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REVIEW



Exploring the role of polyphenols in rheumatoid arthritis

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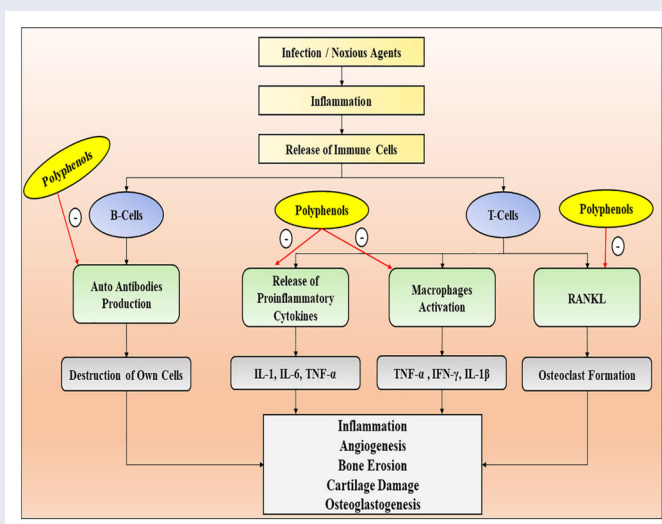
ABSTRACT

Rheumatoid arthritis (RA) is a chronic, inflammatory and autoimmune disorder which is mainly characterized by inflammation in joints, bone erosions and cartilaginous destruction that leads to joint dysfunction, deformation, and/or permanent functional impairment. The prevalence of RA is increasing, incurring a considerable burden on healthcare systems globally. The exact etiology of RA is unknown, with various pathways implicated in its pathophysiology. Non-steroidal anti-inflammatory drugs (NSAIDs) including celecoxib, diclofenac and ibuprofen, disease-modifying anti-rheumatic drugs (DMARD) including azathioprine, methotrexate and cyclosporine, biological agents including anakinra, infliximab, and rituximab and immunosuppressants are used for symptomatic relief in patients with RA, but these medications have severe adverse effects such as gastric ulcers, hypertension, hepatotoxicity and renal abnormalities which restrict their use in the treatment of RA; new RA treatments with minimal side-effects are urgently required. There is accumulating evidence that dietary polyphenols may show therapeutic efficacy in RA through their antioxidant, anti-inflammatory, apoptotic, and immunosuppressant activities and modulation of the tumor necrosis factor- α (TNF- α), interleukin (IL)-6, mitogen-activated protein kinase (MAPK), IL-1 β , c-Jun N-terminal kinase (JNK), and nuclear factor κ light-chain-enhancer of activated B cell (NF- κ B) pathways. While resveratrol, genistein, carnosol, epigallocatechin gallate, curcumin, kaempferol, and hydroxytyrosol have also been studied for the treatment of RA, the majority of data are derived from animal models. Here, we review the various pathways involved in the development of RA and the preclinical and clinical data supporting polyphenols as potential therapeutic agents in RA patients. Our review highlights that high-quality clinical studies are required to decisively establish the anti-rheumatic efficacy of polyphenolic compounds.

KEYWORDS

Polyphenol; rheumatoid arthritis; antioxidant; anti-inflammatory; apoptosis

GRAPHICAL ABSTRACT



Introduction

The immune system plays a vital role in the management of normal physiological and immunological functions of body. Any alteration in balance of immune system may leads to

various life-threatening complications (Coussens and Werb 2002). The main function of our immune system is to protect our body from numerous diseases and infections that are caused by the various virus, bacteria and other causative

