Full Length Research Paper

# Chemical constituents and biological activity of medicinal plants used for the management of sickle cell disease - A review

Kunle Oluyemisi Folashade and Egharevba Henry Omoregie\*

Department of Medicinal Plant Research and Traditional Medicine, National Institute for Pharmaceutical Research and Development, Idu-Industrial Area, Abuja, Nigeria.

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Since 1910 when sickle cell disease was first reported by Dr. James Herrick and the subsequent characterization by Linus Pauling who hypothesized on the nature of sickle cell haemoglobin (HbS) and its role in sickle cell anemia in 1952, the cure and treatment for the disease has remained a challenge for the entire humanity, with millions of sufferers around the world, and the attendant negative social economic impact. With a current sickle cell trait (healthy carriers who have inherited the mutant gene from only one parent) prevalence of between 10 to 40% across equatorial Africa, 1 to 2% on the North African coast and < 1% in South Africa, current orthodox treatment regimens continue to give unsatisfactory outcome. The use of herbal remedies especially in the developing or low income countries has made treatment more affordable and accessible, and thus, appears to be yielding some positive prospect in drug development, especially with the development of NIPRISAN<sup>TM</sup> in 1997 by the National Institute for Pharmaceutical Research and Development (NIPRD) in Nigeria. Most of these herbal remedies exploit the combined pharmacological activities of medicinal and aromatic plants widely available in the tropics. Such pharmacologic activities include antioxidant, anti-inflammation, antipyretic, antidehydration, ion-chelating, etc. This review exposed the knowledge-gaps in the chemical constituents of these plants and suggests areas of further research and development focus.

Key words: Sickle cell disease, medicinal plants, chemical constituents, antioxidants, phenolics.

### INTRODUCTION

Sickle cell disease (SCD) or sickle cell anaemia (SCA) is a genetic disorder usually associated with persistent ulcers, enlanged spleen, painful swellings of the digits and joints, shortness of breath, heart palpitations, abdominal pains, muscular aches, pains, anemia and sometimes death (Afolabi et al., 2012; Sofowora, 2008). The disease is caused by a single base mutation of adenine to thymine, which results in a substitution of valine for glutamic acid at the sixth codon of the  $\beta$ -globin

chain ( $\beta$ S) (Koch et al., 2002). The substitution in  $\beta$ S of polar glutamic acid residue with a non-polar valine molecule generates a sticky patch on the  $\beta$ -globin chain (Martin, 1983). The sticky patch results from the ability of the hydrophobic valine side-chain to readily fit into a hydrophobic pocket formed from a  $\beta$ 88 leucine residue and a  $\beta$ 85 phenylalanine residue on an adjacent molecule. This substitution has a profound structural and pharmacological consequence on the resulting

haemoglobin (HbS).

In conditions of reduced oxygen tension, HbS molecules undergo nucleation, growth and subsequent alignment of the molecule into microfibrils parallel to each other with the resultant membrane deformity and damage. Thus, the haemoglobin from sickle cell form relatively insoluble polymer under hypoxia condition, creating a crescent-shaped erythrocytes cell which may give rise to micro-vascular occlusion leading to serious fatal crises. The polymerization and occlusion are particularly aided in situation of increased dehydration during crisis (Afolabi et al., 2012; Mehanna, 2001). Initially, the observed sickling is reversible upon reoxygenation of the system. But repeated oxygenation and deoxygenation cycle lead to irreversible sickled cell (Sofowora, 2008). The cell undergoing sickling loses K<sup>+</sup> and gains Na<sup>+</sup> ions without any significant change in total cation level. Sickled cells have also been reported to be low in Zn<sup>2+</sup> and increased Ca<sup>2+</sup> level also occur in irreversibly damaged sickled cell (Brewer Oelshelegel, 1974; Jasen et al., 1973).

The polimerised HbS stretches the cell membrane interferening with the Ca<sup>2+</sup>-activated, Mg<sup>2+</sup>-dependent ATPase (Ca2+ pump) responsible for maintaining membrane integrity. Declining Ca<sup>2+</sup> pump efficiency may lead to premature ageing and formation of rigid sickled cell. The increased level of ATP required to maintain cellular integrity leads to the accumulation of 2,3diphosphoglycerate (DPG), which binds to haemoglobin, facilitating rapid release of oxygen from the blood cell and partial hypoxia condition in the cell. The low oxygen tension and subsequent absorption of carbon dioxide creates local acidosis, early sickling, high blood viscosity, increased adhesion of deformed cells, slower blood flow and in vivo clotting. The phenomena lead to haemolysis and microvascular occlusion, tissue/organ infarction and painful crises (Sofowora, 2008). These clinical features of the sickle cell disease do not appear until after the first six months of life, at which time most of the foetal haemoglobin (HbF) has been replaced by HbS, which is the basis for the use of foetal haemoglobin inducers in orthodox therapy.

The sickle cell gene ( $\beta S$ ) occurs widely throughout Africa, part of Asia, the Arabian Peninsula and part of Southern Europe. Nigeria, Ghana, Gabon and Zaire have been identified as countries with high prevalence of the sickle cell gene in Africa, with a carrier rate of about 10 to 40% of the population and accounting for approximately 80,000 infant deaths per year (Uzoegwu and Onwurah, 2003; Wainscoat, 1987). Sickle cell disease occurs with a much lower incidence in parts of Italy, Greece, the Middle East and India. It has been suggested by some workers that the  $\beta S$  mutation may have arisen independently in Africa and Asia and the frequency fuelled by malaria (Weatheral et al., 1983).

# Current orthodox approach to management of SCD

Despite the good understanding of the molecular nature of the disease, a cure for sickle cell anemia is still unavailable. Various approaches have been adapted in an effort to find agents that inhibit the polymerization of haemoglobin and hence prevent or reduce the occurrence of crises in sickle cell disease (Iyamu et al., 2002; Akojie and Fung, 1992). In this regard, oxygen, carbon monoxide and sodium nitrite were used to reduce the amount of deoxyhaemoglobin. Focus has also been on developing antisickling agents which act by blocking or inhibiting activities in the HbS leading to polymerization (Chikezie et al., 2011). Treatment strategies for sickle cell anemia since the early times of discovery in 1910 have focused mainly on prophylactic measures to alleviate the painful crises through administration of analgesics, antipyretics, intravenous fluids or hydrants or antidehydrants, oral antibiotics such as penicillin and the anticancer drug hydroxyurea as foetal haemoglobin inducer.

Butyrates and decitabine have also been tried for foetal haemoglobin induction (Sauntharajah et al., Stocker et al., 2003; McGoron et al., 2000). Fetal hemoglobin is believed to interfere with the polymerized globin chains and also inhibits polymerization of the HbS. Lactate dehydrogenase (LDH) inhibitors such as hydroxyurea, erythropoietin and tucaresol preparation have been found to be effective in SCD crises management (Okpuzor et al., 2008). Hydroxyurea has been approved by the United States Food and Drug Administration as anti-sickling agent/drug for the management of the disease (Mehanna, 2001). Further attempts at finding cure led to successes in bone-marrow transplant or hematopoietic cell transplantation (HCT). However, this has proven to be too expensive with poor success rate. Other attempts have been focused on finding new anti-sickling agents that specifically bind to HbS, which led to the development of some anti-sickling agents such as 5-hydroxymethyl-2-furfural (5HMF) (Abdulmalik et al., 2005), certain amino acids such as phenylalanine, lysine and arginine (Anosike et al., 1991), 2-imidazolines such as clotrimazole (Chang et al., 1983), and other Gardos channel inhibitors like senicapoc [bis(4fluorophenyl)phenyl acetamide], dimethyl adipate, vasoactive molecules like endothelins were also developed (Nagalla and Ballas, 2010) (Figure 1).

