

The role of catechins of *Camellia sinensis* leaves in modulating antioxidant enzymes: A review and case study

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ABSTRACT

Free radicals are generated in the body due to pollution and unhealthy lifestyle. Unbalanced levels of free radicals and natural antioxidants in the body may induce oxidative stress (OS). OS is responsible for several illnesses, including diabetes mellitus, cancer, and cardiovascular disease. The antioxidants can potentially increase the defense mechanism against OS and protect human health. The study aimed to analyze the catechins' role as antioxidants. The catechins can upregulate antioxidant enzymes, scavenge free radicals, protect the DNA by intercalating to the helixes, and create chelation due to numerous hydroxyl moieties attached to the aromatic ring, which protects the structural integrity through electron delocalization. Epigallocatechin gallate (EGCG), a catechin with the greatest antioxidant capacity, has ortho-phenolic hydroxyl groups which potentially in binding free radicals. Moreover, the case study showed that dose-dependent treatment of tea had some benefits for human health. Humans with anemia and menopause cannot consume tea in high doses, which could worsen the condition. Conversely, humans with thalassemia are suggested to take tea to decrease the iron in their bodies. This review is expected to be a further study reference, mainly to clarify the EGCG process in restoring antioxidant enzymes and activating the thioredoxin antioxidant system.

INTRODUCTION

Unstable molecules, free radicals, are incomplete electrons in their external shell of molecules. This instability is promoted by the reactive free radical that eventually induces the tendency to bind nearby electrons (Elsayed Azab *et al.*, 2019; Gutowski and Kowalczyk, 2013; Liguori *et al.*, 2018). Free radicals, such as superoxide radical ($\bullet\text{O}_2$), hydroxyl radical ($\bullet\text{OH}$), nitric oxide (NOX, $\text{NO}\bullet$), and hydrogen peroxide (H_2O_2), could react with other molecules, causing various damage to cells, tissues, and organs (Wu, 2020). The increasing level of free radicals in the body caused by pollution, cigarette, and poor lifestyle may generate an imbalance of free radicals and antioxidant enzymes response,

defined as oxidative stress (OS). OS generates biomolecular damage and causes many diseases, such as heart disease, cancer, neurological disorder, diabetes mellitus (DM), and cardiovascular disease (CVD). (Costantini, 2019; Hajam *et al.*, 2022; Lushchak and Storey, 2021; Silveira *et al.*, 2021). Antioxidants are chemically capable of inhibiting the excessive oxidation process in the body and suppressing OS. These agents are also known as free radical scavengers (Haider *et al.*, 2020). Antioxidants possess many mechanisms against OS, such as stimulating antioxidant enzymes, scavenging the free radical directly, intercalating to DNA to prevent DNA damage, and other mechanisms. One type of antioxidant agent is catechins. Catechins are the primary phytochemical contained in tea (Dias *et al.*, 2018).

The antioxidant activity of white tea (WT) (Dias *et al.*, 2013), green tea (GT) (Zhao *et al.*, 2022), and the potential of *Camellia sinensis* (*C. sinensis*) constituents as an antioxidant in lipid system (Gramza and Korczak, 2005) have been discussed. Moreover, the role of GT in auto-photoaging, stress resistance, neuroprotective agent, and autophagy, which involves antioxidant

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activity, has also been reported (Prasanth *et al.*, 2019). Recent studies have also exposed some of the antioxidant mechanisms of polyphenol compounds in tea (Yan *et al.*, 2020). However, the role of catechins of *C. sinensis* in modulating antioxidant enzymes still needs to be thoroughly described. This review focuses on catechin's ability, especially on epigallocatechin gallate (EGCG), to stimulate the release of antioxidant enzymes in cells, animals, clinical study, and molecular mechanisms in antioxidant enzyme modulation based on the selenium level. Furthermore, a review of the case reports on the effect of drinking tea is also provided.

CATECHIN CLASSIFICATION

Catechins are polyhydroxylated polyphenols found in abundant levels in tea leaves (Huang *et al.*, 2019). High-performance liquid chromatography analysis reported several types of catechin compounds (Fig. 1), which includes EGCG, epicatechin gallate (ECG), epigallocatechin (EGC), and epicatechin (EC) (Ahmed *et al.*, 2019; Cao *et al.*, 2020; De Almeida Gonçalves *et al.*, 2015). All catechins and their diastereoisomers contain numerous phenolic hydroxyl groups connected to a benzene ring as their chemical structure. As a proton donor (H^+), the hydroxyl group helps stabilize the free radical, and the aromatic ring plays a role in maintaining the proxy stability via electronic resonance. The antioxidant activity of each catechin is different depending on the number of hydroxyl groups attached to the structure. The more the hydroxyl groups attached, the more the protons are available for donation for free radical stabilization (Reddyvari *et al.*, 2017). The antioxidant characteristics of each catechin are presented in Table 1. Based on their ability as antioxidants, catechins were categorized into EGCG > ECG > EGC > EC. Considering the highest antioxidant activity of EGCG, most studies have concentrated on evaluating the potential of this particular catechin (He *et al.*, 2018).

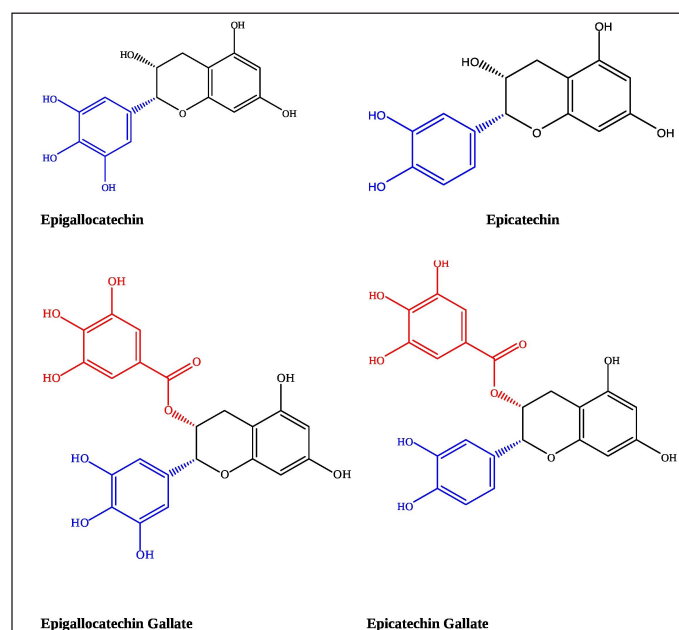


Figure 1. 2D structure of catechins: (a) EGC; (b) EC; (c) EGCG; (d) ECG.

