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Review Article

Cinnamon inhibits platelet function and improves cardiovascular system

Mahdieh Mehrpour¹, Rafie Hamidpour², Mohsen Hamidpour^{3,*}

¹ Department of Medical Laboratory Sciences, School of Allied Medical Sciences, Alborz University of Medical Sciences, Karaj, Iran

² Department of Herbal Medicine, Pars Biomedical Research, Kansas, USA

³ HSCRC Research Center- Department of Hematology and Blood Banking, School of Allied Medical Sciences, Shahid Beheshti University of Medical Sciences, Tehran, Iran

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Abstract

Background: Cinnamon belongs to the Lauraceae family and is one of the most common spices that are used as traditional medicine in the world. The bark and leaf of cinnamon contain essential oils and derivatives including cinnamaldehyde, cinnamic acid and several other compounds such as polyphenols. Moreover, anti-inflammatory and lipid lowering properties of cinnamon has been proven. **Objective:** The goal of this review is to find out whether cinnamon extract was used as an anticoagulant and anti-aggregation properties for the platelets or not. **Methods:** Using the search engine tools such as PubMed and Scopus, the articles that were studied cinnamon and its effects on platelets function and cardiovascular disease were under reviewed. **Results:** This article presents a comprehensive analysis of cinnamon compounds and their effects on platelet function and cardiovascular disease. **Conclusion:** Taken together, data show that cinnamon extract can inhibit platelet function and as a complementary medicine were used in cardiovascular disorder.

1. Introduction

Spices, pungent or aromatic substances, are dietary adjuncts which acquire from dried parts of plants including seeds, fruits, leaves, roots, bark and other parts of the tropical plants. They give the food a pleasant taste and smell. Early records indicate that spices were used as a medicine and food preservative in Egypt, Asia,

Greece and Rome. The use of spices as medications and food flavors continued in the Middle Ages [1]. Currently, there is a high tendency to identify natural products with low side effects for prevention of diseases [2]. On the other hand, diet-related factors play an important role in development of several human diseases such as cardiovascular disease [3]. Since the

Abbreviations: CA, cinnamonaldehyd; Sp, species; US, United State; AA, Arachidonic acid; PGG, Prostaglandin G; PGH, Prostaglandin H; HDL-c, High density Lipoprotein; LDL-c, Low Density Lipoprotein

*Corresponding author: mohsenhp@sbmu.ac.ir

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onset of human civilization, plants have become an integral part of society due to their medicinal and nutritional properties. So far, many commercial medicines have been made from herbal medicine, which includes digitoxin from *Digitalis purpurea* (foxglove) and salicin (the source of aspirin) from *Salix Alba* (willow bark) and emphasize the crucial role of plants for modern medicine production [4]. Among the spices, cinnamon is one of the most important which is used by people over the world and contains iron, manganese, fiber and calcium [5]. The genus *Cinnamomum* (commonly named cinnamon) belongs to the Lauraceae family and contains over 250 evergreens and shrubs that is mostly found in Asia and Australia. Cinnamon leaf and bark are used extensively as spices and sources of volatile oil [6]. A number of cinnamon species include *C. cassia* (cassia or Chinese cinnamon, the most common commercial type), *C. burmannii* (Korintje, Padang cassia, or Indonesian cinnamon), *C. loureiroi* (Saigon cinnamon, Vietnamese cassia, or Vietnamese cinnamon), *C. verum* (Sri Lanka Cinnamon, Ceylon cinnamon or *C. zeylanicum*) and *C. tamale* (Indian cinnamon). Remarkably, *Cinnamomum cassia* is not true cinnamon but it is a very similar spice called cassia [6].

2. Methods

In this review, search engines such as PubMed and, Scopus were applied to review articles that are related to cinnamon and its effects on platelets function and cardiovascular disease.

3. Results

In this study, we first review cinnamon compounds and then evaluate the traditional uses of cinnamon, safety and its effect on the platelets. Then, in the discussion section, we evaluated the

effect of cinnamon on lipids, platelets and cardiovascular diseases.

3.1. Cinnamon compounds

Cinnamon mainly contains essential oil and other derivatives, such as cinnamaldehyde, cinnamic acid, cinnamate and many other compounds such as polyphenols [7]. The chemical constituents of essential oil vary based on cinnamon species and different parts of the plants (leaf, bark and...) and include L-bornyl acetate, caryophyllene oxide, γ -eudesmol, β -caryophyllene, T-cadinol, δ -cadinene, trans- β -elemenone, cadalene, trans-cinnamaldehyde, α -pinene, camphene, β -pinene, limonene, citronellal, citronellol, citral, cinnamyl acetate, eugenol, L-borneol, caryophyllene oxide, E-nerolidol, α -cubebene, α -terpineol, terpinolene, and α -thujene (Table 1) [8-10].