Gardos channel inhibitors like clotrimazole, magnesium and ICA-17043 act by preventing dehydration (Okpuzor et al., 2008). Deoxygenation increases membrane permeability to Mg<sup>2+</sup> resulting in a net loss of intracellular Mg<sup>2+</sup>. The modulation of the activities of the three membrane-based ATPases (Na<sup>+</sup>, K<sup>+</sup> and Ca<sup>2+</sup>) have been shown to be significantly lowered in sickle cell patient (HbSS) erythrocytes, while Mg<sup>2+</sup> ATPases was

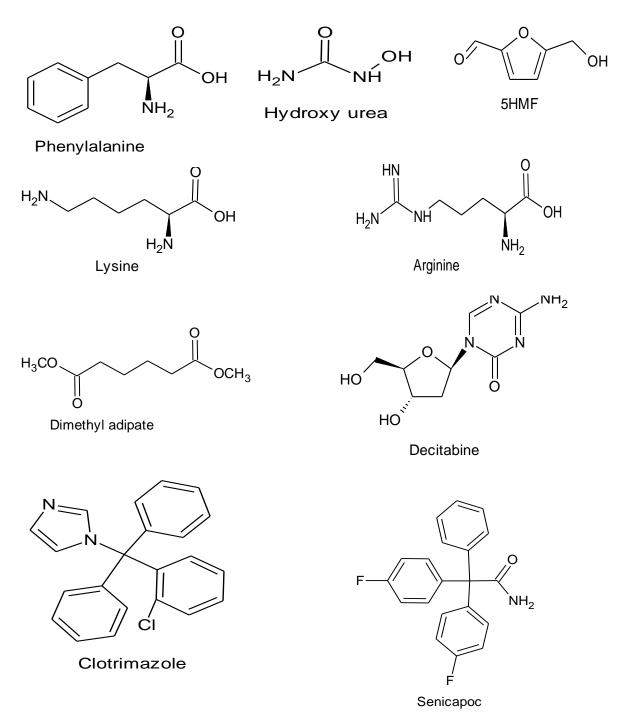


Figure 1. Compounds used or showing great potential for use in the management of SCD.

significantly higher in HbSS than for normal patient (HbAA) erythrocytes.  $Ca^{2+}$  has also been found to play a significant role in low  $K^+$  and  $Na^+$  permeability of erythrocyte membrane, which helps to maintain the normal rate of cation leakage from the cell. Indeed it had been suggested that sickling of red cells could be

reversed if excess Ca<sup>2+</sup> in the red cells is pumped out (Okpuzor et al., 2008). There are also reports on the capability of some anti-malarial drugs and oral iron chelators to distort/alter certain red blood cell elements/physicochemical properties, which may be helpful in the management of the disease (Chikezie et al.,

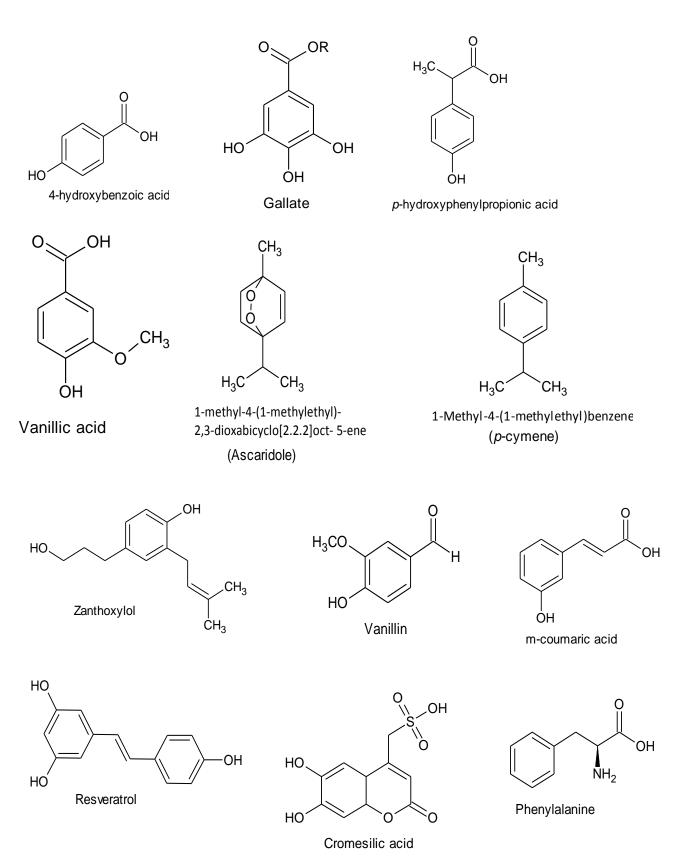


Figure 2. Structures of active phytochemical components of medicinal plants used in SCD.

2-hydroxy-1,4-napthoquinone (Lawsone or Hennatannic acic

L-Cysteine Sulfoxide

(5R)-[(1S)-1,2-dihydroxyethyl]-3,4-dihydroxyfuran-2(5H)-one

(Ascorbic acid or Vitamin C)

$$H_3C$$
 O OH

5-hydroxy-2-methyl-naphthalene -1,4-dione

$$H_3C$$
 $CH_3$ 
 $CH_3$ 

1,3,7-Trimethyl-1H-purine-2,6(3H,7H)-dione

(Caffeine)

 $\begin{array}{c|c}
R_5 & N-R_1 \\
N-R_2 & N-R_2 \\
R_3 & R_3
\end{array}$ 

Guanidine alkaloid

(Plumbagin)

$$H_2C$$
  $S$   $CH_2$ 

Diallyl disulfide

$$O = \bigvee_{N = 1}^{H} O \bigvee_{N \neq 1}^{O} O \bigvee_{N \neq 1}^{N} NH_{2}$$

(2,5-Dioxo-4-imidazolidinyl) ure (Allantoin)

6-methyl-1,3,8-trihydroxyanthraquinon (Emodin)

(Aloin A)

Figure 2. Contd.

Figure 2. Contd.

4,5-O-divanilloylquinic acid

3',4',7-trihydroxyflavan-3,4-diol

ОН

.OH

2-(3,4-dihydroxyphenyl)-3,5,7-trihydroxy -4*H*-chromen-4-one

3,5,7-trihydroxy-2-(4-hydroxyphenyl)-4 *H*-1-benzopyran-4-one

(Kaemferol)

HO.

(Quercetin)

2-(3,4-Dihydroxyphenyl)-5,7-dihydroxy-4-chromenone

(Luteolin)

HO OH O

5,7-Dihydroxy-2-(4-hydroxyphenyl)-4*H* -1-benzopyran-4-one (Apigenin)

Figure 2. Contd.

Figure 2. Contd.

2011, 2010, 2009a, b; Chikezie, 2009, 2008; Gibson et al., 1998). However, these approaches are yet to give the much desired beneficial effects, hence there is the need for more research in the field (Iyamu et al., 2002).

The use of herbs for the treatment of patients with (SCD) is a common practice especially in the rural communities of West Africa where SCD is endemic. Current indigenous drug development processes also use active crude extracts (ACEs) from medicinal plants from proven traditional recipes in their formulations. An example is NIPRISAN $^{\text{TM}}$ , a herbal drug developed by the National Institute for Pharmaceutical Research and

Development (NIPRD), and widely in use in Nigeria, India and the United States of America, which has shown great indication for success (Ameh et al., 2012; Wambebe et al., 2001). This may have been possible due to synergistic effect of the chemical components of the constituent herbs. Hence, the observed therapeutic effect of this phytomedicine may be as a result of combined antisickling, antipolymerization, antidehydration and antioxidants effects from the component plants, which is typical of most herbal remedies.

Several authors and researchers have reported a number of herbal recipes and formulations from medicinal

(Uvarinol)

5,2',4'-Trihydroxy-7-methoxyisoflavone, (Cajanin)

(Epigallocatechin or (+)-gallocatechin)

$$\begin{array}{c} R \\ R \\ R \end{array}$$

R = Hydrogen, hydroxyl or alkoxyl gı (Anthocyanidins)

$$\begin{array}{c} \mathsf{CH_3} \\ \mathsf{O} \\ \mathsf{OH} \\ \mathsf{O} \\ \mathsf{O} \\ \mathsf{CH_3} \\ \mathsf{Vavain} \\ \end{array}$$

Figure 2. Contd.

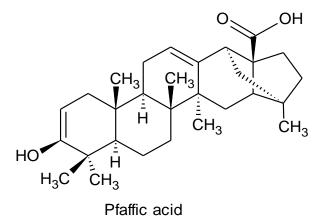
$$\begin{array}{c} \operatorname{CH_3} \\ \operatorname{O} \\ \operatorname{OH} \\ \operatorname{O} \\ \operatorname{O} \\ \operatorname{CH_3} \\ \end{array}$$
 
$$\operatorname{Vavain glucoside}$$

$$H_2C$$
 $H_3C$ 
 $H_3C$ 

Senegalensions A

Senegalensions B

Figure 2. Contd.



