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# Plants used to decrease serum creatinine levels and contrastinduced nephropathy: A review article

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## Abstract:

**Background and aims:** Contrast-induced nephropathy (CIN) is one of the most common reasons for acute kidney failure. Because of the increasing use of contrasts for computed tomography and angiography and coronary interventions, the incidence of CIN is on rise. CIN is a serious and common side effect of the use of contrasts. Despite taking of preventative measures, around 30-70% of patients are at risk of CIN. Researchers thus are seeking out appropriate approaches to prevent CIN. Positive effects of many medicinal plants, with antioxidant and anti-inflammatory properties and high efficiency and safety, in decreasing serum creatinine levels have been demonstrated. This study was conducted to collect evidence on the medicinal plants that are effective in decreasing serum creatinine levels and CINdevelopment

**Methods:** For this purpose, the key words contrast media, herbal, acute kidney injury, and nephropathy were used to retrieve relevant articles indexed in Google Scholar, Magiran, Elsevier, and PubMed. Then, the eligible articles were included in the review.

**Results:** The results of studies are reported in Table

**Conclusion:** Although some studies have suggested that some herbs have a toxic effect on kidney function, in the present review, most plants could help decrease serum creatinine levels and improve renal function

Keywords: Contrast media, Nephropathy, Herbal, Contrast-Induced Nephropathy.

## **INTRODUCTION**

Contrast-induced nephropathy (CIN) is one of the most common reasons for acute kidney failure(1-3). Because of increasing use of contrasts for computed tomography and studies angiography and coronary interventions, the incidence of CIN is on rise(4, 5). One of the main risk factors developing CIN in the paitients exposure to contrast agents(6). is Contrast agents lead to activation of inflammation decreased system, circulation, and ischemic damage to kidney tubules, and in over 15% of cases, acute renal failure(7). Diagnosing contrast-induced nephrotic syndrome is based on three important principles consisting of increase in serum creatinine levels by 0.5-1.5 mg/dl or by 25% compared to the baseline level and/or decrease in glomerular filtration rate by 25% within 24-72 hours after administering contrast agents(8, 9).

Despite taking preventative measures in hospitals including use of contrast agents with low osmolarity, liquid therapy (0.5-1.5 mg/kg body weight before and after angiography according to left ventricular function), and taking aspirin, n-acetylcysteine, angiotensin-inhibitors, and betablockers, CIN remains the third leading cause of acute renal failure in inpatients(8, 10) that leads to certain complications such as elongated hospital stay, increased hospitalization costs, increased risk of developing chronic kidney disease and even endstage renal disease, increased possibility of death, and increased risks related to percutaneous coronary intervention(3, 11-14) . The incidence rate of nephropathy is approximately 3% in thegeneral population butmay reach 50-70% in people at high risk of CIN including those over 75 years, taking contrast agents at high doses, suffering from diabetes mellitus, hypertension, heart failure, and dehydration, taking diuretics, suffering from myeloma, having low blood levels of albumin, suffering from anemia, taking nonsteroidal anti-inflammatory drugs, taking nephrotoxins, having high levels of creatine kinase-MB and uric acid. and women(1, 8, 9, 12, 15, 16). This

rate is three times higher in patients with acute coronary syndrome(17).

Because of increased serum levels of creatinine in CIN that lead to adverse conditions and increased use of contrast agents compared to the recent years(18), and with emphasis on the use of various medicinal plants with high safety and efficiency to treat and decrease different diseases, this review was conducted to collect evidence on the plants that are effective in decreasing serum creatinine levels and potentially on CIN through antioxidant and anti-inflammatory properties that possibly cause a decrease in the incidence rate of CIN. These plants can be used to achieve this purpose if their effects in preventing contrast-induced nephrotic syndrome are sufficiently documented.

## **MATERIALS AND METHODS**

This study was conducted to collect evidence on the plants that are effective in decreasing serum creatinine levels. For this purpose, the key words *contrast media*, *herbal*, *acute kidney injury*, and *nephropathy* were used to retrieve relevant articles indexed in *Google Scholar, Magiran, Elsevier*, and *PubMed*. Then, the eligible articles were included in the review.

## **RESULTS**

Recently, many plants and herbal combinations have been investigated for their effects in preventing and treating numerous diseases including CIN. The results of studies are reported in this section. The data on the plants and the obtained results are summarized in Table 1.

NettleStudies on malerabbitshave demonstrated that the dry ethanolic extract of nettleat concentration of 200 mg/mL can lead to decrease in serum levels of creatinine and potentially restoration of glomerular function by producing antioxidant properties(20).In addition, nettle seed extractscausea decrease in serum creatinine levels and blood urea nitrogen (BUN) because of their potent antioxidant property(19).