3.2. Safety

Cinnamon has been used in food applications and as medicinal remedies from ancient times. It is the most frequently consumed spices and is both safe and relatively inexpensive. According to the United States Food and Drug Administration (USFDA), cinnamon spp., including common and cassia cinnamon are generally safe and well tolerated in amounts commonly found in food [14]. Cinnamon oil is also being listed and recognized as safe and is exempt from toxicity data requirements by the US Environmental Protection Agency (EPA) [14, 15].

3.3. Traditional uses of cinnamon

Cinnamon is traditionally used as a cure for cold, diarrhea, pain killer, stomach illnesses, digestive problems and also helps to eliminate bad breath [15-17]. Cinnamon extract also has antimicrobial [18-23], antifungal [24, 25] and anti-

Table 1. Chemical constituents of volatile oil in different parts of *C. zeylanicum* [11-13]

Part of the plant	Major compounds	Amount of compounds
Leaf	Eugenol	87.3%
	Bicyclogermacrene	3.6%
	α -Phellandrene	1.9%
	β -Caryophyllene	1.9%
Bark	E-Cinnamaldhyde	97.7%
	δ -Cadinene	0.9%
	α -Copaene	0.8 %
	α -Amorphene	0.5%
Bud	α -Copaene	23.05%
	α -Bergamotene	27.38%
	α -Humulene	6.19%
	δ -Cadinene	5.97%
Fruit Stalk	Cinnamyl acetate	36.59%
	Caryophyllene	22.36%
	α -Humulene	5.49%
	T-Cadinol	4.90%

parasitic [26, 27] properties which can treat infection diseases. Moreover, the chemical composition of cinnamon has an anti-inflammatory [8, 10, 28, 29], anticancer and anti-oxidative [34-38] properties.

3.4. The role of platelets in cardiovascular disease

Globally, cardiovascular disease is one of the major causes of mortality [39]. Given this, ischemic heart disease is expected to be the leading cause of death by 2020 and is responsible for one out of every three deaths in the world [40, 41]. Since platelet hyperactivity is involved in arterial thrombosis and atherosclerosis, platelets play a vital role in cardiovascular disease [42]. Consequently, antiplatelet therapy is proven to reduce the risk of cardiovascular disease[43]. Antiplatelet drugs are classified based on mechanism of action on the platelets, which involve drugs that inhibit adhesion, activation, and aggregation. Aspirin, among the commonly used drugs, inhibits platelet activation [44], although, its ordinary use is associated with gastrointestinal bleeding [45]. With this in mind, there is an effort

to reduce these side effects using traditional medicine such as cinnamon.

3.5. Inhibitory effect of cinnamon on platelets

Since inhibition of platelets, reduces the burden of cardiovascular disease, the use of cinnamon has been evaluated by many researchers, and there are many studies in this field. Various studies in this regard are subdivided into two categories: in vitro and invivo studies.

3.5.1. In vitro studies

Study of cinnamon components showed, eugenol, amygdala tone, cinnamic alcohol, 2-hydroxy cinnamaldehyde, 2-methoxy cinnamaldehyde, and conifer aldehyde have the most antiaggregatory effect. This group showed that some of cinnamon ingredients have mild anticoagulant effects and inhibit platelet aggregation more effectively than aspirin [46]. Other studies have also shown that eugenol can inhibit platelet aggregation induced by various agonists (especially arachidonic acid) by inhibiting thromboxane A2 (TXA2) [47, 48]. Therefore, it

seems that the platelet aggregation is diminished indirectly by inhibiting the thromboxane A₂ synthesis. Hung et al. have shown that cinhalaldehyde (CA) can inhibit in vitro platelet aggregation induced by collagen, thrombin, arachidonic acid and adenosine diphosphate (ADP) [49]. CA repress the release of arachidonic acid (AA) from platelet membrane phospholipids and then reduces thromboxane A₂ production (an eicosanoid and metabolite of AA) [50]. Other in vitro studies in human platelet, rat isolated aorta and guinea-pig isolated trachea showed CA, a new lignan, isolated from *Cinnamomum philippinense*, is a novel dual thromboxane synthase inhibitor and TXA₂ receptor antagonist which can restrain PRP aggregation induced by AA, collagen and U-46619 [51].