agents. Although, in some specific conditions, the immune system may generate auto-antibodies against its own cells that results in destruction of own cells (autoimmune diseases). In such circumstances, there are failure in recognition between own cells and foreign cells (Khan et al. 2019; Rengasamy et al. 2019). The autoimmune diseases or disorders are mainly facilitate by the interaction between the complex inner and adaptive immunity with the specific genes. Among various types of arthritis such as osteoarthritis, rheumatoid arthritis and crystal-induced arthritis, rheumatoid arthritis (RA) is a most prevalent class that require a specific therapy due to obscure etiology and complex pathophysiology including several inflammatory factors (Donahue, Qu, and Genetos 2018; Oliviero et al. 2018; You et al. 2018). RA is a chronic, inflammatory and autoimmune disorder. Generally, it is characterized by destruction of cartilage, inflammation in synovium, prolonged stiffness, fatigue and swelling at specific and nonspecific sites (Gabriel 2001; Christman and Gu 2020; McInnes and Schett 2011; Nijhawan and Behl 2020). If this is not treated at early stage, these inflammatory responses are rapidly progressed and lead to irreversible or permanently destruction of joints (Liu et al. 2017; Singh et al. 2017). Some systemic and clinical manifestations including pulmonary serositis inflammation, skeletal disorders and vasculitis are also observed during the period of disease (Hughes, Ketheesan, and Haleagrahara 2017). According to a study, in 2015, more than 24.5 million of population were affected with RA. This number contains approximately 0.5–1% young persons in developed countries (Vos et al. 2016). The prevalence or occurrence of RA is more in European population (1%) as compared to African and Asian (<0.5%). Countries including China, Pakistan, South Africa, Indonesia, the Philippines, Argentina and Nigeria are less prevalence with RA, compared to Western people. Data also suggested that the risk of RA in women is thrice in men (Hughes, Ketheesan, and Haleagrahara 2017; Oliviero et al. 2018). RA reduces the life span (about 20 years) and also decrease the quality of life of patients. Furthermore, it does not only affect the life style of patient but also show economic and social burden to the society. Although, people of all age group are influenced by RA but there are higher chances of occurrence of RA in 40–70 year age population. Therefore, it enhances the risk of morbidity and mortality (Khurana and Berney 2005). The exact etiology of RA is unknown due to its complexity. Recent studies reported that Prostaglandin (PG) E₂, other inflammatory mediators including tumor necrosis factor (TNF)- α , interleukin (IL)-1 β , are the major causes of initiation of disease and also play important role in the progression of RA (Li, Hsu, and Mountz 2012). Some recent data also revealed that receptor activator of nuclear factor κ B (RANK)/osteoprotegerin act as a prominent signal managing system for the metabolism of bone tissue and plays a pivotal role in osteoclastogenesis (Wada et al. 2006). Besides these proinflammatory cytokines, the overproduction of reactive oxygen species (ROS) may leads to the severe RA. Excessive production of proinflammatory mediators activate macrophages which further secrete ROS in inflamed synovial fluid that leads to

destruction of joints and cartilage (Direito et al. 2021; Kakkar et al. 2020; Seven et al. 2008). High production of oxidative stress causes mitochondrial dysfunctions that leads to alteration in apoptosis and autophagy balance (Frantz and Wipf 2010; Sena and Chandel 2012). Several studies also reported that IL-6 plays a significant role in worsening of autophagy as well as alter activity of IL-7 by mTOR, janus kinase and signal transducer and activator of transcription (JAK-STAT) and AMPK pathways that leads to permanent joints damage (An et al. 2018; Camporeale and Poli 2012; Harris 2011). In addition, several free radicals including superoxide (O₂⁻), hydrogen peroxide (H₂O₂), hydroxyl radical (OH⁻) and peroxynitrite (ONOO⁻) are extremely reactive species that may lead to oxidative damage and tissue injury in joints of RA patients (Ananth et al. 2016). Significance factors such as environmental as well as genetic factors, are responsible for progression of RA, eventually leading to the barbarity (Bathon et al. 2000). A major risk factor among all the environmental factor is smoking and people are more prone to RA who smoke daily (Viatte, Plant, and Raychaudhuri 2013). Additionally, other environmental factors which contribute in the progression of RA are silica exposure, hormonal imbalance, exposure to stimuli such as bacteria, virus and stress, dietary factors and socio-economic factors.

