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# **GREEN TEA'S HEALING TOUCH: A REVIEW OF ITS EVIDENCE-BASED HEALTH BENEFITS**

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Abstract-To address this situation, companies need to be more inventive and develop more wild herbal plants for the medicinal use purpose. Green tea has the same honor - number three after the black type and oolong. Ancient and nowadays popular medicinal drinks around the globe. This product is a tea brand obtained from the leaf of the plant species of "Camellia sinensis.". Its effects can be pluralistic, it can be made as a drink or it may not be digested and thus rot, it will cause a systemic disturbance in the human body. A extract can be also produced from the leaves for medicine. Green tea not only has fewer caffeine but contains an of bioactive compounds found nowhere else. Formed from the action of polyphenols, which I must say are incredibly responsible in the process of fighting against and treating many diseases. This document is to explain why this research is important, a bioactive component of these plants and the commercial products made from them -Green tea C.R

Key Word - Theacea, Green Tea, Camellia sinensis

#### **INTRODUCTION**

In the past, plants have served as a good source of medicine. The diseases that affect people are mentioned in writings like Ayurveda and this treatment was done using plant. India accounts for nearly 45,000 plant species; a number of them have been cited as their cure for the various ailments. The factors of the population rise, insufficient supply of the drugs, high cost of the treatment, and drug resistance experienced in synthetic drugs have made the focus on using plants to treat human diseases more important. India is a country, which can rightly be called among the active ancient states with a valuable heritage of healing plants. What the Ancient Chinese Proverb says \_It is better to deprive oneself of three days of food than tea for one day is the proof to the tea's role in the lives of the Chinese. The Chinese have long known of the curative properties of the medicinal herbs precisely until modern studies on green tea have demonstrated this amazing benefit during the reign of emperors in which it was extensively used to treat ailments condition such as headaches and severe depression. Tea, next to water, heels coffee as the most widely consumed drink on the planet and surpasses wine, desalted drinks, and beer. Camellia sinensis is a plant species that its leaves and leaf buds are used to make Chinese tea. It is Camellia genus with the genus Theaceae as a part of the family. Common names like tea plant, tea tree, and tea shrub are as well, the most familiar. The cultivation of tea plants is of great economic value in many countries and Camellia sinensis is grown in up to 30 countries.

There are four different tea types, which are derived from the same plant, depending on how the leaves are being processed. This involves white, green, oolong, and black as a category. White tea is the one that is obtained from the young leaves and buds which have not turned green yet and the only processing is drying. Oolong tea is made from leaves that have been partially oxidised through a mechanically based system, while

black tea is created from leaves that have been fully oxidised through the traditional method. A mature tea leaves that undergo minimal change (only drying procedure) are used to produce green tea. Green tea, which is the second most cultivable tea type, is largely consumed in China, Korea, and Japan. Black tea gets all flavonoids, the main part being called polyphenols and can deliver between 50 to 120mg per liter. Caffeine in your bloodstream in this case is 3 times higher than green tea. No wonder black, green and oolong tea are such good sources of vitamin C.



**RESEARCH WORK** 

The chemical composition of green tea is in fact variable and depends on factors such as climate, season, horticultural practices, and position of the leaf on the harvested shoot. The leaves' green color is characteristic of the most beneficial elements of green tea which makes flavonoids so much important among the polyphenols. The predominant catechins are the ones that amounts to 80-90% of the flavonoids and 40% of the whole water- soluble solids present in tea [9,10,11].

The health effects of green tea depend on its bioavailability after being absorbed in the body. The persistent presence of the metabolites of the catechins can be detected in the blood plasma, urine, and the tissues. Out of the four main catechins found in green tea, are (-)-epicatechin, (-) –epicatechin-3-gallate, (-) –epigallocatechin and (-) –epigallocatechin-3-gallate (EGCG). The majority of the polyphenolic mixture is made up of EGCG, which accounts for 40% [12]. Generally, a cup of green tea consists of 300-400 milligrams of polyphenols, which is a non-toxic pharmacological equivalent. As a ready source of polyphenols, tea leaves rate high though enzyme polyphenol oxidase is responsible for quick degradation of these once the leaves are harvested, and the leaves are steamed at a high temperature.

these enzymes can get damaged by the high temperatures. Lastly, other compounds that can be found are the alkaloids (caffeine, theophylline and theobromine), amino acids, carbohydrates, proteins, chlorophyll, volatile organic compounds, 14 fluoride, aluminum, all minerals and the trace elements.

**Health Benefits of Green Tea:** The green tea is one of the most substantive beverages in Catechin, polyphenol and especially EGCG [2]. The EGCG is an important antioxidant: Furthermore, the slowdown of the cancer cell growth is only one of the benefits of this therapy, because it also kills cancer cells without harming the healthy tissue. It has in addition worked well in the provision of LDL and cholesterol normalcy and the suppression of blood clots' today's unusual formation, lipid regulation, and platelet suppression and migration of smooth muscle cells, [5, 6]. Blocking of blood clot formation is essential because these abnormal blood clots are the main cause of heart attacks and stroke, the first leading killer; this also proves that the prevention of stroke and heart attack is extremely important. The chemical composition of green tea is very complex because it contains a variety of chemical compounds, which are depicted below.



<b>TABLE 1: CHEMICAI</b>	COMPOSITION OF	GREEN TEA LEAVES
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Constitutional Percentages	% of the dried leaf	Constituent Percentage	% of the dried leaves	
Polyphenols	37.6	Ash	4.8	
Carbohydrates	24.6	Chlorophyll	0.6	
Caffeine	3.9	Lignin	6.4	
Protein	15.3	Lipids	2.1	
Amino acids	3.6	Organic acids	1.6	

**Polyphenols:** Among them are such the most valuable components of green-tea-leaf, which are considered as the most healthy part in nutrition, and therefore they are called dietary source of antioxidants.

Polyphenols which are responsible for 50-70% of the tea extract in water. However, the majority of these polyphenols are called flavonoids that are structurally generated in plants using the enzymes that they possess high volumes –from 0 to 5% to 1. 5% of them are more than 4000 kinds of species. Flavonoids, which take the flavor of green tea, comprise approximately 30-40% of its dry weight (catechins).