3.5.2. In vivo studies

CA markedly prolonged the hemorrhage and coagulation times in mice. Antithrombotic effects of CA were also demonstrated in mouse and rat models [49, 52, 53]. in vivo prohibition of thrombosis formation by CA may be due to inhibition of platelet aggregation and the mechanism may be associated with interaction of platelet and smooth muscle cell via platelet-derived TXA₂ [50], a potent agonist for platelet activation and clot formation [54]. So TXA₂ reduction by CA may contribute to reduction of platelet thrombosis. In vivo studies in mice and guinea-pigs showed CA can prolong tail bleeding time of mice and appears to be a promising approach to antithrombotic therapy [51].

4. Discussion

Traditional medicine has minimal side effects and become very popular [55] in the improvement of ischemic heart disease [56]. Among traditional medicine, cinnamon extract has anticoagulant and antiaggregation properties for the platelets.

Furthermore, it would be suggested that cinnamon can reduce other risk factors associated with cardiovascular disease, such as hyperlipidemia and hyperglycemia. In this regard, it was shown that administration of cinnamon to hypercholesterolemic rats, increased HDL-cholesterol levels and decreased the concentration of triglyceride and low density lipoprotein - cholesterol (LDL-C) levels [57]. Cinnamon supplementation (1.5 g/day for 60 days) in patients with type 2 diabetes mellitus also was accompanied by increasing in high density lipoprotein-cholesterol (HDL-C) levels and reduction in triglyceride and cholesterol [58, 59].

Interestingly, control of blood glucose, improve lipid profiles [60]. In this regard, water-soluble polyphenol polymers [61] or methylehydroxychalcone polymers [62] from cinnamon potentiate insulin action [63] which can be associated with reduction in glucose and subsequently lipid levels. On the other hand, hyperlipidemia is associated with increased platelet activity following various agonists and procoagulant state. It seems that cholesterol plays critical role in activating of platelets [64, 65]. Therefore, platelets of hypercholesterolemic patients with high levels of low density lipoprotein (LDL), exhibit high aggregability and enhanced activity [66, 67]. Platelets are activated by native LDL (nLDL) through apoE Receptor [68] and Oxidized low density lipoprotein (Ox-LDL) via CD36 and scavenger receptor-A (SRA) [69, 68]. Absorption of cholesterol by the platelets is associated with increased sensitivity to epinephrine and adenosine diphosphate (ADP) [70]. On the other hand, hypercholesterolemia is associated with high mean platelet volume (MPV) and low platelet count and platelets are more susceptible to activation [71].

The cinnamon water extract also inhibits differentiation of monocytes into macrophages by

reducing the expression of CD11b, CD36 and SRA [72], so indirectly reduces foam cells formation and ultimately limits the formation of atherosclerotic

plaque. Fig. 1 demonstrates the effect of cinnamon on lipid profile and platelet function.

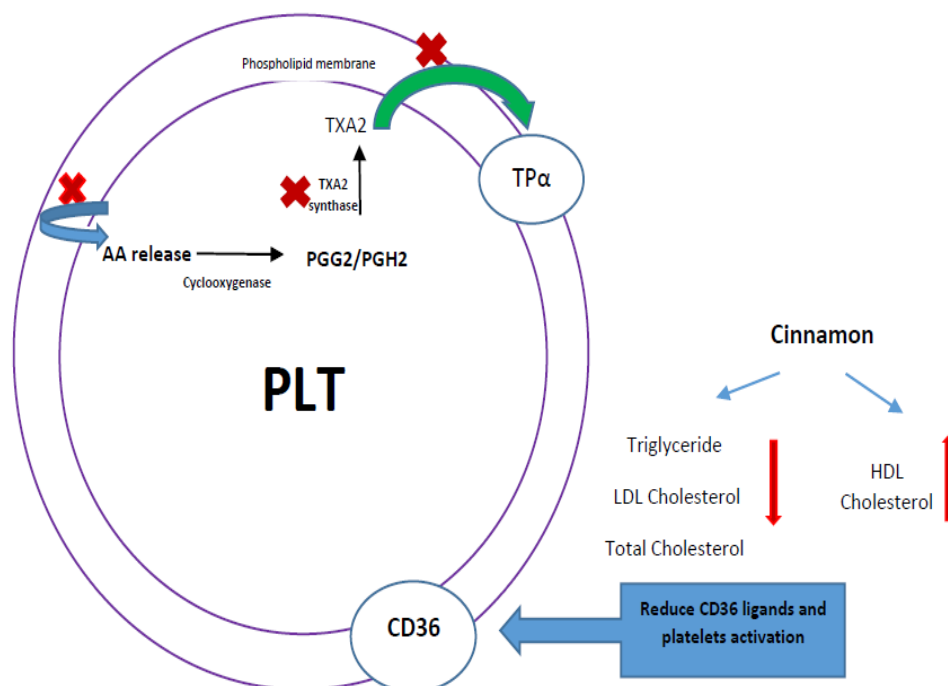


Fig. 1. Cinnamon effect on platelets and lipid profile. The antiaggregation effect of cinnamon on platelets is mediated by inhibition of arachidonic acid (AA) release from platelet membrane phospholipids and reduction of thromboxane A2 (TXA2) production. Cinnamon also decreases triglyceride, LDL cholesterol and total cholesterol and increases HDL cholesterol in serum. Since LDL and Ox-LDL are high affinity ligands for CD36 which lead to platelet activation, a reduction in LDL levels by cinnamon, decreases platelet activation.

