

Content available at: <https://www.ipinnovative.com/open-access-journals>

IP Journal of Nutrition, Metabolism and Health Science

Journal homepage: <https://www.jnmhs.com/>

Review Article

A review on pharmacological properties of *Zingiber officinale*

Shivam Dubey¹, Sandeep Kushwaha^{2,*}

¹Government Science College, Jabalpur, Madhya Pradesh, India

²Zoological Survey of India, Jabalpur, Madhya Pradesh, India



ARTICLE INFO

Article history:

Received 12-03-2022

Accepted 15-03-2022

Available online 11-04-2022

Keywords:

Ginger

Health

Medicinal Plant

Antidiabetic

Pharmacological

ABSTRACT

Ginger is an individual from a plant family that incorporates cardamom and turmeric. The medical advantages of ginger are for the most part credited to its phenolic compounds, like gingerols and shogaols. Collected examinations have shown that ginger has various natural exercises, including antioxidant, anti-inflammatory, antimicrobial, anticancer, neuroprotective, cardiovascular defensive, respiratory defensive, against corpulence, antidiabetic, antinausea, and antiemetic exercises.

This is an Open Access (OA) journal, and articles are distributed under the terms of the [Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License](https://creativecommons.org/licenses/by-nc-sa/4.0/), which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: reprint@ipinnovative.com

1. Introduction

Ginger (*Zingiber officinale* Roscoe) is a typical and broadly utilized zest. It is wealthy in different substance constituents, including phenolic compounds, terpenes, polysaccharides, lipids, natural acids, and crude strands. It has a place with the Zingiberaceae family and the Zingiber variety, which has been ordinarily consumed as a zest and homegrown medication for quite a while.¹ Its hot smell is for the most part because of the presence of ketones, particularly gingerols, which give off an impression of being the essential part of ginger contemplated in a large part of the wellbeing-related logical exploration. The rhizome, which is the flat origin from which the roots develop, is the principal part of ginger that is consumed. Numerous bioactive mixtures in ginger have been recognized, for example, phenolic and terpene compounds. The phenolic compounds are for the most part gingerols, shogaols, and paradols, which represent the different bioactivities of ginger.² lately, ginger has been found to have organic exercises, like cancer prevention agents,³

calming,⁴ antimicrobial,⁵ and anticancer exercises.⁶ Also, gathering studies have exhibited that ginger has the possibility to forestall and deal with a few sicknesses, like neurodegenerative infections,⁷ cardiovascular illnesses,⁸ weight,⁹ diabetes mellitus,¹⁰ chemotherapy-initiated queasiness and emesis,¹¹ and respiratory issues.¹² Ginger is bountiful latent constituents, for example, phenolic and terpene compounds.¹³ The phenolic compounds in ginger are principally gingerols, shogaols, and paradols. In new ginger, gingerols are the major polyphenols, like 6-gingerol, 8-gingerol, and 10-gingerol. With heat treatment or long-lasting stockpiling, gingerols can be changed into relating shogaols. After hydrogenation, shogaols can be changed into paradols. There are additionally numerous other phenolic compounds in ginger, for example, quercetin, zingerone, gingerenone-A, and 6-dehydrogingerdione.^{14,15} Besides, there are a few terpene parts in ginger, for example, β -bisabolene, α -curcumene, zingiberene, α -farnesene, and β -sesquiphellandrene, which are viewed as the fundamental constituents of ginger rejuvenating balms.¹⁶ Other than these, polysaccharides, lipids, natural acids, and crude strands are likewise present in ginger.^{13,16}

* Corresponding author.

E-mail address: sandeepkushwaha_17@yahoo.com (S. Kushwaha).

The utilization of the ginger rhizome is an average conventional solution for easing normal medical conditions, including agony, queasiness, and heaving.¹⁷ Eminently, an unmistakable number of randomized clinical preliminaries (RCTs) have been led to inspect ginger's antiemetic impact in different circumstances like movement ailment, pregnancy, and post-sedation.^{18,19} More than roughly 100 mixtures have apparently been segregated from ginger.²⁰ In particular, the significant classes of ginger mixtures are gingerol, shogaols, zingiberene, and zingerone, as well as other more uncommon mixtures, including terpenes, nutrients, and minerals.²¹ Among them, gingerols are considered as the essential parts, answered to have a few bioactivities.²² Subsequently, many related organic exercises have been investigated like those of cancer prevention agents, antimicrobial, and against neuroinflammation, just to give some examples.³ Also, lately, the job of ginger has been reached out to anticancer, chemotherapy-incited queasiness and spewing (CINV), and weariness, as well as enhancements in the personal satisfaction in everyday human work (Mao *et al.*, 2019; Crichton *et al.*, 2019).^{23,24} Specifically, Chen *et al.* led an SR-MA of oral ginger admission and observed that ginger could actually control feminine torment in dysmenorrhea.²⁵ Another SR-MA concentrate on uncovered that ginger better lipid profiles and helped the glucose control, insulin awareness, and glycosylated haemoglobin of type 2 diabetes mellitus.²⁶ Moreover, ginger's power has been consistently proposed in joint pain, gastric brokenness, and tumors.^{21,27,28}