Scientific name	English name	Main findings	Pathways & mechanisms	Referen ces
Urtica dioica	Nettle	Reducing serum creatinine	Maintaining intracellular levels of biological pathways by increasing the glutathione level and reducing malondialdehyde level	(19, 20)
Plantago psyllium	fleawort	Reducing proteinuria, edema, serum creatinine and blood urea nitrogen, treating glomerular morphological changes	Reducing inflammation markers such as ICM-1, MCP-1, TNF- $\alpha$ , HMGB <sub>1</sub> and decreasing the phosphorylation levels of MAPKs such as ERK, JNK and p38	(21, 22)
Punica granatum	Punice apple	Reducing serumcreatinine,blood urea nitrogen, lipids and glucose as well as tissue damage and atherosclerosis	Reducing oxidative stress by exhibiting potent antioxidant activity	(23-26)
Allium sativum	Garlic	Reducing the levels of glucose, uric acid, and urea	Antioxidant and anti-inflammatory properties (reducing $TNF-\alpha$ )	(27-31)
Astragalus lentiginosis	Monogolian milkvetch	therapeutic effect including renal protective effect ( Decreasing BUN, SCr, CCr and urine protein) and systemic state improvement (serum albumin level)	Rebalancing TGFβ-SMADsignaling	(32-37)
Boerhavia diffusa	Spreading hogweed	Reducing serum creatininelevel and blood urea nitrogen,	Exhibiting antioxidant properties and reducing inflammatory and pro- inflammatory factors (elevating glutathione and superoxide dismutase levels, reducing TNF- $\alpha$ level)	(38-40)
Tribulus terrestris	bhindi	Reducing serum creatinine, blood urea nitrogen, serum urea	Increasing antioxidants' activities and reducing lipid peroxidation	(39)
Curcuma zedoaria	zedoary	Reduced serum creatinine, blood urea nitrogen, serum urea and tubular necrosis	Exerting antioxidant and hepatoprotective properties, scavenging various free radicals, and stimulating antioxidant enzymes	(12, 39, 41)
Hydrangea paniculate	Panicled hydrangea	Decreasing serum creatinine, blood urea nitrogen, renal oxidative stress, tubular pathological injury and apoptosis	Exerting antioxidant properties and suppressing renal inflammation and tubular cell apoptosis	(42, 43)
Dilichorsla florusl	Horse grem	Reducing serum creatinine, serum urea, and uric acid	Exerting antioxidant properties and scavenging various free radicals	(39, 44)

Table 1: Medicinal plants effective on serum creatinine, main findings, mechanisms, and pathways

Ligusticum striatum	ligusticum striatum	Reducing blood urea nitrogen, serum creatinine, 24-hour urine protein, and urine microalbumin, improving renal function, and reducing necrosis and apoptosis in the tubules	Reducing malondialdehyde level and ameliorating the downregulation of superoxide dismutase activity	(45-48)
Beragenia ligulata	Saxifiaga ligulata	Reducing levels of creatinine, uric acid, and urea of both urine and serum	By exerting antioxidant properties and scavenging various free radicals	(39, 49)
Asparagus racemosus	Satavari	Reducing serum creatinine, serum urea, and uric acid	Exerting antioxidant properties and scavenging various free radicals	(39)
Paeonia lactiflora	Paeonia lactiflora	Reducing levels of serum creatinine, blood urea nitrogen, 24-hour urine protein, mean glomerular area, and mean glomerular volume	Inhibiting the Wnt/beta-catenin signaling	(34, 48, 50-52)
Heracleum persicum	Persian hogweed	Lowering serum creatinine level and improving renal function	Decreasing endothelin and inhibiting binding to its receptors	(33-35, 47, 53, 54)
Perilla frutescence	Korean perilla	Decreasing serum creatinine	Anti-nephritic mechanism and lowering proliferation of glomerular cells, IgAdeposition	(47)
Saliva miltiorrhiza	Red sage	Decreasing serum creatinine, glomerular hypertrophy, and microalbuminuria and suppressing the progression of renal injury and hyperglycemia	Inhibiting TGF/β1 through preserving tubular function and structure	(47)
Panax notoginseng	notoginseng	Decreasing the concentrations of blood urea nitrogen, serum creatinine, and urinary NAG	Inhibiting the apoptosis of renal cells	(34, 55, 56)
Lingusticum chuanxiong	Sichuan lovage rhizome	Reducing blood urea nitrogen, serum creatinine, 24-hour urine protein, urine mAlb, and urinary albumin excretion rate (UAER)	By reducing oxidative stress, inhibiting cell apoptosis, abrogating neutrophils recruitment, and suppressing the overexpression of TNF- $\alpha$ and ICAM-1	(34, 57, 58)
Curcumin	Curcuma longa l Turmeric	Reducing serum creatinine, blood urea nitrogen, and albuminuria and attenuating glomerular sclerosis	By reducing aging-induced oxidative stress	(34, 59, 60)

#### Plantago ovate

Studies in mice with nephrotic syndrome have shown thatthe dried raw seed of *P. ovate*(200 mg/kg/day),by exerting anti-inflammatory and antiapoptotic properties, exhibitsprotective effects in addition to decreasing lipidemia and ascites(22) while theplant displayed no hepatotoxic and neurotoxic effects(21).