However, various recent medications and therapies including T-cell activation blockers (CTLA-Ig), rituximab (β -cell depleters), tocilizumab (IL-6 inhibitors) and TNF inhibitors have depicted remarkable effects as compared to conventional therapy like disease modifying anti-rheumatic drugs (DMARDs) or methotrexate treatment but still these therapies lack conclusive evidences related to treatment resistance (Tanaka, Ogata, and Narazaki 2013; Tanaka, Narazaki, and Kishimoto 2018). Besides the high efficacy of tocilizumab, there are also more possibility of failure of treatment and remission of RA disease (Kihara et al. 2017). Furthermore, RANKL antibody, JAK-STAT inhibitors or anti-CD20 antibody has developed as a new therapy for the amelioration of RA (Kim and Moudgil 2017). Despite the advancement in therapeutic strategies, it makes the treatment of rheumatoid arthritis very expensive and have still lower efficacy (Nandi, Kingsley, and Scott 2008; Roubille et al. 2015). Besides the favorable effects, conventional therapy also causes some serious side effects such as cardiovascular disease (myocardial infraction), renal infection, gastrointestinal infections (ulceration and bleeding) and hepatotoxicity (Roubille et al. 2015; Crofford 2013). Therefore, new approach is required for the management of immune dysfunction with less adverse effects.

Dietary polyphenols play a pivotal role in the management of human health (Wai Kan Yeung et al. 2018). Such natural polyphenols demonstrate anti-oxidant, anti-inflammatory and immunosuppressant activities that lead to the treatment of various inflammatory and autoimmune diseases including rheumatoid arthritis and inflammatory bowel disease (Direito et al. 2021). Over the past few years, polyphenols tend to reduce the pain and swelling as well as gained a significant attention in the area of research (Hughes,

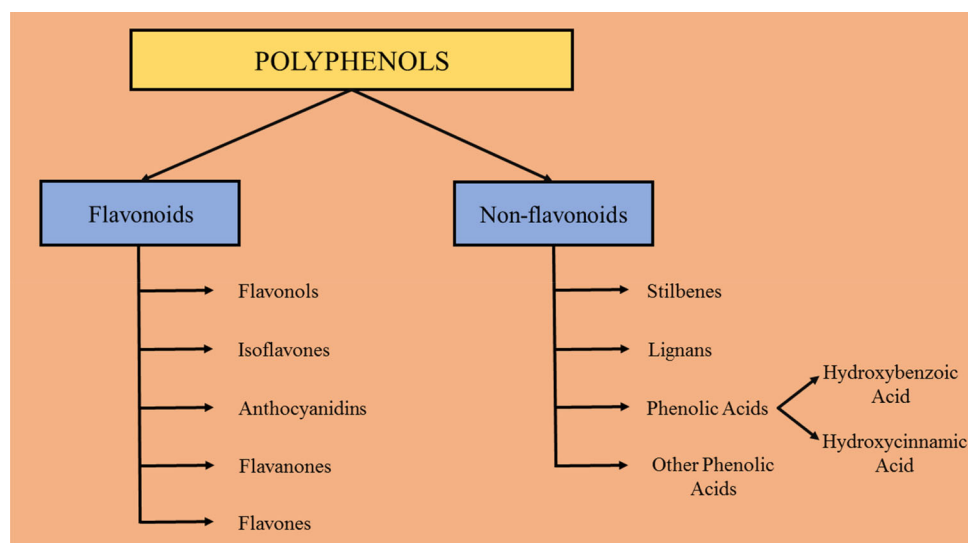


Figure 1. Classification of polyphenols.