Tannins are the second-most significant polyphenols present in tea products. Tannins presence has been linked with better antioxidant activity, more health benefits, and less undesirable taste than other polyphenols present in tea products. In inclusion, the phenolic acids such as caffeic acid (5), chlorogenic acid (6), coumaric acid (7), gallic acid (GA) (8), and quinic acid ester (9), as well as the flavanols which are mostly kaempferol (10), myricetin (11), and quercetin (12) <sup>23, 24, 25</sup> years of age. Khan et. al. (2018) investigated plant polyphenol compounds in tea and their anticarcinogenic effects (26). In vitro studies showed that the epicatechin-3-gallate (ECG) component of green tea applied for suppression is (NSCLC) non-small cell lung cancer (NSCLC) invasion levels and urokinase-type plasminogen activator (Upa).

Mukhtar and Ahmad, 2000, and Khan *et al.* 2006 investigated the anticarcinogenic properties of green tea. Furthermore, some epidemiology research is in favor of the tea playing a role in preventing cancer development. As Asian populations that regularly take large amounts of green tea in their diet often show an improvement in cancer prevention, this is demonstrated in a number of studies conducted in Asia.

In the article of Nagma Khan "Antidiabetic Effects of Tea Polyphenols" (2018) her work shows. Diabetes is a mongst the many important great problems of healthcare on a global level. Type-1 diabetes is a disease that cannot be prevented and it is treated by insulin therapy. Despite type-2 diabetes develops because of the combination of genetics, lifestyle and environmental factors, it can be prevented or reversed by modifying dietary intake and exercising. EGCG has been dispensed by suppressing the starch hydrolysis and inhibited alpha-amylase and alpha-glucosidase as it can penetrate the active site of both enzymes and can stick to it. EGCG was found to have an antidiabetic action in a high-fat diet and streptozotocin (STZ)-induced type-2 diabetes. Taking EGCG as the treatment contributed to the restoration of glucose metabolism, decrease of gluconeogenesis and lipogenesis in the liver. Moreover, the study revealed activation of PXR/CAR. As a

result, PXR/CAR-mediated phase II drug metabolism upgrading enzyme expression in the small intestine and liver occurred, relating SULT1A1, UGT1A1, and SULT2B1b<sup>29</sup>. The antihyperglycemic effect of polyphenols is the greatest. As we will see Gomes et al. does <sup>93</sup>. EGCG was capable to block up intestinal glucose creep into the blood stream and SGLT1, the sodium -dependent glucose transporter, is the reason behind the increase.

Logesh Rajan in 2022 carried out research on green tea polyphenol's effect on cardiometabolic health. Diseases such as the cardiovascular disorder (CVD) are chronic with multifactorial involvement that causes decline in the individual's health, well-being and lifestyle. According to the figures of WHO, cardiovascular diseases will be the most widespread reason for deaths at thirty-eight percent rates.

In her research, Christy Tangney explored the activity of green tea polyphenols on cardiovascular and inflammation in 2015. Atherosclerosis, the pathological condition often associated with cardiovascular diseases (CVDs) is a variable and chronic inflammatory condition, which is the basis of atherosclerotic lesions, resulting in their erosion or rupture, which can eventually lead to myocardial infarction, angina or cerebrovascular attacks. Since the personal vector of the disease is directly dependent on diet quality, smoking, and lack of physical activity, the ability of diets rich in bioactive compounds to help with the development and lowering of cardiovascular diseases is even more important. Since the inflammation is the main factor for the heart diseases and development of the diseases, the compounds with anti-inflammation properties are the ones that we should look for.

Green tea polyphenols have been studied first by Sabu M.C. in Tobacco and Health Journal article in November 2002. His in vitro experiments showed that a water soluble GTP solution would avoid lipid peroxidation and then ice it with hydroxyl superoxide radicals.

Badriyah shadid followed his green tea plants polyphenol actions on cardiovascular disease in 2021. Polyphenols have been well known for the positive effects on heart disease, including among others as a benefit to cardiovascular disease. However, the good news did not stop because of the several clinical studies in multiple chronic pathologies that seemed to prove their efficacy. Polyphenols' health benefits have come not only due their antioxidant activity, which is already well known.

In 2009, back in the year 2009, Peter W. Taylor conducted a study wherein the efficacy of green tea polyphenols in these molecules for antimicrobial properties was examined. The research done for the last 20 years has proven that the green tea polyphenolic catechins, which in particular are (-)-epigallocatechingallate (EGCg) and (-)-epicatechingallate (ECg), can inhibit the growth of a number of Gram-positive and Gram-negative bacterial species with a moderate potency. The fact that these compounds exerts control over the most common oral infections such as dental caries and periodontal disease have been shown. EGCG and ECG was found to be inhibitors of bacteria virulence factors and reversed antibiotics resistant phenotype of pathogenic bacteria Staphylococcus aureus (S. aureus).

Jing Luo recently conducted a study about green tea polyphenol's ability to reverse aging in 2021. Naturally occurring polyphenols are the largest, yet most studied group of antioxidants that can be grouped hydroxyl phenolic acids, flavonoids, stilbenes, lignans and other polyphenols which have a oxygen atom attached to the aromatic ring studies have shown that occurrence of polyphenols in diet is way bigger than several of micro-nutrients such as vitamins A,C, and carotenoids<sup>11</sup>. During the past two decades, polyphenolic compounds have been the focal point of much research as they are widely distributed in the different foods and their powerful antioxidant properties<sup>11</sup>. Besides, polyphenols were discovered to have beneficial influence on energy metabolism, the process that is very important to our wellness and potential to live longer, and there was also a reduction in the risk of aging-related chronic diseases.