#### Pomegranate

Studies in the mice treated with pomegranate flower extract demonstrated that this extract at low doses(e.g., 25 mg/kg) led to decreased serum creatinine levels, BUN and kidney injury(23-26).

## Garlic

Studies in Wistar rats have shown that garlic extractexerts antioxidant and anti-inflammatory properties and leads to decreased serum levels of creatinine and structural kidney damage(at20 mg/kg)(27, 29-31, 61).

## Astragalusmembranaceus

In vitrofindings and in vivo datain rats have shown that extracts of A. membranaceus leads to a significant decrease in serum creatinine levels, BUN, and urea. In addition, this plant causes a decrease in serum creatinine levels and improves glomerular function in humans(40 g/day for 3 weeks in patients with different types of chronic glomerulonephritis)(32, 34, 36, 37). In patients with glomerulonephritis, the plant has been reported to decrease proteinuria(47).

## Punarnava

*In vitro* and *in vivo* datahave shown that punarnavain ratscauses a decrease in serum creatinine levels and BUN, and prevents kidney damage(at 25 mg/kg/day) (38-40).

#### Gokshura

In vitro and in vivo datahave indicatedthat cystone, a herbal compound that contains gokshura, leads to decreased serum creatinine levels and kidney damage in rats(5ml/kg,p.ofor seven days) (39). Evidence has indicated that the plant causes no specific side effect on heart, kidney, and liver in the patients (62), but a young man was reported to develop acute kidney damage following oral use of the drug(63).

## Karchura

*In vitro* and *in vivo* datahave shown that karchura has protective effects on kidneys and causes a significant decrease in serum creatinine levels, BUN, and serum urea levels, and prevents nephrotoxicity in adult male mice due to its antioxidant properties(at 100–200 mg/kg body weight p.o)(39, 41).

## Hydrangea paniculata

Due to its antioxidant property,aqueous extract of *H*. *paniculata* can improve acute kidney injury in female rats(42), suppress diabetic nephropathy in these animals, prevent development of glomerular lesions, and lead to improvement of renal functionat 30 mg/kg(43).

#### Kulattha

Studies have indicated that this kulattha causes a decrease in serum creatinine levels in humans(at 1-2mg/daily)(44), urea, BUN, and serum creatinine levels as well as a decline in renal dysfunction in rats(at 21mg)(39).

#### Ligusticum wallichii

Investigations have shown that *L*. *wallichii* causes a significant decrease in serum creatinine levels and adecrease in proteinuria and hematuria in the patients(at 80 mg twice a day for three weeks)(47), as well as a decrease in BUN, serum creatinine levels, and tubular necrosis in murine kidney(at 80 mg/kg)(64).

## Pashanabheda

Research findings have indicated that the herbal combination containing pashanabheda causes decrease in serum creatinine levels, urea, and BUN in rats(at 185mg/kg administered for 28 days)(39, 49).

#### Satavari

Clinical trials have shown that the herbal combination containing satavari causes a decrease in serum creatinine levels, urea, and BUN and exert protective effects on the kidney(39).

#### Paeony

Studies in rats have shown that paeony causes a decrease in serum creatinine levels and BUN(34). The clinical investigations on laboratory animals have indicated that paeony decreases serum creatinine levels, BUN, and kidney damage(50). In patients treated with this plant, the levels of albuminuria and inflammatory markers in the blood decreased(at 1800 mg/day for 6 months)(51, 52), with protective effects on the kidney and preventive effects against diabetic nephropathy(48).

#### Angelicasinensis

Clinical trials have demonstrated that treatment with A. sinensis causes a significant decrease in proteinuria and treats nephrotic syndrome(at 2 mg/kg/day for 4 weeks). In addition, the rejection rate of kidney transplants in such patients decreased significantly(47). This treatment also leads to a decrease in urea levels and improves renal function(65), and in laboratory animals, a decline in kidney damage(53) and tubular fibrosis(35). In glomerulonephritis, patients with treatment with A. sinensisleads to a significant decrease in proteinuria with minimal side effects(54).