Ketheesan, and Haleagrahara 2017). Polyphenols are secondary metabolites and are naturally administered with daily diet, till date, more than 8000 polyphenols compounds have been recognized (Magrone et al. 2019; Ganesan and Xu 2017). They are mostly present in tea, coffee, legumes, fruits and green vegetables (Ganesan and Xu 2017; Belwal et al. 2018). Polyphenols may be divided into five broad categories: phenolic acids, stilbenes, flavonoids, tannins and other phenolic compounds (Figure 1) (Petti and Scully 2009; Mateen et al. 2016). They have protective action against various pathogenic organisms in plants. These compounds showed anti-rheumatic property by inhibiting inflammatory cytokines and also possess anti-atherogenic, anti-osteoprotic and antioxidant properties. In addition, these agents also play favorable therapeutic effects by blocking ultraviolet radiations. Recently, various preclinical and clinical trials data have revealed that polyphenol rich diet have anticancer, antithrombotic, cardioprotective and antidiabetic activity (Pandey and Rizvi 2009). The favorable therapeutic activity of various polyphenolic compounds such as resveratrol (RSV) (Oliveira et al. 2017), epigallocatechin (EGCG) (Wu et al. 2012), capsaicin and curcumin (Dahan, Segal, and Shoenfeld 2017) in autoimmune disorders have been well studied. On the basis of anti-inflammatory and other therapeutic properties, the author give a vivid description and summarize the anti-rheumatoid activity of polyphenols (Figure 2).

It is a well-known that in autoimmune disorder, polyphenols exhibit a potent antioxidant activity which decrease the harmful consequences of reactive species generated by the over stimulation of the immune system. Additionally, polyphenolic compounds are the pharmacologically active components having immunomodulatory properties (Ding, Jiang, and Fang 2018). However, the assessment of the pharmacological efficacy is challenging due to variability in structural and bioavailability of these compounds. Furthermore, each polyphenolic compound targets a specific type of immune cell to regulate the immune system of subjects. The

alteration of various signaling pathways by polyphenols cause modification in the expression of pro-inflammatory genes. The modification of cyclooxygenase (COX), phospholipase A2 (PLA2) further leads to regulate the differentiation and proliferation of specific immune cells. Moreover, their anti-inflammatory and antioxidant activity facilitate the modulation of entire inflammatory process (Malireddy et al. 2012; Santangelo et al. 2007; Khan et al. 2019). However, various conventional therapeutic medications have been marketed which can alter these signaling pathways but show severe side effects. Thus, in recent years, natural polyphenols have gained much attention as anti-inflammatory agents by targeting these pathways and less or no side effects (Khan et al. 2019).

Arachidonic acid pathway

Arachidonic acid, a polysaturated fatty acid, found in the phospholipid membrane by the influence of PLA2. Numerous enzymes such as lipoxygenase (LOX) and cyclooxygenase (COX) which target arachidonic acid and prompt the production of thromboxanes A2 and prostaglandin or leukotrienes and hydroxyeicosatetraenoic acid, respectively (Santangelo et al. 2007). The formation of these lipid mediators lead to inflammatory process and also these are the main target sites for the therapeutic agents to ameliorate the inflammation. Therefore, the direct inactivation of these pro-inflammatory enzymes is one of the most operative mechanism by which natural polyphenols regulate the inflammatory responses (Yoon and Baek 2005). It has been demonstrated that PLA2 was the first enzyme on which polyphenols including kaempferol, galangin and quercetin exhibited an inhibitory activity (Dreiseitel et al. 2009, Lättig et al. 2007). Moreover, p-coumaric and resveratrol bind directly with PLA2 residues and inhibiting the catalytic process (Shukla et al. 2015). A study revealed that honokiol and quercetin stimulated the SH-SY5Y neuroblastoma cells differentiation and blocked cystolic phosphorylation of PLA2