EGCG, the primary polyphenol in *C. sinensis* leaves, has revealed numerous health-promoting effects, including antioxidants. Many studies have proven the EGCG activity as an antioxidant to suppress OS by forming chelate, donating hydrogen ions (H^+), and stimulating endogenous antioxidant enzymes (Abdel-Moneim *et al.*, 2018). EGCG is produced through the esterification of EGC, with moiety gallate linked to the C ring via an ester link. Due to its powerful reduction ability, EGCG possesses a potent antioxidant effect (Huang *et al.*, 2019). EGCG has eight hydroxyl sites that play an important role in forming free radicals, and radicalization reactions will produce antioxidant radicals with minimal reactivity. Proton donors in the ortho-hydroxyl group in ring B will create oxidized EGCG, which is more stable than meta-hydroxyl (Chiodo *et al.*, 2010; Hashim and Fry, 2020; Wagner *et al.*, 2006). EGCG has the most vigorous antioxidant activity among all catechin monomers because having six hydroxyls site in the ortho position (Xie *et al.*, 2020); hence, it has excellent potential as an iron chelation agent and free radical (Bernatoniene and Kopustinskiene, 2018). After contributing a proton, EGCG creates a resonance to stabilize the antioxidant radical, which is more stable than free radicals (Phimphilai *et al.*, 2021). The splitting of covalent bonds in organic molecules forms new free radicals, which initiate a chain reaction (Pan *et al.*, 2019). In the complex formed by the chelation of EGCG, the gallate group works to trap $\bullet OH$. The binding of $\bullet OH$ by such gallate is believed to have no prooxidant effect on EGCG (Lo'pez-Burillo *et al.*, 2003).

THE EFFECT OF EGCG IN STIMULATING ANTIOXIDANT ACTIVITY IN CELL LINES

Reactive oxidative stress (ROS) elimination occurs physiologically through free radical scavenging and the upregulation of antioxidant enzymes. Several studies have demonstrated that EGCG acts as a potent antioxidant via activating the nuclear factor-erythroid-2 related factor 2 (Nrf2) pathway. Activation of Nrf2 is the primary regulatory route of the antioxidant response to the decrease of OS (Xie *et al.*, 2020), transcription factors that induce antioxidant genes, and detoxification of the exogenous and endogenous OS (Yang *et al.*, 2015). Another study showed an increased role of antioxidant activity in the nuclear maturation process of bovine oocytes. The antioxidant modulation mechanism was assumed to be caused by Nrf2 pathway activation, which increases the action of the messenger ribonucleic acid superoxide dismutase (mRNAs SOD1), catalase (CAT), and glutathione peroxidase-4 (GPx4). EGCG could also surge the Nrf2 translocation to the nucleus and heme oxygenase-1 (HO-1) in human intestinal epithelial cells (HIEC), resulting in elevated levels of GPx4 and Solute Carrier Family 7 Member 11 (SIC7A11) in response to ionizing radiation (IR). This work demonstrated the antioxidant effect of EGCG not only via activating the Nrf2 pathway but also by preventing the production of 8-hydroxy-2-deoxyguanosine (8-Ohdg), which damages intestinal epithelial cells when exposed to infrared light. (Xie *et al.*, 2020)—the antioxidant mechanism via activation of Nrf2 pathway in mouse hippocampal neuronal cell line (HT22 cells) by GCG. GCG has been shown to protect neuronal cells from injury by inhibiting glutamate induction and stimulating N-acetylcysteine (NAC) production. The reduction

in glutamate synthesis avoids cellular ROS and Ca²⁺ storage and modulates Nrf2/HO-1 signaling, releasing NAC, a glutathione (GSH) antioxidant precursor capable of controlling glutamate production lines (Park *et al.*, 2021). GCG is an epi-isomer of EGCG, which is not commonly detected in fresh tea. GCG is only contained in tea products after being processed by drying, lighting, or extreme pH conditions during processing and storage (Wang *et al.*, 2021).

The existence of a mechanism of antioxidant enzyme overexpression via the signalling activation pathway of mitogen-activated protein kinase (MAPK) owing to phosphorylation of mitogen p38 and extracellular-signal-regulated kinase (ERK ½) has been proven. The activation of the MAPK signaling pathway will regulate Nrf2, thus elevating the expression of HO-1, which is responsible for enhancing antioxidant defense by upregulating antioxidant enzymes. HO-1 is one of the detoxifying pathways for phase 2 enzymes (Yang *et al.*, 2015; Zhao *et al.*, 2019). Moreover, EGCG has revealed an antioxidant activity in OS-induced human umbilical vein endothelial cells (HUVECs) and an increase in SOD1, CAT, and GPx activity in Ultraviolet B (UVB)-induced human epidermal keratinocyte cell line (HaCaT cells) (Yang *et al.*, 2015). In HaCaT cells, EGCG was thought to prevent the activation of the caspases-8 and caspases-3 pathways and the production of hyaluronidases (HYALs) limiting the number of radicals generated by UVB and sodium nitroprusside (SNP) exposure (Kim *et al.*, 2018). Table 2 summarizes the effects of EGCG on various OS-induced cell lines.

Another research attempted to investigate the antioxidant capacity of EGCG in preventing cell damage from ROS caused by gamma radiation water radiolysis. Surprisingly, EGCG has successfully intercalated in DNA helices and combated ROS directly via hydroxyl groups on aromatic rings (Fig. 2). EGCG can indirectly stimulate SOD and glutathione S-transferase (GST) activities. The study also discovered that EGCG has a greater antioxidant capacity than quercetin and vitamin C (Richi *et al.*, 2012). EGCG can defend DNA from free radical attacks and repair DNA damaged by free radicals (Zhao *et al.*, 2016). Other studies have confirmed the potential of EGCG as a chemopreventive drug

by trapping ROS directly in cancer cells. EGCG also improved cervical cancer biopsy potential by increasing cellular SOD and GPx activity (Hussain, 2017). SOD and GPx activity increases in human lung adenocarcinoma cell line (A549 cells) treated with EGCG (Cromie and Gao, 2015). However, some of these researches still lack explanation on the precise processes involved in enhancing antioxidant activity and sustaining the activity of antioxidant enzymes. Several studies on the effect of EGCG in stimulating antioxidant activity in cell lines are summarized in Table 2.

THE EFFECTS OF EGCG IN STIMULATING ANTIOXIDANT ACTIVITY IN ANIMALS

Several studies on the effect of EGCG in stimulating antioxidant activity in animals have been summarized in Table 3. EGCG could induce antioxidant enzymes and lower serum malondialdehyde (MDA) levels in mice induced by aluminum oxide nanoparticles (Al₂O₃-NPs). A dose of 10 mg EGCG increased creatinine, urea, and uric acid (UA) to near-normal levels, implying no oxidative damage in the form of nephrotoxicity and kidney dysfunction. Antioxidant mechanisms may occur, including stabilizing free radicals via H⁺ donors or induction of antioxidant enzymes by activating phase II enzyme production pathways (El Fattah *et al.*, 2018). EGCG can bind metals and form stable conjugate bonds with thiol-carrier compounds. As a result of dimethyl hydrazine (DMH) induction, the direct mechanism of EGCG in scavenging OS caused an increase in the activity of GSH, GST, glutathione reductase (GR), SOD, and CAT in the large intestine of rats (Afzal *et al.*, 2021). Another study reported that mice were induced with copper nanoparticles (CNP) and treated with green tea extract (GTE). GTE showed the capability as the hepatoprotective activity of GTE by lowering the activity of serum alanine aminotransferase (ALT) and aspartate transaminase (AST) enzymes, restoring the antioxidant activity of enzymes (SOD and CAT), increasing GSH concentrations, reducing MDA levels, and minimizing DNA fragmentation. The mechanisms underlying its antioxidant activity included directly scavenging free radicals by donating hydrogen, chelating processes that inhibit the Fenton reaction, thereby inhibiting the formation of •OH radicals, and

Table 1. The antioxidant characteristics of catechins based on their chemical structures.