#### Perilla

*In vitro* data and findings on ratmodel have shown thatperillaoil treatment leads to a decrease in proteinuria and improves renal function, and in clinical trials, this treatment led to improvement of renal function and a decrease in proteinuria and hematuria in children. Orally administered perilladecoction lowered serum IgA levels and proteinuria and improved renal histology(47).

#### Zingiber *officinale*

Study in rats shown that ginger Freezedried or extract concentration can help improve renal function(at 0.5-2%)(66). This plant at high doses(e.g., 1000mg/daily) causes a decrease in Creactive proteinin human(67).

#### Saliva

In laboratory animals treated with saliva, renal circulation improved and renal filtration increased, and in renal failure patients treated with this plant, serum creatinine levels decreased and the remaining renal function persisted(47).

## Notoginseng

Clinical trials have reported that notoginseng causes a decrease in serum creatinine levels and BUN(34, 55).

#### Chuangxiong

The clinical investigations on laboratory animals have shown that chuangxiong causes a decrease in serum creatinine concentrations, BUN, and kidney damage in cisplatin-exposed mice. In fact, this plant exhibits protective effects on the kidney against toxins(55, 56).

#### Lingusticum chuanxiong

Clinical trials have reported that *L.chuanxiong*Hort causes a decrease in serum creatinine levels and improvesrenal function(34, 57, 58).

Although most studies have reported the positive effects of medicinal plants on renal function and in decreasing creatinine and uric acid levels and BUN, inconsistent findings of some studies present some challenges for researchers and physicians as follows:

## Rhubarb

A number of studies have shown that rhubarbproduces protective effects in the kidney cells in patients with diabetic nephropathy and in the animals with glomerulonephritis, decreasesproteinuria and improves renal function significantly(47, 68. 69). Clinical findings on laboratory animals, however, have reported using this plant leads to increased blood urea levels and weakening of nephropathy(47), studies on DNA microarrays have determined that this plant leads to nephrotoxic complications resulting in swellingof renal tubules(70).

## Aristolochia

Although studies some on theanimalmodels have shown that aristolochia causes a decrease in serum creatinine levels and BUN(65), Balkan endemic nephropathy is currently considered to be a type of nephropathy due to consumption of this plant(71, 72).

#### Carambola

Although some clinical investigations have shown that carambolacauses a decrease in serum creatinine levels and BUN(34), acute nephropathy even in people with normal renal function has recently been reported, probably due to high levels of oxalate in the plant (73, 74).

## Discussion

CIN is a serious and common side effect ofthe of use contrasts. Nephrotoxicity is a concern among patients elderly, hypovolemic, suffering from diabetes cardiovascular or diseases. etc. This study was conducted to collect evidence on the medicinal plants that are effective in decreasing serum creatinine levels and CIN development . findings This study show that most plants could help decrease serum creatinine levels and improve renal function.

## **CONCLUSION**

Although some studies have suggested that some herbs have a toxic effect on kidney function, in the present review, most plants could help decrease serum creatinine levels and improve renal function. Although positive effects of herbal compounds in improving renal function and decreasing serum creatinine levels can contribute to a novel approach to treat contrast-induced nephrotic syndrome, inconsistent findings and lack of large clinical trials in human populations to study certain plants necessitate additional studies.

## **CONFLICT OF INTERESTS**

The authors declare that there is no conflict of interests regarding the publication of this paper.

#### **References**:

1. Alidoosti M, Hosseini HRP, Aryannejad H. Nephroprotective Effects of L-Carnitine against Contrast-Induced Nephropathy in Patients Undergoing Percutaneous Coronary Intervention: A Randomized Open-Labeled Clinical Trial. Journal of Tehran University Heart Center. 2017;12(2):57-64.

2. Demel SL, Grossman AW, Khoury JC, Moomaw CJ, Alwell K, Kissela BM, et al. Association Between Acute Kidney Disease and Intravenous Dye Administration in Patients With Acute Stroke. Stroke. 2017;48(4):835-9.

3. Ursta AA, Kharkov EI, Petrova MM, Ursta OV, Kotikov AR, Kiselev AN. [Contrast induced nephropathy in the older age group patients]. Advances in gerontology = Uspekhi gerontologii. 2017;30(2):306-10. 4. Nicola R, Shaqdan KW, Aran K, Mansouri M, Singh A, Abujudeh HH. Contrast-Induced Nephropathy: Identifying the Risks, Choosing the Right Agent, and Reviewing Effective Prevention and Management Methods. Current problems in diagnostic radiology. 2015;44(6):501-4.

5. Yeganehkhah MR, Vafaeimanesh J, Akbari H, Amiri Z, Naraghipoor Arani Z. Preventive effects of sodium bicarbonate on contrast-induced nephropathyin high-risk patients undergoing coronary angiography. Qom Univ Med Sci 2015;9(9):1-9.