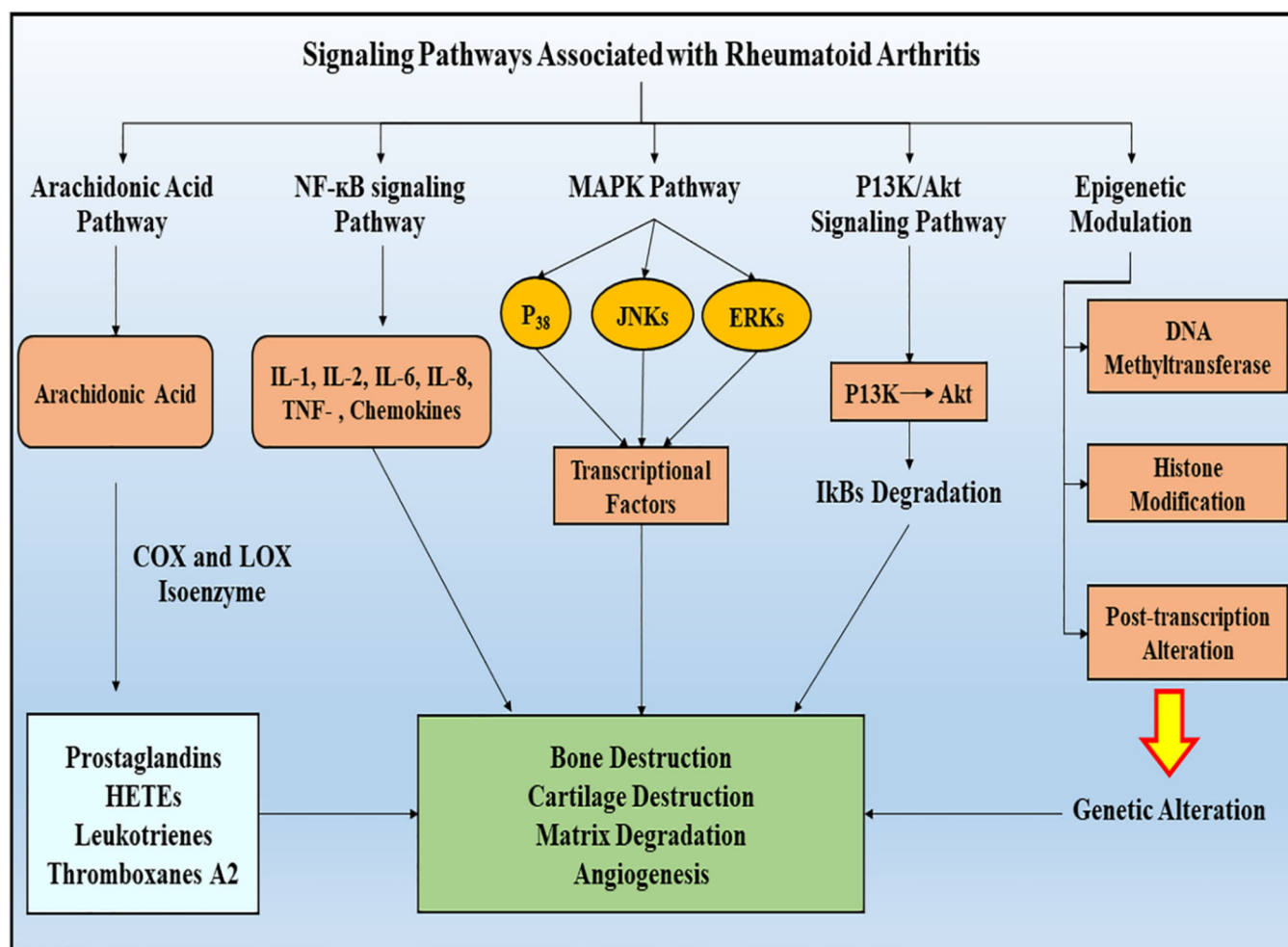


Figure 2. Signaling pathways associated with rheumatoid arthritis.

(Chuang et al. 2016). Evidences also suggested that flavonols are prominently LOX inhibitors while flavones are COX inhibitors (Kim et al. 2004).