2. Impacts

2.1. General antioxidant properties of Ginger

The presence of oxidative pressure is related to various infections and a typical component regularly set forth to clarify the activities and medical advantages of ginger are related to its cancer prevention agent properties.^{29,30} Ginger was accounted for to diminish age-related oxidative pressure markers³¹ and was proposed to prepare for ethanol-instigated hepatotoxicity by stifling oxidative results in rodents treated with ethanol.³² Ginger root contains an extremely undeniable level (3.85 mmol/100 g) of complete cancer prevention agents, outperformed simply by pomegranate and a few kinds of berries.³³ The phorbol ester, 12-O-tetradecanoylphorbol-13-acetic acid derivation (TPA), advances oxidative pressure by enacting the nicotinamide adenine dinucleotide phosphate (NADPH) oxidase framework or the xanthine oxidase framework, or both. Ginger was accounted for to stifle TPA-initiated oxidative pressure in human promyelocytic leukemia (HL) - 60 cells and Chinese hamster ovary AS52 cells.³⁴ Others have shown that ginger mixtures actually hinder superoxide creation.³⁵ A few reports show that ginger

stifles lipid peroxidation and safeguards the degrees of decreased glutathione.³⁶⁻⁴¹ The ginger concentrate has been accounted for to apply radioprotective impacts in mice presented to gamma radiation⁴² and the impact was related to diminished lipid peroxidation and insurance of GSH levels.⁴³ [6]-gingerol pretreatment likewise diminished oxidative pressure prompted by bright B (UVB) and actuated caspase-3, -8, -9, and Fas articulation.⁴⁴ Proof implies that ginger and a portion of its parts are powerful cancer prevention agents *in vitro*. Notwithstanding regardless of whether the physiological action happens in people *in vivo* isn't clear, and the particular instrument and cell targets are still not entirely settled.

2.2. Calming effects of Ginger

One of the numerous wellbeing claims credited to ginger is its indicated capacity to diminish irritation, expansion, and torment. [6]-gingerol⁴⁵ a dried ginger concentrate, and a dried gingerol-improved separate (Minghetti *et al.*, 2007) were each answered to display pain-relieving and intense calming impacts.⁴⁶ Prior creature studies propose that rodent rear appendages perfused with [6]-gingerol showed expanded heat creation that was related to expanded oxygen utilization and lactate efflux.⁴⁷ The thermogenesis was in some measure part of the way connected with vasoconstriction free of adrenergic receptors or auxiliary catecholamine discharge. Conversely, bigger dosages of ginger parts hindered oxygen utilization, which was ascribed to interruption of mitochondrial work.⁴⁷ These outcomes were upheld in a later report wherein rodents that were given a solitary intraperitoneal infusion of gingerol (2.5 or 25 mg/kg) showed a fast, stamped drop in internal heat level and a critical diminishing in metabolic rate.⁴⁸ Ginger has been recommended to be powerful against irritation, osteoarthritis, and stiffness.⁴⁹

3. Antinausea Agent

The most well-known and grounded utilization of ginger over the entire course of time is likely its usage in mitigating side effects of queasiness and regurgitating. The advantages and risks of natural treatment of liver and gastrointestinal pain have been inspected⁵⁰ and a few controlled examinations have revealed that ginger is by and largely successful as an antiemetic.⁵⁰⁻⁶³ The adequacy of ginger as an antiemetic has been credited to its carminative impact, which assists with separating and removing gastrointestinal gas. This thought was upheld by the consequences of a randomized, twofold visually impaired preliminary where solid volunteers announced that ginger successfully sped up gastric purging and animated antral constricti.⁶⁴ Beforehand, [6]-gingesulfonic corrosive, segregated from ginger root, was demonstrated to be successful against HCl/ethanol-prompted gastric injuries

in rodents.⁶⁵ This compound showed more vulnerable sharpness yet more intense antiulcer action than [6]-gingerol or [6]-shogaol.⁶⁶

Sickness and regurgitating during pregnancy influence most pregnant ladies, and throughout the long-term ginger has been utilized to attempt to lighten the condition.^{51,53–55,57–59,67–69} Somewhere around one overview showed that the general utilization of dietary enhancements in pregnant ladies seems, by all accounts, to be low, however, ginger is normally prescribed and used to forestall queasiness.⁷⁰ A few twofold visually impaired, randomized, fake treatment controlled clinical preliminaries have shown that ginger utilization is compelling and protected in assisting with forestalling sickness and heaving during pregnancy.^{71,72} Randomized preliminaries recommend that albeit ginger probably won't be just about as powerful as certain medicines its utilization for treating queasiness or regurgitating or both in early pregnancy has not many or no unfavorable aftereffects and is by all accounts viable.^{54,55,73–75}

4. Anticarcinogenic Activities of Ginger

The anticancer exercises of [6]-gingerol and zerumbone have been related to their cancer prevention agent exercises. A few ginger parts were accounted for to have compelling anticancer advertiser movement in light of their capacity to restrain TPA-actuated Epstein-Barr infection early antigen (EBV-EA) in Raji cells.⁷⁶ [6]-gingerol was accounted for to smother the responsive oxygen species-potentiated obtrusive limit of ascites hepatoma AH109A cells by diminishing peroxide levels.⁷⁷ In ordinary RL34 rodent liver epithelial cells, zerumbone was found to actuate glutathione S-transferase and the atomic confinement of the record factor Nrf2, which ties to the cancer prevention agent reaction component (ARE) of stage II catalyst qualities.⁷⁸ Zerumbone potentiated the declaration of a few Nrf2/ARE-reliant stage II catalyst qualities, including Y-glutamyl-cysteine synthetase, glutathione peroxidase, and hemeoxygenase-1.⁷⁸ Others have revealed that zerumbone diminishes TPA-initiated hydrogen peroxide arrangement and edema relating to upgraded degrees of different cancer prevention agent proteins.⁷⁹ These kinds of changes have been connected with lower 7,12-dimethylbenz[a]anthracene (DMBA)- started/TPA-advanced growth occurrence, number of cancers per mouse, and cancer volume.⁷⁹ Ginger and its constituents have been accounted for to hinder cancer advancement in mouse skin.⁸⁰ Specifically, [6]-gingerol has been accounted for to be exceptionally viable as an anticancer specialist in the skin in vivo in the two-stage inception advancement mouse skin model. In this model, cancers are started by a one-time utilization of DMBA followed by rehashed effective uses of TPA starting a couple of days after the fact. Effective utilization of [6]-gingerol on the shaved backs of female ICR mice

diminished the frequency of DMBA-started/TPA-advanced skin papilloma development and furthermore stifled TPA-initiated epidermal ornithine decarboxylase action and aggravation. Consequences of a comparable report showed that in the DMBA/TPA skin growth model, effective utilization of ⁶-paradol or ⁶-dehydroparadol preceding the use of TPA essentially diminished both the number of cancers per mouse and the number of mice displaying.