**Xanthine Bases/Purine Alkaloids:** They are usually depicted by caffeine, which is the second principal constituent of the dry leaf; theophylline and theobromine, which are also in small amounts, are the other two products of caffeine. Xanthine alkaloids may be described as a purine which is a subdivision of imidazole and pyrimidine rings. The class of xanthine alkaloids made up primarily of caffeine, theobromine, and theophylline is where we will focus our analysis. The caffeine content in coffee is up to 0. 4-2.4% dry weight. When young leaves of camellia sinensis, camellia assamica, and camellia aliens are dried, they contain equal ranges of caffeine content which is between 2% and 3% dry weight. In addition, the absorption of greenhouse gasses

mitigates effects on climate to a certain extent. 02% in camellia kissi, and the caffeine content in tea (infusion) is between 1.0% and 3.5 out of a million is what makes it  $up^{38, 39}$ .

Methylxanthines, indeed, have a powerful impact on the physiological processes, resulting in the activation of metabolic and stress response systems. Caffeine is an analgesic and it is usually used along with some other analgesic, such as paracetamol, ibuprofen, or acetylsalicylic acid 40. Methylxantines also among case psychostimulatory activity which are characterized by milder effect as respect of amphetamines and cocaine. The mechanism with which adenosine receptor (A1 and A2A Receptor) by caffeine is being blocked were suggested as the ones responsible for the neuroprotective roles of caffeine<sup>41</sup>. Nevertheless, the useful results were enough to justify the shelter of the blood-brain barrier dysfunction. Based on the recent animal as well as epidemiological studies, a significant amount of evidence seems to indicate that a moderate consumption of caffeine in mid-life is protective against the emergence of various diseases. Moreover, caffeine and the methylxanthines have been introduced successfully for treating respiratory diseases<sup>42, 43, 44.</sup>

Gangchen *et al.* (2015) investigated green tea polyphenols and concluded that it lowers the uric acid level by inhibiting xanthin oxidase. The green tea is mainly treated in Chinese literature, as a kind of medicine that promotes the water to expulse while quenching the thirst.

Shu-Hua Ouyang (2021) agreed nanoparticles antidepressant purine effect from green tea alkaloids. He studied the antidepressant-like effect and the mechanism of theacrine in chronic unpredictable mild stress.

**Triterpenoid Saponins**: Their makeup is mainly florapeonis A, B, C, D, E, and F (21–26), thus, they can be found in high concentration seeds and flowers.

The tea plants are rich in more than 70 different types of saponins that are distributed in a tissue-specific and 2018)<sup>48</sup>. A study reveals that 50 putatively saponin compounds maturation-specific manner (Guo et al. could be identified in the UPLC- UHPLC- MS tandem by mass spectrometer with the technique of ultra-high performance liquid chromatography coupled with a tandem mass spectrometer (UPLC-MS/MS). (Wu et al. 2019). The study of researchers by the means of LC–MS/MS was conducted to know which silping tea saponin molecules are present in tissues of the tea and infusions that is taken up by the beverage drinkers. They identified saponin molecules by analyzing MS spectra of relative peaks and retention times (Wu et al. 2019) from two different types of green teas (YR and LGP) in the ranges of 49-55. As it's known that the mushroom saponins from Camellia species have anticancer activities compared to this, the way that they work (Murakami et al. 2000; Ghosh et al. 2006; Morikawa et al. While its effects on normal cells remain elucidated, there is clear evidence associating the presence of whole saponins in tea with a decreased cancer mortality rate (Zhao et al. 2015; Matsuda et al. 2016; Jia et al. 2017; Cui et al. 2018). Next, in vitro tests were carried some tea saponing were found to have a very good effect in inhibiting cancer cell proliferation and in apoptosis in cancer cells (Ghosh et al. 2006; Zhao et al. 2015; Cui et al. 2018). Saponins are used in a series of concentration experiments as a means to kill human tongue squamous carcinoma cell lines (TCA8113) as well as a hepatocellular example of the same carcinoma, that is HepG2 and to determine their cytotoxic activity<sup>58</sup>. They present that total tea saponins possess anti-proliferative activity on two human cell lines, yet the sensitivity is unequal in both lines. When cells of TCA8113 were treated with 0. In the final mixture with the concentration of 0. 25 mg/mL of the green tea total saponins powder at about 75% of the cells survived. However, the moment the concentration equals to 0. 05mg/mL and 80% of the cells survived. The target TCA8113 cells were calculated to be about IC50 of 29. 20lg/ml 60. HepG2 cells, which had been given a 0. The concentration of the total saponin extract solution was 1mg/mL, and about 70% of cancer cells remained alive. When the ppm attained 0. The absolute number of surviving cells under this drug concentration was 18% as low as stated before. When 0. 05mg/mL was used to drop on HepG2 cells, the cell survival rate decreased to less than 12% very quickly. The IC50 for TCA8113 cells decrease significantly in comparison to untreated wild-type Hela cells. Specifically, it demonstrated that the spectrum ranges from 17 nm to 37 nm. 54lg/ml

Amino Acids: Amino acids can be 1 - 4% of the total dry weight and can be a mixture of arginine, aspartic acid, glutamic acid, glutamine, and serine but 5-Nethylglutamine (and it's another name: theanine) which together compose more than 90% of the total amino acids present within the leaves of CI would like to add that theanine is the main amino acid that is the most abundant, accounting for about 1-2% of the dry weight of the green tea leaf, and therefore, it is regarded as the third major component of dry leaf. Not only this, it is also known as the only amino acid that is present on catechins slowly which green tea has its unique flavors

and taste and as they say, both good and bitter taste melts in mouth due to amino composition. The essential amino acids such as tryptophan, glycine, tyrosine, valine, leucine, threonine, and lysineal so found in red meat.

L-THE was the first amino acid to be isolated and identified in 1949 as a water-soluble non-proteinogenic amino acid mostly found in the tea plant (Camellia sinensis) and the one that is responsible for a unique taste that is similar to that of the tea is "that unique taste that we can only get from monosodium glutamate called 'umami'"-72. In compliance with universal nomenclature of the International Union of Pure and Applied Chemistry L-THE is abbreviated like this: '2- amino-4-(ethylcarbamoyl)butyric acid. ' It has several names such as 'gammaglutamylethylamide' and 'gamma-glutamyl-L-ethyl amide' reflects the presence of an amino acid which is conditionally essential found as a core unit in its structure<sup>72,73</sup>;. Theanine may exist either in its racemic form that includes L- and D- enantiomers, or it may occur as an isomer that would compete for its absorption and metabolism. L- enantiomer is said to be metabolized faster, while the D- is mostly metabolized by kidneys<sup>74</sup>.

