iJRASET
International Journal For Research in Applied Science and Engineering Technology



INTERNATIONAL JOURNAL FOR RESEARCH

IN APPLIED SCIENCE & ENGINEERING TECHNOLOGY

Volume: 13 **Issue:** V **Month of publication:** May 2025

DOI: https://doi.org/10.22214/ijraset.2025.71383

www.ijraset.com

Call: 08813907089 | E-mail ID: ijraset@gmail.com

International Journal for Research in Applied Science & Engineering Technology (IJRASET)
ISSN: 2321-9653; IC Value: 45.98; SJ Impact Factor: 7.538
Volume 13 Issue V May 2025- Available at www.ijraset.com

Herbs for Cognitive Enhancement: Pharmacological Insights into Memory and Neuroprotection

Mohamed Afsal A[1], Syed Ali Fathima[2] ,Gowrishallini P[3], Dhivya G[4], Devi Sowndarya N[5], Suprraja S[6]
[1, 4]*Assistant Professor, Department of Pharmacology, Sri Ramakrishna Institute of Paramedical Sciences, College of Pharmacy, Coimbatore, Tamil Nadu, India*
[2]*Sri Ramakrishna Institute of Paramedical Sciences, College of Pharmacy, Coimbatore, Tamil Nadu, India*
[3] *PSG Institute of Medical Sciences, PSG College of Pharmacy, Coimbatore, Tamil Nadu, India*
[5]*Department of Pharmaceutics, Hillside College of Pharmacy, Bangalore, Karnataka, India*
[6]*Department of Pharmacology, Karpagam Academy Of Higher Education, Faculty of Pharmacy, Coimbatore, Tamil Nadu, India*

Abstract: ***Cognitive dysfunction and neurodegenerative disorders such as Alzheimer's disease, Parkinson's disease, and age-related cognitive decline are growing public health concerns, with current treatments often providing limited efficacy and adverse effects. This review explores the potential of herbal medicine as a safer, multi-targeted approach to cognitive enhancement and neuroprotection, drawing from traditional systems like Ayurveda, Traditional Chinese Medicine, and Unani. A systematic literature review using databases such as PubMed, Scopus, and ScienceDirect identified key herbs including Bacopa monnieri, Ginkgo biloba, Withania somnifera, Centella asiatica, Curcuma longa, Salvia officinalis, and Panax ginseng with nootropic and neuroprotective properties. Phytochemicals such as bacosides, ginkgolides, and withanolides were found to modulate multiple pathways, including antioxidant defense, cholinesterase inhibition, neurotrophic support, anti-inflammatory activity, and mitochondrial protection. Both preclinical and clinical studies report cognitive benefits, such as enhanced memory, attention, and neuroplasticity, in healthy individuals and patients with cognitive impairment. While the findings support the therapeutic promise of these herbs, challenges remain in standardizing formulations, ensuring bioavailability, and gaining regulatory approval. Thus, further research should emphasize robust clinical trials and pharmacokinetic evaluations to validate the safety and efficacy of herbal agents as complementary or alternative options for managing cognitive decline and neurodegenerative disorders.***

Keywords: Cognitive enhancement, neuroprotection, herbal medicine, Bacopa monnieri, Ginkgo biloba, Withania somnifera

I. INTRODUCTION

Cognitive decline, which ranges from mild cognitive impairment (MCI) to severe neurodegenerative disorders such as Alzheimer's disease (AD), Parkinson's disease (PD), and other forms of dementia, is a major global health issue. With the aging population growing rapidly, the prevalence of cognitive disorders is expected to increase significantly, presenting both healthcare and societal challenges. Traditional pharmacological treatments for these disorders, including cholinesterase inhibitors and NMDA receptor antagonists, often provide limited benefits, with significant side effects, including gastrointestinal disturbances and cardiovascular complications. These drawbacks, coupled with poor patient compliance and the growing burden of neurodegenerative diseases, have triggered an increasing interest in alternative therapeutic approaches. Herbal medicine, deeply rooted in ancient healing traditions like Ayurveda, Traditional Chinese Medicine (TCM), and Unani, has been widely used for enhancing cognitive function and protecting the brain from neurodegenerative damage. Medicinal plants have long been recognized for their potential in improving memory, focus, and overall brain health. Modern scientific research has started to validate many of these traditional claims, with numerous studies highlighting the neuroprotective and cognitive-enhancing effects of various herbs.