Lefel N, Janssen L, le Noble J, 6. Sodium Foudraine N. bicarbonate prophylactic therapy in the prevention of contrast-induced nephropathy in patients admitted to the intensive care unit of a teaching hospital: а retrospective cohort study. Journal of intensive care. 2016;4(1):5.

7. Balbir Singh G, Ann SH, Park J, Chung HC, Lee JS, Kim ES, et al. Remote Ischemic Preconditioning for the Prevention of Contrast-Induced Acute Kidney Injury in Diabetics Receiving Elective Percutaneous Coronary Intervention. PloS one. 2016;11(10):e0164256. 8. Huber W, Huber T, Baum S, Franzen M, Schmidt C, Stadlbauer T, et al. Sodium Bicarbonate Prevents Contrast-Induced Nephropathy in Addition Theophylline: to А Randomized Controlled Trial. Medicine (Baltimore). 2016;95(21):e3720.

Park S, Kim MH, Kang E, Park S, 9. Jo HA, Lee H, et al. Contrast-Induced Nephropathy After Computed Tomography in Stable CKD Patients Proper Prophylaxis: With 8-Year Experience of Outpatient Prophylaxis Program. Medicine. 2016;95(18):e3560. 10. Rezaei Y, Khademvatani K. Rahimi B, Khoshfetrat M, Arjmand N, Seyyed-Mohammadzad MH. Short-Term High-Dose Vitamin E to Prevent Contrast Medium-Induced Acute Kidney Injury in Patients With Chronic Kidney Disease Undergoing Elective Coronary Angiography: A Randomized Placebo-Controlled Trial. Journal of the Association. American Heart 2016;5(3):e002919.

11. DugbarteyG,RedingtonAN.Preventionofcontrast-inducednephropathybylimbischemicpreconditioning:Underlyingmechanismsandclinical

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American Journal of Physiology-Renal Physiology. 2017:ajprenal. 00130.2017. 12. Khorsandi L, Orazizadeh M. Protective effect of Curcuma longa extract on acetaminophen induced nephrotoxicity in mice. Daru. 2008;16(3):155-9.

13. Solomon R. Improving Intravenous Fluid Therapy for Prevention of Contrast-Induced Nephropathy: How to Give More Without Causing Heart Failure. JACC Cardiovascular interventions. 2016;9(1):97-9.

14. Subramaniam RM, Suarez-Cuervo C, Wilson RF, Turban S, Zhang A, Sherrod C, et al. Effectiveness of Prevention Strategies for Contrast-Induced NephropathyA Systematic Review and Meta-analysisEffectiveness of Prevention Strategies for CIN. Annals of internal medicine. 2016;164(6):406-16.

15. Hung Y-M, Lin S-L, Hung S-Y, Huang W-C, Wang PY-P. Preventing radiocontrast-induced nephropathy in chronic kidney disease patients undergoing coronary angiography. World journal of cardiology. 2012;4(5):157.

16. Mendi MA, Afsar B, Oksuz F, Turak O, Yayla C, Ozcan F, et al. Uric acid is a useful tool to predict contrastinduced nephropathy. Angiology. 2016:0003319716639187.

17. Leoncini M, Toso A, Maioli M, Tropeano F, Villani S, Bellandi F. Early high-dose rosuvastatin for contrastinduced nephropathy prevention in acute coronary syndrome: Results from the PRATO-ACS Study (Protective Effect of Rosuvastatin and Antiplatelet Therapy On contrast-induced acute kidney injury and myocardial damage in patients with Acute Coronary Syndrome). Journal of the American College of Cardiology. 2014;63(1):71-9.

18. Dadpey AR. Shemirani H. Pourmoghaddas M. The Role of Diuretics and Angiotensin-converting enzyme inhibitors on Contrast- Induced Nephropathy in Patients after Percutaneous Coronary Intervention. Journal of Isfahan Medical School. 2007;25(85):41-7.

19. Salih NA. Effect of nettle (Urtica dioica) extract on gentamicin induced nephrotoxicity in male rabbits. Asian Pacific Journal of Tropical Biomedicine. 2015;5(9):756-60.

20. Treasure J. Urtica semen reduces serum creatinine levels. J Am Herbal Guild. 2003;4:22-5.

21. Agha R-e-N, Saeed A, Nazar H. Plantago ovata: Clinical study of overuse. Pakistan journal of pharmaceutical sciences. 2016;29(2).

22. Kho MC, Park JH, Han BH, Tan R,
Yoon JJ, Kim HY, et al. Plantago asiatica L. Ameliorates Puromycin Aminonucleoside-Induced Nephrotic Syndrome by Suppressing Inflammation and Apoptosis. Nutrients.
2017;9(4):386.