5. Conclusion

Cinnamon, as a spice, has been used for many years to taste the foods, but also possesses great medicinal values. Several studies have shown that cinnamon could be effective and safe in treatment of serious illnesses including cardiovascular disease.

In addition to cinnamon water extract, different cinnamon compounds have inhibitory effects on platelet function and lipid levels. Since lipid lowering effect of cinnamon can ultimately lead to decreased platelet activation, it seems that, both mechanisms are ultimately associated with inhibition of platelet activation and thus are

accompanied by a reduction of risk for cardiovascular disease.

Therefore, cinnamon can help prevent heart disease and reduce its symptoms. Further studies are needed to examine the effectiveness of this herbal medicine in the treatment and prevention of cardiovascular disease.

Author contributions

Concept: Mahdiah Mehrpouri, Mohsen Hamidpour

Literature Search: Mohsen Hamidpour, Rafie Hamidpour, Mahdiah Mehrpouri

Writing: Mahdiah Mehrpouri, Mohsen Hamidpour.

Conflict of interest

The authors declare that there is no conflict of interest.

References

1. Sangal A. Role of cinnamon as beneficial antidiabetic food adjunct: a review. *Advances in Applied Science Res.* 2011; 2 (4): 440-50.
2. Hamidpour R, Hamidpour S, Hamidpour M, Shahlari M, Sohraby M, Shahlari N and et al. Russian olive (*Elaeagnus angustifolia* L.): From a variety of traditional medicinal applications to its novel roles as active antioxidant, anti-inflammatory, anti-mutagenic and analgesic agent. *eJTCM* 2017; 7 (1): 24-9.
3. R Vasanthi H and P Parameswari R. Indian spices for healthy heart-an overview. *Current Cardiology Reviews* 2010; 6 (4): 274-9.
4. Hamidpour R, Hamidpour S, Hamidpour M, Shahlari M, Sohraby M. Summer Savory: From the Selection of Traditional Applications to the Novel Effect in Relief, Prevention, and Treatment of a Number of Serious Illnesses such as Diabetes, Cardiovascular Disease, Alzheimer's Disease, and Cancer. *eJTCM* 2014; 4 (4): 140-144.
5. Hariri M and Ghiasvand R. Cinnamon and Chronic Diseases. *Drug Discovery from Mother Nature*. Springer; 2016, pp: 1-24.
6. Barceloux DG. Cinnamon (cinnamomum species). *Disease-A-Month* 2009; 55 (6): 327-35.
7. Senanayake UM, Lee TH and Wills RB. Volatile constituents of cinnamon (*Cinnamomum zeylanicum*) oils. *J. Agricultural and Food Chem.* 1978; 26 (4): 822-4.

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8. Tung Y-T, Chua M-T, Wang S-Y and Chang S-T. Anti-inflammation activities of essential oil and its constituents from indigenous cinnamon (*Cinnamomum osmophloeum*) twigs. *Bioresource Technol.* 2008; 99 (9): 3908-13.
9. Lin C-T, Chen C-J, Lin T-Y, Tung JC and Wang S-Y. Anti-inflammation activity of fruit essential oil from *Cinnamomum insularimontanum* Hayata. *Bioresource Technol.* 2008; 99 (18): 8783-7.
10. Tung Y-T, Yen P-L, Lin C-Y and Chang S-T. Anti-inflammatory activities of essential oils and their constituents from different provenances of indigenous cinnamon (*Cinnamomum osmophloeum*) leaves. *Pharmaceutical Biol.* 2010; 48 (10): 1130-6.
11. Singh G, Maurya S and Catalan CA. A comparison of chemical, antioxidant and antimicrobial studies of cinnamon leaf and bark volatile oils, oleoresins and their constituents. *Food and Chemical Toxicol.* 2007; 45 (9): 1650-61.
12. Jayaprakasha GK, Rao LJ and Sakariah KK. Chemical composition of volatile oil from *Cinnamomum zeylanicum* buds. *Zeitschrift für Naturforschung C.* 2002; 57 (11-12): 990-3.
13. Jayaprakasha GK, Jagan Mohan Rao L and Sakariah KK. Volatile constituents from *Cinnamomum zeylanicum* fruit stalks and their antioxidant activities. *J. Agricultural and Food Chem.* 2003; 51 (15): 4344-8.
14. Hamidpour R, Hamidpour M, Hamidpour S and Shahlari M. Cinnamon from the selection of

