Review paper

Therapeutic potential of *Withania somnifera* in CNS disorders: A neuropharmacological review.

4	Abstract:
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- 5 Context: According to the Ayurveda which is the oldest system of Medicine in the world defines the
- 6 medicinal plant as Medhya Rasayana who shows the brain tissue specific properties. Medhya
- 7 Rasayana can retard brain aging and can help in different central nervous system (CNS) disorders.
- 8 Withania somnifera (Ashwagandha) is one of the medhya Rasayana and it has medicinal properties
- 9 to treat several CNS disorders.
- 10 **Objective:** Research in the area of alternative medicine has come up with several options to treat the
- disorders of CNS. However, a comprehensive review of such a potent medicinal plant; Withania
- somnifera in different CNS disorders has been absent to date. The present review focuses on the
- 13 effects of phytochemicals isolated from Withania somnifera on different types of
- 14 central nervous system CNS disorders.
- 15 Materials and methods: Numerous animal and in vitro studies have been conducted on Withania
- 16 somnifera, which advocates strong potential medicinal properties of this herbal drug. We reviewed the
- 17 MEDLINE database to identify experimental studies conducted using Withania somnifera in several
- 18 CNS disorders.
- 19 Results: Our present study has shown that Withania Somnifera has a very potent role in the
- 20 treatment of CNS disorders i.e. Parkinson disease, Alzheimer's disease, Epilepsy, Anxiety, OCD,
- 21 Hypoxia, Huntington's disease, Catalepsy and Bipolar disorder. Withania somnifera act on several
- 22 neurotransmitters to treat these CNS disorders.

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- 24 Discussion and conclusion: WS demonstrates remarkable potential in the amelioration of CNS
- disorders, with anticancer, anti-inflammatory, anti-stress, anti-depressant and anti-anxiety effects.
- 26 Key words
- 27 Withania Somnifera, CNS disorders, alternative therapy, Ashwagandha, herbal drug, phyto-therapy.

1. Introduction:

- 30 Withania somnifera (L.) dunal (Ashwagandha) used as a traditional Indian medicine since long. [1]-[3]
- 31 also characterized as Rasayana (rejuvenation).[4]

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- The perennial shrub of Solanaceae family *W. somnifera*, have gained recognition as a treatment for mental disorders and various health conditions.[5] It has been used for treatment of anxiety,[6] neuronal degeneration,[7]–[11] epilepsy,[12-13] depression,[14] sleep,[15] memory[5,16,17] and
- 36 many other CNS diseases.

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The withanolides have been shown to have properties i.e anticancer, [18-20] anti-inflammatory,[21] anti-stress,[22] anti-depressant and anti-anxiety effect [23] antioxidant property,[24] memory enhancing,[25] anti-convulsant[26] and Immune-modulating,[27]

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Ashwagandha is a natural source of alkaloids, steroidal lactones, saponins with an additional acyl group and withanolides with C₆H₁₂O₆ at C-27 position [24] and till now 35 chemical have been discovered, extracted and isolated from roots of WS.[28] The main component of *W. somnifera* is withanolide, derivative of steroids and rich of iron.[2]

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2. Common name:

- 48 W. somnifera has several common names; Ashwagandha, winter cherry or Indian Ginseng.[2] This
- 49 plant is known by different names in different part of India; Punir (in Hindi), Aksan (Punjab), Tilli
- 50 (Marathi), Ashvaganda (Benagl, Bombay).[26] Other than this, withanolides in W. somnifera have
- 51 structural resemblance with ginsenosides, active chemical compound present in 'Panax ginseng',
- therefore it is known as "Indian Ginseng." [29,30]
- 53 **2.1 Classification of W. somnifera**
- 54 Kingdom: Plantae
- 55 Division: Angiosperms
- 56 Class: Dicotiledoneae
- 57 Order: Tubiflorae
- 58 Family: Solanaceae
- 59 Genus: Withania
- 60 Species: somnifera

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2.2 Biochemical constituents:

- 63 In commonly known form of W. somnifera, 35 chemicals have been identified and isolated from roots
- 64 of shrub out of which withanolide A, withanoside IV, and withanoside VI are found to be most active
- 65 [28] and withaferin A is the most studied component of *W. somnifera* (fig. 1).

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- 67 Previous research demonstrated spectroscopic and physiochemical methods to isolate 5 new
- 68 derivatives from roots of Ashwagandha.[31] Several reports have shown presence of alkaloids,
- 69 steroidal lactones and saponins also present in minor quantity.[9,32] Apart from these, Withania
- 70 Somnifera also contains starch, acylsteryl glucosides and amino acid, like tryptophan, alanine,
- 71 glycine, and tyrosine, aspartic acid.[9]
- 72 Other than withanoilde, several alkaloids; choline, pseudo-withanine, somniferine, somnine, tropine,
- 73 pseudotropine, 3-a-gloyloxytropane, isopelletierine and anaferine andanahydrine were also
- 74 discovered.[33,34]