23. Cekmen M, Otunctemur A, Ozbek E, Cakir SS, Dursun M, Polat EC, et al. Pomegranate extract attenuates gentamicin-induced nephrotoxicity in rats by reducing oxidative stress. Renal failure. 2013;35(2):268-74.

24. Jilanchi S, Nematbakhsh M, Mazaheri S, Talebi A, Zolfaghari B, Pezeshki Z, et al. Pomegranate Flower Extract does not Prevent Cisplatin-Induced Nephrotoxicity in Female Rats. International journal of preventive medicine. 2014;5(12):1621-5.

25. Motamedi F, Nematbakhsh M, Monajemi R, Pezeshki Z, Talebi A, Zolfaghari B, et al. Effect of pomegranate flower extract on cisplatininduced nephrotoxicity in rats. Journal of nephropathology. 2014;3(4):133-8.

26. Sadeghi F, Nematbakhsh M, Noori-Diziche A, Eshraghi-Jazi F, Talebi A, Nasri H, et al. Protective effect of pomegranate flower extract against gentamicin-induced renal toxicity in male rats. J Renal Inj Prev. 2015;4(2):45-50.

27. El-Kashef DH, El-Kenawi AE, Suddek GM, Salem HA. Protective effect of allicin against gentamicininduced nephrotoxicity in rats. International immunopharmacology. 2015;29(2):679-86.

28. Ghalehkandi JG, Ebrahimnezhad Y, Nobar RS. Effect of garlic (Allium sativum) aqueous extract on serum values of urea, uric-acid and creatinine compared with chromium chloride in male rats. Ann Biol Res. 2012;3(9):4485-90.

29. Hossain MA. Akanda MR. Mostofa M, Awal MA. Therapeutic competence of dried garlic powder (Allium sativum) on biochemical parameters in lead (Pb) exposed broiler chickens. Journal of Advanced Veterinary and Animal Research. 2014;1(4):189-95.

30. Rafieian-Kopaei M, Baradaran A, Merrikhi A, Nematbakhsh M, Madihi Y, Nasri H. Efficacy of Coadministration of Garlic Extract and Metformin for Prevention of Gentamicin-Renal Toxicity in Wistar А **Biochemical** Rats: Study. International journal of preventive medicine. 2013;4(3):258-64.

31. Ziamajidi N. Nasiri A. Abbasalipourkabir R, Sadeghi Moheb S. Effects of garlic extract on TNF- $\alpha$ expression and oxidative stress status in kidneys of rats the with STZ+ nicotinamide-induced diabetes. Pharmaceutical biology. 2017;55(1):526-31.

32. Li M, Wang W, Xue J, Gu Y, Lin
S. Meta-analysis of the clinical value of Astragalus membranaceus in diabetic nephropathy. Journal of ethnopharmacology. 2011;133(2):412-9.

33. Shahzad M, Small DM, Morais C,
Wojcikowski K, Shabbir A, Gobe GC.
Protection against oxidative stressinduced apoptosis in kidney epithelium
by Angelica and Astragalus. J
Ethnopharmacol. 2016;179:412-9.

34. Sun G-d, Li C-y, Cui W-p, Guo Qy, Dong C-q, Zou H-b, et al. Review of herbal traditional chinese medicine for the treatment of diabetic nephropathy. Journal of diabetes research. 2015;2016. 35. Wojcikowski K, Wohlmuth H, Johnson DW, Gobe G. Effect of Astragalus membranaceus and Angelica sinensis combined with Enalapril in rats with obstructive uropathy. Phytotherapy research : PTR. 2010;24(6):875-84.

36. Xiao F, Hu Y, Wu S, Shou Q, Cai Y, Wang H, et al. Protective effect of astragalus saponin extracts on kidneys of diabetic rats. Zhongguo Zhong yao za zhi= Zhongguo zhongyao zazhi= China journal of Chinese materia medica. 2015;40(10):2014-8.

37. Zhang J, Xie X, Li C, Fu P. Systematic review of the renal protective effect of Astragalus membranaceus (root) on diabetic nephropathy in animal models. Journal of ethnopharmacology. 2009;126(2):189-96.

38. Karwasra R, Kalra P, Nag TC, Gupta YK, Singh S, Panwar A. Safety assessment and attenuation of cisplatin induced nephrotoxicity by tuberous roots of Boerhaavia diffusa. Regulatory toxicology and pharmacology : RTP. 2016;81:341-52. 39. Rafiq M. Viswanatha G, Azeemuddin MM, Suryakanth D. Kumar VU, Patki P. Cystone, a wellknown herbal formulation improves renal function in rats with acute renal failure (ARF) induced by Glycerol Iranian intoxication. Journal of Pharmacology & Therapeutics (IJPT). 2012;11(2):40-4.