NF-κB signaling pathway

NF-κB signaling pathway plays a pivotal role in the inflammatory process. It regulates and control the expression of various genes involved in the inflammatory process such as pro-inflammatory cytokines (IL-1, TNF-α, IL-6, IL-8 and IL-2), COX-2, chemokines (MCP-1 and MIP-1α and IL-18), vascular cell adhesion protein (VCAM)-1, intercellular adhesion molecules (ICAM)-1 and other growth factors (Liu et al. 2017; Nam 2006). Polyphenols have capability to alter multiple steps involved in the NF-κB signaling pathway. As per the antioxidant properties of polyphenols, they decrease the production of reactive species especially H₂O₂ and ROS subsequently, control the redox signaling pathway (Simon et al. 2018). Hence, it is supposed that these reactive species accelerate the stimulation of NF-κB pathway via redox process and act as a secondary messenger (Bowie and O'Neill 2000). Additionally, natural polyphenols firstly inhibit the phosphorylation, later, breakdown of inhibitory proteins (I_κBs) by modifying the stimulation of I_κBs kinase (IKK) and binding with the

DNA (Yahfoufi et al. 2018). Polyphenol such as resveratrol, genistein, quercetin and EGCG have prominent capability to inhibit NF-κB pathway. Resveratrol inhibits the stimulation of NF-κB by inactivating the phosphorylation of I_κBs and activation of IKK (Capiralla et al. 2012). A study reported that genistein inhibits the activation of NF-κB as a result, decrease the overproduction of IL-6 and TNF-α in macrophages 264.7 cells (Ji et al. 2012). This inhibitory mechanism was prominently associated with the blockage of I_κBs degradation P65 translocation and IKK expressions in the nucleus (Li et al. 2014). Furthermore, EGCG also inhibited the NF-κB pathway by blocking P65 phosphorylation which is excited by IL-1β in human A549 respiratory endothelial cells (Wheeler et al. 2004).

Mitogen activated protein kinase pathway (MAPKs)

Mitogen, growth factor and stress play a pivotal role in the activation of MAPK pathway and management of genes associated with inflammatory response (Kim and Choi 2010). The prominent activity of polyphenols mainly depends upon the target cells on which they act. Numerous studies have showed an inhibitory activity of natural polyphenolic compounds on ERK1/2, JNK and p38/SARK pathways. This inhibitory activity suppressed the expression and

production of pro-inflammatory mediators including TNF- α and others. Quercetin has been reported inhibitory effects by altering the phosphorylation and stimulation of JNK in RAW 264.7 macrophage cells and preventing the binding of AP-1 with DNA. Furthermore, quercetin also inhibited the activation of P38 and ERK1/2 (Wadsworth, McDonald, and Koop 2001). EGCG has also exhibited anti-inflammatory activity in LPS activated macrophages by suppressing the activation and phosphorylation of MAPK pathway (Ahn et al. 2004). The treatment of resveratrol with IL-1 β stimulated rat RSC-364 synovial cells, inhibited the JNK and P38 signaling pathway (Lou et al. 2018; Yang et al. 2018). Other polyphenols including hesperidin, chrysin, luteolin, kaempferol and naringin have also been demonstrated anti-inflammatory effects by altering the MAPK signaling pathway (Kim, Kim, and Kim 2011).

Phosphatidylinositol-3-kinase/protein kinase B (PI3K/akt) signaling pathway

In autoimmune disorders especially rheumatoid arthritis, PI3K/Akt signaling pathway plays a crucial role by inducing the breakdown of I κ B and the stimulation of NF- κ B (Sun et al. 2010). Numerous natural polyphenols exhibit their anti-inflammatory activity through inhibitory PI3K/Akt pathway. The treatment of resveratrol decreased the expression of IL-17, a pro-inflammatory cytokines, in cardiac fibroblast by inhibiting PI3K/Akt pathway (Venkatachalam et al. 2008). Quercetin reduce the Akt phosphorylation in JB6 mouse model by direct inhibiting PI3K (Busch et al. 2012). An anti-inflammatory effects of isorhapontigenin was also observed by suppressing the NF- κ B activation, production of chemokines CXCL8 and IL-6 and inhibiting PI3K/Akt pathway (Yeo et al. 2017).