5. Cardiovascular And Other Disease-Preventive Effects of Ginger

Notwithstanding its belongings corresponding to malignant growth, some proof backings a defensive job for ginger in cardiovascular capacity and various other sickness conditions. Ginger has acquired interest for its capability to treat different parts of cardiovascular illness, and the in vitro and creature information supporting the mitigating, cancer prevention agent, antiplatelet, hypotensive, and hypolipidemic impacts of this fixing has been audited. Nonetheless, human preliminaries are not so much persuading, but rather more examinations are required. Alert while taking ginger and other natural concentrates have been recommended in view of an evident relationship of ginger with revealed occurrences of expanded hazard of draining after a medical procedure or then again whenever taken with anticoagulant medications like warfarin. Nonetheless, the information is not indisputable. Somewhere around one review shows that ginger has no impact on pulse, pulse, or coagulation boundaries and doesn't communicate with anticoagulant medications like warfarin. These discoveries were upheld in a later report wherein ginger was accounted for to have no impact on coagulating status or the pharmacokinetics or pharmacodynamics of warfarin in sound subjects. A watery ginger concentrate was accounted for to instigate a portion subordinate abatement in blood vessel pulse in an assortment of creature models.

Antiplatelet treatment is a compelling methodology for forestalling coronary illness. Ginger parts are proposed as an expected new class of platelet-initiation inhibitors without the possible symptoms of anti-inflammatory medicine, which is most ordinarily utilized in this methodology. In an examination of gingerols and analogs with ibuprofen, ginger mixtures were viewed as less intense contrasted with anti-inflammatory medicine in restraining arachidonic corrosive actuated platelet delivery and collection and COX action.

Asthma is an ongoing sickness described by aggravation and touchiness of aviation route smooth muscle cells to various substances that incite fits, and ginger has been utilized for quite a long time in treating respiratory ailments. Parts of ginger rhizomes are accounted for to contain strong mixtures fit for stifling hypersensitive responses and may be valuable for the treatment and avoidance of unfavorably susceptible infections. announced that a ginger concentrate restrains aviation route withdrawal and related

calcium flagging, perhaps by impeding plasma film calcium channels. In a mouse model of Th2-interceded aspiratory irritation, intraperitoneal infusion of ginger concentrate fundamentally contained gingerols especially diminished the enrollment of eosinophils to the lungs in ovalbumin-sharpened mice and furthermore smothered the Th2 cell-driven reaction to allergen.

Ginger has been proposed to have hostile to diabetic impacts. In the streptozotocin-incited diabetic rodent model, rodents that were taken care of ginger displayed better glucose resilience and higher serum insulin levels than untreated rodents, proposing that it can assist with controlling glucose levels. Treatment with a ginger concentrate delivered a critical decrease in fructose-initiated height in lipid levels, body weight, hyperglycemia, and hyperinsulinemia related to insulin oppositio. A fluid concentrate of crude ginger (regulated every day, 500 mg/kg intraperitoneally) to streptozotocin-instigated diabetic rodents brought down serum glucose, cholesterol, and triacylglycerol levels; diminished pee protein levels, water admission, and pee yield; and forestalled the weight reduction related with diabetes in this model. [6]-gingerol has likewise been found to upgrade the separation of 3T3-L1 preadipocytes and to improve insulin-touchy glucose take-up. A later report showed that [6]-shogaol or [6]-gingerol essentially restrained TNF- α -intervened downregulation of adiponectin articulation in 3T3-L1 adipocytes. [6]-shogaol seemed to work as a peroxisome proliferator-enchanted receptor (PPAR) γ agonist, while [6]-gingerol acted by stifling TNF- α -actuuated JNKs flagging.

6. Discussion

The utilization of "regular" or elective prescriptions has expanded notably in the course of the most recent couple of years. An ever-increasing number of more established grown-ups (i.e., people born after WW2) are utilizing correlative and elective medication dietary enhancements and natural cures without exhortation from a doctor with the understanding that these substances will have an advantageous impact. In any case, this probably won't be a protected or fitting practice. For instance, something like one late overview uncovered a huge issue with spice chemotherapeutic medication collaborations in disease patients and, remarkably, in some measure half of the natural cures taken by these patients needed research information archiving their possible connections. Deplorably, a lot of the data in regards to the adequacy and security of these cures has been earned from narrative or authentic records, and a large part of the data offered is by and large deceptive and could even be impeding.

Ginger is utilized in various structures, including new, dried, salted, protected, solidified, candy-coated, and powdered or ground. The flavor is to some degree peppery and somewhat sweet, with a solid and zesty fragrance.