3. Complementary and Alternative medicine:

- Despite of advancements in western medicines CAM appears to raise folk medicine towards modern
- 77 pharmacology that may consider safer and more effective.[35,36] Chemically synthesized allopathic
- 78 drugs showed adverse effects both physically and economically.[37] Although, many antiepileptic
- 79 drugs present to treat epilepsy but many of them shows chronic toxicity and teratogenic effects on
- 80 human brain.[38] Similarly, benzodiazepines prescribed in treatment of bipolar disorder and several
- 81 psychotic diseases may cause anxiety and insomnia[39,40] if chronically used. Here, the use of
- 82 alternative medicine comes in demand.
- 83 If we talk about CAM in CNS disorder, EEG and neuroimaging techniques detects the autoregulation
- 84 and physiology of CAM in CNS and result shows similar structure involvement in different therapeutic
- 85 approaches.[41] Herbal medications hope to overcome negative effects of synthetic drugs with
- 86 curing the diseases by lowering the side effects and by focusing on the cause of disease instead of
- 87 symptoms only.[37]

4. W. somnifera in CNS diseases:

- 89 To overcome the therapeutic limitations and side effects of western synthetic medicines,[37] herbal
- 90 treatment was found to be effective in several CNS disorders. Withania Somnifera widely used to
- 91 treat diseases from normal infection to cancer,[42] but their excessive use in nervous system disorder
- 92 currently comes in limelight.[24] Neuromodulation of GABAergic[43,44] or cholinergic pathway[45] is
- 93 considered in treatment of these types of CNS disorders via inhibiting excitotoxicity and oxidative
- 94 damage conditions.[46]

4.1 Parkinson disease:

- 96 Parkinson's disease is most common neurodegenerative disorder in aged people.[47] Age,
- 97 environmental and genetic factors cause loss of dopaminergic neuron leads to tremor, rigidity and
- 98 postural instability in patients.[48-50] Several studies found that root extract of W. somnifera at
- 99 pharmacological concentration enhance oxidative status by reducing lipid peroxidation level[51] or by
- increasing number of TH (Tyrosine hydrolase) positive cell in substantia nigra.[10] W. somnifera,
- 101 100mg/kg body weight for 7 or 28 days reduced the level of Catecholamines: dopamine (DA), 3,4-
- 102 dihydroxy-phenylacetic acid (DOPAC) and homovanillic acid (HVA); antioxidants: glutathione (GSH)

and glutathione peroxidase (GPx); and lipid peroxidation marker (TBARS) in 1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine (MPTP) induced model of PD.[11] In a clinical trail, 18 clinically diagnosed parkinsonian patients were traeted with a concoction in cow's milk of powdered *Mucuna pruriens* and *Hyoscyamus reticulatus* seeds and *W. somnifera* and *Sida cordifolia* roots for 28 days in cleansing therapy and for 56 days in palliative therapy. [52] This study also establishes the necessity of cleansing therapy in Ayurveda medication prior to palliative therapy. Hence *W. somnifera*, could be a promising CAM therapy for Parkinson's disease due to its potential anti-oxidant, anti-peroxidative and free radical guenching properties.

4.2 Alzheimer's disease:

Progressive neurodegenerative Alzheimer's disease (AD) is recognized to cause several abnormalities including memory loss, anxiety, language deficit, depression, mood disturbance and stress.[38] Significant causes of these impairments are cholinergic neuron degeneration, toxic β-Amyloid plaques, neurofibrillary tangles and neurochemical deficiencies.[53] Although, direct target molecule of *W. somnifera* has not been identified yet,[54] but root extract of *W. somnifera* shows potential neuroprotective effects against H2O2- and β-Amyloid cytotoxicity during Alzheimer's disease. Some researchers also believe that dried root abstract of *W. somnifera* enhances liver LRP (low density lipoprotein receptor- related protein) and decreases β-Amyloid formation by Aβ-degrading protease neprilysin (NEP) in brain.[55] There are lots of active ingredients of WS but few are very active like withanolide A, withanoside IV, and withanoside VI. Role of these ingredients in neurodegenerative diseases have been reported as they improves memory impairment, neurite atrophy, and synaptic loss in the cerebral cortex by restoring presynapses and postsynapses both In axons and dendrites in cortical neurons. The effect of herb has been found both in neurons as well as in glial cells. Further studies on Ashwagandha may lead to important leads which may help to solve urgent need in AD treatment.

