

Spices for taming the COVID-19 pandemic: Prospects and perspectives

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Abstract

Coronavirus Disease 2019 (COVID-19), first reported in December 2019 from Wuhan in China, had reached the stage of a pandemic. To date (28.06.2021), there are more than 181.9 million confirmed cases of the disease in the world. Even though vaccines have been developed, antiviral drugs are yet to be developed for management and treatment of SARS-CoV-2. Since several medicinal plants are used in traditional medicines, though with controversial efficacy claims, they can be considered as sources of new antiviral drug compounds against emerging viruses. In this context, spices are noteworthy as their anti-oxidant, anti-viral, anti-inflammatory and immunostimulatory properties are well studied and documented. The emerging scientific literature includes a number of papers on the anti-SARS-CoV-2 activity of spice extracts and specific compounds proven through different types of laboratory experiments. Here, the information pertaining to anti-viral properties of spice-based phytochemicals or natural compounds (not crude extracts) is summarized in this review. Spice-based compounds discussed here are an option for testing in COVID-19 patients though we don't have strong data to support their active recommendation. Because of their natural origin, safety, and low cost, they can be a viable option in our fight against viruses and this compilation may be useful for planning and designing more robust experiments in future.

Keywords : anti-oxidant properties, anti-inflammatory properties, anti-viral properties, COVID-19, immunostimulatory properties, SARS-CoV-2, spices

Introduction

Coronavirus Disease 2019 (COVID-19) is a public health emergency affecting all populations cutting across different countries. The first report of this ongoing pandemic was from Wuhan in China in December 2019. Since then 181,865,998 cases have been reported across the world till 28 June 2021 (<https://www.worldometers.info/coronavirus/>). On 11 March 2020, the World Health Organization (WHO)

declared it a global pandemic, because of its rapid spread across the globe within a short span of time (Cucinotta & Vanelli 2020). Today no countries are left untouched by the COVID-19 pandemic. A novel human coronavirus (HCoV), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), is identified as the causative pathogen of COVID-19 (Rabi *et al.* 2020). Belonging to the genera, β -coronavirus of the Coronaviridae family (Naqvi *et al.* 2020), it is the third zoonotic coronavirus disease after

Severe Acute Respiratory Syndrome (SARS) and the Middle East Respiratory Syndrome (MERS) (Sun *et al.* 2020).

Novel Coronavirus

Structure

The genome of this virus is composed of ~30,000 nucleotides with 14 ORFs encoding 27 proteins. It comprises four important structural proteins *viz.* the envelope (E), spike (S), membrane (M), and nucleocapsid (N) proteins (Lu *et al.* 2020). The M protein of 25-30 kDa size gives shape to the virus while another protein of 8-12 kDa, E protein, promotes viral release. Together, they are responsible for the viral assembly and maturation of viral envelopes (Schoeman & Fielding 2019). On the other hand, the N protein, located in the core of the viral particle, plays an essential role in viral packaging and helps in the formation of the nucleocapsid (Ashour *et al.* 2020). The S protein (150 kDa) consisting of S1 and S2 subunits is responsible for the characteristic spike-like protrusions on the virus. The virus entry into the host cells is facilitated by a receptor-binding domain (RBD) in the S1 subunit that binds to the host receptor angiotensin-converting enzyme 2 (ACE2) and the S2 subunit that fuses with the cell membrane of the host (Masters 2006; Fehr & Perlman 2015; Astuti & Ysrafil 2020).

Pathogenesis

As mentioned earlier, the attachment and fusion of the virus with the host cell is facilitated substantially by the S protein. The SARS-CoV-2 severely affects oral, nasal and respiratory regions, cornea, heart, kidneys, etc. as the virus has greater affinity to human ACE2 (hACE2) receptors prevalent there (Sungnak *et al.* 2020; Xu *et al.* 2020; Zhou *et al.* 2020). The enzyme furin mediates the cleavage of the SARS-CoV-2 S protein at the S1/S2 site and pre-activates the S protein to promote the subsequent type II transmembrane serine protease (TMPRSS2)-dependent viral entry into the host cells (Astuti & Ysrafil 2020; Shang *et al.* 2020). TMPRSS2 primes the ACE2 receptor-

bound viral S protein and its higher expression is observed in the tissues mentioned above. SARS-CoV-2 is dependent on both Cathepsin B/L (CatB/L) and TMPRSS2 or in the absence of any one of them, the other enzyme for its entry to host cells (Hoffmann *et al.* 2020). On gaining entry, its genomic material (mRNA) is liberated in the cytoplasm which takes control of the protein synthesis machinery in the host leading to seamless viral replication (Astuti & Ysrafil 2020).