40. Sawardekar SB, Patel TC. Evaluation of the effect of Boerhavia diffusa on gentamicin-induced nephrotoxicity in rats. Journal of Ayurveda and integrative medicine. 2015;6(2):95-103.

41. Jariyawat S, Kigpituck P, Suksen K, Chuncharunee A, Chaovanalikit A, Piyachaturawat P. Protection against cisplatin-induced nephrotoxicity in mice by Curcuma comosa Roxb. ethanol extract. Journal of natural medicines. 2009;63(4):430-6.

42. Sen Z, Jie M, Jingzhi Y, Dongjie W, Dongming Z, Xiaoguang C. Total Coumarins from Hydrangea paniculata Protect against Cisplatin-Induced Acute Kidney Damage in Mice by Suppressing Renal Inflammation and Apoptosis. 2017;2017:5350161.

43. Zhang S, Xin H, Li Y, Zhang D, Shi J, Yang J, et al. Skimmin, a coumarin from Hydrangea paniculata, slows down the progression of membranous glomerulonephritis by anti-inflammatory effects and inhibiting immune complex deposition. Evidence-Based Complementary and Alternative Medicine. 2013;2013.

44. Singh RG, Behura SK, Kumar R. Litholytic property of Kulattha (Dolichous biflorus) vs potassium citrate in renal calculus disease: a comparative study. JAPI. 2010;58:287.

45. Cao S, Zhao W, Bu H, Zhao Y, Yu C. Ligustrazine for the treatment of unstable angina: a meta-analysis of 16 randomized controlled trials. Evidence-Based Complementary and Alternative Medicine. 2016;2016.

46. Feng L, Xiong Y, Cheng F, Zhang
L, Li S, Li Y, editors. Effect of
ligustrazine on ischemia-reperfusion
injury in murine kidney.
Transplantation proceedings; 2004:
Elsevier.

47. Nowack R, Flores-Suarez F, Birck R, Schmitt W, Benck U. Herbal treatments of glomerulonephritis and chronic renal failure: Review and recommendations for research. Journal of Pharmacognosy and Phytotherapy. 2011;3(9):124-36.

48. Wang K, Wu YG, Su J, Zhang JJ, Zhang P, Qi XM. Total glucosides of paeony regulates JAK2/STAT3 activation and macrophage proliferation in diabetic rat kidneys. The American journal of Chinese medicine. 2012;40(3):521-36.

49. Sharma I, Khan W, Parveen R, Alam MJ, Ahmad I, Ansari MH, et al. Antiurolithiasis Activity of Bioactivity Guided Fraction of Bergenia ligulata against Ethylene Glycol Induced Renal Calculi in Rat. 2017;2017:1969525.

50. Chang B, Chen W, Zhang Y, Yang P, Liu L, Wang J. Effect of total glucosides of paeony on Wnt/ $\beta$ -catenin signal transduction pathway expression in kidney of diabetic rats. Zhongguo Zhong yao za zhi= Zhongguo zhongyao zazhi= China journal of Chinese materia medica. 2014;39(19):3829-35.

51. Wang H, Deng JL, Yue J, Li J, Hou YB. Prostaglandin E1 for preventing the progression of diabetic kidney disease. The Cochrane database of systematic reviews. 2010(5):Cd006872.

52. Zhu Q, Qi X, Wu Y, Wang K. Clinical study of total glucosides of paeony for the treatment of diabetic kidney disease in patients with diabetes mellitus. International urology and nephrology. 2016;48(11):1873-80.

53. Fan YL, Xia JY, Jia DY, Zhang MS, Zhang YY, Wang L, et al. [Protective effect of Angelica sinensis on polysaccharides subacute renal damages induced by D-galactose in mice and its mechanism]. Zhongguo Zhong vao za zhi = Zhongguo zhongyao zazhi = China journal of Chinese materia medica. 2015;40(21):4229-33.

54. Shen P, Yang X, He L. [Effect of Astragali and Angelica particle on proteinuria in Chinese patients with primary glomerulonephritis]. Journal of traditional Chinese medicine = Chung i tsa chih ying wen pan. 2016;36(3):299-306.

55. Liu X, Huang Z, Zou X, Yang Y, Qiu Y, Wen Y. Panax notoginseng saponins attenuates cisplatin-induced nephrotoxicity via inhibiting the mitochondrial pathway of apoptosis. International journal of clinical and experimental pathology. 2014;7(12):8391-400.

56. Liu X, Huang Z, Zou X, Yang Y, Qiu Y, Wen Y. Possible mechanism of PNS protection against cisplatininduced nephrotoxicity in rat models.