The grouping of rejuvenating oils increments as ginger ages and, consequently, the planned utilization of the rhizome decides when it is collected. On the off chance that separating the oil is the principal reason, ginger can be gathered at 9 months or longer. Ginger is generally cured in sweet vinegar, which turns it a pink tone; this structure is famous with sushi. Ginger collected at 8-9 months has hard skin that should be taken out prior to eating, and the root is sharper and is utilized dried or pounded into ground ginger. This is the structure most normally found in our flavor racks and utilized in treats, cakes, and curry blends. Candy-coated or solidified ginger is cooked in sugar syrup and covered with granulated sugar. Ginger gathered at 5 months isn't yet developed and has extremely flimsy skin, and the rhizomes are delicate with a gentle flavor and are best utilized in new or protected structures. It is one of the most regularly consumed dietary fixings on the planet. The oleoresin (i.e., slick sap) from the rhizomes (i.e., underlying foundations) of ginger contains numerous bioactive parts, for example, [6]-gingerol (1-[4'-hydroxy-3'-methoxyphenyl]-5-hydroxy-3-decanone, which is the essential impactful fixing that is accepted to apply an assortment of amazing pharmacological and physiological exercises. Albeit ginger is by and large viewed as protected the absence of total comprehension of its systems of activity proposes alert in its helpful use. Past surveys have stressed the significance of cautious logical exploration in laying out the security and adequacy of potential restorative plant cures and in characterizing the dangers and advantages of homegrown medication. Ginger has been utilized for millennia for the treatment of various infirmities, like colds, queasiness, joint inflammation, headaches, and hypertension. The therapeutic, compound and pharmacological properties of ginger have been broadly assessed (Surh *et al.*, 1998; Ali *et al.*, 2008; Ernst and Pittler, 2000; Afzal *et al.*, 2001; Bode and Dong, 2004; Boone and Shields, 2005; Borrelli *et al.*, 2005; White, 2007; Chrubasik and Pittler, 2005; Chrubasik *et al.*, 2005; Grzanna *et al.*, 2005; Shukla and Singh, 2007; Thompson and Potter, 2006; Eliopoulos, 2007; Nicoll and Henein, 2009).^{20,52,57,58,62,68} In the course of the most recent couple of years, interest in ginger or its different parts as legitimate preventive or restorative specialists has expanded uniquely, and logical investigations zeroing in on confirmation of ginger's pharmacological and physiological activities have similarly expanded.²⁰ The basic role of this section is to thoroughly look at the accessible logical proof in regards to ginger's demonstrated adequacy in forestalling or treating an assortment of pathologic circumstances.

7. Conclusion

Ginger is a characteristic zest that is utilized in different areas to add a sharp flavour to food. Moreover, ginger has been utilized as a home-grown medication for normal

medical issues. This precise survey is the primary review that has solely gathered RCTs with respect to the effectiveness of ginger in a few human ailments. The clinical impacts of ginger have been presented as six subsections: queasiness and regurgitating, gastrointestinal capacity, torment, aggravation, metabolic disorders, and different manifestations. Purportedly, ginger has been viable in a larger part of studies, including those that inspected the mitigation of NVP, stomach-related work, improvement in the articulation level of markers for colorectal malignant growth hazard, and calming capacities. A few different capacities have additionally been viewed as useful in preliminaries, with some standing up to outcomes. Notwithstanding, a couple of disadvantages with respect to the nature of the preliminaries, conflicting assessment frameworks or boundaries, and the by and large little size of the examinations should be noted. Thusly, deliberately planned research with definite portrayals of technique and an adequate pool of members is vital for future clinical preliminaries to address the practical qualities of ginger.

Ginger isn't just an incredibly famous dietary topping utilized for seasoning food yet, in addition, a spice that has been utilized for millennia as a therapeutic spice to treat an assortment of afflictions. Substance and metabolic investigations have uncovered that ginger includes many mixtures and metabolites. Research information demonstrates that ginger and its constituents aggregate in the gastrointestinal plot, which upholds the numerous perceptions of ginger's viability as an antinausea specialist and as a potential colon malignant growth forestalling compound. Ginger goes about as an intense cancer prevention agent in vitro and ex vivo, however, the information is not clear for in vivo application, and explicit targets and instruments are inadequate. The most well-known utilization of ginger is to lighten the heaving and queasiness related to pregnancy, chemotherapy, and a few kinds of medical procedures. The clinical information without a doubt shows that ginger is essentially viable, and perhaps better than vitamin B6 in treating these manifestations. Once more, systems are missing, however, no reports demonstrate that ginger has any antagonistic secondary effects or that it can deteriorate disease in pregnant ladies or patients. Interest in ginger as an anticancer specialist has notably expanded in the course of the most recent couple of years and an immediate protein target has been distinguished in colon malignant growth. Ginger additionally seems to lessen cholesterol and further develop lipid digestion, consequently assisting with diminishing the gamble of cardiovascular infection and diabetes. In synopsis, ginger has been accounted for to have different pharmacological properties, in spite of the fact that its particular natural targets are to a great extent obscure and still, need not be entirely settled. Nonetheless, disregarding the absence of explicit unthinking data, the utilization of ginger gives off an impression of being protected and

its belongings are strong and astounding in its numerous applications.

8. Source of Funding

None.

9. Conflict of Interest

The author declares that there is no conflict of interest.