HO HO HO Ecdysone

Senegalensions C

Lutein (a Carotenoid)

Acemanna

(Tannic or gallotannic acid)

Figure 2. Contd.

plants for the management of SCD. These medicinal plants have been shown to have shown different activities in SCD condition, ranging from anti-sickling, antiaggregating, anti-polymerization, radical scavenging or antioxidant, anti-inflammatory, analgesic, anti-pyretic, anti-dehydrating to anti-osmotic effect, etc. All these effects add up to give more stable and tolerable patient condition (Sulaiman and Gopalakrishnan, 2013; Afolabi et al., 2012; Ameh et al., 2012; Chikezie et al., 2011; Nagalla and Ballas, 2010; Dong et al., 1998). It is against this backdrop that this review has become very necessary to periscope medicinal plants used in the management of the disease, their reported pharmacological activities and the active constituents or major chemical compounds found in the plants. This may provide a reservoir of knowledge and understanding of some of the active recipes that have been formulated by workers in the field. The review also attempts to open up new thought direction in the deployment of combination therapy for active crude extracts in the management of the disease.

# Medicinal plants used in the management of sickle cell disease

Considering all genetic disorders to which man is known to be liable, there is probably no other that presents such a vista of problems and challenges quite comparable to SCD-related disorders. Due to the debilitating effect and cost of managing the SCD, research has been on-going to determine the efficacy of the use of medicinal plants to tackle the multiple challenges presented in the disease. In the USA with about 80,000 sufferers, the disease was associated with a cost of about \$475 million in 2003 (Obodozie et al., 2009). The issues of availability, affordability, perceived safety and efficacy of herbal drugs have continued to fuel the growing use of herbals in-lieu of orthodox drugs. In addition, research interest in medicinal plant as a potential source of new and reliable antisickling agent is also on the rise due to the fact that plants have been established as a reservoir of leads/hits chemical compounds in the drug discovery research. Some of these plants have antioxidant, anti-inflammatory, antimicrobial and anti-adhesion properties while others may be involved in boosting the immune system, working as analgesic, aphrodisiac or aiding general metabolism for wellbeing. The cocktail encompassing all these properties have remained very desirable to the users of herbal medicines.

The knowledge of traditional herbal practice has played a positive role in the use of medicinal plants in the management of sickle cell disease with a great degree of success over time. This traditional knowledge has played significant role in reducing the time frame for lead identification in the preclinical study process. Hence much information has flooded the public domain on the active constituents and possible mode of action of these plants, which has become a great scientific and economic resource.

Reports and information from various ethnomedical practices normally use recipes with more than one plant or plant parts. Sometimes plants from the same family are used in a recipe while recipes may contain plants from different families. Some recipes also include non-plant and animal materials, for example, potash (Wambebe et al., 2001). Such solid mineral components are usually used to provide electrolyte buffer and balance pH, which may be necessary for absorption and bioavailability of the active principles.

Plants reportedly used in SCD ethnomedicine, some of which have been scientifically proven, belong to the following forty-four families; Fabaceae, Bombacaceae, Zingiberaceae, Euphorbiaceae, Alliaceae, Liliaceae, Annonaceae, Theaceae, Caricaceae, Malvaceae, Chenopodiacea, Vitaceae, Rutaceae, Poaceae, Cyperaceae, Burseraceae. Meliaceae. Myrtaceae, Clusiaceae. Hyperricaceae, Flacourtiaceae, Cannabaceae, Anacardiaceae, Geraniaceae, Convolvulaceae, Acanthacea, Lythraceae, Asclepiadaceae, Rubiaceae, Lauraceae, Phytolaccaceae, Amaranthaceae, Piperaceae, Plumba-Papilionaceae. Palmaceae, ginaceae. Lamiaceae. Poaceae. Menispermaceae. Combretaceae. Dilleniaceae, Ulmaceae, Asteraceae and Sterculiaceae (Table

About seventy-one (71) plants belonging to the named families are documented in this review. Some of these plants have been reported with a wide array of biological activities including, antiviral, antifungal, antimalarial, antimicrobial, antidiabetic, anticancer, anti-inflammatory, anti-tumor, antiulcer, immunomodulatory and antioxidant activities. For example Zanthoxylum zanthoxyloides (Lam.) Waterm, has a wide range of biological activities but found to be very potent for the management of SCD. However, the pharmacological activities of some of these plants are more specific than general in disease situations. Plants with proven antioxidant activities are very prominent among the plants documented in this review. The active chemical components (Figure 2) in these plants are as varied as the species. However, there are many instances where the plants share same active components and hence may have exact same pharmacological effect. From Table 1, it is evident that phenolics or polyphenolics are major components of most of the plants used in SCD. Other active chemical components found in some of them include benzoic acid derivatives, quinidine derivatives, aromatic amino acids and their derivatives, amides, quinone derivatives, limonoids, urea derivatives furan and derivatives.

# J. Med. Plants Res.

 Table 1. Chemical constituents and biological activity of medicinal plants used in the management of SCD.

S/N	Medicinal plants	Part(s) used	Biological action	SCD action	Major chemical components	Main active constituent(s) plant	Reference
1	Acacia catechu Willd (Fabaceae)	Leaf	Hypoglycemic, anti-inflammatory, anti- bacterial, anti-platelet aggregatory, anti- hypertensive, analgesic, anti-cancer, and antiatherosclerotic	Anti-platelet aggregatory, antioxidant and free radical scavenging	Phenolic acids; alkaloids; terpenes; tannins; flavonoids; 4-hydroxybenzoic acid; kampferol; quercetin; catechin; epicatechin; afzelechin; epiafzelechin; mesquitol; ophioglonin; aromadendrin; phenol.	4-hydroxybenzoic acid; kampferol; quercetin	Sulaiman and Gopalakrishnan (2013), Li et al. (2010)
2	Acacia leucophloea Roxb. (Fabaceae)	Leaf	Hypoglycemic, anti-inflammatory, anti- bacterial, anti-platelet aggregatory, anti- hypertensive, analgesic, anti-cancer, and antiatherosclerotic	Anti-platelet aggregatory, antioxidant and free radical scavenging	Phenolic acids; alkaloids; terpenes; tannins; flavonoids; n-Hexacosanol; $\beta\text{-Amyrin};$ $\beta\text{-}$ Sitosterol	-	Sulaiman and Gopalakrishnan (2013), Gupta et al. (2010)
3	Acacia nilotica (L.) Willd. ex Del. (Fabaceae)	Leaf	Hypoglycemic, anti-inflammatory, anti-bacterial, anti-platelet aggregatory, anti-hypertensive, analgesic, anti-cancer, and antiatherosclerotic	Anti-platelet aggregatory, antioxidant and free radical scavenging activities.	Phenolic acids; alkaloids; terpenes; tannins; flavonoids; cyanogenic glycosides; Phlobetannin; cyclitols; fatty acids; seed oils, fluoroacetate; gums; nonprotein amino acids; m-digallic acid; gallic acid; protocatechuic acid; ellagic acids; leucocyanidin; (-) epicatechol; apigenin 6-8-bis-D-glucoside; rutin; pyrocatechol; (+) – catechin; (-) epigallocatechin-5,7-digallate	Tannin; catechin; 3,4,7- trihydroxy flavan-3,4-diol	Sulaiman and Gopalakrishnan (2013), Malviya et al. (2011)
4	Acacia xanthoploea Benth. (Fabaceae)	Stem bark	Antimalarial, antisickling	Antisickling	Anthocyanins; carotenoid; coumarins	-	Sofowora (2008)
5	Adansonia digitata L. (Bombacaceae)	Bark, fruit, leaf	Antioxidant, antiviral, antimicrobial.	Antisickling, boost red blood and white blood cell count	Vitamins C and E.	-	Sahu et al. (2012), Mpiana et al. (2007), Adesanya et al. (1988)
6	Aframomum alboviolaceum (Ridl.) K. Schum. (Zingiberaceae)	Rhizome, leaf	Antimicrobial	Antisickling	(E)-labda-8(17),12-diene-15,16-dial; (E)-β-17-epoxy-labd-12-ene-15,16-dial; methyl (E)-14,15-epoxylabd-8(17),12-dien-16- oate.	-	Sahu et al. (2012), Mpiana et al. (2007), Abreu and Noronha (1997), Marlier et al. (1993)
7	Alchornea cordifolia (Schum. & Thonn.) Muell. Arg. (Euphorbiaceae)	Leaf	Anti-inflammatory, antibacterial	Anti-anaemia, anti-sickling	diisopentenyl guanidine; triisopentenyl guanidine; β-sitosterol; daucosterol; di-(2-ethylhexyl)-phthalate; acetyl aleuritolic acid; 5-methyl-4'-propenoxyanthocyanidines 7-O-β-D-diglucopyranoside.	Guanidine alkaloids and anthocyanidines	Sahu et al. (2012) Agnihotri et al. (2010) Okwu and Ukanwa (2010) Mpiana et al. (2007)
8	Allium sativum L. (Alliaceae)	Rhizome	Antimicrobial, antiinflamatory, insecticidal, antifungal, antioxidant	Antisickling suppress hemolysis and reduced membrane deformability	Alliin; allicin; isoalliin; y-glutamylcysteine peptides; diallyl disulfide; diallyl trisulfide; 3-vinyl-(4H)-1,2-ditiin; 2-vinyl-(3H)-1,3-ditiin; S-methyl cysteine sulfoxide; dimethyl disulfide; dimethyl trisulfide; dimethyl tiosulfonate; sulfur dioxide; alkaloid; tannins; saponin; flavonoids; cardenolides; steroids.	Diallyl disulfide; flavonoids; carotenoids; ascorbic acid.	Otunola et al. (2010)
9	Aloe barbadensis Mill. (Liliaceae)	Leaf	Bacteriostatic, wound healing, anticancer	Antisickling	Anthranol; aloe-emodin; chrysophanic acid (chrysophanol); aloin (barbaloin); p coumaric acid; aloesin; hydroxyanthraquinones; alkaloids; saponins; tannins phenols; phenylalanine; arginine; tyrosine; aspartic acid; histidine; ascorbic acid; polysacchandes; salicylic acid; vitamins B1, B6, B12	Barbaloin; steroids; acemanna; emodin.	Jain et al. (2011), Okpuzor et al. (2008), Nwaoguikpe et al. (2010), Waller et al. (1978)
10	Annona senegalensis Pers. (Annonaceae)	Leaf, bark, root, fruit		Antisickling	Saponins; steroid; flavonoid; glycoside	-	Yisa et al. (2010), Mpiana et al. (2007)