Phytochemicals found in these herbs, such as alkaloids, flavonoids, terpenoids, and phenolic compounds, have been shown to possess neuroprotective properties, including antioxidative, anti-inflammatory, and neurotrophic activities, which are crucial for maintaining cognitive function and preventing neurodegeneration [1–3]. As the scientific community continues to explore these therapeutic potentials, herbal medicine emerges as a promising adjunct or alternative to conventional treatments for cognitive decline.

©IJRASET: All Rights are Reserved

II. MECHANISMS OF COGNITIVE IMPAIRMENT AND NEURODEGENERATION

Neurodegeneration, a hallmark of cognitive decline, involves a complex interplay of molecular and cellular mechanisms. Key processes include oxidative stress, mitochondrial dysfunction, neuroinflammation, excitotoxicity, amyloid-beta accumulation, and cholinergic deficits all of which contribute to neuronal damage and cognitive impairment [4–6]. Oxidative stress, resulting from an imbalance between reactive oxygen species (ROS) and antioxidants, leads to neuronal damage and synaptic dysfunction. Mitochondrial dysfunction further exacerbates this by impairing cellular energy production. Neuroinflammation, driven by activated glial cells, results in the release of pro-inflammatory cytokines that exacerbate neuronal damage. Excitotoxicity occurs when excessive glutamate activates NMDA receptors, leading to neuronal cell death. Additionally, the accumulation of amyloid-beta plaques in conditions like Alzheimer's disease disrupts cellular function and communication. Finally, cholinergic deficits, due to the degeneration of cholinergic neurons, are a hallmark of cognitive impairment. Herbal medicine, rich in antioxidants, anti-inflammatory compounds, and cholinergic modulators, offers potential therapeutic strategies to counter these mechanisms and mitigate neurodegeneration [7].

III.KEY HERBS FOR COGNITIVE ENHANCEMENT AND EUROPROTECTION

A. Bacopa monnieri (Brahmi)

Bacopa monnieri, commonly known as Brahmi, is one of the most renowned herbs in Ayurvedic medicine for cognitive enhancement. The primary active constituents of Bacopa are bacosides A and B, which are responsible for its cognitive benefits. These compounds exhibit potent antioxidant properties, helping to neutralize free radicals that can contribute to neuro degeneration. Bacopa also plays a significant role in cholinergic modulation, which enhances acetylcholine levels in the brain, thus improving memory and learning processes. Additionally, Bacopa has been shown to reduce β-amyloid plaque accumulation, a key pathological feature of Alzheimer's disease (AD). Several clinical studies have demonstrated its efficacy in improving memory acquisition and retention. Research involving elderly subjects and children has shown promising results, indicating that Bacopa can significantly enhance cognitive function across different age groups. In particular, it has been found to improve memory and learning abilities in individuals suffering from age-related cognitive decline and stress-induced memory deficits [8–12].



Figure 1: Bacopa monnieri (Brahmi)

B. Ginkgo Biloba

Ginkgo biloba, one of the oldest living tree species, has been extensively studied for its cognitive-enhancing properties. The active constituents of Ginkgo include ginkgolides, bilobalide, and flavonoids. These compounds have potent antioxidant and neuroprotective properties, which contribute to Ginkgo's ability to enhance cerebral blood flow. By improving blood circulation to the brain, Ginkgo helps to optimize oxygen and nutrient delivery, essential for maintaining cognitive function, particularly in older adults or individuals with neurodegenerative conditions. Additionally, Ginkgo has been shown to have anti-apoptotic effects, protecting neurons from programmed cell death. Clinical studies have highlighted Ginkgo's potential in treating dementia and Alzheimer's disease, demonstrating its ability to improve cognitive function, enhance memory, and reduce symptoms associated with these conditions. The herb's broad range of benefits, particularly in neurodegeneration, has made it a widely used supplement for cognitive health [13–17].