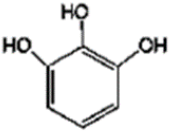
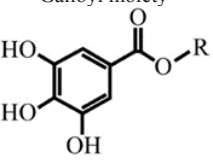
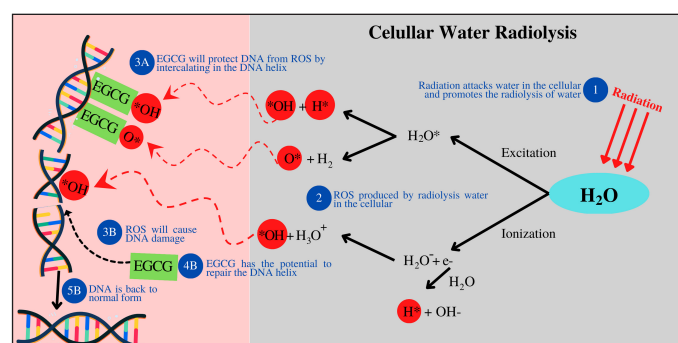
Chemical structure	EGCG	EGC	ECG	EC	Remarks	Ref
Pyrogallol 	Yes	Yes	Yes	Yes	<ul style="list-style-type: none"> Pyrogallol provides delocalization electrons. Ortho-dihydroxyl indicates a strong potential as an antioxidant and chelating iron. The number of –OH affects hydroxylation ability. It has been proven that pyrogallol connected to three OH groups oxidizes more rapidly than pyrogallol with two OHs due to the formation of free radicals. 	Bansal <i>et al.</i> (2013), Wang <i>et al.</i> (2018), Latos-Brozio and Masek (2019), Mokra <i>et al.</i> (2023)
Number of OH group Galloyl moiety 	8	6	7	5	<ul style="list-style-type: none"> More OH groups contribute to more hydrophilicity. Galloyl plays an important role in scavenging °OH radicals. Galloylated catechin is more effective than nongalloylated catechin. Galloyl moiety increases hydrophobicity and thus possesses a binding capacity to lipid bilayers. 	Nakayama <i>et al.</i> (2000) Ikeda <i>et al.</i> (2003), Grzesik <i>et al.</i> (2018), Zwolak (2021), Mokra <i>et al.</i> (2023)

Table 2. The effects of EGCG on various OS-induced cell lines.

Object of research	Exposure	Treatment	Result	Ref.
HIEC	IR	EGCG	HO-1 ↑ GPx4 ↑ SIC7A11 ↑	Xie <i>et al.</i> (2020)
Bovine oocytes matured cells	-	EGCG	SOD1 ↑ CAT ↑ GPX4 ↑	Huang <i>et al.</i> (2018)
Mouse hippocampal neuronal HT22 cells	-	GCG	Glutamate ↓ NAC ↑	Park <i>et al.</i> (2021)
Human lung cancer A549 cells	-	EGCG	SOD ↑ GPX1 ↑	Cromie and Gao (2015)
HUVEC	Ambient fine particulate matter (2.5)	EGCG	Nrf2-HO-1 expression ↑	Yang <i>et al.</i> (2015)
HaCaT cells	UVB irradiation	EGCG	CAT ↑ GPx ↑ SOD 1 ↑	Zhao <i>et al.</i> (2019)
HaCaT cells	UVB irradiation SNP	EGCG	Hyaluronic acid ↑ NO ↓	Kim <i>et al.</i> (2018)
Murine splenocytes cells	Gamma radiation	EGCG	SOD ↑ GST ↑ DNA Protection ↑	Richi <i>et al.</i> (2012)
Human cervical cancer cell line (HeLa) and cervical cancer biopsy	-	EGCG	SOD ↑ GPx ↑	Hussain (2017)

**Figure 2.** DNA protection from free radicals by EGCG [The concept was made by combining the idea from Reeves and Kanai (2017) and Yousefi and Moazami (2019)].

advanced responses that inhibit the occurrence of lipid peroxidation (LPO). EGCG and other catechins can induce mild OS levels to induce intracellular endogenous antioxidant expression (Ibrahim *et al.*, 2015).

Alcohol-induced diabetic rats treated with aqueous GTE exhibited a nonsignificant increase in antioxidant activity (GPx, SOD, GST, and CAT) and GSH concentrations compared to the control group. It concluded that the antioxidant mechanism possibly occurred by involving ROS scavenging (Kodidela *et al.*, 2020). A similar mechanism was shown in the study by Bártíková *et al.* (2017). This study did not show increased antioxidant enzyme activity and GSH concentrations in obese rats treated with a GTE-enriched diet. It might be owing to the long delay (7 months) in the induction of monosodium glutamate (MSG) and GTE-enriched diet, which caused severe damage to the body's antioxidant system, making it more challenging to recover (Bártíková *et al.*, 2017).

EGCG could improve structural disorders in the corpus cavernosum of aged rats by elevating of SOD activity of the penile, diminishing MDA levels, increasing its ability to counteract free radicals, and donating hydrogen donors to scavenge free radicals directly (Chen *et al.*, 2016). Supported by another study, catechins could develop germ cells and increase rat sperm viability by stimulating lactate production in Sertoli cells (Opuwari and Monsees, 2020). Pretreatment EGCG prevents kidney disease and mediates sperm dysfunction in fluoride-exposed male mice. In this case, EGCG antioxidant mechanisms increase

mitochondrial transmembrane potential, radical scavenging, and Nrf2-antioxidant response element (ARE) pathway. EGCG has a direct and indirect protective role in antioxidants. EGCG can directly prevent membrane permeability changes and stabilize it by OS induction because of its unique chemical structure. EGCG's chemical characteristics with the gallate moiety esterified (Ring A), the catechol group (Ring B), and the meta-hydroxyl group in Ring C played essential roles in directly scavenging radicals and protecting rat testes from fluoride-induced OS. The direct mechanism of EGCG is reported to be able to reduce the workload of SOD, CAT, and GPx by scavenging free radicals directly. In addition, EGCG can restore the antioxidant enzymes and uphold their activity. The amount of hydroxyl group in the structure of EGCG has electrophilic characteristics and has the potential to modify SH-residue in Keap 1, which causes Nrf2 to accumulate in the nucleus and bind the ARE to upregulate antioxidant enzyme activity (Thangapandiyam and Miltonprabu, 2015).

GTE can restore the antioxidant activity of enzymes (SOD and CAT), raise GSH levels, and limit DNA fragmentation in mice exposed to CNPs. Direct scavenging of free radicals by donating hydrogen and a chelating process, which inhibited the Fenton reaction, is also possible. The cessation of the Fenton reaction causes the inhibition of hydroxyl radicals' production and prevents the occurrence of LPO. EGCG and other catechins can promote intracellular endogenous antioxidant expression by inducing mild OS (Ibrahim *et al.*, 2015).