The mode of action of SARS-CoV-2 and the pathophysiological mechanism of COVID-19 are being studied across the globe. The evidence gathered so far indicates a steep rise in the cytokine levels in COVID-19 patients leading to severe deterioration of health conditions, multi-organ failure and death (Yi *et al.* 2020). The medical condition is termed as “cytokine storm” or “cytokine release syndrome”. Various chemokines, colony-stimulating factors, interferons, interleukins and tumor necrosis factor- α (TNF- α) are involved in this hyperactive immune response. In severely affected patients, interleukins like IL-2R, IL-6 and IL-10 are elevated while the absolute count of CD4+ T, CD8+ T, and B cells are gradually reduced (Wang *et al.* 2020). Inflammatory enzymes like cyclooxygenase (cox)-1 and -2, matrix metalloproteinase (MMP)-9, 5-lipoxygenase (5-LOX) and an array of transcription factors - signal transducer and activator of transcription 3 (STAT3), nuclear factor kappa-B (NF- κ B), nuclear factor erythroid 2-related factor 2 (Nrf2), activator protein-1 (AP-1), nuclear factor of activated T cells (NFAT), and hypoxia-inducible factor-1 α (HIF-1 α) are the other key molecular mediators of inflammation (Kunnumakkara *et al.* 2021). Mortality in COVID-19 is primarily due to respiratory failure and comorbidities like hypertension and cardiac anomalies aggravate the condition. TNF- α , an inflammatory cytokine produced by macrophages/monocytes, has a key role to play in pulmonary edema caused during COVID-19-associated lung diseases (Ye *et al.* 2020). Nrf2, the most potent and ubiquitous master transcription factor in humans, can downregulate the oxidative stress

from the AT₁R axis as well as in the endoplasmic reticulum (Vomund *et al.* 2017).

Several COVID-19 symptoms like cough, taste and smell disorders, loss of appetite, nasal obstruction, nausea, diarrhea etc. are associated with the transient receptor potential (TRP) vanilloid 1 (TRPV1) and ankyrin 1 (TRPA1) cation channels belonging to TRP superfamily (Fernandes *et al.* 2012). TRPA1 and/or TRPV1 are co-localized in sensory neurons and many non-neuronal cells *viz.* vascular smooth muscle, monocytes, lymphocytes, keratinocytes, epithelial cells, and endothelium. TRPA1, playing a key role in the physiology of almost all organs, induces inflammation, while TRPV1 detects and regulates body temperature (Fernandes *et al.* 2012). Both the TRP ion channels are associated with control of weight, pancreatic function, hormone secretion, thermogenesis, and neuronal function and are sensory receptors for multiple products of oxidative stress (Bousquet *et al.* 2021). They, especially TRPV1-expressing neuronal systems (afferent/efferent neurons) in the lungs, are closely linked with many physiological events that lead to mortality.

Potential therapeutic agents

The alarming pace of the COVID-19 pandemic spread has prompted scientists and researchers around the globe to explore various therapeutics to fight against it. Initially, several repurposed drugs showed promising efficacy and further investigations are on to accurately evaluate them (Fisher & Heymann 2020; Kunnumakkara *et al.* 2021). Promising ones among them are Chloroquine, Hydroxychloroquine, Ivermectin, Niclosamide, Azithromycin, Remdesvir, Lopinavir, etc. Since COVID-19 targets the immune system of the host, there are several reports on many herbal agents being recommended as an adjunct therapy or as prophylactic agents (Boukhatem & Setzer 2020; Khanna *et al.* 2021; Patel *et al.* 2021). NF- κ B can be a potential target for inflammation-based viral therapy, as it regulates several vital physiological processes and is actively involved in the development of adaptive and innate immunity (Hayden *et al.* 2006). Plant

compounds are able to target the multiple steps in the NF- κ B pathway like hindering the phosphorylation or the ubiquitination of signalling molecules or blocking the interaction between the NF- κ B and the target DNA by binding to the target DNA and shutting off its transcriptional activity (Gupta *et al.* 2010; Seo *et al.* 2018). Recently there are many reviews and commentaries on promising dietary and herbal remedies against COVID-19 (Ang *et al.* 2020; Damaris *et al.* 2020; Fan *et al.* 2020; Panyod *et al.* 2020). A rapid-response preliminary survey carried out in five metropolises and 12 rural areas or countries during the first phase of the pandemic has clearly indicated that several homemade plant-based remedies have been repurposed and the consumption of ginger and garlic, onion, turmeric, and lemon has increased tremendously (Pieroni *et al.* 2020).

Spices and COVID-19

For centuries, spices were sought after not just because of their aroma, pungency or taste but as food flavorings and folk medicines. Due to their medicinal properties, traditionally they have been used in Ayurveda and Chinese traditional medicine to cure several chronic ailments. Their antioxidant, anti-inflammatory and immunomodulatory properties are well documented (Gupta 2010; Yashin *et al.* 2017; Jiang 2019). The health impacts of culinary spices and herbs have been compiled as a structured database - SpiceRx (<https://cosylab.iitd.edu.in/spicrx/>), and is available in the public domain (Rakhi *et al.* 2018). Their vital role in enriching flavor, improving digestion, and supporting human health by way of their antioxidant and immune boosting properties is much discussed during this pandemic. The characteristic aroma and flavor of spices is primarily due to the rich essential oils present in them. A number of phenolics like flavonoids, phenolic acids, tannins, and quinones are present in spices. These secondary metabolites are considered to have anti-inflammatory, antioxidant and immunomodulatory properties and have the potential to boost immunity with apparently no side-effects. Exhaustive compilations on the role of spices in regulating the 'cytokine storm'

have been made by Kunnumakkara and others (2018, 2021).

