaphyllum*. *The American journal of Chinese medicine*. 2000; 28(01): 87-96.
37. Zhang Z, et al. Antioxidant and hepatoprotective potential of endo-polysaccharides from *Hericium erinaceus* grown on tofu whey. *International Journal of Biological Macromolecules*. 2012; 51(5): 1140-1146.
38. Mindikoglu AL, A Regev, ER Schiff. Hepatitis B virus reactivation after cytotoxic chemotherapy: The disease and its prevention. *Clinical Gastroenterology and Hepatology*. 2006; 4(9): 1076-1081.
39. Bajaj JS, et al. Rifaximin improves driving simulator performance in a randomized trial of patients with minimal hepatic encephalopathy. *Gastroenterology*. 2011; 140(2): 478-487.e1.
40. Heidelbauch J, M Bruderly. Cirrhosis and chronic liver failure: Part I Diagnosis and evaluation. 2006.
41. Duraipandiyan V, M Ayyanar, S Ignacimuthu. Antimicrobial activity of some ethnomedicinal plants used by Paliyar tribe from Tamil Nadu, India. *BMC complementary and alternative medicine*. 2006; 6(1): 1-7.
42. Hu J, et al. MiR-122 in hepatic function and liver diseases. *Protein & cell*. 2012; 3(5): 364-371.
43. Cragg L, et al. The iron chelator L1 potentiates oxidative DNA damage in iron-loaded liver cells. *Blood, The Journal of the American Society of Hematology*. 1998; 92(2): 632-638.
44. Ilyas G, et al. Macrophage autophagy limits acute toxic liver injury in mice through down regulation of interleukin-1 β . *Journal of hepatology*. 2016; 64(1): 118-127.
45. Abbasi AM, et al. Medicinal plant biodiversity of lesser Himalayas-Pakistan. *Springer Science & Business Media*. 2011.
46. Agbaje E, A Adeneye, A Daramola. Biochemical and toxicological studies of aqueous extract of *Syzgium aromaticum* (L.) Merr. & Perry (Myrtaceae) in rodents. *African Journal of Traditional, Complementary and Alternative Medicines*. 2009; 6(3).
47. Sudipta K, et al. Phytochemical screening and in vitro antimicrobial activity of *Bougainvillea spectabilis* flower extracts. *International journal of phytomedicine*. 2012; 4(3): 375.
48. Metwaly M, M Dkhil, S Al-Quraishy. Anti-coccidial and anti-apoptotic activities of palm pollen grains on *Eimeria papillata*-induced infection in mice. *Biologia*. 2014; 69(2): 254-259.
49. Patil KS, et al. Heterotic pools in African and Asian origin populations of pearl millet [*Pennisetum glaucum* (L) R. Br. *Scientific reports*. 2021; 11(1): 1-13.

50. Levy C, LD Seeff, KD Lindor. Use of herbal supplements for chronic liver disease. *Clinical Gastroenterology and Hepatology*. 2004; 2(11): 947-956.
51. Rauf A, et al. In vitro α -glycosidase and urease enzyme inhibition profile of some selected medicinal plants of Pakistan. *Natural Product Research*. 2020; 1-6.
52. Haro JM, et al. ROAMER: Roadmap for mental health research in Europe. *International Journal of Methods in Psychiatric Research*. 2014; 23(S1): 1-14.
53. Ma J, L Xu, L Jia. Degradation of polycyclic aromatic hydrocarbons by *Pseudomonas* sp. JM2 isolated from active sewage sludge of chemical plant. *Journal of Environmental Sciences*. 2012; 24(12): 2141-2148.
54. Bouasla I, et al. *Nigella sativa* oil reduces aluminium chloride-induced oxidative injury in liver and erythrocytes of rats. *Biological trace element research*. 2014; 162(1): 252-261.
55. Rockey DC. Antifibrotic therapy in chronic liver disease. *Clinical Gastroenterology and Hepatology*. 2005; 3(2): 95-107.
56. Ahmad M, et al. Antihyperlipidaemic and hepatoprotective activity of *Dodonaea viscosa* leaves extracts in alloxan-induced diabetic rabbits (*Oryctolagus cuniculus*). *Pak Vet J*. 2012; 32(1): 50-54.
57. Kumar V, et al. Enhanced glycemic control, pancreas protective, antioxidant and hepatoprotective effects by umbelliferon- α -D-glucopyranosyl-(2 I \rightarrow 1 II)- α -D-glucopyranoside in streptozotocin induced diabetic rats. *Springerplus*. 2013; 2(1): 1-20.
58. Mohamed Saleem T, et al. Hepatoprotective herbs-a review. *International Journal of Research in Pharmaceutical Sciences*. 2010; 1(1): 1-5.
59. Ghosh A, T Ghosh, S Jain. Silymarin-a review on the pharmacodynamics and bioavailability enhancement approaches. *Journal of Pharmaceutical Science and Technology*. 2010; 2(10): 348-355.