It has been found that L-THE has several potential health benefits such as the ones related to emotional status, high blood pressure suppressions, improved sleep quality, and better cognitive and mood functions. Moreover, the intake of L-THE together with caffeine is believed to raise the levels of antioxidants and anti-inflammatory agents in the brain, which may be harmful for the brain and may be responsible for the cognitive impairment 75, 76. The L-THE that has been currently subjected to human studies have not shown any significant effect on eliminating stress or anxiety. Mostly the data so far is derived from animal research that has widely used pure 1-THE in combination with other active biomolecules such caffeine and catechins, which may act synergistically or perhaps may even be antagonizing effects. The main amino acids that have an effect on muscle protein anabolism in older people are the essential amino acids (Volpi et al. , 2003). Moderate gram of essential amino acids preferably taken as a bolus has been reported as adequate of daily requirement (Wolfe, 2002). This indicates that theprotein quality is the key point to be considered in veteran peoples' diet model.

**Studies on Beneficial Effects of Green Tea Extracts**: The results of studies using animal models can be summarized by saying that green tea catechins are expected to suppress the development of a few degenerative diseases. In a number of studies it has been found that green tea has reduced specific kinds of toxins on the liver, and it also<sup>29</sup> has potential hepatoma anti-inflammatory properties after a cancer onset and hypolipidemic activity in mice that are diagnosed with liver disease. Catechins in green tea can also be considered as immunomodulators for immunosuppression therapy with antineoplastic humanize the sentence: agents<sup>30</sup> and gene<sup>31</sup> modification or medicine causing cancer<sup>29</sup>. On the other side, green tea, extracts and isolates showed efficient antioxidative activity and were also protective against neurodegenerative disorders.

The studies also show a link between green tea consumption and prevention of many types of cancer, such as lung, colon, esophagus, mouth, stomach, small intestine, kidney, pancreas, and mammary glands<sup>33</sup>. Many investigatory studies and human clinical trials have underscored that the green tea (to a degree black tea and oolong tea) drinking can reduce the health risk of variety of major chronic diseases. It was noted that this healthy impact was mainly caused by the polyphenols, strong antioxidants which are plenty in tea. Green tea, in particular, is the tea that can lower blood pressure and, as a result, the risks of stroke and coronary heart disease. Some of the animal studies in the green tea area show that it might be able to save against the possibility of chronic heart disease development by controlling the blood glucose level and body weight. Nevertheless, these data have been evaluated not with regard to older animals, especially some who will be seriously influenced by age-related biological and social economic factors.

Tea compounds have antioxidant, antimutagenic, and anticarcinogenic properties and therefore, could be used as a protective measure by humans against the danger of cancer created by harmful substances in the environment. Sano et al. presented that green tea leaves suppressed tert- butyl synthesis induced lipid peroxidation, and the same kidney antioxidant were seen after the oral treatment with the major tea polyphenol EGCG. The active oxygen method assessed how catechin powder and the individual catechins found in it behaved as antioxidants. Catechins from unpolished tea leaves had a much stronger antioxidant effect than dl- $\alpha$ -tocopherol (anti-oxidant vitamin E)<sup>39</sup>. In Shim *et al.*<sup>40</sup>, a study on the chemoprevention of green tea among cigarette smokers, the authors conclude that it can block the increase of cigarette induced sister chromatid exchange (SCE) frequency.

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Humans, Hirasawa and Takada<sup>49</sup> investigated the antifungal activity of green tea catechins against Candida albicans and the advantage of the combination of catechins and lower antifungal doses, which can help to avoid antifungal side effects. This connection between green tea ingestion and enhanced bone minerals density is also seen as a result of studies conducted. It has been was proven to operate as an independent risk factor for low possibility of fracture of hip bone, independent from smoking, drinking coffee, or when taking hormone replacement therapy<sup>51</sup>. The study by Park *et al*<sup>-51</sup> showed that the extracts of green tea and GTP were effective in stimulating the growth and activity of bone cells. As mentioned in recent researches, the increasing number of hepatic stellate cells is believed to be one of the basic mechanisms for the process of liver fibrosis in chronic liver diseases. Nevertheless, EGCG, among other things, has shown a potential ability to suppress the proliferation of stem cells.<sup>52, 53.</sup>

By the way, anticarcinogenic activities of tea have been confirmed in experimental research indicating colon cancer inhibition among others<sup>62</sup>. However, there has been a disagreement in the epidemiological data which shows that tea protects against breast cancer<sup>62</sup>. A cases-control study was carried out between Southeast China from 2004 to 2005 with<sup>63</sup>. Coming to the question of study design, the 1009 patients who were aged between 20 and 87 years were the case group, and they had histologically confirmed breast cancer and the controls, who were selected randomly from breast clinics, were from among the 1009 healthy women of the same age range.

In a study, Hsu *et al.*<sup>64</sup> demonstrated that the oral administration of decaffeinated green tea polyphenols (catechins) can decrease the rise of reactive oxygen species during the hemodialysis process, the atherosclerotic disease risks, and the release of pro-inflammatory cytokines (64). The Single oral dose of catechins was compared between healthy subjects and hemodialysis patients as to pharma-cokinetics. Researchers have compared the antioxidant effects of catechin compounds present in three doses (0, 455, and 910 mg) of the Green Tea extract with antioxidant activity of 500 mg Vitamin C in the course of hemodialysis. In the above study by Sabu etal. conduced in rats on GTP treatment, glucose tolerance was found to improve after 60 min of the administration of GTP (500mg/kg) to normal rats. On the other hand Alloxan treated Diabetic rats were found to have significantly low levels of serum glucose after the administration of GTP (100 mg/kg). The continued daily administration of the extract (for 15 days) at a dose of 50 or 100 mg/kg resulted in a 29% and 44% reduction in the serum glucose level which was elevated due to the alloxan administration.