But in a recent paper published by American Chemical Society Neurosciences, Elsayed & Khan (2020) have analyzed the number of total COVID-19 cases, total deaths, and total recovered from 163 countries. The study indicated that there is a clear interrelation between the total number of COVID-19 cases per million population tested and the gram of spice supply per capita per day. Subsequently, many others have pointed out the large geographical variations in the disease prevalence, severity, and mortality (Bousquet *et al.* 2020a; Rocha & de Assis 2020).

Antioxidant properties

COVID-19 leads to accumulation of reactive oxygen species (ROS) as conversion of O₂ to H₂O₂ and then reduction to H₂O by glutathione (GSH) redox system is impaired. Several studies have reported that many spices contain a number of phenolics which act as strong antioxidants (Shahidi & Ambigaipalan 2015; Yashin *et al.* 2017). They help to control the cellular oxidative stress by controlling the production of ROS. Their functional bioactive ingredients in spices arrest the activity of cytochrome P450 and isozymes CYP 1A1, cyclooxygenase-2, reducing signal transducer and activator of transcription-3 (STAT-3). They trigger the free radicals scavenging ability at cellular level and thereby alleviate various metabolic syndromes. Different mechanisms are operating for the antioxidant activity properties of these compounds which include direct or indirect activation of the nuclear factor, Nrf2, that plays a major role in the modulation of TRP (transient receptor potential) A1 by ROS (Bousquet *et al.* 2020b). Many Nrf2-interacting pungent compounds from spices like allicin from garlic, capsaicin from chilli, cinnamaldehyde from cinnamon, curcumin from turmeric, eugenol from clove gingerols from ginger and piperine from black pepper are TRPA1 and TRPV1 agonists (Bousquet *et al.* 2020a). For example, curcumin scavenges ROS as a polyphenolic antioxidant

by upregulating SOD2, a key enzyme in redox homeostasis (Hemeida & Mohafez 2008; Wang *et al.* 2008; Forrester *et al.* 2018).

Immunomodulatory properties

The human immune system, the first barrier to infection and disease, activates inflammation and plays a key role in the defense against several infectious diseases including COVID-19. The invasion and pathogenesis of SARS-CoV-2 are associated with the host antiviral immune response which is crucial to eliminate the invading virus. A weak immune mechanism coupled with cytokine surge leads to decreased cellular oxygenation which is reported to be the main cause of COVID-19 mortality (Kunnumakkara *et al.* 2018). Functional ingredients from a variety of plants including spices act as immune boosters and diminish inflammatory disorders. Essential oils have several immune supporting properties and are used in aromatherapy. Recently Peterfalvi *et al.* (2019) have reviewed the immune function enhancing role of essential oils. Products and treatment involving these essential oils help our body to develop natural resistance against many diseases. The major spice oils that are known for their immune boosting properties include cardamom, ginger, clove, and cinnamon. Prominent spice compounds with proven immune boosting properties include curcumin, piperine, gingerols, cinnamaldehyde, caryophyllene, eugenol, curcumin and its derivatives.

Curcumin: Curcumin, the principal curcuminoid from turmeric (*Curcuma longa* L.), is commonly used as a spice, food additive and dietary pigment. The immunomodulatory effects of curcumin on various aspects of the immune response are being studied intensively after the Covid pandemic. A summary of the bioactivity and health benefits of curcumin was published recently (Xu *et al.* 2018). The potent biological activities of curcumin is dependent on its metabolism as it is present in the mammalian body in three major forms, which are free, conjugated, and reduced states. Curcumin is metabolized into conjugated

curcumin on oral administration, while intravenous or intraperitoneal administration mainly leads to reduced curcumin. Multiple signaling pathways, including NF- κ B and STAT3 signaling, are involved as the molecular mechanisms underlying the targets of curcumin. Treatment with curcumin reduces inflammation by influencing several signaling pathways viz. S-nitrosylation on IKK β , phosphorylation-I κ B, and binding with MD2 and by suppressing NF- κ B activation and thereby increasing HO-1 activity. However, curcumin's poor bioavailability is a major barrier to its clinical efficacy.

Piperine: Piperine, the most active compound present in black pepper (*Piper nigrum* L.) fruits, possesses several properties. It acts as a bioavailability enhancer, especially in combination with other drugs or nutraceuticals, like curcumin. Piperine modifies curcumin's extensive immunomodulating, antioxidant, chemopreventive and anticancer activities which are dose-dependent and tissue-specific. However, again the main disadvantage associated with piperine is its low bioavailability, which is being overcome with innovative formulations.

Gingerols: Ginger (*Zingiber officinale* Rosc.) has been used as a food, spice, supplements, flavoring agent and in traditional medicines. 6-Gingerol is the most important bio-active ingredient in ginger well-known for its pharmacological and physiological actions.

Cardamonin: Cardamonin is a cardamom-derived chalcone, having significant roles in cancer treatment, immune system modulation, inflammation and killing of pathogens. It is emerging as a promising novel experimental anticancer agent because of its relatively selective cytotoxic potential against host malignant cells.