©IJRASET: All Rights are Reserved | SJ Impact Factor 7.538 | ISRA Journal Impact Factor 7.894 |



Figure 2: Ginkgo biloba leaves

C. Withania Somnifera (Ashwagandha)

Withania somnifera, commonly known as Ashwagandha, is an adaptogenic herb used in Ayurvedic medicine to combat stress, fatigue, and cognitive decline. The primary active constituents in Ashwagandha are withanolides, a group of naturally occurring steroidal lactones that exert numerous neuroprotective effects. Ashwagandha is known for its antioxidant properties, which protect the brain from oxidative stress, a key factor in the progression of neurodegenerative diseases. Furthermore, Ashwagandha has been shown to stimulate neurogenesis, the process of generating new neurons, particularly in the hippocampus, an area of the brain crucial for memory and learning. It has also been found to modulate the hypothalamic-pituitary-adrenal (HPA) axis, which regulates the body's response to stress. By reducing cortisol levels, Ashwagandha helps alleviate the damaging effects of chronic stress on cognitive function. Ashwagandha's ability to enhance cognitive performance, particularly under stress, makes it a valuable herb for addressing both cognitive enhancement and neurodegeneration [18–20].



Figure 3:Withania somnifera (Ashwagandha) stem and powder

D. Centella asiatica (Gotu Kola)

Centella asiatica, also known as Gotu Kola, is a herb traditionally used to improve mental clarity, concentration, and cognitive function. The primary bioactive constituents of Gotu Kola are asiaticoside and madecassoside, which have been found to promote neurogenesis, stimulate synaptic modulation, and exert potent antioxidant effects. These actions contribute to the herb's ability to support brain health and improve learning and memory. Gotu Kola's neurogenic effects are particularly beneficial in age-related cognitive decline, as it has been shown to enhance brain cell regeneration and improve overall cognitive function. The herb has also demonstrated an ability to modulate neurotransmitter systems, including dopamine and serotonin, which are crucial for mood regulation and cognitive performance. Clinical research has supported the use of Gotu Kola in enhancing cognitive performance, particularly in aging populations where cognitive decline is a concern. Gotu Kola's ability to promote cognitive function and neuroprotection makes it an important herb for combating age-related memory loss and other forms of cognitive impairment [21–24].



Figure 4: Centella asiatica (Gotu Kola) leaves

E. Panax Ginseng

Panax ginseng, often referred to as the "king of herbs," is renowned for its ability to enhance cognitive performance, boost energy, and improve mental clarity. The active constituents of Panax ginseng are ginsenosides, a group of saponins that exert a range of neuropharmacological effects. These compounds help modulate neurotransmitter activity, including acetylcholine, dopamine, and serotonin, which are critical for mood regulation, learning, and memory. Panax ginseng has also been shown to exhibit potent antioxidant properties, protecting neurons from oxidative damage, a major contributor to cognitive decline. Moreover, it possesses anti-fatigue properties, which help reduce mental and physical fatigue, thus enhancing overall cognitive performance. Clinical studies have provided strong evidence for Panax ginseng's ability to improve cognitive performance, particularly in individuals experiencing fatigue or cognitive decline. These benefits make Panax ginseng an ideal candidate for use in conditions such as Alzheimer's disease, Parkinson's disease, and general age-related cognitive decline [25–28].



Figure 5: Panax ginseng root

F. Rhodiola Rosea

Rhodiola rosea is an adaptogen known for its ability to enhance mental performance, reduce stress, and improve mood. The primary active constituents of Rhodiola include rosavins and salidroside, which exert a variety of beneficial effects on the brain. Rhodiola acts as an anti-fatigue agent, reducing mental exhaustion and improving overall cognitive function. It is also known for its neuroprotective and adaptogenic properties, helping the body cope with stress while protecting the brain from stress-induced damage. Rhodiola has been shown to enhance memory and cognitive function under conditions of mental fatigue, making it particularly useful for individuals experiencing stress-induced cognitive impairment. Furthermore, its neuroprotective effects have been linked to increased antioxidant activity and the modulation of neurotransmitter systems. Rhodiola's ability to combat mental fatigue and enhance cognitive function makes it an important herb for cognitive enhancement and neuroprotection, particularly in stressful environments [29–31].