Table 1. Contd.

11	Bridelia ferruginea Benth (Euphorbiaceae)	Leaf, stem	Antimicrobial, anti-HIV, antispasmodic, anti-inflammatory, hypoglycemic.	Antisickling	β-amyrin acetate; triterpenes; flavonoids; flavonoid glycosides; rutin; myrcetin derivatives; gallocatechin-(4'-O-7)-epigallocatechin; 3,5-dicaffeoylquinic acid; 1,3,4,5-tetracaffeoylquinic acid; deoxypodophyllotoxin (lignans)	Triterpenes; flavonoids; lignans.	Sahu et al. (2012), Fabiyi et al. (2012), Mpiana et al. (2007, 2009)
12	Cajanus cajan (L) Millsp (Fabaceae)	Seed	Antisickling	Sickling reversal, inhibition of sickling, delayed gelation and increase oxygen affinity of HbS, membrane stability	Cajanin; concajanin; 2'-2' methyl cajanone; 2'- hydroxy genistein; isoflavones; orientin; vitexin; isovitexin; pinostrobin; stilbene acid; α- himachalene; β-himachalene; γ-himachalene; α humulene; α-copaene; free p hydroxybenzoic acid; tyrosine; tryptophan; peptides	Phenylalanine; tyrosine; tryptophan; peptides; p- hydroxybenzoic acid; cajanin, concajanin, vitexin, isovitexin	Pal et al. (2011), Zu et al. (2010), Wu et al. (2009), lwu et al. (1988)
13	Caloncoba welwitschii (Oliv.) Gilg. (Flacourtiaceae)	Leaf		Antisickling	-	-	Sahu et al. (2012), Mpiana et al. (2007)
14	Camellia sinensis (L.) Kuntze (Theaceae)	Leaf	Antioxidant, psoriasis, anticancer, antiobesity	Antisickling	Caffeine; epicatechin; epicatechin-3-gallate; epigallocatechin; epigallocatechin-3-gallate.	Caffeine; epicatechin; epigallocatechin gallate.	Foster (2002), Ohnishi et al. (2001)
15	Cannabis sativa L. (Cannabaceae)	Seed, leaf	Antioxidant, analgesic	Analgesic		Caryophylene	Ameh et al. (2012), Lynch et al. (2006)
16	Carica papaya L. (Caricaceae)	Unripe fruit,	Antioxidant, antimicrobial	Antisickling and reversal of sickling	Papain; chymopapain; pectin; carposide; carpaine; pseudocarpaine; dehydrocarpines; carotenoids; cryptoglavine; cis-violaxanthin; antheraxanthin; tyrosine; phenylalanine; tryptophan	Tyrosine; phenylalanine; tryptophan; papain; organic acid released from fermentation	Afolabi et al. (2012), Oduola et al. (2006), Thomas and Ajani 1987
17	Ceiba pentandra L. (Malvaceae)	Leaf, stem/stem bark, root and whole plant	Antidiabetics, antidiarrhea, Anti- ulcerogenic, Hepatoprotective, Anthelminthic, Hypolipidaemic, Hypoglycaemic	Antisickling	Tannins; flavonoids; glycosides. Vavain glucoside; vavain; flavan-3-ol; (+) catechin	Vavain glucoside; vavain; flavan- 3-ol; (+)- catechin	Sahu et al. (2012), Elumalai et al. (2012), Mpiana et al. (2007)
18	Chenopodium ambrosioides L. (Chenopodiacea)	Leaf	Antileishmanial, antifungi	Antisickling	Essential oil ( $\alpha$ -terpinene, $\rho$ -cymene, ascaridole, and $\rho$ -mentha-1,8-diene)	Ascaridole and p-cymene	Sahu et al. (2012), Monzote et al. (2011), Mpiana et al. (2007)
20	Cissus populnea Guill. & Perr. (Vitaceae)	Root	Antioxidant	Antisickling	Alkaloids; flavonoids; saponins; tannins; anthraquinone derivatives (physcion and chrysaphanol); steroidal glycosides; cardiac glycosides.	Alkaloids; flavonoids; saponins; tannins.	Soladoye and Chukwuma (2012), Simeone et al. (2012), Moody et al. (2003a)
21	Citrus sinensis L. (Rutaceae)	Fruit	Antioxidant	Antisickling	Vitamin C; carotenoid; essential oil (limonene.)	Vitamin C; carotenoids.	Azar et al. (2011), Mpiana et al. (2007)
22	Coleus kilimandschari Gurke ex Engl. (Lamiaceae)	Leaf	Antisickling	Antisickling	Coleon U11-acetate; 16-acetoxycoleon U11- acetate; xanthanthusins F-K; coleon U; 8α, 9α- epoxycoleon U-quinone; xanthanthusin E; 14- deoxycoleon U; demethylcryptojaponol; α- amyrin; betulic acid; α-cedrol; β-sitosterol.	coleon U	Sahu et al. (2012), Mpiana et al. (2007)
23	Cymbopogon citratus (DC ex Nees) Stapf. (Poaceae)	Leaf	Antimicrobial, antitumor, antinociceptic	Reversal of sickled erythrocytes	Essential oil (geranial, neral, myrcene)	Essential oil (citral and terpenes)	Sahu et al. (2012), Negrelle and Gomes (2007)
24	Cymbopogon densiflorus Stapf. (Poaceae)	Leaf	Antioxidant, antimicrobial	Reversal of sickled erythrocytes	Essential oil (Trans-p-mentha-2,8-dien-1-ol, verbenol, perillyl alcohol, cis-p-mentha-1(7),8-dien-2-ol)	Essential oil	Sahu et al. (2012), Mpiana et al. (2007)

Table 1. Contd.