Cinnamomum (Family Lauraceae) is a traditional spice used for flavouring and pharmaceutical purposes. A wide range of phytochemical compounds are found in various parts of these plants. Cinnamon is proven to harbour an array of properties such as anti-

inflammatory, antimicrobial, antioxidant, antitumor, cardiovascular, cholesterol-lowering, and immunomodulatory effects, the most promising being its use in treating type 2 diabetes mellitus.

Antiviral properties

Plants from tropical or temperate regions are a potential source of untapped antiviral activity. Tapping this major source of herbal remedies is an ideal strategy for discovering new antiviral pharmaceutical molecules (Astani *et al.* 2011). Many of them interact with various molecular targets to trigger cellular signaling pathways like apoptosis and inflammation. Some lead compounds from spices, reported to possess anti-viral properties, are listed in Table 1. Curcumin is the most potential one among them as it interacts directly with multitude of proteins modulating intercellular signaling cascades essential for virus replication and affecting different cellular post-transcriptional and post-translational modifications that limit viral multiplication (Mathew & Hsu 2018; Praditya *et al.* 2019).

Anti-inflammatory properties

Innumerable studies are there confirming the anti-inflammatory properties of spices, mostly using their crude extracts, which have been reviewed earlier (Kunnumakkara *et al.* 2018). However recent studies using modern scientific tools have deciphered the potential mode of action of several phytochemicals present in spices (Table 2). Prominent among these are piperine, piperlongumine, curcumin, diallyl sulfide, gingerols, garcinol etc. Most of them downregulate the elevated LPS-induced mRNA expression of key interleukins, cytokines and inducible nitric oxide synthase (iNOS) and also inhibit the activation of two key signaling pathways, NF- κ B and STAT. Trigonelline from fenugreek gives neuroprotection by decreasing hippocampal glial fibrillary acidic protein (GFAP) and pro-inflammatory cytokines (Fahanik-Babaei *et al.* 2019). Garcinol, a major component of *Garcinia*, significantly reduces inflammation by regulating mediators like iNOS and cox-2,

Table 1. Major spice based compounds having anti-viral properties

Compound	Source Plant	Antiviral activity	Disease	References
Ajoene, allicin, allyl methyl thiosulfinate, methyl allyl thiosulfinate	<i>Allium sativum</i> L.	-	HSV, parainfluenza virus type 3, vaccinia virus, vesicular stomatitis virus and human rhinovirus type 2	Weber <i>et al.</i> 1992
Carnosolic acid and carnosol	<i>Rosmarinus officinalis</i> L.	Inhibits HIV protease	HIV	Paris <i>et al.</i> 1993
Coriandrin	<i>Coriandrum sativum</i> L.	-	HIV	Towers 1989
Coumarins	<i>Cinnamomum</i> spp.	-	Influenza viruses, HIV, Enterovirus 71 (EV71), coxsackievirus A16 (CVA16), dengue virus and chikungunya virus	Wang <i>et al.</i> 2012; Riveiro <i>et al.</i> 2010; Li <i>et al.</i> 2017; Hassan <i>et al.</i> 2016
Curcumin	<i>Curcuma longa</i> L.	Interference of virus entry, viral replication machinery; suppression of cellular signaling pathways etc.	Different viruses	Wen <i>et al.</i> 2007; Du <i>et al.</i> 2017; Mounce <i>et al.</i> 2017; Yang <i>et al.</i> 2017; Dai <i>et al.</i> 2018; Mathew & Hsu 2018; Gupta <i>et al.</i> 2020; Rocha & de Assis 2020; Roy <i>et al.</i> 2020; Zahedipour <i>et al.</i> 2020
Eugenin/ Eugenol	<i>Syzygium aromaticum</i> (L) Merr. & Perry	Inhibits DNA polymerase activity	HSV-1 & HSV-2 Hepatitis C	Takeshi & Tanaka 1981; Minami <i>et al.</i> 2003; Nolkemper <i>et al.</i> 2006; Reichling <i>et al.</i> 2009; Gilling <i>et al.</i> 2011
Gingerols	<i>Zingiber officinale</i> Rosc.	-	Human respiratory syncytial virus	Chang <i>et al.</i> 2013