With regards to rat hepatoma cell (H4IIE), Heat-stable extracellular acidic protein (EAC) protein is abundant in those cells and glucose formation in the liver is substantially reduced by the d-aspartic acid (D-AA) protein isolated from A. asiatica leaves. It has been found out that the EGCG, is a great mimic for insulin, it increase the tyrosine-phosphorylation of the insulin receptor and insulin receptor substrate, as well, it decrease the expression of gluconeogenic gene enzyme phosphoenolpyruvate carboxykinase. The last few years have seen green tea and green tea extract being shown to modify glucose metabolism in the experimental models of type II diabetes mellitus 35, 100. Lambert et al. have shown that oral administration of 102 into the guts has oilstripping and antimicrobial effects with 75 mg/kg as a dose EGCG attacked with Cmax of 128 mg/L of total plasma EGCG and half-life of 83 min. In fact, at an oral intake of the dose of 50 mg (0.7 mg/kg) which resulted in Cmax of 130 mg/L of total plasma EGCG and a half-life.

### TABLE 2: EFFECTS OF GREEN TEA COMPONENTS

Component	Effect
Catechins	Decreases blood cholesterol
(Astringency component in tea) $^{30}$	Body fat reduction
	Cancer prevention
	Antioxidant
	Tooth decay prevention
	Antibacterial
	Bad breath prevention <sup>20</sup>
Theanine	Neuronal cell protection
(full-bodied flavor components in tea) <sup>30</sup>	Relaxation effect
	Lowering of blood pressure <sup>20,21</sup>

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Vitamins [30]	Vitamin c	Maintenance of healthy skin and mucus				
		membranes <sup>22,23</sup>				
	Vitamin B2	Maintenance of heathy skin				
		Antioxidant				
	Folic acids	Prevention of fetal neural tube defects				
	Vitamin E	Antioxidant				
	B-carotene	Maintenance of nighttime vision				
Saponins <sup>30</sup>		Lowering blood pressure				
-		Anti-influenza effect <sup>24</sup>				
Minerals		Biological regulators <sup>24</sup>				
(potassium, calcium, p	hosphorus, manganese, etc.) <sup>30</sup>					
Chlorophyll <sup>30</sup>		Deodorizing effect <sup>24</sup>				

## TABLE 3: MARKETED PRODUCTS OF GREEN TEA EXTRACT

S	Product Name Compa		Company	Weight of	Use	
no.			Name	extract		
1.	Tea bags	Green tea with Himalayan berries & herbs, Green tea lemons exquisite, Green tea, Kangra green tea, green tea	IMC, Himpure, Tetley, Himalayan brew, Lipton	40gm, 50gm 65gm 40gm 45gm	Its herbal ingredients helps to reduce the risk of cancer and prevents tooth decay. Lowers the risk of stroke	
2.	Green tea premix	Green tea, Detox green tea, Organic green tea	Lipton, Senso foods PVT. LTD., Tetley	1kg, 1kg, 1.5kg	It helps to reduce the fat and weight.It lowers the risk of heart disease	
3.	Capsules	Green tea capsules, green tea, green tea	Inlife, Ayurveda, Nature	640mgpercapsule,60capsule,120capsules120	They fastens the metabolisms and reduces blood sugar. Prevents the risk of developing endometrial cancer	
4	Tablets	Green tea, green tea, green tea extract	Country life, Going Sx	90 tablets, 60 tablets	Enhance the immunity, increases bone density, controls blood sugar94	
5.	Toner	Green tea, green tea, green tea	Plam, Biotique, Mamaearth	120ml, 120ml, 60ml	Helps in maintaining pH balance of skin. Lights up the skin tone <sup>95</sup>	
6.	Gel	Green tea, green tea, green tea, green tea gel	Plam, Mamaearth, Beaface	45gm,60gm,100 gm	Boosts skin health, Lowers redness and irritation in skin and moisturizes skin	
7.	Facewash	Green tea face wash, natural green tea, green tea	M caffeine, The mom's co, Good vibes	50ml, 20ml, 40ml	It cleanses and removes the dirt from the skin	
8.	Green tea leaves	Green tea, green tea oil, green tea	Lipton, Assam green tea, Kangra green tea	100gm, 800gm, 60gm	Improvesmentalalertness,preventsdigestive symptoms	

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T	9.	Green te	ea	Green tea, green tea	Μ	caffeine,	20ml,	50ml,	Averts wrinkles, green
		face oil		oil, green tea	Lotus,	, WOW	30ml		tea oil contains anti-
									aging constituents

#### CONCLUSION

Green tea catechin has several health benefits. There are numerous research studies have been performed regarding green tea catechins. Green tea is packed with various nutrition. This article proves that green tea is present in both the conventional and alternative medical fields, as well as in the modern society which believes in the saying and thereby taking the sayings of the saying being quoted.

#### REFERENCES

1. Tariq MA, Naveed and K. Barkat Ali: The morphology, characteristics and medicinal properties of 'Camellia sinensis' tea. J Med Plants 2010.

2. Cabrera C, Gimenez R and Lopez MC: Determination of tea components with antioxidant activity. J Agric Food Chem 2003.

3. Sumpio BE, Cordova AC, Berke-Schlessel DW, Levites Y, Weinreb O, Maor G, Youdim MB, Qin F and Chen QH: 2006.

4. Artacho CR and Gimenez R: Green tea, the Asian Paradox and cardiovascular disease. J Am Coll Surg Cabrera 2006; 202: 813-20.

5. Beneficial effects of green tea-a review. J Am Coll Nutr.

6. Wu AH and Yu MC: Tea, hormone-related cancers and endogenous hormone levels. Mol Nutr Food Res 2006; 50(2).

7. Mukhtar H and Ahmad N: Tea polyphenols Prevention of cancer and optimizing health. AJCN 2000; 71(6): 1698-02.

8. Junqueira VB, Barros SB, Chan SS, Rodrigues L, Giavarotti L, Abud RL and Deucher GP: Aging and oxidative stress. Molecular Aspects of Medicine 2004; 25(1-2).

9. Kitani K, Yokozawa T and Osawa T: Interventions in aging and ageassociated pathologies by means of nutritional approaches. Annals of the New York Academy of Sci 2004; 1019.