25	Cyperus esculentus L. (Cyperaceae)	Seed	Antimicrobial, anticancer	Antisickling, Antigellation of sickled cells, improved oxidant status of erythrocytes	Amino acids; proteins; lipids; carbohydrates; alkaloids; sterols; resins; cyanogenic glycosides; saponins; tannins	Arginine; lysine; serine.	Nwaoguikpe (2010) Monago and Uwakwe (2009)
26	Dacryodes edulis G. Don (Burseraceae)	Fruit and seed	Antioxidant	Antisickling	Saponin alkaloids; tannins; cyanogenic glycosides	-	Sahu et al. (2012), Mpiana et al. (2007)
27	Detarium microcarpum Guill. and Perr. (Fabaceae)	Bark	Antioxidant	Anti-anemic	Alkaloid; saponin; tannins; cardiac glycoside	-	Gbadamosi et al. (2013), Mariod et al. (2009)
28	Enanthia Chlorantha Olive (Annonaceae)	Leaf	Antimalaria	Antisickling	Co-enzyme Q10; alkaloids; aldehydes/ketones; carboxylic acids; esters; flavonoids; glycosides; phenols; saponins; steroid/triterpenes; tannins.	Co-enzyme Q10	Ejele et al. (2012)
29	Entandrophragma utile (Dawe & Sprague) Sprague (Meliaceae)	Bark	Antiulcer, allergenic	Antisickling	Tannins; 7α,20(S)-Dihydroxy-4,24(28)- ergostadien-3-one; 2,6-dimethoxy-2,5- cyclohexadiene-1,4-dione	-	Ameh et al. (2012), Adejumo et al. (2011)
30	Eugenia caryophyllata (L.) Merr. & Perry (Myrtaceae)	Fruit, Leaf, stalk	Essential oil possesses antimicrobial, antioxidant, antifungal and antiviral activity antiinflammatory, cytotoxic, insect repellent and anaesthetic properties	Antisickling	Esential oil (Eugenol, humullene, cadinene, trans-β-caryophyllene, and caryophyllene oxide, eucalyptol, torreyol, pinene, linalool, Isolimonene, Viridiflorol); tannins (gallotannic acid); flavonoids (eugenin, rhamnetin, and eugenitin); triterpenoids (oleanolic acid, stigmasterol and campesterol); Fixed oil; glycosides; reducing sugars	Eugenol; eugenyl acetate; β-caryophyllene; gallotannic acid.	Singh et al. (2012), Chaieb et al. (2007), Wambebe et al. (2001)
31	Garcinia kola Heckel (Clusiaceae)	Seed	Antioxidant	Membrane stability	Kolaviron; biflavonoids; tannins; alkaloids; anthraquinons; saponosids; terpenoïds; steroids; garcioc; garcinal; tocotrienol.	Kolaviron; biflavanone; tannins	ljomone et al. (2011), Elekwa et al. (2003)
32	Harungana madagascariensis (Lam. ex Poir.) L. (Hypericaceae)	Bark	α-glucosidase enzyme inhibition activity	Antisickling	Saponins; tannins; harunganin; harongin anthrone; harunganol B; kenganthranol A; 1,7- dihydroxyxanthone.	Harunganin [(3,8,9-trihydroxy-6-methyl- 4,4,5-tris(3-methylbut-2-enyl)anthracen-1(4H)-one]	Gbadamosi et al. (2012)
33	Hymenocardia acida Tul (Euphorbiaceae)	Leaf	Antimicrobial, antisickling	Sickling reversal	Alkaloids; carbohydrates; proteins; fats and oil; saponins; resins; glycosides; flavonoids; carboxylic acid.	-	Simeone et al. (2012), Sahu et al. (2012), Mpiana et al. (2007)
34	Ipomoea involucrate, P. Beauv (Convolvulaceae)	Leaf	Antimicrobial, analgesic, spasmolitic, spasmogenic, hypotensive, psychotomimetic and anticancer activities	Antisickling	Alkaloids; phenolics; terpenes; lignans.	-	Simeone et al. (2012), Sahu et al. (2012), Mpiana et al. (2007)
35	Justicia secunda Vahl (Acanthacea)	Leaf and Whole plant	Anticancer	Anti-sickling, Stability of red blood cell membrane and inhibition of polymerization of haemoglobin S.	Flavonoids; anthocyanins	Anthocyanins	Corrêa and Alcântara (2012)
36	Khaya senegalensis (Desr.) A Juss (Meliaceae)	Stem bark, root	Cytotoxic against Trypanosome	antisickling activity	Anthraquinones; steroidal glycosides; cardiac glycosides; alkaloids; tannins; senegalensions A,B & C.	Limonoids - Senegalensions A,B & C	Sahu et al. (2012), Sofowora (2008), Mpiana et al.(2007), Vanhaelen-Fastre et al. (1999)
37	Lawsonia inermis L. (Lythraceae)	Leaf	Immunomodulatory, antidiabetic, Hepatoprotective, antioxidant, antibacterial, antifungi, antitubercular, cytotoxicity, antifertility, analgesic, molluscicidal, antiviral, abortifacient, antisickling, anticoagulant, wound healing, nematicidal, antimalarial	Antisickling, increase the oxygen affinity of HbSS blood	Lawsone (2- hydroxy-1:4 napthaquinone); gallic acid; glucose; mannitol; fats; resin; mucilage; and traces of an alkaloid; isoplumbagin; lawsaritol.	2-hydroxy-1,4-napthaquinone; isoplumbagin	Chaudhary et al. (2010), Chang and Suzuka (1982)
38	Mangifera indica Linn. (Anacardiaceae)	Bark		Anti-anemic	Anthraquinones, alkaloid, saponin, tannins, cardiac glycoside	Limonoid	Gbadamosi et al. (2013)
8	•	Bark		Anti-anemic		Limonoid	Gbadamosi et al. (2013)

Table 1. Contd.

39	Morinda lucida Benth (Rubiaceae)	Leaf	Antimalarial, antidiabetic, antihypertensive, antimicrobial, Antispermatogenic, Antioxidant	Antisickling	Digitolutein, rubiadin 1-methyl ether, damnacanthal, alkaloids-anthraquinones and anthraquinol.	Alkaloids, anthraquinones and anthraquinol, phenolics	Mpiana et al. (2010, 2007)
40	Parquetina nigrescens L. (Asclepiadaceae)	Leaf and stem	Antisickling, antioxidant	Anti-anemic	Anthraquinones, alkaloid, saponin, tannins, cardiac glycoside, amino acids, vit.,B&C, folic acid.	amino acids	Gbadamosi et al. (2012)
41	Pelargonium xasperum Enrh. Ex Willd. (Geraniaceae)	Aerial part	Antioxidant	Sickling reversal, inhibit platelet aggregation	Flavonoids	Quercetin; kaempferol	Tzeng et al. (1991), Kokklou and Souleles (1988)
42	Persia Americana Mill. (Lauraceae)	Fruit juice	Antioxidant	Antisickling	Phenols; saponins; flavonoids, alkaloid; sterols	Isorhamnetin luteolin; rutin; quercetin; apigenin.	Sahu et al. (2012), Arukwe et al. (2012), Owolabi et al. (2010)
43	Petiveria alliacea L. (Phytolaccaceae)	Leaf, stem, root, whole plant.	Antioxidant, antimicrobial	Antisickling	Benzaldehyde; benzoic acid; benzyl 2- hydroxyethyl trisulphide; coumarin; isoarborinol; isoarborinol acetate; isoarborinol cinnamate; isothiocyanates; polyphenols; senfol; tannins; trithiolaniacine; S-phenylmethyl-L-cysteine sulfoxides (petiveriins A and B); S-(2 hydroxyethyl)-L-cysteines (6- hydroxyethiins A and B).	C sulfoxides; benzaldehyde; benzoic acid.	Sahu et al. (2012), Kubec et al. (2002), Kubec and Musah (2001)
44	Pfaffia paniculata Pedersen. (Amaranthaceae)	Root	Antisickling, analgesic, anti-arthritic, antitumor, anti- inflammatory, sexual stimulant, increase blood circulation, increase oestrogen production	Anti-anaemia antisickling,	Anthraquinones; aurone; betacyanins; betaxanthins; betalains; chromoalkaloids; ecdysteroids; flavonoids; protoalkaloids; saponins; steroids; triterpenes; zinc; iron; germanium; vitamins. 20-hydroxyecdysone-20,22-monoacetonide; oleanolic acid 3-O-β-D glucuronopyranoside-methyl ester; oleanolic acid 3-O-β-D-glucuro-nopyranoside; oleanoic acid 28-O-β-D-glucopyranosyl ester	Zinc; iron; germanium; allantoin; ecdysteroids; pfaffic acid; pfaffic acid glycosides; saponins; stigmasterol; sitosterol.	Mpiana et al. (2007), Gosmann et al. (2003), Mazzanti and Braghiroli (1994)
					4-hydroxy-3-methoxy-benzoicacid; stigmasteryl- 3-O-β-D-glucoside; β- sitosterol; daucosterol		
45	Phyllanthus amarus Schum. (Euphorbiaceae)	Leaf, seed	Antiviral, anti-inflammatory, anticancer, antidiabetic, anti-hypertensive, antimicrobial, improve libido and reproductive function in men.	Antisickling	Flavonoids; tannins; alkaloids; terpenoids; steroids; saponins; cardiac glycosides	-	Obianume and Uche (2009), Mpiana et al. (2007)
46	Piper guineensis Schum. & Thonn (Piperaceae)	Fruit	Pesticidal, insecticidal or insecticide synergists, antifungal, antimicrobial, antitumour, hypotension, bradycardia, immunomodulatory, antiulcerogenic, contraceptive, central nervous system depression, analgesic, antipyretic, anti-inflammatory, and antioxidant	Antisickling	Piperine; wisanine; dihydrocubebin; guineensine; dihydropiperlonguminine; sesamin; trichistachine; piperlonguminin	Piperine.	Okwute and Egharevba (2013), Ameh et al. (2012), Ekanem et al. (2010), Iyamu (2003, 2002), Wambebe et al. (2001)
47	Plumbago zeylanica L. (Plumbaginaceae)	Root, whole plant	Antimicrobial, antimicotic, antiplasmodic, antiviral, anticancer, antioxidant	Antisickling	Anthraquinones; flavonoids; saponins; tannins.3-biplumbagin; chloroplumbagin; chitranone; elliptone; 5-methoxyseselin; suberosin; xanthyletin; 2,2-dimethyl-5-hydroxy-6-acetylchromene; plumbagin acid; β-sitosterol; β-sitosteryl-glucoside; bakuchiol; 12-hydroxyisobakuchiol; saponaretin; isoorientin; isoaffinetin; psorealen	Plumbagin (5-hydroxy-2-methyl- 1,4-naphthoquinone)	Adejumo et al. (2010), Vijayakumar et al. (2006), Zhao and Lu (2006), Wang and Huan (2005), Lin et al. (2003), Vander and Lotter (1971)