Epigenetic modulation

Alteration in epigenetic pattern including histone modification, DNA methylation, posttranscription alteration by microRNAs and modification of immune responses play a significant role in the pathophysiology of RA (Rahman and Chung 2010). Numerous studies have revealed that polyphenols have ability to regulate these epigenetic mechanisms through gene activation and modification in the DNA sequences (Ayissi, Ebrahimi, and Schluesener 2014). Among several polyphenolic compounds, resveratrol have more potential to activate SIRT1, which leads to the inhibition of NF- κ B and associated genes including iNOS and COX-2 (He et al. 2017; Liu et al. 2016). Other polyphenols such as fisetin, curcumin, quercetin and myricetin have also ability to activate SIRT1 and downregulated the occurrence of RA (Zhao et al. 2017; Zheng et al. 2017; Boyanapalli and Kong 2015; Hong et al. 2012). Furthermore, resveratrol have also ability to act on DNA methyltransferases subsequently, enhances their activity as well as expressions. MicroRNAs such as miR-181b and miR-21 are non-coding regulatory RNAs, having ability to regulate degradation and translocation of messenger RNAs which further associated with

occurrence of RA. Various study have reported anti-inflammatory effects of polyphenolic compounds by modulating microRNAs (Maugeri et al. 2018). A study reported that curcumin upregulated the expression of miR-181b consequently, decreased the levels of pro-inflammatory chemokines such as CXCL1 and CXCL2 (Kronski et al. 2014). Another study showed that resveratrol reduced expression of miR-21 resulting in reduction of inflammatory responses (Li et al. 2013).

Therapeutic significance of polyphenols

Natural polyphenols are most widely used phytochemicals in human diet for their antioxidant activity (Grootaert et al. 2015). These component have multifactorial activity such as antimicrobial (protect against viruses, fungi and bacteria) (Steinmann et al. 2013), antiasthma (Joskova et al. 2013), anxiolytic, antidepressant (Bouayed 2010), cardioprotective (Mokni et al. 2007), antidiabetic (Umeno et al. 2016), anticarcinogenic (Du et al. 2012) and neuroprotective (Ullah and Khan 2018)) actions. The antioxidant property of these natural polyphenols helps in the management and prophylaxis of age-related complications (Zhao et al. 2016; Figueira et al. 2017). Polyphenols exhibit anti-modulatory activity, thus have potent therapeutic actions against the autoimmune disorders (Ding, Jiang, and Fang 2018). At present, in the treatment of autoimmune disease (rheumatoid arthritis), a combination therapy is used. Such combinations are DMARDS with other individual drugs as the synergic action in rheumatoid arthritis but yet did not give any satisfied results. Thus, due to their potent anti-inflammatory actions, researchers showed a great interest in polyphenols for the management of rheumatoid arthritis (Betancourt et al. 2018; Sung et al. 2019).

Phenolic acids

Hydroxybenzoic acid and hydroxycinnamic acid are the main components of phenolic acids. Phenolic acids are present in all natural plants but the high content of phenolic acids are found in sour and citrus fruits. Additionally, in regular diet, phenolic acids contain about one third of the polyphenolic compounds. Gallic acid, cinnamic acid, ferulic acid, isoferulic acid and caffeic acid are few typical examples of phenolic acids (Doss et al. 2018; Sung et al. 2019). These compounds have tendency to donate an electron from aromatic phenolic rings and migrate a hydrogen atom to convert into free radicals. Thus these agents act as reducing agents and free radical scavengers (Sevgi, Tepe, and Sarikurkcü 2015). In addition, mainly hydroxybenzoic acid has ability to stimulate various endogenous antioxidant pathways to enhance the levels of antioxidant enzymes (Juurink et al. 2014). Generally, the content of hydroxybenzoic acid in edible plants is low, except raspberries, blackberries, strawberries, onion and black radish (Naczka and Shahidi 2006).