Figure 6: Rhodiola rosea plant

G. Curcuma longa (Turmeric)

Curcuma longa, commonly known as turmeric, contains the active compound curcumin, which is widely recognized for its anti-inflammatory and antioxidant properties. Curcumin has been shown to have a positive impact on cognitive function, particularly in individuals suffering from neurodegenerative diseases such as Alzheimer's. One of the key mechanisms through which curcumin exerts its effects is by promoting amyloid-beta clearance, a hallmark of Alzheimer's pathology. Curcumin also acts as a potent anti-inflammatory agent, reducing neuroinflammation, which is a major contributor to cognitive decline and neurodegeneration. Additionally, curcumin has demonstrated antioxidant properties that protect neurons from oxidative stress, another critical factor in the development of neurodegenerative diseases. Clinical studies have shown that curcumin can improve memory, reduce cognitive decline, and potentially slow the progression of Alzheimer's disease. Due to its wide range of neuroprotective effects, curcumin is considered a promising herb for enhancing brain health and preventing cognitive impairment [32–34].



Figure 7:Curcuma longa (Turmeric) root and powder

IV. PHARMACOLOGICAL MECHANISMS OF ACTION:

Table 1: Pharmacological mechanisms of action of herbs with its active constituents

Herb	Active Constituents	Mechanism of Action
Bacopa monnieri	Bacosides A and B	Antioxidant, cholinergic modulation (increased acetylcholine), β-amyloid reduction, neuroprotective effects [8–10]
Ginkgo biloba	Ginkgolides, bilobalide, flavonoids	Enhances cerebral blood flow, antioxidant, anti-apoptotic, neuroprotective by improving oxygen and nutrient supply [13–15]
Withania somnifera	Withanolides	Antioxidant, stimulates neurogenesis (brain cell regeneration), modulates HPA axis to reduce stress, neuroprotective [18–20]
Centella asiatica	Asiaticoside, madecassoside	Promotes neurogenesis, synaptic modulation, antioxidant effects, improves learning and memory [21–24]
Panax ginseng	Ginsenosides	Modulates neurotransmitters (acetylcholine, dopamine, serotonin), antioxidant, anti-fatigue, enhances cognitive performance [25–27]
Rhodiola rosea	Rosavins, salidroside	Adaptogenic, anti-fatigue, neuroprotective, reduces mental exhaustion, enhances cognitive function under stress [29–31]
Curcuma longa	Curcumin	Anti-inflammatory, amyloid-beta clearance, antioxidant, reduces neuroinflammation, protects neurons from oxidative damage [32–34]

Mechanistic studies indicate that herbs involved in cognitive enhancement work through various mechanisms, including the modulation of neurotransmitters like acetylcholine (ACh), dopamine (DA), and serotonin (5-HT). These herbs also inhibit acetylcholinesterase, which improves acetylcholine availability in the brain. Additionally, they exhibit significant antioxidant properties by scavenging reactive oxygen species (ROS), protecting neurons from oxidative stress. Furthermore, certain herbs promote neuronal regeneration, fostering neurogenesis and contributing to overall brain health [35–39].

V. CLINICAL STUDIES AND EVIDENCE

Clinical studies have consistently demonstrated the cognitive-enhancing effects of several herbs, including Bacopa monnieri, Ginkgo biloba, and Ashwagandha, in various populations. Bacopa monnieri has been shown to improve memory acquisition and retention in individuals with mild cognitive impairment and age-related memory loss. Similarly, Ginkgo biloba has demonstrated significant benefits in enhancing cognitive performance and alleviating symptoms of dementia and Alzheimer's disease. Ashwagandha, an adaptogen, has also been proven effective in improving cognitive function, particularly in individuals experiencing stress-related cognitive decline and mild cognitive impairment. Additionally, these herbs have shown promise in managing conditions like ADHD, where attention and memory are compromised. Despite these positive findings, the clinical evidence is hindered by variations in trial design, including differences in dosages, duration of treatment, and outcome measures. These inconsistencies limit the ability to draw definitive conclusions and underscore the need for standardized and well-controlled clinical trials in the future [40-46].