traditional applications to its novel effects on the inhibition of angiogenesis in cancer cells and prevention of Alzheimer's disease, and a series of functions such as antioxidant, anticholesterol, antidiabetes, antibacterial, antifungal, nematocidal, acaracidal, and repellent activities. *J. Traditional and Complementary Medicine* 2015; 5 (2): 66-70.

15. Jakheta V, Patel R, Khatri P, Pahuja N, Garg S, Pandey A and et al. Cinnamon: a pharmacological review. *J. Advanced Scientific Res.* 2010; 1 (2): 19-23.

16. Shen Y, Jia L-N, Honma N, Hosono T, Ariga T and Seki T. Beneficial effects of cinnamon on the metabolic syndrome, inflammation, and pain, and mechanisms underlying these effects—a review. *eJTCM* 2012; 2 (1): 27-32.

17. Aneja KR and Joshi R. Antimicrobial activity of *Syzygium aromaticum* and its bud oil against dental cares causing microorganisms. *Ethnobotanical Leaflets* 2010; 14: 960-75.

18. Chang S-T, Chen P-F and Chang S-C. Antibacterial activity of leaf essential oils and their constituents from *Cinnamomum osmophloeum*. *J. Ethnopharmacol.* 2001; 77 (1): 123-7.

19. Hili P, Evans C and Veness R. Antimicrobial action of essential oils: the effect of dimethylsulphoxide on the activity of cinnamon oil. *Letters in Applied Microbiol.* 1997; 24 (4): 269-75.

20. Matan N, Rimkeeree H, Mawson A, Chompreeda P, Haruthaithanasan V and Parker M. Antimicrobial activity of cinnamon and clove oils under modified atmosphere conditions. *International J. Food Microbiol.* 2006; 107 (2): 180-5.

21. Gende LB, Floris I, Fritz R and Eguaras MJ. Antimicrobial activity of cinnamon (*Cinnamomum zeylanicum*) essential oil and its main components against *Paenibacillus* larvae from Argentina. *Bulletin of Insectol.* 2008; 61 (1): 1.

22. Kędzia A. The activity of cinnamon oil (*Oleum Cinnamomi*) against anaerobic bacteria. *Postępy Fitoterapii.* 2011; 1: 1-6.

23. Nabavi SF, Di Lorenzo A, Izadi M, Sobarzo-Sánchez E, Daglia M and Nabavi SM. Antibacterial effects of cinnamon: From farm to food, cosmetic and pharmaceutical industries. *Nutrients* 2015; 7 (9): 7729-48.

24. Wang S-Y, Chen P-F and Chang S-T. Antifungal activities of essential oils and their constituents from indigenous cinnamon (*Cinnamomum osmophloeum*) leaves against wood decay fungi. *Bioresource Technol.* 2005; 96 (7): 813-8.

25. Kędzia A, Ziółkowska-Klinkosz M, Kusiak A, Kochańska B, Kędzia AW and Wojtaszek-Słomińska A. The activity in vitro of cinnamon oil (*Oleum Cinnamomi*) against yeast like fungi. *Postępy Fitoterapii.* 2015; (16) 1: 16-20.

26. Park I-K, Park J-Y, Kim K-H, Choi K-S, Choi I-H, Kim C-S and et al. Nematicidal activity of plant essential oils and components from garlic (*Allium sativum*) and cinnamon (*Cinnamomum verum*) oils against the pine wood nematode (*Bursaphelenchus xylophilus*). *Nematol.* 2005; 7 (5): 767-74.

27. Kong J-O, Lee S-M, Moon Y-S, Lee S-G and Ahn Y-J. Nematicidal activity of cassia and cinnamon oil compounds and related compounds toward *Bursaphelenchus xylophilus* (Nematoda: Parasitaphelenchidae). *J. Nematol.* 2007; 39 (1): 31.