References


- Han YA, Song CW, Koh WS, Yon GH, Kim YS, Ryu SY, et al. Anti-inflammatory effects of the Zingiber officinale roscove constituent 12-dehydrogingerdione in lipopolysaccharide-stimulated Raw 264.7 cells. *Phytother Res.* 2013;27(8):1200–5. doi:10.1002/ptr.4847.
- Stoner GD. Ginger: Is it ready for prime time? *Cancer Prev Res (Phila).* 2013;6(4):257–62. doi:10.1158/1940-6207.CAPR-13-0055.
- Nile SH, Park SW. Chromatographic analysis, antioxidant, anti-inflammatory, and xanthine oxidase inhibitory activities of ginger extracts and its reference compounds. *Ind Crop Prod.* 2015;70:238–44. doi:https://doi.org/10.1016/j.indcrop.2015.03.033.
- Zhang M, Viennois E, Prasad M, Zhang Y, Wang L, Zhang Z, et al. Edible ginger-derived nanoparticles: A novel therapeutic approach for the prevention and treatment of inflammatory bowel disease and colitis-associated cancer. *Biomaterials.* 2016;101:321–40. doi:10.1016/j.biomaterials.2016.06.018.
- Kumar NV, Murthy PS, Manjunatha JR, Bettadaiah BK. Synthesis and quorum sensing inhibitory activity of key phenolic compounds of ginger and their derivatives. *Food Chem.* 2014;159:451–7. doi:10.1016/j.foodchem.2014.03.039.
- Citronberg J, Bostick R, Ahearn T, Turgeon DK, Ruffin MT, Djuric Z, et al. Effects of ginger supplementation on cell-cycle biomarkers in the normal-appearing colonic mucosa of patients at increased risk for colorectal cancer: Results from a pilot, randomized, and controlled trial. *Cancer Prev Res.* 2013;6(4):271–81. doi:10.1158/1940-6207.CAPR-12-0327.
- Ho SC, Chang KS, Lin CC. Anti-neuroinflammatory capacity of fresh ginger is attributed mainly to 10-gingerol. *Food Chem.* 2013;141(3):3183. doi:10.1016/j.foodchem.2013.06.010.
- Akinyemi AJ, Thome GR, Morsch VM, Stefanello N, Goularte JF, Belló-Klein A, et al. Effect of dietary supplementation of ginger and turmeric rhizomes on angiotensin-1 converting enzyme (ACE) and arginase activities in L-NAME induced hypertensive rats. *J Funct Foods.* 2015;17:792–801. doi:https://doi.org/10.1016/j.jff.2015.06.011.
- Suk S, Kwon GT, Lee E, Jang WJ, Yang H, Kim JH, et al. Gingerenone A, a polyphenol present in ginger, suppresses obesity and adipose tissue inflammation in high-fat diet-fed mice. *Mol Nutr Food Res.* 2017;61(10):1700139. doi:10.1002/mnfr.201700139.
- Wei CK, Tsai YH, Korinek M, Hung PH, El-Shazly M, Cheng YB, et al. 6-Paradol and 6-shogaol, the pungent compounds of ginger, promote glucose utilization in adipocytes and myotubes, and 6-paradol reduces blood glucose in high-fat diet-fed mice. *Int J Mol Sci.* 2017;18(1):168. doi:10.3390/ijms18010168.
- Walstab J, Krueger D, Stark T, Hofmann T, Demir IE, Ceyhan GO, et al. Ginger and its pungent constituents non-competitively inhibit activation of human recombinant and native 5-HT3 receptors of enteric neurons. *Neurogastroent Motil.* 2013;25(5):439–47. doi:10.1111/nmo.12107.
- Townsend EA, Siviski ME, Zhang Y, Xu C, Hoonjan B, Emala CW, et al. Effects of ginger and its constituents on airway smooth muscle relaxation and calcium regulation. *Am J Resp Cell Mol.* 2013;48(2):157–63. doi:10.1165/rccb.2012-0231OC.
- Prasad S, Tyagi AK. Ginger and Its Constituents: Role in Prevention and Treatment of Gastrointestinal Cancer. *Gastroent Res Pract.*