VI. CHALLENGES IN HERBAL NEUROPHARMACOLOGY

One of the major challenges in herbal neuropharmacology is the issue of standardization. Variability between batches of herbal products, due to differences in cultivation, harvesting, and processing, can lead to inconsistent concentrations of active compounds. This variability complicates the quantification of key phytochemicals, making it difficult to ensure consistent therapeutic effects across different batches and formulations [47]. Another significant challenge is the bioavailability of certain compounds. Many bioactive phytochemicals, such as curcumin from turmeric, have poor solubility and low absorption in the human body, which limits their effectiveness in clinical applications [48]. To overcome this, various strategies like formulation with adjuvants or nanoparticles are being explored. Additionally, there are regulatory concerns surrounding the classification of herbal products. Inconsistent regulations between dietary supplements and pharmaceutical drugs create uncertainty in their use, quality control, and safety monitoring, ultimately hindering the clinical integration of herbal medicines [49].

VII. FUTURE DIRECTIONS

Advances in nanotechnology, such as the development of nano-formulations for curcumin and bacosides, have shown significant potential in improving the bioavailability and efficacy of these compounds. Nanoparticles can enhance the solubility and absorption of poorly bioavailable phytochemicals, allowing for more effective therapeutic outcomes. Additionally, the use of bioenhancers like piperine, which can increase the absorption of certain active ingredients, further boosts the efficacy of herbal medicines. Moreover, synergistic polyherbal formulations, combining multiple herbs with complementary mechanisms of action, offer a promising strategy for enhancing the therapeutic potential of cognitive-enhancing treatments [50–52].

VIII. CONCLUSION

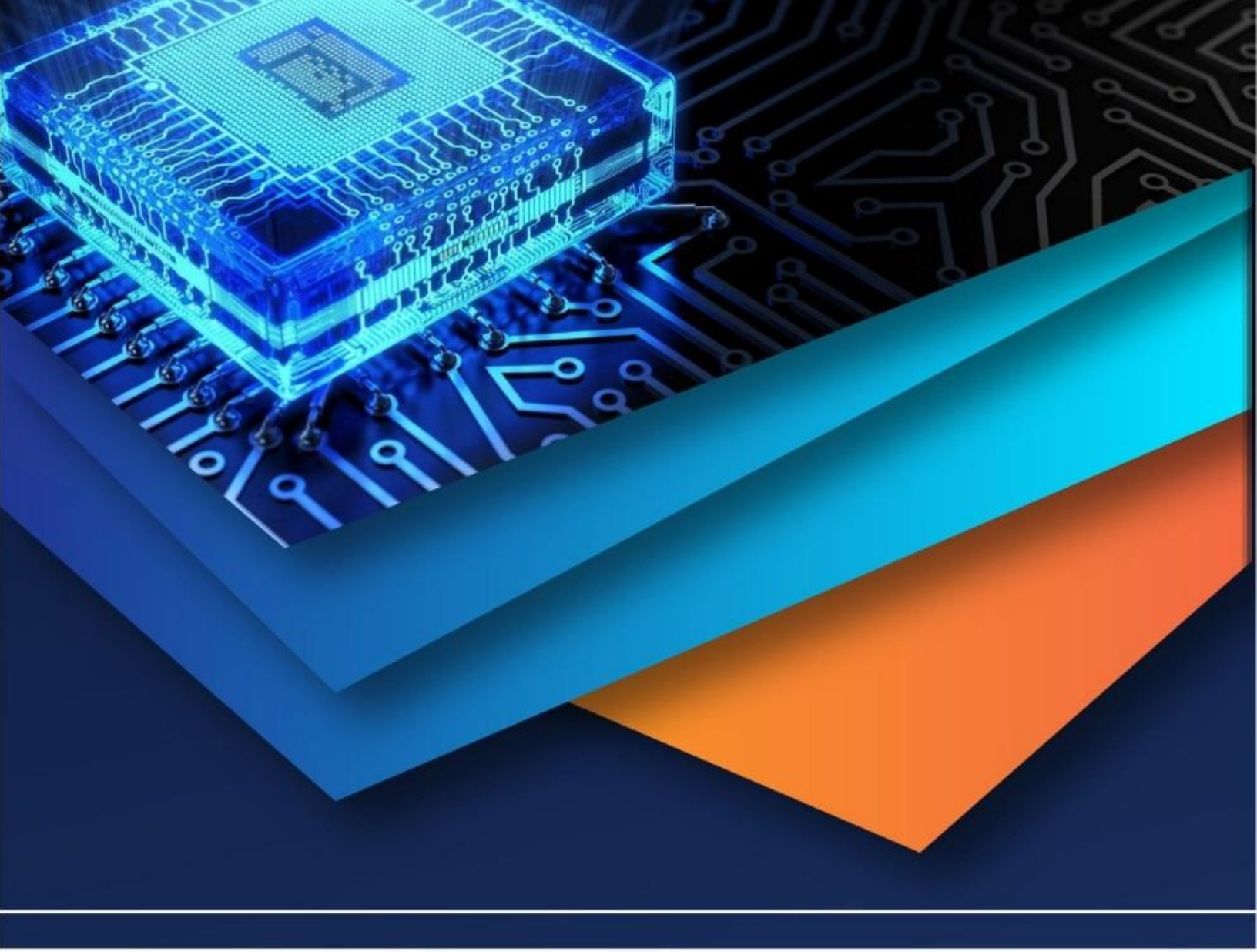
Herbal medicines, such as Bacopa monnieri, Ginkgo biloba, and Ashwagandha, offer significant potential as neurotherapeutics, with growing pharmacological evidence supporting their cognitive-enhancing and neuroprotective effects. These herbs have shown promise in improving memory, attention, and cognitive function in conditions like mild cognitive impairment and age-related decline. However, challenges such as standardization, bioavailability, and regulatory inconsistencies remain. Overcoming these hurdles through rigorous clinical validation and technological advancements, including nanotechnology and bioenhancers, is crucial for integrating these herbs into modern neuropharmacology. With proper validation, herbal remedies could become safe and effective treatments for cognitive support and neuroprotection.