4.3 Epilepsy:

The metabolic profile of *W. somnifera* includes restoration of imbalance in GABA / glutamate modulation[56] and higher serum level of peptide hormone, Ghrelin.[57] Despite the availability of anti-epileptic drugs, either the cost or difficulty to access with physicians[58] or adverse side effect of AED[59] make allopathic drugs less concerned in epilepsy. *W. somnifera* acts as CAM in epilepsy treatment.[60] It shows antioxidative mechanism, increases GABA level & cortical muscarinic ACh and enhances neutrite regeneration in brain.[5] This inexpensive and culturally acceptable herbal therapy may open new doors for epileptic patients around the world.[60]

4.4 Anxiety:

It's a widespread psychopathological disorder associated with unpleasant emotional state shows lifetime prevalence leads to depression, somatic distress and low self-esteem.[6,61] Neurotonic effect of root withanoildes produces GABA-mimetic activity in treatment of anxiety.[43,62] Still, unidentified dosing of *W. somnifera* may cause intolerable side effects on human.[63]

141 **4.5 OCD**:

- 142 This mental disorder characterized by persistent and distressed thought (Obsessions) with repeated
- egoistic behavior (compulsion).[64] It causes impairment in serotonergic & dopaminergic system[65],
- 144 [66] with pathological defects, observed in orbitofrontal cortex, dorsolateral PFC and ant. cingulate
- 145 cortex.[67] WS poses anxiolytic & anti-depressent properties, therefore considered in OCD
- 146 treatment.[64] Methanolic and aqueous root extract of Ashwagandha increases serotonergic
- transmission[14,64] via effecting 5HT_{2A/2C} receptors in brain.

4.6 Hypoxia:

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- 149 Hypoxia is considered as generation of superoxide radicals in less availability of oxygen[68] which
- 150 causes hippocampal neurodegeneration and cognitive dysfunction includes memory impairment.[69],
- 151 [70] Withanolide A maintains balance of corticosterone level by increasing minerlocorticoid receptor
- expression and decreasing glucocorticoid expression in hippocampus. This signalling pathway plays a
- vital role in memory and neuronal survivability.[70]

4.6 Huntington's disease:

- 155 HD is also a neurodegenerative disease identified by neuronal destruction in basal ganglia [71]
- accompanied by progressive motor dysfunction, chorea, dystonia, emotional disturbances, memory,
- and weight loss.[72] HD can be induced by introducing oxidative stress factor (i.e. 3-Nitropropionic
- acid) in experimental animals. In pathophysiology of the HD; GABA and enkephalin neurons of basal
- ganglia plays an important role[38,73] along with molecular alteration in (NMDA) receptors.[74]
- 160 Polyglutamine stretches formed by Cytosine-Adenine-Guanine (CAG) repeats with the increasing age
- is highly correlated with the HD.
- 162 W. somnifera act by GABAergic system aberrance of which is a major cause of most of the
- 163 neurological disorder. WS root extract corrects the major imbalance in GABAergic system and
- improves cognitive function, acetyl cholinesterase enzyme activity and glutathione enzyme level in
- 165 experimental animal model of HD. Treatment with W. somnifera restores impaired motor function and
- other cognitive deficits. The antioxidant property of the WS root extract makes it a potential leader to
- 167 treat HD.[75]

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4.7 Catalepsy:

- 169 Neuroleptic catalepsy can be reversed by D1 & D2 receptor agonist[76] and W. somnifera play
- 170 important role in this as with combination of other drugs, NR-ANX-C (Withania Somnifera, Ocimum
- 171 sanctum, Camellia sinensis, triphala and shilajit).[77]

172 4.8 Bipolar disorder:

- 173 Cognitive impairments with frequent mood fluctuations are easily observed in bipolar disorder.[78]
- 174 Anxiety and insomnia are commonly observed symptoms[39,79] in this disorder. Limited treatment
- 175 availability makes herbal medication an attractive tool.[80] Very few studies of W. somnifera on
- 176 bipolar disorder reported functional recovery in patients.[81] A reduction in insomnic and anxiety

177 condition with auditiory-verbal working memory improvement also observed in *W. somnifera* treated 178 subjects.[82]

5. Conclusion:

CNS disorders are one of the major threats of modern life and are considered as the most disabling disease which is a big burden on the society. Millions of people every year disable with different types of CNS disorders despite tremendous efforts to find methods of control and cure. Although great advances were made in modern medical science to control disease but many diseases like Autism are not yet curable fully. The underlying mechanism leading up to CNS disorders are still unknown and most of them remain a mystery disease. To find out newer, safe and effective therapeutics, scientists are evaluating some medicinal plants and herbs which are a rich source of a variety of chemicals with nutritive and therapeutic properties. World-over the pharmaceutical companies and research organizations are focusing on the vast untapped potential of herbals as potent drugs.

W. somnifera demonstrates remarkable potential in the amelioration of CNS disorders, with anticancer, anti-inflammatory, anti-stress, anti-depressant and anti-anxiety effects. The results of some powerful studies indicated that at least part of the chronic stress-induced pathology may be due to oxidative stress, which is mitigated by W. somnifera. [83] Use of alternative medicine is growing as the side effects of allopathic medicine increasing. In such a condition biomedical research on W. somnifera can open new gates towards the treatment of CNS and other disorders.

W. somnifera is an ingredient in many formulations prescribed for a variety of musculoskeletal conditions (e.g., arthritis, rheumatism), and as a general tonic to increase energy, improve overall health and longevity, and prevent disease in athletes, the elderly, and during pregnancy [85]. WS is well known for its other biological activities like anti-parkinsonism [48-50], anti- Alzheimer's [54-55], anti-epileptic [59-60], anti-anxiety [43,62], anti-Huntington [73-74] and anti-catalepsy [77]. All the important studies using W. somnifera have been listed in the table no. 1 and the results of the studies described in table no. 1 shows its chemical ingredients are effective in prevention and treatment of different kinds of CNS disorder like Parkinson, epilepsy, Huntington and bipolar disorder (Fig. 2).