- 2015;2015:142979. doi:https://doi.org/10.1155/2015/142979.
14. Ji K, Fang L, Zhao H, Li Q, Shi Y, Xu C, et al. Ginger oleoresin alleviated gamma-ray irradiation-induced reactive oxygen species via the Nrf2 protective response in human mesenchymal stem cells. *Oxid Med Cell Longev*. 2017;2017:1480294. doi:10.1155/2017/1480294.
 15. Schadich E, Hlaváč J, Volná T, Varanasi L, Varanasi L, Džubák P, et al. Effects of ginger phenylpropanoids and quercetin on Nrf2-ARE pathway in human BJ fibroblasts and HaCaT keratinocytes. *Biomed Res Int*. 2016;2016:2173275. Article ID 2173275. doi:https://doi.org/10.1155/2016/2173275.
 16. Yu Yeh H, Hung Chuang C, Chun Chen H, Hu-jen Wan, Liang Chen T, Yun Lin L, et al. Bioactive components analysis of two various gingers (Zingiber officinale Roscoe) and antioxidant effect of ginger extracts. *LWT-Food Sci Technol*. 2014;55:329–34. doi:10.1016/j.lwt.2013.08.003.
 17. Li H, Liu Y, Luo D, Ma Y, Zhang J, Li M. Ginger for health care: An overview of systematic reviews. *Complement Ther Med*. 2019;45:114–23. doi:10.1016/j.ctim.2019.06.002.
 18. Weimer K, Schulte J, Maichle A, Muth ER, Scisco JL, Horing B, et al. Effects of ginger and expectations on symptoms of nausea in a balanced placebo design. *PLoS ONE*. 2012;7(11):49031–49031. doi:10.1371/journal.pone.0049031.
 19. Sharifzadeh F, Kashanian M, Koohpayehzadeh J, Rezaian F, Sheikhsari N, Eshraghi N, et al. A comparison between the effects of ginger, pyridoxine (vitamin B6) and placebo for the treatment of the first trimester nausea and vomiting of pregnancy (NVP). *J Matern Fetal Neonatal Med*. 2018;31(19):2509–14. doi:10.1080/14767058.2017.1344965.
 20. Ali BH, Blunden G, Tanira MO, Nemmar A. Some phytochemical, pharmacological and toxicological properties of ginger (Zingiber officinale Roscoe): A review of recent research. *Food Chem Toxicol*. 2008;46(2):409–20. doi:10.1016/j.fct.2007.09.085.
 21. Mahomoodally MF, Aumeeruddy MZ, Rengasamy KRR, Roshan S, Hammad S, Pandohee J, et al. Ginger and its active compounds in cancer therapy: From folk uses to nano-therapeutic applications. *Semin Cancer Biol*. 2019;69:140–9. doi:10.1016/j.semcancer.2019.08.009.
 22. Kubra IR, Rao LJM. An impression on current developments in the technology, chemistry, and biological activities of ginger (Zingiber officinale Roscoe). *Crit Rev Food Sci Nutr*. 2012;52(8):651–88. doi:10.1080/10408398.2010.505689.
 23. Mao QQ, Xu XY, Cao SY, Gan RY, Corke H, Beta T, et al. Bioactive Compounds and Bioactivities of Ginger (Zingiber officinale Roscoe). *Foods*. 2019;8(6):185. doi:10.3390/foods8060185.
 24. Crichton M, Marshall S, Marx W, McCarthy AL, Isenring E. Efficacy of ginger (Zingiber officinale) in ameliorating chemotherapy-induced nausea and vomiting and chemotherapy-related outcomes: A systematic review update and meta-analysis. *J Acad Nutr Diet*. 2019;119(12):2055–2068. doi:10.1016/j.jand.2019.06.009.
 25. Chen CX, Barrett B, Kwekkeboom KL. Efficacy of Oral Ginger (Zingiber officinale) for Dysmenorrhea: A Systematic Review and Meta-Analysis. *Evid Based Complement Alternat Med*. 2016;2016:6295737. doi:10.1155/2016/6295737.
 26. Zhu J, Chen H, Song Z, Wang X, Sun Z. Effects of Ginger (Zingiber officinale Roscoe) on Type 2 Diabetes Mellitus and Components of the Metabolic Syndrome: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. *Evid Based Complement Alternat Med*. 2018;9:5692962–5692962. doi:10.1155/2018/5692962.
 27. Mozaffari-Khosravi H, Naderi Z, Dehghan A, Nadjarzadeh A, Huseini HF. Effect of ginger supplementation on proinflammatory cytokines in older patients with osteoarthritis: Outcomes of a randomized controlled clinical trial. *J Nutr Gerontol Geriatr*. 2016;35(3):209–18. doi:10.1080/21551197.2016.1206762.
 28. Jiang Y, Turgeon DK, Wright BD, Sidahmed E, Ruffin MT, Brenner DE, et al. Effect of ginger root on cyclooxygenase-1 and 15-hydroxyprostaglandin dehydrogenase expression in colonic mucosa of humans at normal and increased risk for colorectal cancer. *Eur J Cancer Prev*. 2013;22(5):455–60. doi:10.1097/CEJ.0b013e32835c829b.