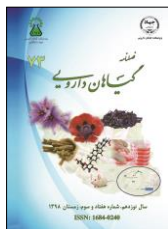
28. Chao LK, Hua K-F, Hsu H-Y, Cheng S-S, Liu J-Y and Chang S-T. Study on the antiinflammatory activity of essential oil from leaves of *Cinnamomum osmophloeum*. *J. Agricultural and Food Chem.* 2005; 53 (18): 7274-8.
29. Hong J-W, Yang G-E, Kim YB, Eom SH, Lew J-H and Kang H. Anti-inflammatory activity of cinnamon water extract in vivo and in vitro LPS-induced models. *BMC Complementary and Alternative Medicine* 2012; 12 (1): 237.
30. Lu J, Zhang K, Nam S, Anderson RA, Jove R and Wen W. Novel angiogenesis inhibitory activity in cinnamon extract blocks VEGFR2 kinase and downstream signaling. *Carcinogenesis* 2009; 31 (3): 481-8.
31. Kwon H-K, Jeon WK, Hwang J-S, Lee C-G, So J-S, Park J-A and et al. Cinnamon extract suppresses tumor progression by modulating angiogenesis and the effector function of CD8+ T cells. *Cancer Letters* 2009; 278 (2): 174-82.
32. Kwon H-K, Hwang J-S, So J-S, Lee C-G, Sahoo A, Ryu J-H and et al. Cinnamon extract induces tumor cell death through inhibition of NFκB and AP1. *BMC Cancer* 2010; 10 (1): 392.
33. Koppikar SJ, Choudhari AS, Suryavanshi SA, Kumari S, Chattopadhyay S and Kaul-Ghanekar R. Aqueous cinnamon extract (ACE-c) from the bark of *Cinnamomum cassia* causes apoptosis in human cervical cancer cell line (SiHa) through loss of mitochondrial membrane potential. *BMC Cancer* 2010; 10 (1): 210.
34. Mancini-Filho J, Van-Koij A, Mancini D, Cozzolino F and Torres R. Antioxidant activity of cinnamon (*Cinnamomum zeylanicum*, Breyne) extracts. *Bollettino Chimico Farmaceutico.* 1998; 137 (11): 443-7.
35. Shobana S and Naidu KA. Antioxidant activity of selected Indian spices. *Prostaglandins, Leukotrienes and Essential Fatty Acids (PLEFA)*. 2000; 62 (2): 107-10.
36. Mathew S and Abraham TE. Studies on the antioxidant activities of cinnamon (*Cinnamomum verum*) bark extracts, through various in vitro models. *Food Chem.* 2006; 94 (4): 520-8.
37. Mathew S and Abraham TE. In vitro antioxidant activity and scavenging effects of *Cinnamomum verum* leaf extract assayed by different methodologies. *Food and Chemical Toxicol.* 2006; 44 (2): 198-206.
38. Kim N-M, Sung H-S and Kim W-J. Effect of solvents and some extraction conditions on antioxidant activity in cinnamon extracts. *Korean Journal of Food Science and Technol.* 1993; 25 (3): 204-9.
39. Ross R. The pathogenesis of atherosclerosis: a perspective for the 1990s. *Nature.* 1993; 362 (6423): 801-9.
40. Maracy MR, Isfahani MT, Kelishadi R, Ghasemian A, Sharifi F, Shabani R and et al. Burden of ischemic heart diseases in Iran, 1990-2010: Findings from the Global Burden of Disease study 2010. *J. Research in Medical Sciences: The Official J. Isfahan University of Medical Sciences* 2015; 20 (11): 1077.
41. Members WG, Benjamin EJ, Blaha MJ, Chiuve SE, Cushman M, Das SR and et al. Heart disease and stroke statistics-2017 update: a report from the American Heart Association. *Circulation* 2017; 135 (10): e146.
42. Duric K, Kovac-Besovic EE, Niksic H, Muratovic S and Sofic E. Anticoagulant activity of some *Artemisia dracunculus* leaf extracts.