10. Luczaj W, Waszkiewicz E, Skrzydlewska E and Roszkowska-Jakimiec W: Green tea protection against age-dependent ethanol-induced oxidative stress J. Toxicology and Environmental Health 2004;67(7)

11. Choi YT, Jung CH, Lee SR, Bae JH, Baek WK, Suh MH, Park J, Park CW and Suh SI: The green tea polyphenol (-)- Epigallocatechin gallate attenuates beta-amyloid-induced neurotoxicity in cultured hippocampal neurons. Life Sci 2001; 70(5).

12. Levites Y, Amit T, Mandel S and Youdim MB: Neuroprotection and neurorescue against A beta toxicity and PKC-dependent release of nonamyloidogenic soluble precursor protein by green tea polyphenol (-)-epigallocatechin-3-gallate. FASEB J 2003; 17(8).

13. Jeon SY, Bae K, Seong YH and Song KS: Green tea catechins as a BACE1 (beta-secretase) inhibitor. Bioorganic Medicinal Chemistry Letters 2003; 13(22).

14. Kuriyama S, Shimazu T, Ohmori K, Kikuchi N, Nakaya N and Nishino Y: Green tea consumption and mortality due to cardiovascular disease, cancer and all causes in Japan: The Ohsaki Study. JAMA 2006; 296(10).

15. Sato Y, Nakatsuka H, Watanabe T, Hisamichi S, Shimizu H and Fujisaku S: Possible contribution of green tea drinking habits to the prevention of stroke. Tohoku J Exp Med 1989; 157(4).

16. Cheng TO: Will green tea be even better than black tea to increase coronary flow velocity reserve? Am J Cardiol 2004; 94: 1223.

17. Vinson JA: Black and green tea and heart disease: a review. Biofactors 2000; 13: 127–32.

18. Rietveld A and Wiseman S: Antioxidant effects of tea: evidence from human clinical trials. J Nutr 2003; 133: 3285–92.

19. Pastore RL and Fratellone P: Potential health benefits of green tea (camellia sinensis): a narrative review. Diet Nutr 2006; 2: 531–9.

20. The miracle of green tea. http://chinesefood.about.com/library/weekly/aa011400a.ht m. Date of access 7 Nov 2007.

21. Graham HN: Green tea composition, consumption, and polyphenol chemistry. Preventive Med 1992; 21: 334–50.

22. Min Z and Peigen X: Quantitative analysis of the active constituents in green tea. Phytother Res 1991; 5: 239–40

23. Katiyar SK and Elmets CA: Green tea polyphenolic antioxidants and skin photo protection (review). Int J Oncol 2001; 18: 1307–13.

24. US Department of Agriculture. USDA database for the flavonoid contents of selected foods. Beltsville, MD: US Department of Agriculture; March 2003.

25. Cheng TO: Tea is good for the heart. Arch Intern Med 2000; 60: 2397.

26. Cheng OT: All teas are not created equal the Chinese green tea and cardiovascular health. Int J Cardiol 2006; 108: 301–8.

27. Fujiki H, Suganuma M and Kurusu M: New TNF-alpha releasing inhibitors as cancer preventive agents from traditional herbal medicine and combination cancer prevention study with EGCG and sulindac or tamoxifen. Mutat Res 2003; 523–4: 119–25.

28. Fujiki H, Suganuma M and Okabe S: A New concept of tumor promotion by tumor necrosis factor-alpha, and cancer preventive agents (-)-epigallocatechin gallate and green tea—a review. Cancer Detect Prevent J 2000; 24: 91–9.

29. Bertolini F, Fusetti L, Rabascio C, Cinieri S, Martinelli G and Pruneri G: Inhibition of angiogenesis and induction of endothelial and tumor cell apoptosis by green tea in animal models of human high-grade non-Hodgkin's lymphoma. Leukemia 2000; 14: 1477–82.

30. Dulloo AG, Duret D, Rohrer D, Girardier L, Mensi N, Fathi M, Chantre P and Vandermander J: American Journal of Clinical Nutrition 1999; 70: 1040-5.

31. Katiyar S, Elmets CA and Katiyar K: Green tea and skin cancer: photo immunology, angiogenesis and DNA repair. J Nutr Biochem 2007; 18: 287–96.

32. Mukamal KJ, Maclure M, Muller JE, Sherwood JB and Mittleman MA: Tea consumption and mortality after acute myocardial infarction. Circulation 2002; 105: 2476–81.

33. Stangl V, Dreger H, Stangle K and Lorenz M: Molecular targets of tea polyphenols in the cardiovascular system. Cardiovasc Res 2007; 73: 348–58.

34. Lee MJ, Maliakal P and Chen L: Pharmacokinetics of tea catechins after ingestion of green tea and (-)-epigallocatechin-3-gallate by humans: formation of different metabolites and individual variability.

35. Cancer Epidemiol Biomarkers Prevent 2002; 11: 1025–32. Hirasawa M, Takada K. Multiple effects of green tea catechin on the antifungal activity of antimycotics against Candida albicans. J Antimicrobial Chemother 53, 225–9.

36. Song JM, Lee KH and Seong BL: Antiviral effect of catechins in green tea on influenza virus. Antiviral Res 2005; 68: 66–74.

37. http://www.northernohiorailfan.com/Green\_Tea\_Diet\_Rev iew.html. Accessed 10 Nov 2007.

38. Hirano-Ohmori R, Takahashi R and Momiyama Y: Green tea consumption and serum malondialdehyde modified LDL concentrations in healthy subjects. J Am Coll Nutr 2005; 24: 342–6.

39. Lill G, Voit S, Schror K and Weber AA: Complex effects of different green tea catechins on human platelets. FEBS Lett 2003; 546: 265–70.

40. Tokunaga S, White IR and Frost C: Green tea consumption and serum lipids and lipoproteins in a population of healthy workers in Japan. Ann Epidemiol 2002; 12: 157–65.