63

Toxicology mechanisms and methods. 2015;25(5):347-54.

57. Feng L, Ke N, Cheng F, Guo Y, Li S, Li Q, et al. The protective mechanism of ligustrazine against renal ischemia/reperfusion injury. The Journal of surgical research. 2011;166(2):298-305.

58. Wang B, Ni Q, Wang X, Lin L. Meta-analysis of the clinical effect of ligustrazine on diabetic nephropathy. The American journal of Chinese medicine. 2012;40(01):25-37.

59. Liu J-p, Feng L, Zhu M-m, Wang R-S, Zhang M-h, Hu S-y, et al. The in vitro protective effects of curcumin and demethoxycurcumin in Curcuma longa extract on advanced glycation end products-induced mesangial cell apoptosis and oxidative stress. Planta medica. 2012;78(16):1757-60.

60. Wu W, Geng H, Liu Z, Li H, Zhu Z. Effect of curcumin on rats/mice with diabetic nephropathy: a systematic review and meta-analysis of randomized controlled trials. Journal of traditional Chinese medicine = Chung i tsa chih ying wen pan. 2014;34(4):419-29.

61. Ghalehkandi JG, Ebrahimnezhad Y, Nobar RS. Effect of garlic (Allium sativum) aqueous extract on serum

values of urea, uric-acid and creatinine compared with chromium chloride in male rats. Annals of Biological Research. 2012;3(9):4485-90.

62. Wang B, Ma L, Liu T. [406 cases of angina pectoris in coronary heart disease treated with saponin of Tribulus terrestris]. Zhong xi yi jie he za zhi = Chinese journal of modern developments in traditional medicine. 1990;10(2):85-7, 68.

63. Ryan M, Lazar I, Nadasdy GM, Nadasdy T, Satoskar AA. Acute kidney injury and hyperbilirubinemia in a young male after ingestion of Tribulus terrestris. Clinical nephrology. 2015;83(3):177-83.

64. Feng L, Xiong Y, Cheng F, Zhang L, Li S, Li Y. Effect of ligustrazine on ischemia-reperfusion injury in murine kidney. Transplantation proceedings. 2004;36(7):1949-51.

65. Sun G-d, Li C-y, Cui W-p, Guo Qy, Dong C-q, Zou H-b, et al. Review of herbal traditional chinese medicine for the treatment of diabetic nephropathy. Journal of diabetes research. 2015;2016:1-18.

66. Abdulsalam K, Alkalifa A. Effect of Ginger and its Extract on Blood Sugar and on Kidney Function of Type I Diabetic Rats. World Family Medicine Journal: Incorporating the Middle East Journal of Family Medicine. 2016;14(6):12-20.

67. Imani H, Tabibi H, Najafi I, Atabak S, Hedayati M, Rahmani L. Effects of ginger on serum glucose, advanced glycation end products, and inflammation in peritoneal dialysis patients. Nutrition (Burbank, Los Angeles County, Calif). 2015;31(5):703-7.

68. Zeng LN, Ma ZJ, Zhao YL, Zhang LD, Li RS, Wang JB, et al. The protective and toxic effects of rhubarb tannins and anthraquinones in treating hexavalent chromium-injured rats: the Yin/Yang actions of rhubarb. Journal of hazardous materials. 2013;246-247:1-9. 69. Zhang L, Chang JH, Zhang BQ, Liu XG, Liu P, Xue HF, et al. The study pharmacokinetic on the mechanism of toxicity attenuation of rhubarb total free anthraquinone oral colon-specific drug delivery system. Fitoterapia. 2015;104:86-96.

70. Yan M, Zhang LY, Sun LX, Jiang ZZ, Xiao XH. Nephrotoxicity study of total rhubarb anthraquinones on Sprague Dawley rats using DNA

microarrays. J Ethnopharmacol. 2006;107(2):308-11.

71. Ardalan MR, Khodaie L, Nasri H, Jouyban A. Herbs and hazards: risk of aristolochic acid nephropathy in Iran. Iranian journal of kidney diseases. 2015;9(1).

72. Jadot I, Decleves AE, Nortier J, Caron N. An Integrated View of Aristolochic Acid Nephropathy: Update of the Literature. International journal of molecular sciences. 2017;18(2).

73. Azim MAU, Salam A. Star fruit intoxication leading to acute kidney injury. Bangladesh Medical Journal Khulna. 2016;48(1-2):37-9.

74. Saghir SAM, Sadikun A, Khaw K-Y, Murugaiyah V. Star fruit (Averrhoa carambola L.): From traditional uses to pharmacological activities. Boletín Latinoamericano y del Caribe de Plantas Medicinales y Aromáticas. 2013;12(3).