- Bosnian J. Basic Medical Sciences* 2015; 15 (2): 9.
- 43.** Paez Espinosa EV, Murad JP and Khasawneh FT. Aspirin: pharmacology and clinical applications. *Thrombosis* 2011; 2012: 1-15.
- 44.** Ittaman SV, VanWormer JJ and Rezkalla SH. The role of aspirin in the prevention of cardiovascular disease. *Clinical Medicine & Res.* 2014; 12 (3-4): 147-54.
- 45.** Huang ES, Strate LL, Ho WW, Lee SS and Chan AT. Long-term use of aspirin and the risk of gastrointestinal bleeding. *The American J. Medicine* 2011; 124 (5): 426-33.
- 46.** Kim SY, Koo YK, Koo JY, Ngoc TM, Kang SS, Bae K and et al. Platelet anti-aggregation activities of compounds from *Cinnamomum cassia*. *J. Medicinal Food* 2010; 13 (5): 1069-74.
- 47.** Raghavendra R and Naidu KA. Spice active principles as the inhibitors of human platelet aggregation and thromboxane biosynthesis. *Prostaglandins, Leukotrienes and Essential Fatty Acids* 2009; 81 (1): 73-8.
- 48.** Chen S-J, Wang M-H and Chen J. Antiplatelet and calcium inhibitory properties of eugenol and sodium eugenol acetate. *General Pharmacology: The Vascular System* 1996; 27 (4): 629-33.
- 49.** Huang J, Wang S, Luo X, Xie Y and Shi X. Cinnamaldehyde reduction of platelet aggregation and thrombosis in rodents. *Thrombosis Res.* 2007; 119 (3): 337-42.
- 50.** Takenaga M, Hirai A, Terano T, Tamura Y, Kitagawa H and Yoshida S. In vitro effect of cinnamic aldehyde, a main component of *Cinnamomi cortex*, on human platelet aggregation and arachidonic acid metabolism. *J. Pharmacobio-Dynamics* 1987; 10 (5): 201-8.
- 51.** Yu SM, Wu TS and Teng CM. Pharmacological characterization of cinnamophilin, a novel dual inhibitor of thromboxane synthase and thromboxane A2 receptor. *British J. Pharmacol.* 1994; 111 (3): 906-12.
- 52.** Huang J, Luo X, Wang S, Xie Y and Shi X. Effects of cinnamaldehyde on platelet aggregation and thrombosis formation. *Chin. J. Clin. Rehabil.* 2006; 10: 34-6.
- 53.** Matsuda H, Matsuda R, Fukuda S, Shiimoto H and Kubo M. Anti-thrombic actions of 70% methanolic extract and cinnamic aldehyde from *cinnamomi cortex*. *Chemical and Pharmaceutical Bulletin* 1987; 35 (3): 1275-80.
- 54.** Osende J, Shimbo D, Fuster V, Dubar M and Badimon J. Antithrombotic effects of S 18886, a novel orally active thromboxane A2 receptor antagonist. *J. Thrombosis and Haemostasis* 2004; 2 (3): 492-8.
- 55.** Craig WJ. Health effects of vegan diets. *The American J. Clinical Nutrition* 2009; 89 (5): 1627S-33S.
- 56.** Rajaram S. The effect of vegetarian diet, plant foods, and phytochemicals on hemostasis and thrombosis. *The American J. Clinical Nutrition* 2003; 78 (3): 552S-8S.
- 57.** Rahman S, Begum H, Rahman Z, Ara F, Iqbal MJ and Yousuf AKM. Effect of cinnamon (*Cinnamomum cassia*) as a lipid lowering agent on hypercholesterolemic rats. *J. Enam Medical College.* 2013; 3 (2): 94-8.
- 58.** Sengsuk C, Sanguanwong S, Tangvarasittichai O and Tangvarasittichai S. Effect of cinnamon supplementation on glucose, lipids levels, glomerular filtration rate, and blood pressure of subjects with type 2 diabetes mellitus. *Diabetology International* 2016; 7 (2): 124-32.