EGCG in another potential has been proven by Ibrahim *et al.* (2019). EGCG acts as a chemopreventive agent, which might be used with an anticancer drug. The study established the efficacy of EGCG as a chemopreventive medication compatible with cisplatin without adverse drug interactions. EGCG in GT has cardioprotective properties, specifically repairing oxidative and cardiac damage caused by cisplatin in cancer treatment by inducing and restoring SOD and GPx. Activation of Nrf2 may boost the expression of genes involved in manufacturing antioxidant enzymes and HO-1 for cell protection and anti-inflammatory signaling pathways (Ibrahim *et al.*, 2019). Long-term administration of WT in trained mice elevated endurance because it prevented hepatic tissue from LPO and enhanced trained mice's endogenous antioxidant defenses. The blood antioxidant status of antioxidant enzymes (SOD, GPx, GR, and GSH) improved in response to WT-induced exogenous antioxidants.

Table 3. The effects of EGCG in modulating antioxidant activity in animals.

Animal	Exposure/physical treatment	Treatment	Result	Ref.
UUO mice model	No exposure and physical treatment	EGCG at a dose of 50 mg/kg (ip, 14 days)	Kidney tissue analysis: SOD ↑ GPx ↑ CAT ↑	Wang <i>et al.</i> (2015)
Male albino Wistar rats	Fluoride at a dose of 25 mg/kg b.w/day (intragastric, 4 weeks)	EGCG at a dose of 40 mg/kg/day (oral, 4 weeks)	Renal tissue analysis: SOD ↑ GPx ↑ CAT ↑ GST ↑ GR ↑	Thangapandiyan and Miltonprabu (2014)
Male albino Wistar rats	Sodium fluoride at a dose of 25 mg/kg b.w/day (oral, 4 weeks)	EGCG at a dose of 40 mg/kg/day (oral, 4 weeks)	Testes analysis: SOD ↑ GPx ↑ CAT ↑ GST ↑ GR ↑	Thangapandiyan and Miltonprabu (2015)
Adult male albino rat	Al ₂ O ₃ -NPs at a dose of 50 mg/kg b.w (ip, three times a week for 3 weeks)	EGCG at a dose of 5 mg/kg b.w and 10 mg/kg b.w (i.v, 5 weeks)	Blood analysis: GSH ↑ SOD ↑ CAT ↑ MDA ↓ creatinine ↑ urea ↑ UA ↑	EI Fattiah <i>et al.</i> (2018)
Male adult Swiss albino mice	Cyclophosphamide at a dose of 100 mg/kg bw (ip, the administration only once an hour after the last treatment; after 14 days of GT treatment)	GT infusion at a dose of 250 mg/kg b.w/day (oral, 14 days)	Testes analysis: SOD ↑ GPx ↑ CAT ↓ GST ↑ Epididymis analysis: SOD ↑ GPx ↑ CAT ↑ GST ↑	Zanchi <i>et al.</i> (2015)
Female albino mice	Cisplatin at a dose of 7 mg/kg (ip, only once on the 27th day)	GTE at a dose of 400 mg/kg/day (oral, 30 days)	Cardiac tissue analysis: MDA ↓ SOD ↓ GPx ↑	Ibrahim <i>et al.</i> (2019)
Adult male albino Wistar rat	<ul style="list-style-type: none"> Streptozotocin (STZ) at a dose of 7 mg/kg (ip, only once administration) Alcohol (administration using an orogastric tube at a dose for 60 days started from 3 days after STZ induction) 	Aqueous GTE (administration using an orogastric tube for 60)	Blood analysis: GPx ↑ SOD ↑ GST ↑ CAT ↑ GSH ↑	Kodidela <i>et al.</i> (2020)
Albino Wistar rat	Ethanol 20% at a dose of 5 g/kg b.w/day (oral, 60 days)	GTE at a dose of 300 mg/kg b.w/day (oral, 60 days)	Liver tissue analysis: GPx ↑ SOD ↑ CAT ↑ GSH ↑	Reddyvari <i>et al.</i> (2017)
Male Wistar rat	Treadmill training and exhaustive tests (once a week for 10 weeks)	WT infusion (oral, every 2 days for 10 weeks)	Serum and liver tissue analysis: GPx ↑ SOD ↑ GR ↑ GSH ↑	Berilli <i>et al.</i> (2022)
Male NMRI mice	Newborn male mice were administered an aqueous solution of MSG subcutaneously from postnatal days 2–8. MSG dose 10 mg/day for days 2–6 and 15 mg/day for days 7–8	GTE-enrich diet at a dose of 1 g/kg (oral, 28 days after the age of the mice were 7 months)	Serum and erythrocyte analysis: no change in activity in GPx, CAT, SOD, GST, and GR, as well as GSH concentrations in serum analysis and	Bártíková <i>et al.</i> (2017)
Old Wistar male rats	No exposure and physical treatment	<ul style="list-style-type: none"> GT at a dose of 500 mg/kg (oral, 9 weeks) Selenium-GT at a dose of 500 mg/kg (oral, 9 weeks) 	Serum analysis: SOD ↑ GPx ↑ MDA ↓ Serum analysis: SOD ↑ GPx ↑ MDA ↓	Wu <i>et al.</i> (2022)
Male duckling	AFB1 at a dose of 0.3 mg/kg b.w/day (oral, for 7 days)	EGCG at a dose of 100 mg/kg/day BW (oral, 7 days)	Liver tissue analysis: SOD ↑ GPx ↑ CAT ↑	Wang <i>et al.</i> (2022)
Female albino rats	Tamoxifen at a dose of 45 mg/kg/day (ip, 7 days)	GT water extract at a dose of 15% w/v (oral, 21 days)	Liver tissue analysis: SOD ↑ GPx ↑ CAT ↑ MDA ↓	Mahboub (2016)
Male Wistar rats	DMH at a dose of 40 mg/kg b.wt (ip, administration on 7th day)	EGCG at a dose of 20 mg/kg b.wt (ip, 7 days)	Colon tissue analysis: SOD ↑ GPx ↑ GSH ↑ GST ↑ GR ↑ CAT ↑ MDA ↓	Afzal <i>et al.</i> (2021)
Male albino rats	Malathion at a dose of 50 mg/kg b.w/day in 0.2 ml corn oil (oral, 4 weeks)	GT at a dose of 36 mg/kg b.w/day in 0.2 ml distilled water (oral, 4 weeks)	Liver tissue analysis: SOD ↑ GSH ↑ GPx ↑	Elzoghby <i>et al.</i> (2014)
Male Kunming mice	Swimming exercise, 1 hour after the final treatment	EGCG at a dose of 200 mg/kg b.w/day in 1.5 ml distilled water (oral, 28 days)	Liver tissue and hind-limb skeletal muscle analysis: SOD ↑ GPx ↑ CAT ↑	Teng and Wu (2017)

* Intraperitoneally administration (ip), intravenously administration (iv).

GPx and antioxidant GSH system in the liver demonstrated higher activity than other antioxidant enzymes, with evidence of reduced peroxidative liver damage. The reaction between H₂O₂ and lipid hydroperoxide (LOOH) will produce MDA as a sign of peroxidative damage (Berilli *et al.*, 2022). Wang *et al.* (2022) reported a similar mechanism of antioxidant induction in their study of the reduction of aflatoxin B1 (AFB1)-induced ducks. The elevation in Nrf2 and HO-1 expression is caused by EGCG administration. It indicated the consequences of restoring antioxidant enzyme activity and preventing liver damage in ducks (Wang *et al.*, 2022).