60. Mohsenzadeh A, et al. A review of the most important medicinal plants effective on cough in children and adults. *Der Pharmacia Lettre*. 2016; 8(1): 90-96.
61. Mathur A, et al. Investigation of the antimicrobial, antioxidant and anti-inflammatory activity of compound isolated from *Murraya koenigii*. *International Journal of Applied Biology and Pharmaceutical Technology*. 2011; 2(1): 470-477.
62. Cheng X, et al. Sesquiterpene lactones from *Inula falconeri*, a plant endemic to the Himalayas, as potential anti-inflammatory agents. *European journal of medicinal chemistry*. 2011; 46(11): 5408-5415.
63. Yao H, et al. Herbal medicines and nonalcoholic fatty liver disease. *World Journal of Gastroenterology*. 2016; 22(30): 6890.
64. Armstrong MJ, et al. Severe asymptomatic non-alcoholic fatty liver disease in routine diabetes care; a multi-disciplinary team approach to diagnosis and management. *QJM: An International Journal of Medicine*. 2014; 107(1): 33-41.
65. Antoine DJ, et al. RETRACTED: Molecular forms of HMGB1 and keratin-18 as mechanistic biomarkers for mode of cell death and prognosis during clinical acetaminophen hepatotoxicity. *Elsevier*. 2012.
66. El-Beltagi HS, et al. Antioxidant, anti-cancer and ameliorative activities of *Spirulina platensis* and pomegranate juice against hepatic damage induced by CCl₄. *Notulae Botanicae Horti Agrobotanici Cluj-Napoca*. 2020; 48(4): 1941-1956.
67. Devi AB, et al. A study to evaluate the hepatoprotective activity of prebiotics, probiotics, and synbiotic in CCl₄. *Journal of Applied Pharmaceutical Science*. 2021; 11(03): 141-153.
68. Wasim M, et al. Biochemical screening of intellectually disabled and healthy children in Punjab, Pakistan: Differences in liver function test and lipid profiles. *International Journal of Developmental Disabilities*. 2020; 66(3): 190-195.
69. Cho KC, et al. Inhibitory effects of quercetin on aflatoxin B₁-induced hepatic damage in mice. *Food and Chemical Toxicology*. 2010; 48(10): 2747-2753.
70. Ahmed N, JJ Vernick. Management of liver trauma in adults. *Journal of Emergencies, trauma and shock*. 2011; 4(1): 114.
71. Burneiko RC, et al. Interaction of hypercaloric diet and physical exercise on lipid profile, oxidative stress and antioxidant defenses. *Food and chemical toxicology*. 2006; 44(7): 1167-1172.
72. El-Ansary M, et al. Phase II trial: Undifferentiated versus differentiated autologous mesenchymal stem cells transplantation in Egyptian patients with HCV induced liver cirrhosis. *Stem Cell Reviews and Reports*. 2012; 8(3): 972-981.
73. Gao Z, K Lister, JP Desai. Constitutive modeling of liver tissue: Experiment and theory. *Annals of biomedical engineering*. 2010; 38(2): 505-516.
74. Brandon-Warner E, et al. Silibinin (Milk Thistle) potentiates ethanol-dependent hepatocellular carcinoma progression in male mice. *Cancer letters*. 2012; 326(1): 88-95.
75. Chambers JC, et al. Genome-wide association study identifies loci influencing concentrations of liver enzymes in plasma. *Nature genetics*. 2011; 43(11): 1131-1138.
76. O'Leary KA, et al. Flavonoid glucuronides are substrates for human liver β -glucuronidase. *FEBS letters*. 2001; 503(1): 103-106.
77. Jackson P, et al. Pulmonary exposure to carbon black by inhalation or instillation in pregnant mice: Effects on liver DNA strand breaks in dams and offspring. *Nanotoxicology*. 2012; 6(5): 486-500.
78. Andrews E, AK Daly. Flucloxacillin-induced liver injury. *Toxicology*. 2008; 254(3): 158-163.
79. Oh SY, et al. The association between increased alanine aminotransferase activity and metabolic factors in nonalcoholic fatty liver disease. *Metabolism*. 2006; 55(12): 1604-1609.
80. Ahmed MH, S Barakat, AO Almobarak. Nonalcoholic fatty liver disease and cardiovascular disease: Has the time come for cardiologists to be hepatologists? *Journal of obesity*. 2012.
81. Wu S, et al. Effect of scheduled monitoring of liver function during anti-Tuberculosis treatment in a retrospective cohort in China. *BMC Public Health*. 2012; 12(1): 1-7.
82. An C, et al. Liver imaging reporting and data system (LI-RADS) version 2014: understanding and application of the diagnostic algorithm. *Clinical and molecular hepatology*, 2016; 22(2): 296.