Therefore, the use of W. somnifera as multi-dimentional traditional medicine has resulted into several commercial drugs and therefore W. somnifera ranks a valuable plant in the pharmaceutical industries. this medicinal plant W. somnifera alone can be used as complementary and alternative medicine (CAM) in the treatment of CNS disorders. All the described studies shows that the W. somnifera work as adaptogen/ anti-stress agent, immunomodulator, antioxidant (reducing free radical damage, anabolic effect, improving resistance of body, reducing fatigue and detoxificant effects makes it the best complementary and alternative medicine (CAM). Although, the phyto-chemistry and pharmacology of W. somnifera has been widely investigated in several diseases, yet the studies on

- 214 protective effect of the extracts of the plant parts in different neurodevelopmental disorders are very
- 215 few. Although it is required to identify the novel clinical properties of the plant in case of some
- 216 neurodevelopmental disorders like autism spectrum disorder, the severe disorder in which the drug
- 217 therapy is very limited.
- Here, we are able to suggest that the other diseases which happens due to or result in imbalance in
- 219 above said mechanism like autism spectrum disorder (ASD), W. somnifera may be very useful.

6. Future perspective:

- 221 Complexity of CNS disorders and many adverse effect of western medicine highly support herbal drug
- therapy in future. The use of W. somnifera as multi-dimentional traditional medicine has resulted into
- 223 several commercial drugs and therefore W. somnifera ranks a valuable plant in the pharmaceutical
- industries. The phyto-chemicals and pharmacology of W. somnifera has been widely investigated in
- 225 several diseases. Beside the CNS disorders we discussed in this review, there are numbers of CNS
- 226 disorder on which the studies on protective effect of the extracts of the plant parts are not tested i.e.
- 227 dementia, autism and other neurodevelopmental disorders. Although it is required to identify the novel
- 228 clinical properties of the plant in case of some neurodevelopmental disorders like autism spectrum
- disorder, the severe disorder in which the drug therapy is very limited. Still lots of research are
- 230 required to fully characterize the mechanism of action in CNS disorders of phyto-chemicals of W.
- 231 somnifera.

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232 References:

- 233 [1] Bhatnagar M, Sharma D, Salvi M. Neuroprotective effects of Withania somnifera dunal.: A
 234 possible mechanism. Neurochem Res. 2009;34(11):1975–1983.
- 235 [2] Singh G, Sharma PK, Dudhe R, Singh S. Biological activities of *Withania somnifera*. Ann. Biol. 236 Res. 2010;1(3):56–63.
- 237 [3] Kataria H, Wadhwa R, Kaul SC, Kaur G. Water extract from the leaves of Withania somnifera
- protect RA differentiated C6 and IMR-32 cells against glutamate-induced excitotoxicity. PLoS One. 2012;7(5):e37080.
- 233 One. 2012,7(3).e37000.
- 240 [4] Vayalil PK, Kuttan G, Kuttan R. Rasayanas: evidence for the concept of prevention of diseases. Am J Chin Med. 2002;30(1):155–171.
- 242 [5] Kulkarni SK, Dhir A. *Withania somnifera*: an Indian ginseng. Prog Neuropsychopharmacol Biol Psychiatry. 2008;32(5):1093–1105.
- Gupta V, Bansal P, Kumar S, Sannd R, Rao MM Therapeutic efficacy of phytochemicals as anti-anxiety-A Review. J Pharm Res 2010;31:174–179.
- Kumar S, Seal CJ, Howes MJR, Kite GC, Okello EJ. In vitro protective effects of *Withania*somnifera (L.) dunal root extract against hydrogen peroxide and β-amyloid(1-42)-induced
- cytotoxicity in differentiated PC12 cells. Phytother Res. 2010;24(10):1567–7154.
- Tohda C, Kuboyama T, Komatsu K. Search for natural products related to regeneration of the neuronal network. Neurosignals. 2005;14(1–2):34–45.
- 251 [9] Rana A, Gupta GL. Withania somnifera Ashwagandha: a review. Phcog Rev. 2007;1(129).