Table 1. Contd.

48	Pterocarpus osun Craib.(Papilionaceae)	Stem	Antimicrobial, antifungal, antioxidant, antisickling	Antisickling	Tannins; saponins; flavonoids; phenols; santalin	Tannins; saponins	Iyamu (2003, 2002), Wambebe et al. (2001)
49	Pterocarpus santolinoides DC. (Fabaceae)	Leaf	Analgesic, larvaticidal	Antisickling and increase in gelation time of sickle cell blood	Tannins; flavonoids; terpenoids; steroids; alkaloids; glycosides; saponins; resins	Steroids	Gbadamosi et al. (2012), Anowi et al. (2012), Okpuzor et al. (2008)
50	Raphia hookeri Mann and Wendl (Palmaceae)	Stem, Palm sap	Antioxidant, inhibition of RBC polymerization	Inhibits polymerization	4-hydroxybenzoic acid (4-HBA); vitamin C; amino acids; monosaccharides.	4- HBA; flavonoids; thiocyanates; phenylalanine; leucine; arginine; valine.	lbegbulem et al. (2011)
51	Senna alata L. (Fabaceae)	Leaf	Antioxidant, antifungi	Membrane stability	Chrysoeriol; kaempferol; quercetin; emodin; crysophanol; isochrysophanol	Terpenes; sterols; Kaempferol; crysophanol.	Okpuzor et al. (2008)
52	Senna podocarpa (Guill. et Perr.) ( Fabaceae)	Leaf	Antifungi, antiviral, anticancer, anti-scabies	Membrane stability	Rhein; emodin; chrysophanol; anthraquinones	-	Okpuzor and Adebesin (2006)
53	Solenostemon monostachyus P. Beauv. (Lamiaceae)	Leaf	Hypotensive, antioxidant	Antisickling	Flavonoids; coumarin; polyphenol; essential oil.	-	Afolabi et al. (2012)
54	Sideroxylon puberulum A. DC. (Sapotaceae)			Sickling reversal		-	Gurib-Fakim and Sewaj (1992)
55	Sorghum bicolor L. Moench (Poaceae)	Leaf, seed	Antioxidant	Antisickling	Cyanides; alkaloids; tannins; carotenoids; cyanogenic glycosides; flavonoids; phenolic acids; chlorophyll (a and b); lycopene; β-carotene; palmitic; stearic; oleic and linoleic acid; histidine; methionine; threonine; isoleucine; phenylalanine; tryptophan; valine; sucrose; lactose; maltose; glucose; galactose; thiamine; riboflavin; niacin; vitamins A; 3-deoxy anthocyanins; cyanogenic glycoside; phydroxybenzaldehyde	p-hydroxybenz-aldehyde; phenylalanine; tryptophan	Abugri et al. (2013), Singh et al. (2012), Chaieb et al. (2007), Wambebe et al. (2001)
56	Sphenocentrum jollyanun Pierre (Menispermaceae)	Leaf	Anti-inflammatory	Antisickling		Furanoditerpene	Moody et al. (2003b)
57	Stephania cepharantha Hayata (Menispermaceae)		Antipsychotic, inhibit calmodulin-stimulated phosphodiesterase	Sickling reversal, antisickling, delay gelation of HbS	Cepharantine	Cepharantine	Sato and Ohnishi (1982)
58	Terminalia catappa L. (Combretaceae)	Leaf	Antioxidant, antibacterial, anti- inflammatory, analgesic, aphrodisiac	Antisickling	Tannin (catappanin A; punicalagin; punicalin; terflavins A & B; tergallagin; tercatain; chebulagic acid; geraniin; granatin B; corilagin); Flavonoids (isovitexin; vitexin; isoorientin; rutin); triterpeniods (ursolic acid; Asiatic acid; 2α, 3β, 23-trihydroxyurs-12en-28-oic acid); phenol glycosides; ascorbic acid; β-carotene; α-tocopherol; p-hydroxybenzoic acid; m-coumaric acid; 3,4-dihydroxybenzoic acid; p-coumaric acid; gallic acid; squalene.	p-hydroxybenzoic acid; m- coumaric acid; 3,4- dihydroxybenzoic acid; p- coumaric acid	Moody et al. (2003a)
59	Tetracera alnifolia L. (Dilleniaceae)	Bark	Anticlastogenic, antioxidant, anti- inflammatory, antimicrobial, antidiabetic	Anti-anemic	Saponin; cardiac glycoside.	-	Gbadamosi et al. (2012), Muhammad and Mudi (2011)
60	Tetracera potatoria L. (Afzel. ex G. Don) (Dilleniaceae)	Leaf	Antiulcer, antifungal, antioxidant –increase superoxide dismutase activity		Flavonoids; saponins; cardiac glycoside		Gbadamosi et al. (2012), Oluwole et al. (2008)
61	Theobroma cacao L. (Malvaceae)	Stem bark	Antioxidant		Polyphenolic; Saponin; cardiac glycoside	Catechins; anthocyanins; proanthocyanidins	Gbadamosi et al. (2012)

Table 1. Contd.