Table 2. Phytochemicals from spices having anti-inflammatory properties

Source spice	Compound	Disease	Mode of study	Model/Target used	References
Bay leaf (<i>Laurus nobilis</i> L.)	1,8 - cineole	-	<i>In vitro</i>	BMDMs	Lee <i>et al.</i> 2019
Black pepper (<i>Piper nigrum</i> L.)	Piperinamidides	Edema	<i>In vitro</i> <i>In vivo</i>	RAW 264.7 ICR mice	Pei <i>et al.</i> 2020
	Piperine	Acute pancreatitis	<i>In vitro</i> <i>In vivo</i>	PAC C57BL/6 mice	Bae <i>et al.</i> 2011
		Bacterial sepsis	<i>In vitro</i> <i>In vivo</i>	J774A.1, BMDM C57BL/6 mice	Liang <i>et al.</i> 2016
		Lung metastasis	<i>In vivo</i>	C57BL/6 mice	Pradeep & Kuttan 2002
		Lupus nephritis	<i>In vitro</i> <i>In vivo</i>	HK-2 cells BALB/c mice	Peng <i>et al.</i> 2018
Capsicum (<i>Capsicum annuum</i> L.)	Capsaicin	-	<i>In vitro</i>	THP-1	Tang <i>et al.</i> 2015
		Salivary gland inflammation	<i>In vitro</i>	HSG	Shin <i>et al.</i> 2013
Celery (<i>Apium graveolens</i> L.)	Sedanolide	Liver cancer	<i>In vitro</i>	J5 cells	Hsieh <i>et al.</i> 2015
	Luteolin	Alzheimer's disease	<i>In vitro</i>	RAW264.7	Che <i>et al.</i> 2020
Cinnamon (<i>Cinnamomum</i> spp.)	Trans-cinnamaldehyde	Osteoarthritis	<i>In vitro</i>	SW1353, HPC	Xia <i>et al.</i> 2019
		Neuroinflammation	<i>In vitro</i>	BV2	Fu <i>et al.</i> 2017
	2'-hydroxycinnamaldehyde 2'-benzoxycinnamaldehyde	-	<i>In vitro</i> <i>In vivo</i>	Murine splenocytes BALB/c mice	Koh <i>et al.</i> 1998
Curry leaves (<i>Murraya koenigii</i> (L.) Sprengel)	Mahanimbine	-	<i>In vivo</i>	Swiss albino mice	Jagtap <i>et al.</i> 2017
	Girinimbine	Peritonitis	<i>In vivo</i>	ICR mice	Iman <i>et al.</i> 2016
Fenugreek (<i>Trigonella foenum-graecum</i> L.)	Trigonelline	Alzheimer's disease	<i>In vivo</i>	Wistar rats	Fahanik-Babaei <i>et al.</i> 2019
Garcinia (<i>Garcinia indica</i> Choisy)	Garcinol	Colitis; Colon cancer	<i>In vivo</i>	ICR mice	Tsai <i>et al.</i> 2014
		Squamous cell carcinoma	<i>In vitro</i> <i>In vivo</i>	CAL27 Nude mice	Li <i>et al.</i> 2013

Source spice	Compound	Disease	Mode of study	Model/Target used	References
Garlic (<i>Allium sativum</i> L.)	Diallyl disulfide	Acute pancreatitis	<i>In vivo</i>	Swiss albino mice	Mathan Kumar & Tamizhselvi 2020
	Diallyl trisulfide	Rheumatoid arthritis	<i>In vitro</i>	Rheumatoid arthritis synovial fibroblast, DBA/1J mice	Liang <i>et al.</i> 2019
	S-allyl-L-cysteine	Pulmonary fibrosis	<i>In vivo</i>	C57BL/6 mice	Nie <i>et al.</i> 2019
	S-allyl-mercapto cysteine	Acute lung injury	<i>In vivo</i>	BALB/c mice	Mo <i>et al.</i> 2020
Ginger (<i>Zingiber officinale</i> Rosc.)	6-Shogaol	Oral squamous cell carcinoma	<i>In vivo</i>	Syrian hamsters	Annamalai & Suresh 2018
	6-gingerol	Steatohepatitis	<i>In vitro</i> <i>In vivo</i>	HepG2 C57BL/6 mice	Tzeng <i>et al.</i> 2015
Long pepper (<i>Piper longum</i> L.)	Piperlongumine	Leukemia, Myeloma	<i>In vitro</i>	KBM-5, U266	Han <i>et al.</i> 2012
		Lupus nephritis	<i>In vitro</i> <i>In vivo</i>	Splenocytes MRL-Fas(lpr) mice	Yao <i>et al.</i> 2014
		Rheumatoid arthritis	<i>In vivo</i>	DBA/1 mice	Sun <i>et al.</i> 2015
		Asthma	<i>In vitro</i> <i>In vivo</i>	Beas-2B C57BL/6 mice	Lu <i>et al.</i> 2019
		Neuro-inflammation	<i>In vitro</i>	BV2	Kim <i>et al.</i> 2018
		Alzheimer's disease	<i>In vitro</i> <i>In vivo</i>	Astrocytes ICR mice	Gu <i>et al.</i> 2018
		Atherosclerosis	<i>In vitro</i> <i>In vivo</i>	VSMC ApoE KO mice	Son <i>et al.</i> 2012
		Chronic obstructive pulmonary disease	<i>In vivo</i>	BALB/c mice	Sant'Ana <i>et al.</i> 2020