The ability of EGCG to increase antioxidant enzyme activity by signaling the Nrf2 pathway was also exhibited in a preclinical investigation using the unilateral ureteral obstruction (UUO) mouse model. EGCG stimulates increasing the nuclear accumulation of Nrf2 and promotes Nrf2-ARE consensus element binding in the kidney UUO to increase antioxidant enzyme activity. Consequently, renal function improved dramatically, and the obstructed kidney gained weight (Wang *et al.*, 2015). Pretreatment EGCG in the rats' group induced by fluoride upregulated Nrf2 level by HO-1 signaling pathway. EGCG encourage Nrf2 to translocate to the nucleus and bind the ARE, increasing antioxidant activity in the renal tissue of rat (Thangapandiyan and Miltonprabu, 2014).

The catechins in GTE could also restore the activity of SOD, CAT, GPx, and GSH to near-normal levels following alcohol induction ($p < 0.05$). Antioxidants prevented D-loop mutations in alcohol-induced rat mitochondrial DNA. Mutations in the D-loop, the primary regulatory region for mitochondrial deoxyribonucleic acid (mtDNA) replication and transcription, would influence the stability of mtDNA. It can be hypothesized that the increase in antioxidant activity was due to catechins' capacity to repair SOD, CAT, GPx, and GSH activity (Reddyvari *et al.*, 2017). Antioxidant enzyme amelioration in prediabetic rats also occurred after treating WT infusion. Catechins of WT were estimated to rebuild the activity of SOD and GPx to near-normal levels. Although the precise process of enhancing the antioxidant activity of enzymes has not been conclusively elucidated yet, it is believed that activation of the Nrf-2 pathway increases the expression of antioxidant enzymes (Silveira *et al.*, 2021). Drinking WT regularly in prediabetic rats led to an increase in CAT levels, efficient ROS clearance, and restoring cerebral cortex antioxidant ability. EGCG, which belongs to the polyphenol group, is believed to have a neuroprotective effect from tea extracts (Nunes *et al.*, 2015). EGCG had antifatigue effects in rats because it could potentially improve the activities of SOD, CAT, and GPx to protect corpuscular membranes against LPO. There was no precise mechanism for upregulating the SOD, CAT, and GPx (Teng and Wu, 2017). In another study, EGCG in GT was predicted to prevent memory deficit and hippocampal oxidative damage. EGCG plays a role in diminishing the ROS and thiobarbituric acid reactive substances (TBARS) in ischemic mice hippocampus and avoids the elevation of excitotoxicity, nerve injury, and degeneration induced by OS in the brain (Martins *et al.*, 2017).

THE EFFECTS OF EGCG IN STIMULATING ANTIOXIDANT ACTIVITY IN HUMANS

Several studies reported the potential of EGCG in stimulating antioxidant activity in humans and the resume is provided in Table 4. Radiation-induced dermatitis in breast cancer patients following mastectomy could be treated with topical EGCG.

EGCG suppresses radiation damage via an antioxidant process, including DNA protection. EGCG intercalated into the DNA to bind the free radicals directly and reduce radiation harm. EGCG prevents DNA from free radicals and repairs the DNA damage induced by free radicals (Zhu *et al.*, 2016). Clinical trials of GTE administration on DM 2 patients with comorbid conditions showed the elevation of SOD and GPx activity after 9 months of therapy but declined after the 18th month. Compared to baseline levels, CAT activity increased only in the 18th month. The study also found that GTE had a beneficial effect on LPO markers, such as the lowering of LOOH and MDA, indicating antioxidant activity in the body (Spadiene *et al.*, 2014). MDA exhibited LPO-modified low-density lipoprotein is one of the initiators of atherogenesis (Suraphad *et al.*, 2017). The antioxidant activity of EGCG also occurred in peripheral blood mononuclear cells of patients with multiple sclerosis. EGCG suppresses NOX overactivity by competitively inhibiting the nicotinamide adenine dinucleotide phosphate (NADPH) oxidase enzyme with NADPH. The presence of neuronal calcium is promoted by NOX activation, a pathophysiological mechanism of neuronal dysfunction (Mossakowski *et al.*, 2015).

Though the increases were insignificant, GT infusion and GTE treatment increased GSH, GPx, and total antioxidant status (TAS) activity in individuals with metabolic system disease. The findings suggest that catechins selectively enhance endogenous antioxidant capacity in patients with metabolic syndrome by modulating endogenous antioxidant indicators. EGCG also exhibited a drop in iron levels in blood plasma, which was thought to be caused by the chelation process of EGCG (Basu *et al.*, 2013). Another research reported the potential of catechins in modulating antioxidant enzymes in chronic cigarette smokers. The rising of GSH, GPx, and SOD activity is due to EGCG's capacity to bind directly to ROS and accumulate the level of antioxidant enzymes, resulting in enhanced antioxidant activity in the blood (Shakeela Begum *et al.*, 2018). A clinical study of EGCG and ECG found both catechins in the plasma of healthy subjects given a single dose of decaffeinated GT catechins at random. Decaffeinated GT was generally well accepted by the participants. However, EGCG and ECG are free, whereas other catechins were primarily founded as glucuronide and sulfate conjugates (Chow *et al.*, 2005).

CrossFit exercise and GT ingestion built up aerobic capacity and antioxidant activity. The elevation in UA in plasma, an outcome of purine metabolism, is evidence of increased antioxidant activity. Another mechanism was proven by inhibiting ROS attacks on the bilayer membrane through direct contact with catechins. This study also demonstrated catechins' capacity to balance ROS generation with endogenous antioxidant defenses. The elevation of GSH and SOD levels in the blood, triggered by cellular signaling pathways, indicates a rise in antioxidant activity. Catechins can influence the expression of the first enzyme in the cellular GSH production pathway, namely, glutamyl cysteine synthetase (GCS) (Sadowska-Krępa *et al.*, 2019). Supported by other studies, catechins were observed to modulate the expression of γ -GCS as a precursor to increasing the total GSH levels in various organs (Carlsen *et al.*, 2003; Moskaug *et al.*, 2005). A different result was shown in the study by Jówko *et al.* (2015). GTE supplementation in sprinter athletes after repeated cycles of sprint tests (RST) exhibited a significant elevation in UA and plasma polyphenol levels in total rest. Even higher results were

demonstrated in total plasma after 24 hours of recovery. SOD and GPx revealed different effects, with a decrease in activity followed by a decrease in MDA levels 24 hours after recovery. In this investigation, GTE supplementation elevates plasma antioxidant activity, as seen by an increase in UA and MDA levels, suggesting antioxidant activity in the body. Catechins in GT stimulated antioxidant enzymes were thought to function synergistically to restore the body's equilibrium after RST in sprinter athletes (Jówko *et al.*, 2015). The lowering of TBARS oxidation indicated the presence of antioxidant activity, which suppress LPO, due to the presence of catechin-stimulated SOD activity in GT. The great activity of SOD in reducing LPO caused the level of SOD to decrease after treatment lowering (Maeda-Yamamoto *et al.*, 2018).