62	Trema orientalis L. (Willd.) (Ulmaceae)	Stem bark, root bark	Antidiabetic	Anti-anemic	Alkaloid; saponin; tannins; cardiac glycoside; Methylswertianin; decussating; decussatin glycosides; sweroside; scopoletin; (-)- epicatechin; lupeol; p-hydroxybenzoic acid; 3,4-dihydroxy benzoic acid; adian-5-en-3-one; β-sitosterol; 3-O-β-glucopyranosyl-β-sitosterol; hexacosanoic acid; (-)-ampelopsin F; (+)- catechin; (+)-syringaresinol; N-(trans-p-coumaroyl)tyramine; N-(trans-p-coumaroyl)octopamin; trans-4-hydroxy-cinnamic acid; 3,5-dimethoxy-4-hydroxyphenyl-1-O-β-D-glucoside; orientoside A.	-	Gbadamosi et al. (2012), Kuo et al. (2007), Tchamo et al. (2001)
	Uvaria chamae P. Beauv				Cardiac glycosides; alkaloids;		Gbadamosi et al. (2012),
63	(Annonaceae)	Root	Antimicrobial, antioxidant	Antisickling - osmotic resistance	Oil (thymoquinoldimethyl ether and benzyl benzoate); Chamuvaritin; uvarinol.	Chamuvaritin; uvarinol	Okwu and Iroabuchi (2009)
64	Vanilla planifolia (Jacks) Andrews (Orchidaceae)	Fruit		Inhibit gelation of HbS, increase oxygen affinity	O-vanillin	O-vanillin	Abraham et al. (1991), Zaugg et al. (1977)
65	Vernonia amygdalina Del. (Asteraceae)	Leaf	Antimalarial, antidiabetic, antioxidant	Antisickling	Vitamin C; riboflavin; n-Hexadecanoic acid; stigmasterol; chondrillasterol; Succinic acid; vernodalinol; cynaroside; Stigmasterol; docosanoic acid; uracil; edotides; steroid glucosides.	Saponins; alkaloids; terpenes; steroids; coumarins; phenolic acids; lignans; xanthones	Gbadamosi et al. (2012)
66	Vigna subterranean L. Verde. (Fabaceae)	Seed	Antioxidant	Sickling inhibition, sickling reversal, and delay polymerization	Flavonoids; saponins; carbohydrates; fats and oil; resins; terpenoids; steroids; glycosides; alkaloids; proteins.	-	Simeone et al. (2012)
67	Vigna unguiculata L. Walp (Fabaceae)	Seed		Sickling inhibition, sickling reversal, and delay polymerization	Saponins; reducing sugar; carbohydrate; fats and oil; steroids; glycosides; alkaloids; proteins	-	Simeone et al. (2012), Sahu et al. (2012), Mpiana et al. (2007)
68	Vinca minor L. (Apocynaceae)			Sicking reversal, antisickling	Vincamine; cromesilic acid.	Vincamine; cromesilic acid.	Cabannes et al. (1975)
69	Waltheria indica L. (Sterculiaceae)	Leaf	Antibacterial	Antianemic	Anthraquinones; saponins; tannins, cardiac glycoside	-	Gbadamosi et al. (2012)
70	Zanthoxylum macrophylla Oliver (Rutaceae)	Root	Antisickling, antibacterial, antiviral, larvicidal, anti-inflammatory, analgesic, antinociceptive, antioxidant, antibiotic, hepatoprotective, antiplasmodial, cytotoxic, antiproliferative, anthelminthic and antifungal	Antisickling	Vanillic acid; <i>p</i> -hydroxybenzoic acid; <i>p</i> -fluorobenzoic acid; 2-hydroxybenzoic acid; Fagaramide; lupeol	2-Hydroxybenzoic acid; vanillic acid; p-hydroxybenzoic acid; p-fluorobenzoic acid; Fagaramide; lupeol.	Elekwa et al. (2005), Adesina (2005)
71	Zanthoxylum zanthoxyloides (Lam) Waterm. (Rutaceae)	Root, root bark	Antisickling, antibacterial, antiviral, antihepatotoxic, antiallergic, toothache, antitumor and antihypertensive	Antisickling, reversal of sickling	Cardiac glycolsides; alkaloids; saponins; tannins; flavonoids. Divanilloyl quinic acid Pellitorine; fagaronine; 3,4-O-divanilloylquinic acids; 3,5-O-divanilloylquinic acids; 4,5-O- divanilloylquinic acids; 2-hyroxymethyl benzoic acid; 2-hydroxy-3-phenylpropionic acid; vanillic acid; p-coumaric acid; caffeic acid; ferulic acid.	p-Hydroxybenzoic acid; zanthoxylol; divanilloyl quinic acid; pellitorine; fagaronine; 2- hyroxymethyl benzoic acid.	Ejele et al. (2012), Ameh et al. (2012), Adegbolagun and Olukemi (2010), Elekwa et al. (2005)

# Role of active compounds from medicinal plants used in SCD

The major phytochemicals in plants used for the management of SCD are in Table 1. The classes of these metabolites include phenolics (hydroxybenzoic acids and its derivatives, coumaric acid derivatives, polyphenolics (flavonoids, anthocyanins, tannins, etc.), anthraquinones, limonoids, alkaloids (urea and guanidine alkaloids, piperidine alkaloids, amide and amine alkaloids, etc.), terpenes (diterpenoids and pentacyclic triterpenoids, etc.) carbohydrates, etc (Figure 2). The activities of some of these plants have been scientifically verified, and the major or active metabolite responsible for the observed activity identified. From the profile of chemicals, it is observed that even those plants not possessing antisickling effect are still very useful as they help to relief pains and probably reduce inflammation and other complications associated with SCD. However, it is obvious that most of the active chemicals have antioxidant activity. Hence, the molecular and metabolic roles of antioxidants in SCD management need to be properly investigated. Amongst plant metabolites, phenolic and polyphenolics are known to possess excellent antioxidant activities, and may play significant role in SCD management.

Free phenolic acids and their derivatives such as, hydroxybenzoic acid and gallate, aromatic amino acids such as phenylalanine, tyrosine and tryptophan, phenylpropanoids such as coumaric acid and its derivatives, are known to possess antisickling activity (Ekeke and Shode, 1990; Dean and Schechter, 1978a, b; Noguchi and Schechter, 1978). Phenylalanine particularly has been found to be a potent inhibitor of HbS gelation and acts by competing for the protein-protein contact sites within the HbS polymer, which may be the mechanism of action of other antisickling amino acids and peptides (Dean and Schechter, 1978a, b; Noguchi and Schechter, 1977). Phenolic acids, such hydroxybenzoic acid, have been proposed to exhibit their antisickling properties by acting as membrane active agents. The p-hydroxybenzaldehyde found in Sorghum bicolor L. increases oxygen affinity of HbS as typical of all aldehydes (Beddell et al., 1979). Vanillin, which occurs in over 79 plant genera, is known to inhibit gelation of haemoglobin and markedly increases oxygen affinity of both normal haemoglobin (HbA) and HbS (Sofowora, 2008; Zaugg et al., 1977).

The stilbene, resveratrol, found natural in many plants including peanuts, is believed to be more active as an antioxidant than vitamin C and E (Chanvitayapons et al., 1997). It possesses similar activity to hydroxyurea and acts by inhibiting ribonucleotide reductase and inducing haemoglobin production in the cell (Rodrigue et al., 2001). Resveratrol inhibits lipid peroxidation of LDL and

store-operated Ca<sup>2+</sup> channels (SOCC) thereby preventing Ca<sup>2+</sup> inflow in thrombin-stimulated human platelet leading to regulated platelet adhesion and intravascular clotting (Dobrydneva et al., 1999; Rotondo et al., 1998; Soleas et al., 1997). Its action has also been linked to inhibition of nitric oxide vascular dependent action in SCA (Bradamante et al., 2003). Thus most plants rich in these simple phenolics may exhibit their pharmacological antisickling property by the synergistic actions of these chemical components.

The naphthoquinone, lawsone, is responsible for the antisickling action of *Lawsonia inermis*. The compound decreases the blood oxygen saturation level required for 50% sickling and lowers the partial pressures at the organs thereby increasing the oxygen affinity of the HbSS red blood cell (Chang and Suzuka, 1982). Plumbagin and other derivatives of naphthoquinones may act in similar manner.

The sesquiterpenoid, β-caryophyllene, the major terpenoid compound found in Eugenia caryophyllata, Canabis sativa, Piper guineense and most essential oils may also possess useful pharmacological activity in SCD management (Ameh et al., 2012). E. caryophyllata which is particularly rich in eugenol and β-caryophyllene is an integral part of an active herbal recipe used in the management of SCD. β-Caryophyllene has been found to bind selectively to cannabinoid receptor type 2 (CB<sub>2</sub>) which is expressed in the immune system, hematopoietic cells and peripheral nerve terminals where it plays significant role in pain control (Ameh et al., 2012). C. sativa seed oil and leaves, richer in β-caryophyllene, are consumed by SCD patients for pain relief in North America (Ameh et al., 2012; Lynch et al., 2006). C. sativa has been found to lower intraocular pressure and reduce sleep disturbance by changing blood flow pattern in the brain and limbs, which may be the basis of action in SCD cases (Berlach et al., 2006; Rog et al., 2005; Colasanti, 1986).