- 252 [10] Prakash J, Yadav SK, Chouhan S, Singh SP. Neuroprotective role of *withania somnifera* root extract in maneb-paraguat induced mouse model of parkinsonism. Neurochem Res. 2013;8(5):
- 254 972–980.
- 255 [11] RajaSankar S, Manivasagam T, Sankar V, Prakash S, Muthusamy R, Krishnamurti A, et al.
- 256 Withania somnifera root extract improves catecholamines and physiological abnormalities
- seen in a Parkinson's disease model mouse. J Ethnopharmacol. 2009;125(3):369–373.
- 258 [12] Moharana S, Moharana D. A clinical trial of mentat in patients with various types of epilepsy.
- 259 Probe (Lond).1994;33:160-162.
- 260 [13] Ahemed T, Hasan S, Dwivedi V, Mishra M, Singh PK, Hashmi F. Anti epileptic activity of some
- medicinal plants. Int J Med Arom Plants. 2012;22:354–360.
- 262 [14] Bhattacharya SK, Bhattacharya A, Sairam K, Ghosal S. Anxiolytic-antidepressant activity of
- 263 Withania somnifera glycowithanolides: an experimental study. Phytomedicine. 2000;7(6):463-
- 264 469.
- 265 [15] Farag NH, Mills PJ. A randomised-controlled trial of the effects of a traditional herbal
- supplement on sleep onset insomnia. Complement Ther Med 2003;11(4):223–225.
- 267 [16] Ghosal US, Lal J, Srivastava R, Bhattacharya SK. Immunomodulatory and CNS effects of
- 268 sitoindosides IX and X two new glycowithanolides from Withania somnifera. Phytother Res.
- 269 1989;3:201-206.
- 270 [17] Tohda C, Joyashiki E. Sominone enhances neurite outgrowth and spatial memory mediated by
- the neurotrophic factor receptor, RET. Br J Pharmacol. 2009;157(8):1427–1440.
- 272 [18] Subbaraju GV, Vanisree M, Rao CV, Sivaramakrishna C, Sridhar P, Jayaprakasam B, et al.
- Ashwagandhanolide, a bioactive dimeric thiowithanolide isolated from the roots of Withania
- 274 somnifera. J Nat Prod. 2006;69(12):1790–1792.
- 275 [19] Winters M. Ancient medicine, modern use: Withania somnifera and its potential role in
- 276 integrative oncology. Altern Med Rev. 2006;11(4):269–277.
- 277 [20] Stan SD, Zeng Y, Singh SV. Ayurvedic medicine constituent withaferin a causes G2 and M
- 278 phase cell cycle arrest in human breast cancer cells. Nutr Cancer. 2008;60(Suppl 1)(23):51-
- 279 60.
- 280 [21] Davis L, Kuttan G. Effect of Withania somnifera on cell mediated immune responses in mice. J
- 281 Exp Clin Cancer Res. 2002;21(4):585–590.
- 282 [22] Rai D, Bhatia G, Sen T, Palit G. Anti-stress effects of Ginkgo biloba and Panax ginseng: a
- 283 comparative study. J Pharmacol Sci. 2003;93(40):458–464.
- 284 [23] Archana R, Namasivayam A. Antistressor effect of Withania somnifera. J Ethnopharmacol.
- 285 1998;64(1):91–93.
- 286 [24] Mishra LC, Singh BB, Dagenais S. Scientific basis for the therapeutic use of Withania
- 287 somnifera (ashwagandha): a review. Altern Med Rev. 2000;5(4):334–346.
- 288 [25] Verma A, Kulkarni SK. Ashwagandha and Bramhi: Nootropic and de-addiction profile of
- psychotropic indigenous plants. Drugs Today. 1993;29:257–263.
- 290 [26] Kulkarni SK, Akula KK, Dhir A. Effect of Withania somnifera Dunal root extract against
- 291 pentylenetetrazol seizure threshold in mice: possible involvement of GABAergic system. Indian