REFERENCES

[1] Singh RH, Narsimhamurthy K, Singh G. Neuronutrient impact of Ayurvedic Rasayana therapy in brain aging. Biogerontology. 2008;9(6):369–74.
[2] Howes MJ, Perry NS, Houghton PJ. Plants with traditional uses and activities, relevant to the management of Alzheimer's disease and other cognitive disorders. Phytother Res. 2003;17(1):1–18.
[3] Kennedy DO, Scholey AB. The psychopharmacology of European herbs with cognition-enhancing properties. Curr Pharm Des. 2006;12(35):4613–23.
[4] Prasad KN. Oxidative stress and neurodegenerative diseases: a review of upstream and downstream antioxidant therapeutic options. Curr Neuropharmacol. 2016;14(6):641–63.
[5] Butterfield DA, Halliwell B. Oxidative stress, dysfunctional glucose metabolism and Alzheimer disease. Nat Rev Neurosci. 2019;20(3):148–60.
[6] Serrano-Pozo A, Frosch MP, Masliah E, Hyman BT. Neuropathological alterations in Alzheimer disease. Cold Spring Harb Perspect Med. 2011;1(1):a006189.
[7] D'Andrea G. Can anti-inflammatory compounds be useful in Alzheimer's disease? Trends Pharmacol Sci. 2005;26(6): 293–8.
[8] Aguiar S, Borowski T. Neuropharmacological review of the nootropic herb Bacopa monnieri. Rejuvenation Res. 2013;16(4):313–26.
[9] Peth-Nui T, Watanabe H, Phachonpai W, et al. Effects of Bacopa monnieri on cognitive function, anxiety, and depression in the elderly: a randomized, double-blind, placebo-controlled trial. J Altern Complement Med. 2012;18(8):707–13.
[10] Kongkeaw C, Dilokthornsakul P, Thanarangsarit P, et al. Meta-analysis of randomized controlled trials on cognitive effects of Bacopa monnieri. J Ethnopharmacol. 2014;151(1):528–35.
[11] Stough C, Lloyd J, Clarke J, et al. The chronic effects of an extract of Bacopa monniera (Brahmi) on cognitive function in healthy human subjects. Psychopharmacology (Berl). 2001;156(4):481–4.
[12] Calabrese C, Gregory WL, Leo M, et al. Effects of a standardized Bacopa monnieri extract on cognitive performance, anxiety, and depression in the elderly: a randomized, double-blind, placebo-controlled trial. J Altern Complement Med. 2008;14(6):707–13.
[13] Maclennan KM, Darlington CL, Smith PF. The neuroprotective properties of the Ginkgo biloba leaf: a review of the possible relationship to platelet-activating factor (PAF). J Ethnopharmacol. 2002;72(1-2):1–9.
[14] Ahlemeyer B, Krieglstein J. Neuroprotective effects of Ginkgo biloba extract. Cell Mol Life Sci. 2003;60(9):1779–92.
[15] Mahadevan S, Park Y. Multifaceted therapeutic benefits of Ginkgo biloba L.: chemistry, efficacy, safety, and uses. J Food Sci. 2008;73(1):R14–9.
[16] Oken BS, Storzbach DM, Kaye JA. The efficacy of Ginkgo biloba on cognitive function in Alzheimer disease. Arch Neurol. 1998;55(11):1409–15.
[17] Kaschel R. Ginkgo biloba: specificity of neuropsychological improvement–a selective review in search of differential effects. Hum Psychopharmacol. 2009;24(5):345–70.
[18] Tohda C, Kuboyama T, Komatsu K. Search for natural products related to regeneration of the neuronal network. Neurosignals. 2005;14(1–2):34–45.