 29. Aeschbach R, Löliger J, Scott BC, Murcia A, Butler J, Halliwell B, et al. Antioxidant actions of thymol, carvacrol, [6]-gingerol, zingerone and hydroxytyrosol. *Food Chem Toxicol*. 1994;32(1):31–6. doi:10.1016/0278-6915(84)90033-4.
 30. Ahmad N, Katiyar SK, Mukhtar H. Antioxidants in chemoprevention of skin cancer. *Curr Probl Dermatol*. 2001;29:128–39. doi:10.1159/000060662.
 31. Topic B, Tani E, Tsiakitzis K, Kourounakis PN, Dere E, Hasenöhrl RU, et al. Enhanced maze performance and reduced oxidative stress by combined extracts of zingiber officinale and ginkgo biloba in the aged rat. *Neurobiol Aging*. 2002;23(1):135–43. doi:10.1016/s0197-4580(01)00241-x.
 32. Mallikarjuna K, Chetan PS, Reddy KS, Rajendra W, W. Ethanol toxicity: Rehabilitation of hepatic antioxidant defense system with dietary ginger. *Fitoterapia*. 2008;79(3):174–8. doi:10.1016/j.fitote.2007.11.007.
 33. Halvorsen BL, Holte K, Myhrstad MCW, Barikmo I, Hvattum E, Remberg SF, et al. A systematic screening of total antioxidants in dietary plants. *J Nutr*. 2002;132(3):461–71. doi:10.1093/jn/132.3.461.
 34. Kim HW, Murakami A, Nakamura Y, Ohigashi H. Screening of edible Japanese plants for suppressive effects on phorbol ester-induced superoxide generation in differentiated HL-60 cells and AS52 cells. *Cancer Lett*. 2002;176(1):7–16. doi:10.1016/s0304-3835(01)00735-2.
 35. Krishnakantha TP, Lokesh BR. Scavenging of superoxide anions by spice principles. *Indian J Biochem Biophys*. 1993;30(2):133–4. [8394839].
 36. Reddy AC, Lokesh BR. Studies on spice principles as antioxidants in the inhibition of lipid peroxidation of rat liver microsomes. *Mol Cell Biochem*. 1992;111(1-2):117–24. doi:10.1007/BF00229582.
 37. S AR, Banerjee SV, D B. Influence of dietary ginger (Zingiber officinale Rosc.) on antioxidant defense system in rat: Comparison with ascorbic acid. *Indian J Exp Biol*. 2000;38(6):604–6. [11116533].
 38. Ahmed RS, Seth V, Pasha ST, Banerjee BD. Influence of dietary ginger (Zingiber officinale Rosc.) on oxidative stress induced by malathion in rats. *Food Chem Toxicol*. 2000;38(5):443–50. doi:10.1016/s0278-6915(00)00019-3.
 39. Ahmed RS, Suke SG, Vandana Seth, Chakraborti A, Tripathi AK, Banerjee BD, et al. Protective effects of dietary ginger (Zingiber officinale Rosc.) on lindane-induced oxidative stress in rats. *Phytother Res*. 2008;22(7):902–6. doi:10.1002/ptr.2412.
 40. Shobana S, Naidu KA. Antioxidant activity of selected Indian spices. *Prostaglandins Leukot Essent Fatty Acids*. 2000;62(2):107–10. doi:10.1054/plf.1999.0128.
 41. El-Sharaky AS, Newairy AA, Kamel MA, Eweda SM. Protective effect of ginger extract against bromobenzene-induced hepatotoxicity in male rats. *Food Chem Toxicol*. 2009;47(7):1584–90. doi:10.1016/j.fct.2009.04.005.
 42. Jagetia GC, Baliga MS, Venkatesh P, Ulloor JN. Influence of ginger rhizome (Zingiber officinale Rosc.) on survival, glutathione and lipid peroxidation in mice after whole-body exposure to gamma radiation. *Radiat Res*. 2003;160(5):584–92. doi:10.1667/tr3057.
 43. Jagetia G, Baliga M, Venkatesh P. Ginger (Zingiber officinale Rosc.), a dietary supplement, protects mice against radiation-induced lethality: mechanism of action. *Cancer Biother Radiopharm*. 2004;19(4):422–35. doi:10.1089/cbr.2004.19.422.
 44. Kim JK, Kim Y, Na KM, Surh YJ, Kim TY. [6]-Gingerol prevents UVB-induced ROS production and COX-2 expression in vitro and in vivo. *Free Radic Res*. 2007;41(5):603–14. doi:10.1080/10715760701209896.
 45. Young HY, Luo YL, Cheng HY, Hsieh WC, Liao JC, Peng WH, et al. Analgesic and anti-inflammatory activities of [6]-gingerol. *J Ethnopharmacol*. 2005;96(1-2):207–10. doi:10.1016/j.jep.2004.09.009.
 46. Minghetti P, Sosa S, Cilirzo F, Casiraghi A, Alberti E, Tubaro A, et al. Evaluation of the topical anti-inflammatory activity of ginger dry extracts from solutions and plasters. *Planta Med*. 2007;73(15):1525–30. doi:10.1055/s-2007-993741.