Table 2 continued

Source spice	Compound	Disease	Mode of study	Model/Target used	References
Nutmeg (<i>Myristica fragrans</i> Houtt.)	Macelignan	Asthma	<i>In vivo</i>	C57BL/6j mice OT-II mice	Shin <i>et al.</i> 2013
		Leukemia	<i>In vitro</i>	RBL-2 H3	Han <i>et al.</i> 2012
		Renal I/R injury	<i>In vivo</i>	SD rats	Long <i>et al.</i> 2020
Onion (<i>Allium cepa</i> L.)	Myrislignan	Inflammation	<i>In vitro</i>	RAW 264.7	Jin <i>et al.</i> 2012
	Myristicin	Inflammation	<i>In vitro</i>	RAW 264.7	Lee & Park 2011
	Quercetin	Atherosclerosis	<i>In vitro</i> <i>In vivo</i>	VSMC C57BL/6 mice	Lu <i>et al.</i> 2017
	Quercetin- 3-O-glucoside	Inflammation, Hyperlipidemia	<i>In vitro</i> <i>In vivo</i>	THP-1 Wistar rats	Sekhon-Loodu <i>et al.</i> 2015
Rosemary (<i>Rosmarinus officinalis</i> L.)	Rosmarinic acid	Asthma	<i>In vivo</i>	Wistar rats BALB/c mice	Liang <i>et al.</i> 2016; Shakeri <i>et al.</i> 2019
Saffron (<i>Crocus sativus</i> L.)	Crocin	Inflammation	<i>In vitro</i>	H9c2	Baradaran Rahim <i>et al.</i> 2019
		Osteoporosis	<i>In vivo</i>	Wistar rats	Algandaby 2019
Star anise (<i>Illicium verum</i> Hook.)	Safranal	Colitis	<i>In vitro</i> <i>In vivo</i>	RAW264.7, BMDM BALB/c mice	Lertnimitphun <i>et al.</i> 2019
		Alzheimer's disease	<i>In vivo</i>	Winstar rats	Baluchnejadmojarad <i>et al.</i> 2019
	Anethole	Gastric ulcer	<i>In vivo</i>	Winstar rats	Tamaddonfard <i>et al.</i> 2019
	Trans-Anethole	Acute lung injury Asthma	<i>In vivo</i> <i>In vitro</i> <i>In vivo</i>	BALB/c mice Splenoocyte BALB/c mice	Kang <i>et al.</i> 2013 Sung <i>et al.</i> 2017

Table 2 continued

Source spice	Compound	Disease	Mode of study	Model/Target used	References
Tamarind (<i>Tamarindus indica</i> L.)	Xyloglucan	Ulcerative colitis	<i>In vivo</i>	C57Bl6 mice	Periasamy <i>et al.</i> 2018
Turmeric (<i>Curcuma longa</i> L.)	Curcumin	Primary influenza viral pneumonia	<i>In vitro</i> <i>In vivo</i>	A549, BMMF BALB/c mice	Han <i>et al.</i> 2018
		Cystic fibrosis	<i>In vitro</i> <i>In vivo</i>	16HBE14o SD rats	Dong <i>et al.</i> 2015
		Diabetes	<i>In vivo</i>	SD rats	Zhang <i>et al.</i> 2015
		Acute lung injury	<i>In vivo</i>	SD rats	Xiao <i>et al.</i> 2012
		Asthma	<i>In vivo</i>	BALB/c mice	Chong <i>et al.</i> 2014
		Cerebral I/R injury	<i>In vivo</i>	SD rats	Li <i>et al.</i> 2015
	Ar-turmerone	Psoriasis	<i>In vivo</i>	BALB/c mice	Li <i>et al.</i> 2018

Source: Kunnumakkara *et al.* (2021)

prevents colon tumorigenesis, and exerts anti-tumor effects (Li *et al.* 2013; Tsai *et al.* 2014). Similarly myristicin from nutmeg also inhibits production of cytokines and chemokines (Lee & Park 2011). Anti-inflammatory activity of curcumin (Funamoto *et al.* 2016; Amalraj *et al.* 2017; Panahi *et al.* 2017; Samadian *et al.* 2017; Adibian *et al.* 2019), curcuminoids (Panahi *et al.* 2015a,b; Uchio *et al.* 2019) and nanocurcumins (Abdolahi *et al.* 2019) have been unambiguously proved in several clinical trials.

Spices against SARS-CoV-2

Across the globe there are innumerable studies on the therapeutic properties of spices which are summarised in this review. After the outbreak of SARS-CoV-2, researchers from various laboratories have intensively explored the potential of several natural compounds and phytochemical extracts against this new virus. Table 3 summarises such exploratory studies on different strains of novel coronavirus. Many of these are computational studies predicting the potential of spice molecules against the SARS-CoV-2 targets. Molecular modeling analysis is extensively used in such studies to screen the potential therapeutic ability of these compounds to bind with key targets like main protease - Mpro, fusion spike protein, human ACE2 receptor, RNA-dependent RNA polymerase, N-protein, E protein, RNA-binding N terminal domain (NTD) of the N protein and 3CL hydrolase (Wu *et al.* 2020; Joshi *et al.* 2021). The leads obtained need to be validated experimentally for developing rigid and highly specific treatment options against COVID-19. The array of positive leads obtained from *in silico* studies necessitates the need for robust pre-clinical and clinical research of the predicted compounds to develop effective future therapeutics against COVID-19. Two compounds that stand out are curcumin and piperine showing promising results in the initial clinical trials. The clinical studies, though few in number, have contributed to develop a proof-of-concept underlining an interplay between TRPA1 and TRPV1 in desensitization and the synergistic role of Nrf2 (Bousquet *et al.* 2020a).