CASE REPORTS OF THE CONSUMPTION OF TEA IN HYPERTENSIVE PATIENTS WITH COMPLICATION

Several previous studies have been explored to investigate the influence of tea drink consumption on pharmacological effects in humans—several case studies are provided in Table 5.

Controlling the use of tea drinks is very important in this regard. People with postmenopause, celiac disease, atrophic gastritis, *Helicobacter pylori* infection, dietary deficits, intestinal resection, and bariatric surgery with gastric bypass cannot consume large doses of tea to avoid iron deficiency. Ingesting in the high level of tea alleviates Ferri's levels—because of the chelating process by catechin—and the amount of hemoglobin in the anemia patients' body leads to the exacerbation of anemia. In addition, excessive tea consumption inhibits the body's absorption of Ferri and other irons. EGCG in high concentration was similarly toxic to hepatocytes (Kucera *et al.*, 2015). The occurrence of hepatotoxicity in black tea is relatively uncommon, but this case demonstrated that large-scale black tea consumption possessed a risk of hepatotoxicity (Hadjipanayis *et al.*, 2019). This is possible because catechins act as pro-oxidants, replenish the potential mitochondrial membrane, and cause hepatotoxicity (Mazzanti *et al.*, 2015).

The case report by Chong *et al.* (2016) showed the occurrence of hypokalemia in patients with regular GT consumption. Still, the exact cause of hypokalemia has not

Table 4. The effects of EGCG in modulating antioxidant activity in humans.

Object of research	Treatment	Result	Ref.
Patients undergoing a modified radical mastectomy	<ul style="list-style-type: none"> External beam radiation to the chest wall was administered. A solution of EGCG (purity $\geq 95\%$) at a dose of 660 $\mu\text{mol/l}$ was sprayed over the entire radiation field at 0.05 ml/cm^2 three times a day for 2 weeks after radiation treatment was completed. Patients were advised not to use deodorants, lotions, creams, perfumes, or other products in areas of the radiation field. 	Lowers the effects of dermatitis	Zhu <i>et al.</i> (2016)
Adults with the metabolic syndrome	<ul style="list-style-type: none"> Group 1: The patient was given a GT drink of 4 cups/day for 8 weeks. One bag of commercial GT brewed in one cup of boiled water for 10 minutes. Group 2: The patient had been given 2 capsules + 4 cups of water/day for 8 weeks. 	Blood analysis: TAS \uparrow Fe \downarrow GSH \uparrow GPx \uparrow	Basu <i>et al.</i> (2013)
Chronic cigarette smokers (have smoked at least 15 to 20 filter cigarettes per day for a minimum of 7 years)	<ul style="list-style-type: none"> Respondents received three cups (100 ml) per day for a year. 	Blood analysis: GSH \uparrow GPx \uparrow SOD \uparrow CAT \uparrow MDA \downarrow	Shakeela Begum <i>et al.</i> (2018)
Students of the physical education faculty volunteered	<ul style="list-style-type: none"> Respondents were given a GTE capsule (containing 250 mg of standardized GTE) twice a day for 6 weeks. Respondents were asked to do a CrossFit exercise within a 5-day-on and 2-day-off workout structure for 6 weeks. 	Blood analysis: SOD \uparrow GSH \uparrow UA \uparrow	Sadowska-Krępa <i>et al.</i> (2019)
Type 2 diabetes patient with complications (Aged 35–80 years)	<ul style="list-style-type: none"> Patients were given ECs capsules twice a day for 9 months. Patients were then given ECs capsules thrice daily at months 9 to 18. 	Blood analysis: SOD \uparrow GPx \uparrow MDA \downarrow LOOH \downarrow	Spadiene <i>et al.</i> (2014)
Male sprinters (aged 21.6 ± 1.5 years)	<ul style="list-style-type: none"> Respondents were given GTE capsules (contained 980 mg polyphenols daily) for 2 periods (4 weeks/period) Respondents were asked for two (RST; 4×15 seconds, with 1-minute rest intervals) after PL and GTE supplementation. Exercises are performed at the end of each period (every after 4 weeks of treatment) Respondents were advised not to modify their diet or consume products containing GT and caffeine for up to 1 cup/day. 	Blood analysis: MDA \downarrow TAC \uparrow SOD \downarrow GPx \downarrow UA \uparrow	Jówko <i>et al.</i> (2015)
Japanese adult (aged 21–55 years) with slightly elevated BP	<ul style="list-style-type: none"> GT was extracted with hot water and sprayed dry to create a granulated powder composite containing cyclodextrin. The product was administered for 12 weeks; however, the dosage administered to volunteers was not specified. 	Blood analysis: oxidation marker TBARS \downarrow SOD \downarrow	Maeda-Yamamoto <i>et al.</i> (2018)

been explained. Chong *et al.* (2016) suspected that due to the influence of bendroflumethiazide, the drug could cause electrolyte imbalances, causing a decrease in potassium. However, it turned out that hypokalemia also occurred in female patients (67 years old) who did not take the drug. Hypokalemia may be caused by theophylline, which affects the activity of sodium/potassium ATPase, which causes extracellular hypokalemia (Chong *et al.*, 2016). We hypothesized that there are drug interactions with catechin compounds that cause hypokalemia. Lisinopril is a drug used to lower blood pressure (BP) by inhibiting the angiotensin-converting enzyme (ACE) and preventing the formation of angiotensin II. A decrease in angiotensin II causes a reduction in aldosterone secretion, so the reabsorption of sodium in the collecting duct decreases, and so does potassium excretion. It will cause an increase in potassium in the serum of hypertensive patients. Downregulating sodium levels and elevating potassium levels will reduce BP (Lopez *et al.*, 2022; Messerli *et al.*, 2018; Regulski *et al.*, 2015). GTE with a high EGCG content, when consumed with lisinopril, will cause a decrease in plasma concentration and excretion of lisinopril in the urine. It is because EGCG can inhibit the absorption of lisinopril in the gastrointestinal tract. Lowering lisinopril levels will reduce the efficacy of BP-lowering drugs, such as potassium supplements (Misaka *et al.*, 2021).

Patients with high levels of iron in the body, thalassemia, are advised to drink tea regularly. Tea EGCG will reduce iron levels by chelating iron with 3', 4'-dihydroxy and galloyl groups in its chemical structure (Fan, 2016; Heikal *et al.*, 2013; Jetsrisuparb *et al.*, 2014). Excess iron in cells produced OS through the Fenton reaction, resulting in oxidative cell damage and organ damage. Metal ions can combine with H₂O₂ to form hydroxyl radicals, which are highly reactive and toxic (Abraham *et al.*, 2015; Phimphilai *et al.*, 2021). Therefore, iron-chelating compounds will suppress iron levels and improve cellular function in thalassemia patients (Phimphilai *et al.*, 2021). Chelating iron can also inhibit the Haber–Weiss reaction, which causes several chronic diseases (Codoñer-Franch *et al.*, 2010; Valko *et al.*, 2007). Another benefit is that tea can also be an alternative hydration therapy in intracranial hypotension (Petramfar *et al.*, 2016).