59. Khadem HH, Farsad NA, Pourghassem GB, Ali AA and Nemati A. Effect of cinnamon supplementation on blood glucose and lipid levels in type2 diabetic patients. *Journal of Paramedical Sciences* 2011; 1 (2): 2-6.
60. Dugoua J, Perri D, Seely D, Ardilouze J, Ridout R, Bowers K and et al. P02. 123. The anti-diabetic and cholesterol-lowering effects of common and cassia cinnamon (*Cinnamomum verum* and *C. aromaticum*): a randomized controlled trial. *BMC Complementary and Alternative Medicine* 2012; 12 (1): P179.
61. Vafa M, Mohammadi F, Shidfar F, Sormaghi MS, Heidari I, Golestan B and et al. Effects of cinnamon consumption on glycemic status, lipid profile and body composition in type 2 diabetic patients. *International J. Preventive Medicine* 2012; 3 (8): 531.
62. Mang B, Wolters M, Schmitt B, Kelb K, Lichtinghagen R, Stichtenoth D and et al. Effects of a cinnamon extract on plasma glucose, HbA1c, and serum lipids in diabetes mellitus type 2. *European J. Clinical Investigation* 2006; 36 (5): 340-4.
63. Anderson RA, Broadhurst CL, Polansky MM, Schmidt WF, Khan A, Flanagan VP and et al. Isolation and characterization of polyphenol type-A polymers from cinnamon with insulin-like biological activity. *J. Agricultural and Food Chem.* 2004; 52 (1): 65-70.
64. Wang N and Tall AR. Cholesterol in platelet biogenesis and activation. *Blood* 2016; 127 (16): 1949-53.
65. Sener A, Ozsavci D, Oba R, Demirel GY, Uras F and Yardimci KT. Do platelet apoptosis, activation, aggregation, lipid peroxidation and platelet-leukocyte aggregate formation occur simultaneously in hyperlipidemia? *Clinical Biochem.* 2005; 38 (12): 1081-7.
66. Chan L, Luo X, Ni H, Shi H, Liu L, Wen Z and et al. High levels of LDL-C combined with low levels of HDL-C further increase platelet activation in hypercholesterolemic patients. *Brazilian J. Medical and Biological Res.* 2015; 48 (2): 167-73.
67. Korporeal SJ and Akkerman J-WN. Platelet activation by low density lipoprotein and high density lipoprotein. *Pathophysiology of Haemostasis and Thrombosis* 2006; 35 (3-4): 270-80.
68. Korporeal SJ, Van Eck M, Adelmeijer J, Ijsseldijk M, Out R, Lisman T and et al. Platelet activation by oxidized low density lipoprotein is mediated by CD36 and scavenger receptor-A. *Arteriosclerosis, Thrombosis, and Vascular Biol.* 2007; 27 (11): 2476-83.
69. Podrez EA, Byzova TV, Febbraio M, Salomon RG, Ma Y, Valiyaveetil M and et al. Platelet CD36 links hyperlipidemia, oxidant stress and a prothrombotic phenotype. *Nature Medicine* 2007; 13 (9): 1086-95.
70. Shattil S, Anaya-Galindo R, Bennett J, Colman RW and Cooper R. Platelet hypersensitivity induced by cholesterol incorporation. *J. Clinical Investigation.* 1975; 55 (3): 636.
71. Khan SH and Ahmad SA. Relationship between platelet indices and lipidemias: A cross-sectional study at Karachi. *Journal of Postgraduate Medical Institute (Peshawar-Pakistan).* 2014; 28 (2): 121-127.
72. Kang H, Park S-H, Yun J-M, Nam T-G, Kim Y-E, Kim D-O and et al. Effect of cinnamon water extract on monocyte-to-macrophage differentiation and scavenger receptor activity.

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2014; 14 (1): 90.

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مقاله مروری

دارچین موجب مهار عملکرد پلاکتی شده و سیستم قلبی عروقی را بهبود می بخشد مهدیه مهرپوری^۱، رفیع حمیدپور^۲، محسن حمیدپور^{۳*}

^۱ دانشگاه علوم پزشکی البرز، کرج، ایران

^۲ گروه داروهای گیاهی، مرکز تحقیقات بیومدیکال پارس، کانزاس، آمریکا

^۳ مرکز تحقیقات سلول های بنیادی خون ساز، دانشکده پیراپزشکی، دانشگاه علوم پزشکی شهید بهشتی، تهران، ایران

چکیده

اطلاعات مقاله

گل واژگان:

دارچین

عملکرد پلاکتی

بیماری قلبی عروقی

مقدمه: دارچین متعلق به خانواده برگ بو می باشد و یکی از رایج ترین ادویه هایی است که به عنوان داروی سنتی در جهان مورد استفاده قرار می گیرد. پوست و برگ دارچین حاوی روغن های ضروری و مشتقات از جمله الدهیدی دارچین، اسید دارچین و چندین ترکیب دیگر مانند پلی فنول ها می باشد. عصاره دارچین یکی از پرکاربردترین داروهای سنتی است که دارای خواص ضد التهابی و کاهش دهنده چربی می باشد. **هدف:** هدف از مرور مقالات رسیدن به این نکته که آیا دارچین دارای خاصیت ضد انعقادی و ضد تجمع پلاکتی می باشد. **روش بررسی:** با استفاده از ابزارهای موتورهای جستجو مانند PubMed و Scopus، مقالاتی در مورد تأثیرات دارچین بر عملکرد پلاکت ها و بیماری های قلبی و عروقی مورد بررسی قرار گرفت. **نتایج:** در این مقاله، یک تجزیه و تحلیل جامع از ترکیبات دارچین و تأثیر آنها بر عملکرد پلاکت و بیماری قلبی عروقی ارائه شده است. **نتیجه گیری:** روی هم رفته نتایج بر گرفته از مرور مقالات نشان داد که عصاره دارچین عملکرد پلاکتی دارد و به عنوان یک دارو مکمل می تواند در بیماری های قلبی عروقی استفاده کرد.

مخفف ها: (CA) cinnamonaldehyd; (Sp) species; (US) United State; (AA) Arachidonic acid; (PGG) Prostaglandin G; (PGH) Prostaglandin H; (HDL-c) High density Lipoprotein; (LDL-c) Low Density Lipoprotein
* نویسنده مسؤول: mohsenhp@sbmu.ac.ir

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