Table 3. Efficacy of spice based compounds against SARS-CoV-2 and its pathogenesis

Source spice	Compound	Mode of study	Model/Target used	References
Asafoetida (<i>Ferula asafoetida</i> L.)	Assafoetidol A	<i>In silico</i>	SARS-CoV-2 spike glycoprotein	Natesh <i>et al.</i> 2021
			SARS-CoV-2 Mpro	Natesh <i>et al.</i> 2021
	β -pinene	<i>In silico</i>	ACE2 receptor	Natesh <i>et al.</i> 2021
	Conferol	<i>In silico</i>	SARS-CoV-2 Mpro	Wang <i>et al.</i> 2020
Black pepper (<i>Piper nigrum</i> L.)			SARS-CoV-2 spike glycoprotein	Natesh <i>et al.</i> 2021
			SARS-CoV-2 Mpro	Natesh <i>et al.</i> 2021
			ACE2 receptor	Natesh <i>et al.</i> 2021
	Farnesiferol B	<i>In silico</i>	SARS-CoV-2 spike glycoprotein	Natesh <i>et al.</i> 2021
Cardamom (<i>Elettaria cardamomum</i> Maton)			SARS-CoV-2 Mpro	Natesh <i>et al.</i> 2021
			ACE2 receptor	Natesh <i>et al.</i> 2021
	Piperine	<i>In silico</i>	Nsp15	Kumar <i>et al.</i> 2020
			SARS-CoV-2 spike glycoprotein	Maurya <i>et al.</i> 2020
Cardamom (<i>Elettaria cardamomum</i> Maton)			ACE2 receptor	Maurya <i>et al.</i> 2020
			SARS-CoV-2 NC	Choudhary <i>et al.</i> 2020
		<i>In silico/In vitro/In vivo</i>	Nrf2 & TRPA1/V1	Okamura <i>et al.</i> 2010; Dong <i>et al.</i> 2019
	α -terpinyl acetate	Clinical	Nrf2 & TRPA1/V1	Bousquet <i>et al.</i> 2020c, d
		Nsp15	Kumar <i>et al.</i> 2020	

Table 3 continued

Source spice	Compound	Mode of study	Model/Target used	References
Chilli (<i>Capsicum annum</i> L.)	Capsaicin	<i>In vivo</i>	Nrf2	Joung <i>et al.</i> 2007
		<i>In silico/In vivo</i>	TRPA1/V1	Yang & Zheng 2017; Moran & Szallasi 2018
	Capsazepine	<i>In silico</i>	SARS-CoV-2 Mpro; SARS-CoV-2 spike glycoprotein	Sen <i>et al.</i> 2020
	Myricetin	<i>In silico</i>	SARS-CoV-2 spike glycoprotein	Sen <i>et al.</i> 2020
Cinnamon (<i>Cinnamomum verum</i> J. Presl)	Cinnamaldehyde	<i>In silico</i>	Nsp15	Kumar <i>et al.</i> 2020
		<i>In silico/In vitro/In vivo</i>	Nrf2 & TRPA1/V1	Furue <i>et al.</i> 2018; Watanabe & Terada 2015
	Cinnamtannin B	<i>In silico</i>	SARS-CoV-2 Mpro	Rajendran <i>et al.</i> 2020
Clove (<i>Syzygium aromaticum</i> L.)	Eugenol	<i>In silico</i>	Nsp15	Kumar <i>et al.</i> 2020
Cumin (<i>Cuminum cyminum</i> L.)	Cuminaldehyde	<i>In silico</i>	Nsp15	Kumar <i>et al.</i> 2020
Fenugreek (<i>Trigonella foenum-graecum</i> L.)	Luteolin	<i>In silico</i>	SARS-CoV-2 spike glycoprotein	Sen <i>et al.</i> 2020
	Quercetin	<i>In silico</i>	SARS-CoV-2 Mpro	Sen <i>et al.</i> 2020
Garlic (<i>Allium sativa</i> L.)	Allicin	<i>In vivo</i>	Nrf2 & TRPA1/V1	Ogawa <i>et al.</i> 2016
Ginger (<i>Zingiber officinale</i> Rosc.)	Gingerol	<i>In silico</i>	Nsp15	Kumar <i>et al.</i> 2020; Oso <i>et al.</i> 2020
			SARS-CoV-2 Mpro	Natesh <i>et al.</i> 2021
			SARS-CoV-3C-like protease	Oso <i>et al.</i> 2020
			Cathepsin K	Oso <i>et al.</i> 2020
		<i>In silico/In vitro</i>	Nrf2 & TRPA1/V1	Yang <i>et al.</i> 2016; Yin <i>et al.</i> 2019
	Zingiberene	<i>In silico</i>	ACE2 receptor	Maurya <i>et al.</i> 2020
Rosemary (<i>Rosmarinus officinalis</i> L.)	Carnosol	<i>In silico</i>	SARS-CoV-2 Mpro	Umesh <i>et al.</i> 2020
	Rosmanol	<i>In silico</i>	SARS-CoV-2 Mpro	Umesh <i>et al.</i> 2020
Sage (<i>Salvia officinalis</i> L.)	Salvianolic acid A	<i>In silico</i>	SARS-CoV-2 Mpro	Ibrahim <i>et al.</i> 2020