©IJRASET: All Rights are Reserved | SJ Impact Factor 7.538 | ISRA Journal Impact Factor 7.894 |

[19] Kulkarni SK, Dhir A. Withania somnifera: an Indian ginseng. Prog Neuropsychopharmacol Biol Psychiatry. 2008;32(5):1093–105.
[20] Chandrasekhar K, Kapoor J, Anishetty S. A prospective, randomized double-blind, placebo-controlled study of safety and efficacy of a high-concentration full-spectrum extract of Ashwagandha root in reducing stress and anxiety in adults. Indian J Psychol Med. 2012;34(3):255–62.
[21] Gray NE, Zweig JA, Caruso M, et al. Centella asiatica modulates antioxidant and mitochondrial pathways and improves cognitive function in mice. J Ethnopharmacol. 2018;222:508–17.
[22] Soumyanath A, Zhong YP, Gold SA, et al. Centella asiatica accelerates nerve regeneration upon oral administration and contains multiple active fractions increasing neurite elongation in-vitro. J Pharm Pharmacol. 2005;57(9):1221–9.
[23] Wattanathorn J, Muchimapura S, Boosaba K, et al. Cognitive enhancing effect of Centella asiatica in healthy elderly volunteers: a randomized, double-blind, placebo-controlled trial. J Ethnopharmacol. 2008;116(2):325–32.
[24] Rao SB, Chetana M, Uma Devi P. Centella asiatica treatment during postnatal period enhances learning and memory in mice. Physiol Behav. 2005;86(4):449–57.
[25] Reay JL, Kennedy DO, Scholey AB. Effects of Panax ginseng on cognition, mood and physical performance: a review. J Psychopharmacol. 2005;19(6): 647–59.
[26] Kennedy DO, Scholey AB, Wesnes KA. Dose dependent changes in cognitive performance and mood following acute administration of Ginseng to healthy young volunteers. Nutr Neurosci. 2001;4(4):295–310.
[27] Rausch WD, Liu S, Gille G, et al. Neuroprotective effects of ginsenosides. Acta Neurobiol Exp (Wars). 2006;66(4):369–75.
[28] Kennedy DO, Scholey AB. Ginseng: potential for the enhancement of cognitive performance and mood. Pharmacol Biochem Behav. 2003;75(3):687–700.
[29] Panossian A, Wikman G. Effects of adaptogens on the central nervous system and the molecular mechanisms associated with their stress—protective activity. Pharmaceuticals. 2010;3(1):188–224.
[30] Kelly GS. Rhodiola rosea: a possible plant adaptogen. Altern Med Rev. 2001;6(3):293–302.
[31] Spasov AA, Wikman GK, Mandrikov VB, et al. A double-blind, placebo-controlled pilot study of the stimulating and adaptogenic effect of Rhodiola rosea SHR-5 extract on the fatigue of students caused by stress during an examination period with a repeated low-dose regimen. Phytomedicine. 2000;7(2):85–9.
[32] Lim GP, Chu T, Yang F, et al. The curry spice curcumin reduces oxidative damage and amyloid pathology in an Alzheimer transgenic mouse. J Neurosci. 2001;21(21):8370–7.
[33] Begum AN, Jones MR, Lim GP, et al. Curcumin structure–function, bioavailability, and efficacy in models of neuroinflammation and Alzheimer's disease. J Pharmacol Exp Ther. 2008;326(1):196–208.
[34] Mishra S, Palanivelu K. The effect of curcumin (turmeric) on Alzheimer's disease: An overview. Ann Indian Acad Neurol. 2008;11(1):13–9.
[35] Dhakal S, Subramanian B, Dhakal R, et al. Mechanisms and therapeutic prospects of medicinal plant bioactives against neurodegeneration. Phytomed Plus. 2022;2(1):100184.