41. Dreosti IE: Bioactive ingredients: antioxidants and polyphenols in tea. Nutr Rev 1996; 54: 51-58.

42. Ahmad N, Feyes DK and Nieminen AL: Green tea constituent epigallocatechin-3-gallate and induction of apoptosis and cell cycle arrest in human carcinoma cells. J Natl Cancer Inst 1997; 89: 1881–1886.

43. Chen ZP, Schell JB, Ho CT and Chen KY: Green tea epigallocatechin gallate shows a pronounced growth inhibitory effect on cancerous cells but not on their normal counterparts. Cancer Lett 1998; 129: 173–179.

44. Conney AH, Lu YP and Lou YR: Inhibition effect of green and black tea on tumor growth. Proc Soc Exp Biol Med 1999; 220: 229–233.

45. Fujiki H, Suganuma M and Okabe S: Cancer inhibition by green tea. Mutation Res 1998; 402: 307–310.

46. Gupta S, Hastack K and Ahmad N: Inhibition of prostate carcinogenesis in TRAMP mice by oral infusion of green tea polyphenols. Proc Natl Acad Sci USA 2001; 98: 10350–10355.

47. Artacho R, Cabera C and Gimenez R: Beneficial effect of green tea, Chinese Journal of Medicine 2006; 25: 79-99.

48. Arab L, Peter C and Poole C: Does green tea effect cardiovascular diseases?. Am Journal of Epidemiology 2001; 154:

49. Chiu HC, Jee SH, Kre ML, Shen SC and Tseng CR: Curcumin induces a p53 dependent apoptosis in human basal cell carcinoma cell. The Journal of investigative dermatology 1998; 111: 656-661. 4. Bowden J: Most effective way to live long. Journal of Short Articles Notes and Reviews 2010; 26:

50. Dalluge JJ and Nelson BC: Determination of tea catechins. Journal of Chromatography Analysis 2000; 881.

51. Akhtar N, Khan BA and Mahmood T: The morphology characteristics and medicinal properties of Camellia sinensis. Journal of Medicinal Plant Research 2010; 4: 2028-2033.

52. Gruber S, Otto F, Perva U, Skerget M and Weinreich B: Extraction of active ingredient from green tea. Food Chemistry 2006; 96.

53. Biswas KP: Description of tea plant, in encyclopedia of medicine. Journal of Science of Food and Agriculture 2006:

54. Kemmler G: Nitrogen and potassium nutrition of tea in India, poc. Int. conf. management and fertilization of upland, soil in tropic and subtropic, Periodical House, 5th edition 1986.

55. Natesan S and Ranganathan V: Nutrient element and quality of tea. Journal of Science of Food and Agriculture 1987; 81: 55-59. 11. Dharmawijiya I: Tea manuring in Indonesia. United Plant Association on India Tea Science 1995; 40.

56. Chopra D and David S: Chopra handbook centre, Three Rivers Press United States of Americal, 4th edition; 2000:

57. Graham H.N: Green tea composition, consumption and polyphenol chemistry. Prevention Medicines 1992; 21: 334.

58. Chopra D and David S: Chopra handbook centre, Three Rivers Press United States of Americal, 4th edition 2000.

59. Gericke N, Van O and Van WB: Medicinal plants of South Africa, Briza Publications 1997.

60. Cartwright, R. A. and Roberts, E. A. H. 1954. I. Sci. Food Agric. 5:

61. Hashimoto F, Nonaka G and Nishioka I: Chem Pharm Bull 1992; 40: 1 383-1389.

62. Apostolide Z, Du TK and Volsteedt Y: Comparison of antioxidant content of vegetables, fruits and teas measured as vitamin C equivalent. Journal of Nutrition 2001; 19:63-64

63. Abe I: Enzymatic synthesis of cyclic triterpenes. Nat Prod Rep 2007; 24(6)

64. Chi X, Bi S, Xu W, Zhang Y, Liang S and Hu S: Oral administration of tea saponins to relive oxidative stress and immune suppression in chickens. Poult Sci 2017; 96(9).

65. Cui C, Zong J, Sun Y, Zhang L, Ho CT, Wan X and Hou R: Triterpenoid saponins from the genus Camellia: structures, biological activities, and molecular simulation for structure–activity relationship. Food Funct. 2018; 9(6).

66. Ghosh P, Besra SE, Tripathi G, Mitra S and Vedasiromoni JR: Cytotoxic and apoptogenic effect of tea (Camellia sinensis var. assamica) root extract (TRE) and two of itssteroidal saponins TS1 and TS2 on human leukemic celllines K562 and U937 and on cells of CML and AL Lpatients. Leuk Res 2006; 30(4).

67. Guo N, Tong T, Ren N, Tu Y and Li B: Saponins fromseeds of genus Camellia: phytochemistry and bioactivity. Phytochemistry 2018.

68. Jia LY, Wu XJ, Gao Y, Rankin GO, Pigliacampi A, Bucur H, Li B, Tu YY and Chen YC: Inhibitory effects of total triterpenoid saponins isolated from the seeds of the tea plant (Camellia sinensis) on human ovarian cancer cells. Molecules 2017; 22(10): 1649.

69. Kim JD, Khan MI, Shin JH, Lee MG, Seo HJ, Shin TS and Kim MY: HPLC fractionation and pharmacological assessment of green tea seed saponins for antimicrobial, anti-angiogenic and hemolytic activities. Biotechnol Bioproc Eng 2015; 20(6).

70. Kuo PC, Lin T, Yang C, Lin C, Chen G and Huang J: Bioactive saponin from tea seed pomace with inhibitory effects against Rhizoctoniasolani. J Agric Food Chem 2010; 58(15).

71. Li T, Zhang H and Wu C: Screening of antioxidant and antitumor activities of major ingredients from defatted Camellia oleifera seeds. Food Sci Biotechnol 2014; 23(3).

72. Matsuda H, Nakamura S, Morikawa T, Muraoka O and Yoshikawa M: New biofunctional effects of the flower buds of Camellia sinensis and its bioactive acylatedoleanane-type triterpeneoligoglycosides. J Nat Med 2016; 70(4).

73. Matsui Y, Kobayashi K, Masuda H, Kigoshi H, Akao M, Sakurai H and Kumagai H: Quantitative analysis of saponins in a tea-leaf extract and their antihypercholesterolemic activity. Biosci Biotechnol Biochem 2009; 73(7).