Flavonoids include flavones, flavanones, flavanols, isoflavanols/isoflavones, diflavanones, anthocyanins, for example, quercetin, keamferol, apigenin, luteolin, cajanin, rutin, vavain, isohamnetin, etc. The cellular mechanisms of action of bound plasma flavonoids are still not clear. What is clear is that this group of compounds exhibits huge number of biological/pharmacological activities ranging from antioxidant, antipyrectic, anticancer, antiviral, antifungal, antimicrobial to immunomodulatory. Generally, flavoniods are known to act as free radical scavengers, modulator of enzymatic activities, and inhibitor of cellular proliferation, as well as possessing antibiotic, anti-allergenic, anti-diarrheal, anti-ulcer and anti-inflammatory activities. They scavenge peroxyl radicals, alkyl peroxyl radicals, superoxide hydroxyl radicals, and peroxynitrite in aqueous and organic environments, which mitigate against lipid peroxidation,

change in cellular osmotic pressure and subsequent inflammation and cell death (Mira et al., 2002; Nijveldt et al., 2001; Guthrie et al., 2000; Ng et al., 2000; Duthie and Crozier, 2000; Chen et al., 1996; Sanz et al., 1994).

Flavonoids have also been reported to interfere with nitric-oxide synthase reponsibe for the production of nitric oxide which forms peroxynitrite with free radicals. Peroxynitrite can directly oxidize low density lipoproteins (LDLs) resulting in irreversible damage to the cell membrane. Quercetin and some other flavonoids can interfere with xanthine oxidase pathway and help to reduce the generation of superoxide free radicals by the enzymic process. Lipid peroxidation also occurs in the presence of iron and reactive oxygen species. Hence, iron chelators and stabilisers, like quercetin, help to reduce the free radical peroxidation process (Niiveldt et al., 2001). Flavonoids have been shown to decrease adhesion of leukocytes to endothelial wall during ischemia and inflammation reducing the stimulation of degranulation of the neutrophil and enhancing free flow of blood. The inhibitory effect of some flavonoids on mast cell degranulation has been shown to be due to modulation of the receptor-directed Ca2+ channels in the plasma membrane (Nijveldt et al., 2001). Flavonoids are believed to be powerful antithrombotic agents in vitro and in vivo because of their inhibition of the activity of cyclooxygenase and lipoxygenase pathways. It is a known fact that arachidonic acid, which is released in inflammatory conditions, is metabolized by platelets to form prostaglandin, endoperoxides and thromboxane A2, leading to platelet activation and aggregation.

Quercetin and kaempferol inhibit platelet aggregation (Tzeng et al., 1991). The main antiaggregatory effect of flavonoids is thought to be by inhibition of thromboxane A2 formation. Flavonoids affect arachidonic acid metabolism by specifically blocking cyclooxygenase or lipoxygenase, or both enzymes. Most of the activities of flavonoids are believed to be due to the free radical scavenging ability and interference with enzymes functions (Nijveldt et al., 2001). Some of these processes are implicated in metabolism of sickled red blood cells resulting in the observed crises.

Coumarins (phenylpropanoids) derived from a branch of the phenylalanine metabolism pathway that leads ultimately to furanocoumarin (psoralin) synthesis, are another class of bioactive compounds. Although limited data is available to demonstrate the antioxidant activity of coumarins, some of them have been shown to possess anticarcinogenic and antithrombotic activities (Gunatilaka et al., 1994; Fernandez-Puntero et al., 2001; Ng et al., 2000). It is possible that they exhibit their antisikling activity by mimicking the actions of free phenolic acids.

The highly acetylated  $\beta$  (1,4)-linked polysaccharide, acemannan, which is an immunomodulator, antitumor, antiviral and antimicrobial, is believed to act through

various mannose mediated mechanisms (Ramamoorthy and Tizard, 1998; Kahlon et al., 1991a, b). The monosaccharides of Acemannan are mannose, glucose and galactose, which are among the eight essential alvoonutrients necessary for efficient cell functioning. Acemannan is believed to influence the production of glycoproteins and glucolipids in the liver needed for effective cell communication. Acemannan has been shown to facilitate communication between cells at a distance by stimulating the release of cytokines (Marshall, 1993). It has also been shown to activate macrophages and induce cellular immune response including recognition of foreign antigens (viruses, bacteria and cancer), capture and removal of microorganisms, production of antibody and wound healing. This activity of Acemannan is attributed, in part, to the recognition of terminal mannose by macrophages as a foreign substance (Zhang and Tizard, 1996). The compound has been reported to increase the cytotoxic T-lymphocyte cell mixed lymphocyte culture (Womble Helderman, 1992). Thus, much of the activities of the compound as an antiturmor or anticancer, antidiabetes, wound healing, antiviral, antibacterial, anti-psoriasis and immunomodulatory, are primarily through stimulation of glycoprotein and glycolipid levels.

Limonoids are a group of highly oxygenated triterpenoids present mainly in the Rutaceae and Meliaceae families. Research on these compounds has shown that some limonoids could induce the detoxifying enzyme glutathione S-transferase (GST) in the liver of mice and rats (Lam et al., 1989). Hence, limonoids could induce the xenobiotic enzyme, GST, against endogenous peroxide inducing xenobiotics and peroxidized lipids, enabling their ready elimination from the body and prevention of further propagation in the autooxidtion chain-reaction process. Citrus limonoids were also shown to inhibit the formation of chemically-induced neoplasia in the oral cavity, oesophagus or forestomach, small intestine, colon, lung and skin of laboratory animals (Lam et al., 2000; Miller et al., 2000). Limonoids have also been shown to exhibit some antioxidant activity although flavonoids than that observed for and hydroxycoumarins. They also inhibit the proliferation of breast cancer cells grown in culture (Yu et al., 2005; Tian et al., 2001; Guthrie et al., 2000). Some limonoids are antimalarial and some antimalarials have been reported to be effective in managing SCD (Chikezie et al., 2011, 2010, 2009a, b; Chikezie, 2009, 2008).

Though the link between regional malaria prevalence and SCD prevalence rate has been established and malaria is believed to be worsening SCD prevalence, the molecular relationship between the two diseases is still unclear. High oxygen tension in the blood reduces sickling of HbS but also enhances malaria parasite survival in the red blood cells, while the reverse is also

true. Malaria incidence almost always results in SCD crisis for HbSS patients. The relationship between malaria and SCD crisis may lie in the change in cellular metabolism of HbS erythrocytes and other factors that may affect the immune system of sufferers. More work should be done on the effect of the malaria parasite on HbS erythrocytes and other blood parameters of SCD patient. Rapid breakdown of the RBC by the parasite leading to high concentration of Fe<sup>2+</sup>, which could act as a prooxidant in the blood could be a factor, and may be accountable for the ability of iron chelators to help reduce crises (Okpuzor et al., 2008).

Most alkaloids, including the piperine and guanidine alkaloids possess a wide range of pharmacological and biological activities, which include anticancer, antimalarial, antibactierial, antiviral, antifungal, cardiotonic, antidiabetic, antioxidant, immunomodulatory and psycoactive among others (Evans, 2002). Many alkaloids exact their actions by interferance with various enzymic processes although the mechanism of action may differ from one alkaloid to another (Okwute and Egharevba, 2013). For instance, canarosine, a guanidine alkaloid from *Canavalia rosea* DC has been shown to inhibit dopamine D1 receptor binding (Pattamadiloka et al., 2008).

Other compounds from these plants belong to the furano, amides, amino acids, urea, quanidine, cysteine sulfoxide, carotenoid groups. Most of these compounds are rich in pi-electrons and function as antioxidants. It is also possible that some like allantoin which contains the urea moiety, may act by inducing the synthesis of feotal haemoglobin like hydroxyurea or resveratrol. Compounds with the guanidine moiety may exhibit similar action like arginine, while others with amide groups like the piperamides or amide-alkaloids and cysteine sulfoxides, may exhibit actions like the active amino acids such as lysine, arginine and phenylalanine. The furano group appears to be a very potent antioxidant moiety. It is present in 5HMF and ascorbic acid. Hence, it may play a significant role in the activity of the parent compound. It should be noted here however that the actions of most active agents against SCD including hydroxyurea, 5HMF, amino acids etc, are primarily based on their antioxidant property. These compounds which have proven pharmacological activities such as anticancer, antitumor, anti-inflammatory, antibacterial, antimalarial, antifungal, antiviral, antidiabetic, immunomodulatory and antioxidant activity may exhibit most of their activity by free radicals scarvenging and prevention of LDL peroxidation.

## **CONCLUSION**

This review has shown that most well-know anticancer, antitumor, anti-inflammatory, antibacterial, antimalarial, antifungal, antiviral, antidiabetic, immunomodulatory and

antioxidant phytochemicals play significant role in ameliorating the SCD crisis. It is time to take a closer look at the interaction between these compounds and the human blood components including the HbS, red blood cells and white blood cell, at the molecular level, with the hope of their possible use in SCD management.

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