- 292 J Exp Biol 2008;46(6):465–469.
- 293 [27] Davis L, Kuttan G. Immunomodulatory activity of *Withania somnifera*. J Ethnopharmacol.
- 294 2000;71(1-2):193-200.
- 295 [28] Mehrotra BN, Rastogi RP. Compendium of Indian Medicinal Plants. Vol. 6. Central Drug
- Research Institute, Lucknow: Publications and Information Directorate, Lucknow; 1998.
- 297 [29] Grandhi A, Mujumdar AM, Patwardhan B. A comparative pharmacological investigation of
- Ashwagandha and Ginseng. J Ethnopharmacol. 1994;44(3):131–135.
- 299 [30] Singh B, Saxena AK, Chandan BK, Gupta DK, Bhutani KK, Anand KK. Adaptogenic activity of
- a novel, withanolide-free aqueous fraction from the roots of *Withania somnifera Dun.* Phytother
- 301 Res. 2001;15(4):311-318.
- 302 [31] Zhao J, Nakamura N, Hattori M, Kuboyama T, Tohda C, Komatsu K. Withanolide derivatives
- from the roots of Withania somnifera and their neurite outgrowth activities. Chem Pharm Bul.
- 304 (Tokyo). 2002;50(6):760–765.
- 305 [32] Gupta MM, Gupta AP, Verma RK, Misra HO. Quantitative determination of withaferin A in
- different plant parts of Withania somnifera by TLC densitometry. J Med Aromat Plant Sci.
- 307 1996;18:788–790.
- 308 [33] Elsakka M, Grigorescu E, Stanescu U, Dorneanu V. New data referring to chemistry of
- 309 Withania somnifera species. Rev Med Chir Soc Med Nat Iasi. 1990;94(2):385–387.
- 310 [34] Bone K. Clinical applications of Ayurvedic and Chinese herbs. Warwick: Phytotherapy Press.
- 311 1996: pp 137–141.
- 312 [35] Goldman P. Herbal medicines today and the roots of modern pharmacology. Ann Intern Med.
- 313 2001;135(8-II):594-600.
- 314 [36] Reilly D. Comments on complementary and alternative medicine in Europe. J Altern
- 315 Complement Med. 2001;7(Suppl 1):S23–S31.
- 316 [37] Verma S, Singh SP. Current and future status of herbal medicines. Vet World.
- 317 2008;1(11):347–350.
- 318 [38] Kumar SA, Babu BH, Lakshmi MS. A review on traditional system of medicine for treats
- 319 epilepsy. Int J Biol Pharm Res. 2010;11:1–6.
- 320 [39] Otto MW, Simon NM, Wisniewski SR, Miklowitz DJ, Kogan JN, et al. Prospective 12-month
- 321 course of bipolar disorder in out-patients with and without comorbid anxiety disorders. Br J
- 322 Psychiatry. 2006;189: 20–25.
- 323 [40] Uzun S, Kozumplik O, Jakovljevic M, Sedic B. Side effects of treatment with benzodiazepines.
- 324 Psychiatr Danub.2010;22(1):90–93.
- 325 [41] Esch T, Guarna M, Bianchi E. Commonalities in the central nervous system's involvement with
- 326 complementary medical therapies: limbic morphinergic processes. Med Sci Monit.
- 327 2004;10(6):6–17.
- 328 [42] Yamada K, Hung P, Park TK, Park PJ, Lim BO. A comparison of the immunostimulatory
- 329 effects of the medicinal herbs Echinacea, Ashwagandha and Brahmi. J Ethnopharmacol.
- 330 2011;137(1):231–235.
- 331 [43] Mehta AK, Binkley P, Gandhi SS, Ticku MK. Pharmacological effects of Withania somnifera

- root extract on GABAA receptor complex. Indian J Med Res. 1991;94:312–315.
- George B, Kulkarni SK. Anticonvulsant action of *Withania somnifera* Ashwagandha root extract against pentylenetetrazol-induced kindling in mice. Phytother Res. 1996;10:447–449.
- 335 [45] Schliebs R, Liebmann A,Bhattacharya S, Kumar A, Ghosal S, Bigl V. Systemic administration
- of defined extracts from Withania somnifera (Indian ginseng) and Shilajit differentially affects
- 337 cholinergic but not glutamatergic and GABAergic markers in rat brain. Neurochem 338 Int.1997;30(2):181–190.
- Parihar MS, Hemnani T. Phenolic antioxidants attenuate hippocampal neuronal cell damage against kainic acid induced excitotoxicity. J Biosci. 2003;28(1):121–128.
- 341 [47] Dauer W, Przedborski S. Parkinson's Disease: Mechanisms and Models. Neuron. 342 2003;39(6):889–909.
- 343 [48] Singh N, Pillay V, Choonara YE. Advances in the treatment of Parkinson's disease. Prog 344 Neurobiol. 2007;81(1):29–44.
- Mounsey RB, Teismann P. Mitochondrial dysfunction in Parkinson's disease: pathogenesis and neuroprotection. Parkinsons Dis. 2010 (vol. 2011): p 617472.
- Fahn S. The spectrum of levodopa-induced dyskinesias. Ann Neurol. 2000;7(4), Suppl 1:S2–348 S9; discussion S9–S11.
- 349 [51] Sankar SR, Manivasagam T, Krishnamurti A, Ramanathan M. The neuroprotective effect of Withania somnifera root extract in MPTP-intoxicated mice: An analysis of behavioural and biochemical variables. Cell Mol Biol Lett 2007;12:473–481.
- 352 [52] Nagashayana N, Sankarankutty P, Nampoothiri MRV, Mohan PK, Mohanakumar KP. 353 Association of L-DOPA with recovery following Ayurveda medication in Parkinson's disease. J
- 354 Neurol Sci. 2000;176:124–127.
- Ross C, Poirier M. Protein aggregation and neurodegenerative disease. Nat Med. 2004;10:S10–S17.
- Komatsu K, Kuboyama T, Tohda C. Effects of Ashwagandha Roots of *Withania somnifera* on Neurodegenerative Diseases. Biol Pharm Bull. 2014;376:892–897.
- Sehgal N, Gupta A, Valli RK, Joshi SD, Mills JT, Hamel Eet al. *Withania somnifera* reverses
 Alzheimer's disease pathology by enhancing low-density lipoprotein receptor-related protein in
 liver. Proc Natl Acad Sci USA. 2012;109(9):3510–3515.
- 362 [56] Sierra-Paredes G, Sierra-Marcuño G. Extrasynaptic GABA and glutamate receptors in epilepsy. CNS Neurol Disord Drug Targets. 2007;6(4):288–300.
- Berilgen MS, Mungen B, Ustundag B, Demir C. Serum ghrelin levels are enhanced in patients with epilepsy. Seizure. 2006;15(2):106–111.
- Meinardi H, Scott R, Reis R, Sander JWaS. The treatment gap in epilepsy: The current situation and ways forward. Epilepsia, 2001;42(1):136–149.
- 368 [59] Brodie MJ. Diagnosing and predicting refractory epilepsy. Acta Neurol Scand Suppl. 369 2005;181(17):36–39.
- 370 [60] Schachter SC. Botanicals and Herbs: A Traditional Approach to Treating Epilepsy. 371 Neurotherapeutics. 2009;6(2):415–420.