Table 3 continued

Source spice	Compound	Mode of study	Model/Target used	References
Turmeric (<i>Curcuma longa</i> L.)	Curcumin	<i>In silico</i>	Nsp15	Kumar <i>et al.</i> 2020
			SARS-CoV-2 Mpro	Ibrahim <i>et al.</i> 2020; Kandeel & Al-Nazawi 2020; Oso <i>et al.</i> 2020; Wang <i>et al.</i> 2020
			SARS-CoV-3 C-like protease	Oso <i>et al.</i> 2020
			Cathepsin K	Oso <i>et al.</i> 2020
			SARS-CoV-2 spike glycoprotein	Maurya <i>et al.</i> 2020; Utomo <i>et al.</i> 2020
			ACE2 receptor	Maurya <i>et al.</i> 2020; Utomo <i>et al.</i> 2020
			SARS-CoV-2 protease	Utomo <i>et al.</i> 2020
			TRPA1/V1	Nalli <i>et al.</i> 2017
			Nrf2 & TRPA1/V1	Bousquet <i>et al.</i> 2020c, d
		<i>In vitro</i>		
		Clinical		

Curcumin, the golden drug

Curcumin [(1E, 6E)-1, 7bis (4-hydroxy-3-methoxyphenyl)-1, 6-heptadiene-3, 5-Dione] is a wonder compound from turmeric having proven efficacy in preventing and treating diverse health ailments. Anti-inflammatory and anti-oxidative potential of curcumin and its efficacy in regulating the cytokine storm have been amply proved in a number of laboratory and clinical studies across the world (Xiao *et al.* 2012; Chong *et al.* 2014; Dong *et al.* 2015; Li *et al.* 2015; Zhang *et al.* 2015; Han *et al.* 2018; Xu *et al.* 2018). A number of reviews are already there on the antibacterial, antiviral and antifungal properties of curcumin (Moghadamtousi *et al.* 2014; Liu & Ying 2020; Zahedipour *et al.* 2020). Several clinical investigations point to that curcumin alleviates cardiovascular and metabolic disorders, and infectious diseases mainly via modulation of immune responses.

Numerous studies have suggested that curcumin and its analogues regulate the cytokine storm by inhibiting the pro-inflammatory cytokines (Avasarala *et al.* 2013; Zhang *et al.* 2015; Dai *et al.* 2018; Richart *et al.* 2018; Praditya *et al.* 2019; Zhang *et al.* 2019; Vitali *et al.* 2020; Zahedipour *et al.* 2020). This is mainly through moderating diverse signaling pathways, especially the NF- κ B signaling (Han *et al.* 2018). Apart from disrupting the NF- κ B pathway, curcumin also inhibits the virus-induced expression of genes associated with toll-like receptors and adaptors, and blocks IAV-induced phosphorylation of major MAPKs (p38, JNK) and protein kinase B, AKT (Sordillo & Helson 2015; Dai *et al.* 2018). On the contrary, curcumin positively regulates anti-inflammatory cytokines like IL-10 (Larmonier *et al.* 2008; Chen *et al.* 2018; Mollazadeh *et al.* 2019; Chai *et al.* 2020). Thus curcumin acts as a double-edged sword that on the one hand, it downregulates pro-inflammatory cytokines, but on the other hand, it upregulates anti-inflammatory IL-10. So curcumin has both prophylactic and therapeutic effects on virus-induced pneumonia and mortality (Lai *et al.* 2020).

Curcumin reduces collagen deposition, expression of myofibroblasts and slows down the development of pulmonary fibrosis (Amini *et al.* 2018; Li *et al.* 2020). Combined application of vitamin C, curcumin and glycyrrhizic acid was found effective against this virus by regulation of crucial pathways (Kandeel & Al-Nazawi 2020). Clinical studies using nanoencapsulated curcumin significantly reduced symptoms of COVID-19 (fever, cough, and dyspnea) (Tahmasebi *et al.* 2020; Valizadeh *et al.* 2020).

Future prospects

Antiviral and anti-inflammatory activities of several natural substances have been amply demonstrated in the past and preclinical studies carried out across the world offer mounting evidence. Their potential to inhibit or alter the configuration of structural, non-structural and accessory proteins coded by SARS-CoV-2 genome has been thoroughly explored in these studies. Thus, such natural substances from spices can reduce the severity of COVID-19 symptoms and may seem promising as effective treatments against COVID-19. Among them, curcumin and piperine could be considered as attractive alternatives for managing coronavirus infections, in view of their preventative and therapeutic role proved through recent clinical trials. Even at high concentrations, curcumin is a well-tolerated natural compound in humans. Therefore, it appears logical to combine it with drugs that are already approved for use. However, we need further detailed experimental evaluation and clinical validation to implement them as potent therapeutic agents against SARS-CoV-2.

As of now, SARS-CoV-2 infection is not amenable to any specific treatment. With the onset of the pandemic, especially its second wave, public health services have dramatically failed in multiple countries. In such challenging times, food medicines have a major role to play in maintaining holistic well-being of communities. So apart from understanding the alleged biological activities of spices, it is high time that we pay more attention to study

the trustworthiness and scientific accuracy of spice based food medicines in community health systems. Such an approach will help in designing a global health strategy that is more robust, institutionalized, affordable and sustainable.

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