74. World Health Organization (2017) Depression and other common mental disorders: Global health estimates. World Health Organization, Geneva.

75. McEwen BS: The neurobiology of stress: from serendipity to clinical relevance. Brain Res 2000; 886: 1–2.

76. Pan Y, Cai W and Cheng Q: Association between anxiety and hypertension: a systematic review and metaanalysis of epidemiological studies. Neuropsych Dis Treat 2015; 11: 1121–1130.

77. Hagstrom E, Norlund F and Stebbins A: Psychosocial stress and major cardiovascular events in patients with stable coronary heart disease. J Intern Med 2018; 283(1).

78. Fitzsimmons EE and Bardone-Cone AM: Coping and social support as potential moderators of the relation between anxiety and eating disorder symptomatology. Eat Behav 2011; 12(1).

79. Myers B and Greenwood-Van Meerveld B: Role of anxiety in the pathophysiology of irritable bowel syndrome: importance of the amygdala. Front Neurosci 2009; 3: 47.

80. Durand MV and Barlow DH: Essentials of abnormal psychology. 5th edn. Wadsworth Cengage Learning Spielberger CD (1972) Profile of mood states. Prof Psychol 2010; 3(4).

81. Pfennings L, Cohen L and van der Ploeg H: Preconditions for sensitivity in measuring change: visual analogue scales compared to rating scales in a Likert format. Psychol Rep 1995; 77(2).

82. Hedberg AG: State-trait anxiety inventory. Prof Psych 1972; 3(4).

83. Dozois DJA, Dobson KS and Ahnberg JL: A psychometric evaluation of the Beck depression inventory-II. Psychol Assessment 1998; 10(2).

84. Katergaris N, Dufficy L and Roach PD: Green tea catechinsas neuroprotective agents: systematic review of the literature inanimal pre-clinical trials. AFTNS Open J 2015; 1(2).

85. Bursill CA, AbbeyM and Roach PD: A green tea extract lowers plasma cholesterol by inhibiting cholesterol synthesis and upregulating the LDL receptor in the cholesterol-fed rabbit. Atherosclerosis 2007; 193(1).

86. Bursill CA and Roach PD: A green tea catechin extract up regulates the hepatic low-density lipoprotein receptor in rats. Lipids 2007; 42(7).

87. Reto M, Figueira ME and Filipe HM: Chemical composition of green tea (Camellia sinensis) infusions commercialized in Portugal. PFHN 2007; 62(4).

88. Vuong QV: Epidemiological evidence linking tea consumptionto human health: a review. Crit Rev Food Sci Nutr 2014; 54(4).

89. Naumovski N, Foscolou A and D'Cunha NM: The association between green and black tea consumption on successful aging: a combined analysis of the ATTICA and MEDiterrane an ISlands (MEDIS) Epidemiological Studies. Molecules 24(10): 2019; 1862.

90. Crichton GE, Bryan J and Murphy KJ: Dietary antioxidants,cognitive function and dementia-a systematic review. Plant Foods Hum Nutr 2013; 68(3).

91. Naumovski N, Blades BL and Roach PD: Food inhibits the oral bioavailability of the major green tea antioxidant epigallocatechingallate in humans. Antioxidants 2015; 4(2).

92. Fathy S, Emam M, Agwa SA, Zahra FA, Youssef F, Sami and R: The antiproliferative of Origanummajorana on human hepatocarcinoma cell line: Suppression of NF-kB. Cell Mol Biol 2016. [PubMed]

93. Ashour ML, Youssef FS, Gad HA, El-Readi MZ, Bouzabata A, Abuzeid RM, Sobeh M and Wink M: Evidence for the anti-inflammatory activity of Bupleurum marginatum (Apiaceae) extracts using in-vitro and in-vivo experiments supported by virtual screening. J Pharm Pharmacol 2018; 70.

94. Janibekov AA, Youssef FS, Ashour ML and Mamadalieva NZ: New flavonoid glycosides from two Astragalus species (Fabaceae) and validation of their antihyperglycaemic activity using molecular modeling and in-vitro studies. Ind Crop Prod 2018.

95. Thabet AA, Youssef FS, El-Shazly M, El-Beshbishy HA and Singab ANB: Validation of the antihyperglycaemic and hepatoprotective activity of the flavonoid rich fraction of Brachychitonrupestris using in-vivo experimental models and molecular modelling. FT 2018; 114.

96. Youssef FS, Labib RM, Eldahshan OA and Singab AN: Synergistic hepatoprotective and antioxidant of Artichoke, Fig, Mulberry Herbal mixture on HepG2 Cells and their metabolic profiling Using NMR coupled with chemometrics. Chem Biodivers 2017; 14: e1700206.

97. Talaat AN, Ebada SS, Labib RM, Esmat A, Youssef FS and Singab ANB: Verification of the antiinflammatory activity of the polyphenolic-rich fraction of Araucaria bidwillii Hook. Using phytohaemagglutinin-stimulated human peripheral blood mononuclear cells and virtual screening. J Ethnopharmacol 2018; 226.

98. Couturier FJ, Colemont LJ, Fierens H and Verhoeven VM: Toxic hepatitis due to a food supplement. —Naturall is no synonym for —harmless. Clin Res. Hepatol Gastroenterol 2016; 40: 38–43.

99. Aboulwafa MM, Youssef FS, Gad HA, Sarker SD, Nahar L, Al-Azizi MM and Ashour ML: Authentication and discrimination of green tea samples using UV-Visible, FTIR and HPLC techniques coupled with chemometrics analysis. Journal of Pharmaceutical and Biomedical Analysis 2018.

100. Ferrara L, Montesano D and Senatore A: The distribution of minerals and flavonoids in the tea plant (Camellia sinensis). Il Farmaco 2001.

101. Chen Q, Guo Z and Zhao J: Identification of green tea's (Camellia sinensis L.) quality level according to measurement of main catechins and caffeine contents by HPLC and support vector classification pattern recognition. J Pharm Biomed Anal 2008.