47. Eldershaw TP, Colquhoun EQ, Dora KA, Peng ZC, Clark MG. Pungent principles of gin-ger (*Zingiber officinale*) are thermogenic in the perfused rat hind limb. *Int J Obes Relat Metab Disord*. 1992;16(10):755–63. [1330955].
48. Ueki S, Miyoshi M, Shido O, Hasegawa J, Watanabe T. Systemic administration of [6]-gingerol, a pungent constituent of ginger, induces hypothermia in rats via an inhibitory effect on metabolic rate. *Eur J Pharmacol*. 2008;584(1):87–92. doi:10.1016/j.ejphar.2008.01.031.
49. Reginster JY, Gillot V, Bruyere O, Henrotin Y. Evidence of nutraceutical effectiveness in the treatment of osteoarthritis. *Curr Rheumatol Rep*. 2000;2(6):472–7. doi:10.1007/s11926-000-0023-9.
50. Langmead L, Rampton DS. Review article: Herbal treatment in gastrointestinal and liver disease-benefits and dangers. *Aliment Pharmacol Ther*. 2001;15(9):1239–52. doi:10.1046/j.1365-2036.2001.01053.x.
51. Murphy PA. Alternative therapies for nausea and vomiting of pregnancy. *Obstet Gynecol*. 1998;91(1):149–55. doi:10.1016/s0029-7844(97)00582-6.
52. Ernst E, Pittler MH. Efficacy of ginger for nausea and vomiting: A systematic review of randomized clinical trials. *Br J Anaesth*. 2000;84(3):367–71. doi:10.1093/oxfordjournals.bja.a013442.
53. Jewell D, Young G. Interventions for nausea and vomiting in early pregnancy. *Cochrane Database Syst Rev*. 2002;(1):CD000145. doi:10.1002/14651858.CD000145.
54. Jewell D, Young G. Interventions for nausea and vomiting in early pregnancy. *Cochrane Database Syst Rev*. 2000;(2):CD000145. doi:10.1002/14651858.CD000145.
55. Jewell D, Young G. Interventions for nausea and vomiting in early pregnancy. *Cochrane Database Syst Rev*. 2003;(4):CD000145. doi:10.1002/14651858.CD000145.
56. Dupuis LL, Nathan PC. Options for the prevention and management of acute chemotherapy-induced nausea and vomiting in children. *Paediatr Drugs*. 2003;5(9):597–613. doi:10.2165/00148581-200305090-00003.
57. Boone SA, Shields KM. Treating pregnancy-related nausea and vomiting with ginger. *Ann Pharmacother*. 2005;39(10):1710–3. doi:10.1345/aph.1G086.
58. Borrelli F, Capasso R, Aviello G, Pittler MH, Izzo AA. Effectiveness and safety of ginger in the treatment of pregnancy-induced nausea and vomiting. *Obstet Gynecol*. 2005;105(4):849–56. doi:10.1097/01.AOG.0000154890.47642.23.
59. Bryer E. A literature review of the effectiveness of ginger in alleviating mild-to-moderate nausea and vomiting of pregnancy. *J Midwifery Womens Health*. 2005;50(1):1–3. doi:10.1016/j.jmwh.2004.08.023.
60. Mahesh R, Perumal RV, Pandi PV. Cancer chemotherapy-induced nausea and vomiting: Role of mediators, development of drugs and treatment methods. *Pharmazie*. 2005;60(2):83–96. [15739895].
61. Chaiyakunapruk N, Kitikannakorn N, Nathisuwan S, Leeprakobboon K, Leelasettagool C. The efficacy of ginger for the prevention of postoperative nausea and vomiting: A meta-analysis. *Am J Obstet Gynecol*. 2006;194(1):95–9. doi:10.1016/j.ajog.2005.06.046.
62. Thompson HJ, Potter PJ. Review: Ginger prevents 24 hour postoperative nausea and vomiting. *EvidBasedNurs*. 2006;9(3):80. doi:10.1136/ebn.9.3.80.
63. Quimby EL. The use of herbal therapies in pediatric oncology patients: Treating symptoms of cancer and side effects of standard therapies. *J Pediatr Oncol Nurs*. 2007;24(1):35–40. doi:10.1177/1043454206296027.
64. Wu KL, Rayner CK, Chuah SK, Changchien CS, Lu SN, Chiu YC, et al. Effects of ginger on gastric emptying and motility in healthy humans. *Eur J Gastroenterol Hepatol*. 2008;20(5):436–40. doi:10.1097/MEG.0b013e3282f4b224.
65. Yoshikawa M, Hatakeyama S, Taniguchi K, Matuda H, Yamahara J. 6-Gingesulfonic acid, a new anti-ulcer principle, and gingerglycolipids A, B, and C, three new monoacyldigalactosylglycerols, from zingiberis rhizoma originating in Taiwan. *Chem Pharm Bull (Tokyo)*. 1992;40(6):2239–41. doi:10.1248/cpb.40.2239.
66. Yoshikawa M, Yamaguchi S, Kunimi K, Matsuda H, Okuno Y, Yamahara J, et al. Stomachic principles in ginger. III. An anti-ulcer principle, 6-gingesulfonic acid, and three monoacyldigalactosylglycerols, gingerglycolipids A, B, and C, from Zingiberis rhizoma originating in Taiwan. *Chem Pharm Bull (Tokyo)*. 1994;42(6):1226–30. doi:10.1248/cpb.42.1226.
67. Fugh-Berman A, Kronenberg F. Complementary and alternative medicine (CAM) in reproductive-age women: A review of randomized controlled trials. *Reprod Toxicol*. 2003;17(2):137–52. doi:10.1016/s0890-6238(02)00128-4.
68. Chrubasik S, Pittler MH, Roufogalis BD. Zingiberis rhizoma: A comprehensive review on the ginger effect and efficacy profiles. *Phytomedicine*. 2005;12(9):684–701. doi:10.1016/j.phymed.2004.07.009.
69. White B. Ginger: An overview. *Am Fam Physician*. 2007;75(11):1689–91. [17575660].
70. Tsui B, Dennehy CE, Tsourounis C. A survey of dietary supplement use during pregnancy at an academic medical center. *Am J Obstet Gynecol*. 2001;185(2):433–7. doi:10.1067/mob.2001.116688.
71. Portnoi G, Chng LA, Karimi-Tabesh L, Koren G, Tan MP, Einarson A, et al. Prospective comparative study of the safety and effectiveness of ginger for the treatment of nausea and vomiting in pregnancy. *Am J Obstet Gynecol*. 2003;189(5):1374–7. doi:10.1067/s0002-9378(03)00649-5.
72. Willetts KE, Ekangaki A, J E. Effect of a ginger extract on pregnancy-induced nausea: A randomised controlled trial. *Aust N Z J Obstet Gynaecol*. 2003;43(2):139–44. doi:10.1046/j.0004-8666.2003.00039.x.
73. Vutyavanich T, Kraissarin T, Ruangsri R. Ginger for nausea and vomiting in pregnancy: Randomized, double-masked, placebo-controlled trial. *Obstet Gynecol*. 2001;97(4):577–82. doi:10.1016/s0029-7844(00)01228-x.
74. Niebyl JR, Goodwin TM. Overview of nausea and vomiting of pregnancy with an emphasis on vitamins and ginger. *Am J Obstet Gynecol*. 2002;185(5):253–5. doi:10.1067/mob.2002.122595.
75. Niebyl JR. Drug therapy during pregnancy. *Curr Opin Obstet Gynecol*. 1992;4(1):43–7. [1543829].
76. Vimala S, Norhanom AW, Yadav M. Anti-tumour promoter activity in Malaysian ginger rhizobia used in traditional medicine. *Br J Cancer*. 1999;80(1-2):110–6. doi:10.1038/sj.bjc.6690329.
77. Yagihashi S, Miura Y, Yagasaki K. Inhibitory effect of gingerol on the proliferation and invasion of hepatoma cells in culture. *Cytotechnology*. 2008;57(2):129–36. doi:10.1007/s10616-008-9121-8.
78. Nakamura Y, Yoshida C, Murakami A, Ohigashi H, Osawa T, Uchida K, et al. Zerumbone, a tropical ginger sesquiterpene, activates phase II drug metabolizing enzymes. *FEBS Lett*. 2004;572(1-3):245–50. doi:10.1016/j.febslet.2004.07.042.
79. Murakami A, Tanaka T, Lee JY, Surh YJ, Kim HW, Kawabata K, et al. Zerumbone, a sesquiterpene in subtropical ginger, suppresses skin tumor initiation and promotion stages in ICR mice. *Int J Cancer*. 2004;110(4):481–90. doi:10.1002/ijc.20175.
80. Katiyar SK, Agarwal R, Mukhtar H. Inhibition of tumor promotion in SENCAR mouse skin by ethanol extract of Zingiber officinale rhizome. *Cancer Res*. 1996;56(5):1023–30. [8640756].

Author biography

Shivam Dubey, Research Scholar  <https://orcid.org/0000-0002-2704-4260>

Sandeep Kushwaha, Assistant Zoologist  <https://orcid.org/0000-0002-8118-2541>

Cite this article: Dubey S, Kushwaha S. A review on pharmacological properties of *Zingiber officinale*. *IP J Nutr Metab Health Sci* 2022;5(1):11-17.