- 372 [61] Pratte MA, Nanavati KB, Young V, Morley CP. An Alternative Treatment for Anxiety: A
 373 Systematic Review of Human Trial Results Reported for the Ayurvedic Herb Ashwagandha
 374 (*Withania somnifera*). J Altern Complement Med. 2014;20(12):901–908.
- Ticku MK, Kulkarni SK, Sharma A, Verma A. GABA receptor mediated anticonvulsant action of Withania somnifera root extract. Indian Drugs. 1993;30:305–312.
- Thatcher GW, Cates M, Wells BG. Anxiety Disorders. In: Herfindal ET, Gourley DR, Ed. Therapeutics Drug and Disease Management. Baltimore: Williams and Wilkins. 1996:1073–1093.
- 380 [64] Kaurav Bhanu PS, Wanjari MM, Chandekar A, Chauhan NS, Upmanyu N. Influence of 381 *Withania somnifera* on obsessive compulsive disorder in mice. Asian Pac J Trop Med. 382 2012;5(5):380–384.
- Denys D, Dijk AV, Klompmakers A. Role of serotonin in obsessive-compulsive disorder. Futur. 2008;35:589–603.
- Koo MS, Kim EJ, Roh D, Kim CH. Role of dopamine in the pathophysiology and treatment of obsessive-compulsive disorder. Expert Rev Neurother. 2010;10(2):275–290.
- Eisen JL, Phillips K, Coles ME, Rasmussen S. Insight in Obsessive Compulsive Disorder and Body Dysmorphic Disorder. Compr Psychiatry. 2004;45(1):10–15.
- Won SJ, Kim DY, Gwag BJ. Cellular and molecular pathways of ischemic neuronal death. J Biochem Mol Biol. 2002;35(1):67–86.
- 391 [69] Bahrke MS, Shukitt-hale B. Effects of Altitude on Mood, Behaviour and Cognitive Functioning: 392 A Review. Sport Med. 1993;16(2):97–125.
- 393 [70] Baitharu I, Jain V, Deep SN, Shroff S, Sahu JK, Naik PK, Ilavazhagan G. Withanolide A 394 Prevents Neurodegeneration by Modulating Hippocampal Glutathione Biosynthesis during 395 Hypoxia. PLoS One. 2014;9(10):1–17.
- Tasset I, Sánchez-López F, Agüera E, Fernández-Bolaños R, Sánchez FM, Cruz-Guerrero A,
 Gascón-Luna F, Túnez I. NGF and nitrosative stress in patients with Huntington's disease. J
 Neurol Sci. 2012;315(1–2):133–136.
- Kumar P, Kalonia H, Kumar A. Role of LOX/COX pathways in 3-nitropropionic acid-induced
 Huntington's disease-like symptoms in rats: protective effect of licofelone. Br J Pharmacol.
 2011;164(2b):644–654.
- Zadori D, Geisz A, Vamos E, Vecsei L, Klivenyi P. Valproate ameliorates the survival and the
 motor performance in a transgenic mouse model of Huntington's disease. Pharmacol Biochem
 Behav. 2009;94(1):148–153.
- 405 [74] Ellerby LM. Hunting for excitement: NMDA receptors in Huntington's disease. Neuron. 406 2002;33(6):841–842.
- 407 [75] Kumar P, Kumar A. Possible neuroprotective effect of Withania somnifera root extract against
 408 3-nitropropionic acid-induced behavioral, biochemical, and mitochondrial dysfunction in an
 409 animal model of Huntington's disease. J Med Food. 2009;12(3):591–600.
- 410 [76] Bever, Janssen PAJ, Van WFM. Springer: Hand book of psychopharmacology: Neuroleptics and Schizophrenia. New york, 1978.