MOLECULAR MECHANISM IN MODULATING ANTIOXIDANT ENZYMES

Antioxidant enzymes in the molecular mechanism are divided into two types based on selenium levels. Dong *et al.* (2016) and Wu *et al.* (2022) discovered that selenium levels influence the antioxidant mechanism in EGCG (Dong *et al.*, 2016; Wu *et al.*, 2022). EGCG, in a selenium-rich condition, activates the thioredoxin (Trx) and GSH pathways as the first line of antioxidant defense. Selenium is a component of Trx reductase, which also contributes to the body's antioxidant defense mechanism. Without selenium, EGCG will activate the Nrf2 pathway and increase HO-1 and NADPH levels, hence inducing antioxidant enzymes (Fig. 3) (Dong *et al.*, 2016).

Nrf2 transcriptional activation by EGCG occurs via Michael's reaction between an electrophile of EGCG with the cysteinyl thiol group in Keap1 (Ma, 2013; Thangapandiyan and Miltonprabu, 2014). Residues C273 and C288 are direct sensors responsible for the induction of the ARE-regulated enzymes

when EGCG and free radicals bind the C273 or C288 in the intervening region (IVR) domain (in the Keap1). The binding will downregulate Keap1, and Nrf2 will translocate to the nucleus. Nrf2 will bind with ARE to stimulate gene expression (HO-1 and NADPH quinone dehydrogenase 1 [(human)]) in the nucleus, thereby triggering the release of antioxidant enzymes, such as SOD, GPx, and CAT (Fig. 3) (Guo *et al.*, 2021; Han *et al.*, 2017; Thangapandiyan and Miltonprabu, 2014; Wu *et al.*, 2010).

SOD, GPx, and CAT are the primary antioxidant enzymes found in human plasma (Szczeklik *et al.*, 2016). SOD acts as an antioxidant by neutralizing superoxide (O₂^{*}) (Abolfathi *et al.*, 2012; Didangelos *et al.*, 2020) and converting it into H₂O₂ (Mazur-Bialy *et al.*, 2018; Vranković, 2016). CAT catalyzes the decomposition of H₂O₂ into water molecules (H₂O) and oxygen O₂. Research by Ezeja *et al.* (2022) reported that the elevation of CAT activity after paracetamol administration indicated that CAT could simultaneously detoxify paracetamol. It was reasonable to assume that CAT had nearly the same capabilities as GPx in detoxifying hazardous chemical substances that caused the generation of ROS in the body (Ezeja *et al.*, 2022). GPx detoxifies H₂O₂ and decomposes organic H₂O₂ into appropriate alcohols (Vranković, 2016; Zahra *et al.*, 2021). CAT and GPx avoid the formation of hydroxyl radicals (OH^{*}) by preventing the accumulation of H₂O₂ (Abraham *et al.*, 2012).

EGCG shows another antioxidant activity in high selenium level conditions. EGCG can trigger the Trx antioxidant defense mechanism and GSH antioxidant mechanism. Activating mechanism of Trx by EGCG is still unclear (Dong *et al.*, 2016). GSH antioxidant mechanism is another way EGCG stimulates the antioxidant activity in the high selenium level. GSH is a nonprotein thiol that helps coordinate the body's antioxidant defense mechanisms by an electron donor and disulfide bond reducer mechanism (Abolfathi *et al.*, 2012). In the presence of the enzyme GPx, GSH in the GSH antioxidant system is converted into its oxidized state glutathione disulfide (GSSH). GR converts GSSH back to GSH (reduced form) and maintains the average cellular GSH level (Codoñer-Franch *et al.*, 2010; Rakshit *et al.*, 2018; Saravana Kumari and Anuradha, 2016; Valko *et al.*, 2007). GSH at high concentrations can scavenge ROS directly and indirectly (Kodidela *et al.*, 2020). GSH is an indirect mechanism

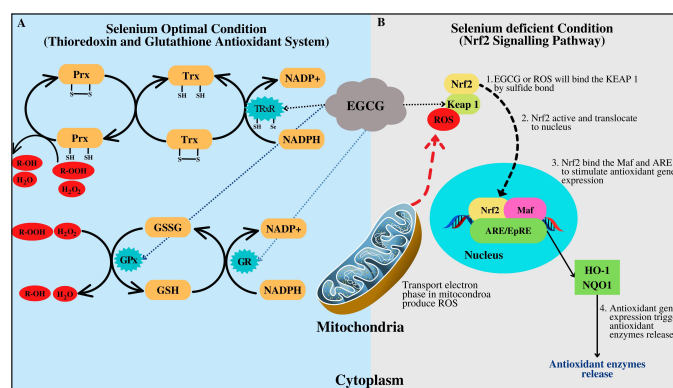


Figure 3. Cellular antioxidant defense pathways depend on selenium status: (A) Trx mechanism and GSH antioxidant enzymes and (B) Nrf2 pathway illustration [The concept was built by the combination concept of Karlenius and Tonissen (2010), Mattmiller *et al.* (2013), Dong *et al.* (2016), Jaganjac *et al.* (2020)].

Table 5. Case reports of the consumption of tea in hypertensive patients with complications.

Patient profile	Symptom/disease	Treatment	Pharmacology effect	Ref.
Woman (32 years old)	<ul style="list-style-type: none"> The woman was admitted to the ward because of chronic daily headaches accompanied by nausea, vomiting, and vertigo (2 months). She had headaches daily, mainly bilaterally in the frontal and occipital areas. She got positional headaches which were becoming worse in the upright position and got better when lying down. She had an adverse history of lumbar puncture, trauma, or manipulation, and the lumbar puncture was a worsening headache factor. There was no fever, chills, dizziness, unsteady gait, blurred vision, diplopia, or photophobia. Regular physical examination results included BP (120/80), pulse (88/minute), respiration (16/minute) peroral temperature (37.2°C). MRI examination with gadolinium showed meningeal enhancement. 	<ul style="list-style-type: none"> Epidural blood patching therapy. Hydration treatment using dextrose water serum. High caffeine diet. 200 cc tea (\pm 800 cc/day) every 2 hours in the daytime (no details about the amount of tea used). 	The headache significantly got better after 48 hours of drinking tea	Petramfar <i>et al.</i> (2016)
Man (48 years old)	<ul style="list-style-type: none"> The disease history was hypertension, DM-2, and previously diagnosed low-grade thalassaemia. The patient was suggested to evaluate for persistent anemia. The patient's symptom involves fatigue, fever, dark-colored urine, persistent diarrhea, abdominal bloating or pain, tarry or fatty stool, change of bowel movement, and weight loss. Physically examination exhibited pale conjunctiva and fingernail beds without cheilosis or koilonychia. The serum ferritin value was 1.6 μg/ml, indicating iron heme deficiency. 	<p>The patient had a habit of consuming 1,500 ml/day of GT for 20 years.</p> <p>The patient was advised to stop drinking tea after indicated early-stage anemia.</p> <p>The patient was resuming tea after discontinuing consuming tea for 2 weeks.</p> <p>The patient also proposes administering an intravenous injection of 400 mg ferric sucrose complex once a week and daily oral supplementation of 400 mg ferric hydroxide poly maltose complex for 4 weeks.</p>	<p>The total Hb increased after discontinuing consuming tea. The Hb value again increased after the resumption of tea, even though he got treatment using an intravenous injection and oral supplementation of ferric.</p> <p>Fan (2016)</p>	
Woman (17 years old)	<ul style="list-style-type: none"> She got Hb E/β-thalassaemia when she is in 6 years old. She had to do a blood transfusion 1–2 times a year. She discontinued iron chelator treatments because she had to go abroad to her study. The historical ferritin serum before tea treatment is 976; 1.125; 802; 1.012; dan 1.090 mcg/l (average: 15–300 mcg/l). 	<p>Desferrioxamine 20 mg/kg/day by infusion pump subcutaneously for 10–12 hours, 2–3 days/week (6 days/week at the beginning of treatment)</p> <p>2 g sachets teabag prepared with 240 ml/day (treatment)</p> <p>Zinc sulfate tablet (15 mg) every day.</p>	<p>The ferritin is decreased (600 mcg/l) but lacks zinc after drinking tea treatment (\leq0.30 mcg/l).</p> <p>The patient was advised to stop consuming tea, and the treatment was continued using zinc sulfate; after 1 year, the serum zinc was 3.54 mcg/l.</p> <p>The zinc sulfate was discontinued, and the patient was advised to drink tea once or twice weekly.</p>	Jeirisuparb <i>et al.</i> (2014)
Man (73 years old)	The historical disease was hypertension and hypercholesterolemia.	<ul style="list-style-type: none"> Amlodipine 5 mg Lisinopril 10 mg Bendroflumethiazide 2.5 mg Atorvastatin 40 mg Regularly drink eight glasses per day of GT (300 ml) 	<p>Sufferers hypokalemia with a potassium serum value was 3.1 mmol/l. The man was suggested to discontinue bendroflumethiazide and alternate the half dose of tea beverage with water (4 cups for tea and 4 cups of water).</p>	Chong <i>et al.</i> (2016)
Woman (67 years old)	The historical disease was hypertension and mild hypercholesterolemia.	<ul style="list-style-type: none"> Amlodipine 5 mg for hypertension Lisinopril 20 mg for hypertension Simvastatin 20 mg for hypercholesterolemia Regularly drink eight glasses per day of GT (300 ml) 	<p>Sufferers hypokalemia with a potassium serum value was 3.2 mmol/l. The woman was recommended to alternate the half dose of tea beverage with water (4 cups for tea and 4 cups of water).</p>	Chong <i>et al.</i> (2016)