[36] Uabundit N, Wattanathorn J, Mucimapura S, et al. Cognitive enhancement and neuroprotective effects of Bacopa monnieri in Alzheimer's disease model. J Ethnopharmacol. 2010;127(1):26–31.
[37] Russo A, Borrelli F. Bacopa monniera, a reputed nootropic plant: an overview. Phytomedicine. 2005;12(4):305–17.
[38] Kumar N, Abichandani LG, Thawani V, et al. Efficacy of standardized extract of Bacopa monnieri (Bacognize®) on cognitive functions of medical students: A six-week, randomized placebo-controlled trial. Evid Based Complement Alternat Med. 2016;2016:4103423.
[39] Lyle N, Bhattacharyya D, Sur TK, et al. Antioxidant and cognitive enhancing effects of an Ayurvedic preparation in normal and amnesic rats. Phytother Res. 2009;23(1):128–31.
[40] Calapai G, Crupi A, Firenzuoli F, et al. Overview of systematic reviews of the effectiveness of herbal medicine for cognitive disorders. Phytother Res. 2020;34(1):58–70.
[41] Naghizadeh B, Mansouri MT, Ghorbanzadeh B. The role of natural compounds in neuroprotection and neurodegeneration. Curr Neuropharmacol. 2020;18(6):479–91.
[42] Jayaprakasam B, Nair MG. Neuroprotective and cognitive enhancement potentials of natural products in Alzheimer's disease. Food Funct. 2020;11(6):4990–5007.
[43] da Silva T, Magalhães de Souza FM, Figueiredo RC, et al. Natural products as a source for novel drugs in neurodegenerative diseases. Molecules. 2020;25(11):2563.
[44] Fraser T, Tay MZ, Poo MM. Advancing herbal medicine through pharmacological and molecular validation. Cell. 2021;184(4):1063–1076.
[45] Sarris J. Herbal medicines in the treatment of psychiatric disorders: a systematic review. Phytother Res. 2007;21(8):703–16.
[46] Singh N, Bhalla M, Jager PD, et al. An overview on Ashwagandha: a Rasayana (rejuvenator) of Ayurveda. Afr J Tradit Complement Altern Med. 2011;8(5 Suppl):208–13.
[47] Williamson EM. Synergy and other interactions in phytomedicines. Phytomedicine. 2001;8(5):401–9.
[48] Anand P, Kunnumakkara AB, Newman RA, et al. Bioavailability of curcumin: problems and promises. Mol Pharm. 2007;4(6):807–18.
[49] Ekor M. The growing use of herbal medicines: issues relating to adverse reactions and challenges in monitoring safety. Front Pharmacol. 2014;4:177.
[50] Sharma RA, Steward WP, Gescher AJ. Pharmacokinetics and pharmacodynamics of curcumin. Adv Exp Med Biol. 2007;595:453–70.
[51] Choudhury H, Pandey M, Hua CK, et al. An update on natural compounds in the remedy of Alzheimer's disease. Curr Med Chem. 2020;27(29):5038–60.
[52] Patel SS, Shah KA, Chitre AN, et al. Bioavailability of phytoconstituents: A review. J Ayurveda Integr Med. 2010;1(2):88–96.
[53] Mohanraj K, Karthikeyan BS, Vivek-Ananth RP, et al. IMPPAT: A curated database of Indian Medicinal Plants, Phytochemistry and Therapeutics. Sci Rep. 2018;8(1):4329.
[54] Singh R, Kaur N, Kishore L. Neuroprotective herbs: a review. Int J Pharm Sci Rev Res. 2011;7(1):127–33.



10.22214/IJRASET

45.98

IMPACT FACTOR: 7.129

IMPACT FACTOR: 7.429

INTERNATIONAL JOURNAL FOR RESEARCH

IN APPLIED SCIENCE & ENGINEERING TECHNOLOGY

Call : 08813907089 (24*7 Support on Whatsapp)