- Nair SV, Arjuman A, Dorababu P, Gopalakrishna HN, Rao UC, Mohan L. Effect of NR-ANX-C 412 [77] 413 (a polyherbal formulation) on haloperidol induced catalepsy in albino mice. Indian J Med Res. 414 2007;126(5):480-484.
- 415 Judd LL, Akiskal HS, Schettler PJ, Endicott J, Maser J, Solomon D, Leon AC, Rice J, Keller [78] 416 MB. The long-term natural history of the weekly symptomatic status of bipolar I disorder. Arch 417 Gen Psychiatry. 2002;59(6):530-537.
- 418 Putnins SI, Griffin ML, Fitzmaurice GM, Dodd DR, Weiss RD. Poor sleep at baseline predicts [79] 419 worse mood outcomes in patients with co-occurring bipolar disorder and substance 420 dependence. J Clin Psychiatry. 2012;73(5):703-708.
- 421 [08] Spinella M, Eaton L. Hypomania induced by herbal and pharmaceutical psychotropic medicines following mild traumatic brain injury. Brain Inj.2002;16(4):359-367. 422
- 423 Chengappa KNR, Bowie CR, Schlicht PJ, Fleet D, Brar JS, Jindal R. Randomized placebo-[81] 424 controlled adjunctive study of an extract of Withania somnifera for cognitive dysfunction in 425 bipolar disorder. J Clin Psychiatry. 2013;74(11):1076–1083.
- 426 Sarris J, Panossian A, Schweitzer I, Stough C, Scholey A. Herbal medicine for depression, [82] 427 anxiety and insomnia: A review of psychopharmacology and clinical evidence. Eur 428 Neuropsychopharmacol. 2011;21(12):841-860.
- 429 Ahmad M, Saleem S, Ahmad AS, Ansari MA, Yousuf S, Hoda MN, Islam F. Neuroprotective 430 effects of Withania somnifera on 6-hydroxydopamine induced Parkinsonism in rats. Hum Exp 431 Toxicol. 2005;24(3):137-47.
- 432 Jain R, Kachhwaha S, Kothari SL. Phytochemistry, pharmacology, and biotechnology of [84] 433 Withania somnifera and Withania coagulans: A review. Journal of Medicinal Plant Research. 434 2012; 6, 5388-5399.
- 435 Singh N, Verma P, Pandey BR, Gilca M. Role of Withania somnifera in Prevention and 436 Treatment of Cancer: An Overview. International Journal of Pharmaceutical Sciences and 437 Drug Research 2011; 3(4): 274-279.

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Fig 1: Structure of an important with anolide of with ania somnifera (with a ferin A).



Fig 2: Withania somnifera acts on different molecular parameters to treat several CNS disorders.

S. No.	Disease	Inducer	Treatment	Dose	Treatment Duration	Evaluated parameters	Result	Ref.
1.	PD	1-methyl-4-phenyl- 1,2,3,6- tetrahydropyridine (MPTP)	Withania somnifera root extract	100mg/kg body weight	7 or 28 days	DA, DOPAC, HVA, GSH and GPx	Reduced levels of DA, DOPAC, HVA, GSH and GPx.	11
2.	PD	6-Hydroxydopamine (6- OHDA)	Withania somnifera extract	100, 200 and 300 mg/kg body weight	3 weeks	lipidperoxidation, reduced glutathione content, activities of glutathione-S-transferase, glutathione reductase, glutathione peroxidase, superoxide dismutase and catalase, catecholamine content, dopaminergic D2 receptor binding and tyrosine hydroxylase expression	Reverse all the parameters significantly.	83
3.	PD	1-methyl 4-phenyl 1,2,3,6- tetrahydropyridine (MPTP; i.p, 20 mg/kg body weight for 4 days),	Withania somnifer a (Ws) root extract	100 mg/kg body weight	4 weeks	thiobarbituric acid reactive substance (TBARS), and increased activities of superoxide dismutase (SOD) and catalase (CAT)	Significant in the improvement in the mice's behavior and antioxidant status, along with a significant reduction in the level of lipid peroxidation.	51
4.	Alzheimer' s disease	APP/PS1 Alzheimer's disease transgenic mice.	WS extract	1 g/kg	7-30 days	plasma and brain Aβ, Behavioral Deficits and Plaque Pathology	Reversed behavioral deficits, plaque pathology, accumulation of β-amyloid peptides (Aβ) and oligomers in the brains of middle-aged and old APP/PS1 Alzheimer's disease transgenic mice.	55
5.	Epilepsy	PTZ	WS extract	100 or 200 mg/kg,	-	seizure threshold	increased the seizure threshold	5
6.	Нурохіа	simulated altitude of 25,000 ft	Withania somnifera root extract	10 μmol/kg	21 days pre- exposure and during 07 days of exposure to a simulated altitude of 25,000 ft	expression of GCLC and Nuclear factor (erythroid- derived 2)-related factor 2 (Nrf2) and glutathione (GSH) level .	suppressed Nrf2 and GCLC expression whereas inhibition of corticosterone synthesis upregulated Nrf2 as well as GCLC	70
7.	obsessive compulsiv e disorder	marble-burying behavior	methanolic extract W. somnifera	10, 25, 50, 100 mg/kg	30 min. prior to the assessment	marble burying behavior	successively decreased the marble burying behavior activity without affecting motor activity	64
8.	Catalepsy	haloperidol (1mg/kg)	NR-ANX-C, a polyherbal formulation containing bioactives of Withania somnifera Ocimum sanctum, Camellia sinensis, triphala and shilajit	25 mg/kg		The superoxide dismutase (SOD) level in brain tissue	Significant (P<0.01) reduction in the cataleptic scores and reduction in SOD activity was observed in NR-ANX-C (25 and 50 mg/kg) treated groups	77

Table 1. Important studies on few of CNS disorders, their model, type of treatment, doses, time of

455 treatment, evaluated parameters and results.