Continued

Patient profile	Symptom/disease	Treatment	Pharmacology effect	Ref.
Man (12 years old)	The patient presented with a 2-week history of upper right abdomen pain and a 1-day history of itching. Patients reported urine with a dark tint.	<ul style="list-style-type: none"> Consume 1.5–2.0 l of black tea every day for 3 months. Product composition: sugar (4.5 g/100 ml) (sugar, fructose), black tea extract (0.09%), citric acid, apricot juice (0.1%), and water. 	<ul style="list-style-type: none"> Laboratory results showed elevated levels of liver enzymes, γ-glutamyl transpeptidase, alkaline phosphatase, and bilirubin. Abdominal ultrasound results: showed sludge in the gallbladder without increased echogenicity of the liver. Patients were advised to stop taking black tea, and the examination results showed the gallbladder sludge disappeared, and liver enzymes returned to normal levels after 2 months of discontinuing the excessive consumption of black iced tea. 	Hadijpanayis <i>et al.</i> (2019)

in conjugating GPx and GST (EI Fattah *et al.*, 2018). GSH also aids in detoxifying chemicals via conjugation mechanisms (Heikal *et al.*, 2013; Khan *et al.*, 2014). Apart from being a substrate for GPx, GSH can directly eliminate free oxygen species, such as superoxide anions, and radical alkoxy, such as H_2O_2 , to replace the role of GPx and is primarily responsible for maintaining membrane protein thiols (Fig. 3) (Reddyvari *et al.*, 2017).

CONCLUSION AND FUTURE ASPECTS

Camellia sinensis catechins have a variety of antioxidant mechanisms that benefit our bodies. EGCG is the most powerful antioxidant activity compared to other catechins due to its unique chemical composition. EGCG involves eight hydroxyl groups and three benzene rings, contributing to its antioxidant properties. Catechins have several antioxidant mechanisms, including chelating iron to prevent the Fenton reaction, scavenging free radicals, inserting into the DNA helix and binding to free radicals directly, and increasing antioxidant enzymes. The review results reveal that catechins can stimulate antioxidant enzymes. Even though many studies have described the various antioxidant mechanisms of enzymes, some of the mechanisms remain unknown. Further study is needed to elucidate the exact functions of catechins that can replenish and accumulate antioxidant enzymes in the body and the distinction between these methods. Studies about the specific mechanisms of EGCG in activating the Trx antioxidant system are also essential.

LIST OF ABBREVIATIONS

AAPH, 2,2-azobis(2-amidinopropane) dihydrochloride; ACE, Angiotensin-converting enzyme; AFB1, aflatoxin B1; Al2O3-NPs, Aluminum oxide nanoparticles; AFB1, Aflatoxin B1; ALT, Alanine Aminotransferase; ARE, Antioxidant response element; AST, Aspartate transaminase; BTE, Black Tea Extract; CAT, Catalase; CNP, Copper nanoparticles; DMH, Dimethyl hydrazine; ECs, Extract *Camellia sinensis*; EGCG, Epigallocatechin gallate; ERK, Extracellular-signal-regulated kinase; FBTA, Fuzhuan-brick tea; GPx, Glutathione peroxidase; GR, Glutathione reductase; GSH, Glutathione; GSSH, Oxidized glutathione; GST, Glutathione S-transferase; GT, Green tea; GTE, Green tea extract; HO-1, Heme oxygenase-1; i.p, Intraperitoneally administration; IR, Ionizing radiation; i.v, Intravenally administration; IVR domain, intervening region domain; LDL, low-density lipoprotein; LOOH, Lipid hydroperoxides; LPO, Lipid peroxidation; MAPK, Mitogen-activated protein kinase; MDA, Malondialdehyde; MSG, Monosodium glutamate; mtDNA, Mitochondria deoxyribonucleic acid; NAC, N-acetylcysteine; NADPH, Nicotinamide adenine dinucleotide phosphate; NAF, Natrium Flouride; Nrf2, Nuclear factor-erythroid-2 related factor 2; NQO1, NADPH Quinone Dehydrogenase 1 [(Human)]; NOX, Nitric oxide; SNP, Sodium nitroprusside; SOD, Superoxide dismutase; STZ, Streptozotocin; TAS, Total antioxidant status; Trx, Thioredoxin; UA, Uric acid; UUU, Unilateral ureteral obstruction; UVB, Ultraviolet B; WT, White tea; 8-OHdg, 8-Hydroxy-2-Deoxyguanosine.

AUTHOR CONTRIBUTIONS

Jutti Levita (JL) was responsible for the conception and design of the review and checked, finalized, and revised the manuscript. Lidya Cahyo Bawono searched, collected, and

reviewed and wrote the original draft preparation. Miski Aghnia Khairinisa and Supat Jiranusornkul checked the manuscript and collected articles. All authors have read and agreed to the published version of the manuscript.

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The authors declare no conflicts of interest.

ETHICAL APPROVALS

This study does not include experiments on animal or human subjects.

DATA AVAILABILITY

All data generated and analyzed are included within this research article.

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