Doss et al. examined the action of ferulic acid on bone erosion and osteoclast differentiation by using the isolated

monocyte and macrophage cells of wistar rats. The cells were pre-exposed with ferulic acid for 24 hours. SEM and TRAP analysis were used for evaluation of osteoclast formation and differentiation while pit formation assay was performed for analysis of bone erosion. Results revealed that treatment of ferulic acid, present in grain, nuts, fruits and vegetables, suppressed the NF- κ B, tartrate resistant acid phosphatase (TRAP), cathepsin, matrix metalloproteinase (MMP)-9, nuclear factor of activated T-cells C-1 (TFATC1) activities. In addition, a remarkable reduction in bone resorption was also observed (Doss et al. 2018). Poscavo et al. performed a comparative study to evaluate the immunomodulatory activity of polyphenol N-feruloylserotonin (Nf-5HT) with methotrexate (MTX) and standard therapy of RA. The study included two type of animals: arthritic rats as treatment group and healthy rats as control group. Arthritic rats were treated with either Nf-5HT or MTX for 28 days. Treatment of both Nf-5HT and MTX reduced the levels of C-reactive protein (CRP), inducible nitric oxide synthase (iNOS), TNF- α and also decreased the activity of 12/15 LOX in the liver. Moreover, in Nf-5HT treated group, the attenuation in IL-1 β levels in plasma and IL-1 β expression in spleen and liver was also observed which was not seen in methotrexate treated group (Pašková et al. 2016).

Lee et al. demonstrated the efficacy of gallotannins polyphenols (*euphorbia* species) on pro-inflammatory cytokines and TF- κ β by using mast cell line. Mast cells prompt the production and synthesis of proinflammatory mediators like IL-1 β , IL-6 and TNF- α . A dose dependent manner was observed by the gallotannins in reduction of proinflammatory cytokines release and gene expression. In addition, the treatment of gallotannins significantly reduced the levels of TNF- α (Lee et al. 2007). Kwak and colleagues evaluated the efficacy of *Gardenia jasminoides* derived chlorogenic acid in RANK induced osteoclast. In bone marrow macrophages, chlorogenic acid treatment inhibited the osteoclast differentiation without any experience of cytotoxicity. It also reduced the phosphorylation of AKT and also conquered the expression of nuclear factor activated T-cells. Moreover, in vivo, the treatment of chlorogenic acid (10,25,50 μ g/mm) with bone marrow macrophage for 4 days, also alleviated the bone erosion induced by lipopolysaccharide (Kwak et al. 2013). In-vivo study conducted by the Pragasom et al. examined the anti-inflammatory as well as immunomodulatory activity of p-coumaric acid by using same dose of treatment (100 mg/kg). Serum immunoglobulin levels, macrophage phagocytic index and cell mediated immune response were analyzed to examine the immunomodulatory actions while TNF- α expressions were analyzed to investigate anti-inflammatory action. The treatment of p-coumaric acid reduced the elevated macrophage phagocytic index and cell mediated immune response by alleviating immunoglobulin, thus showed immunosuppressive activity. Additionally, the intervention of p-coumaric acid in adjuvant-induced arthritic rats also exhibited anti-inflammatory activity by reducing the expression of TNF- α (Pragasam, Venkatesan, and Rasool 2013). Another study by Neog et al. showed the efficacy of p-coumaric acid by using adjuvant induced arthritic rat

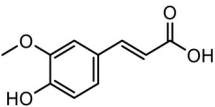
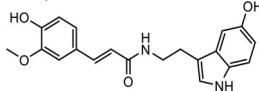
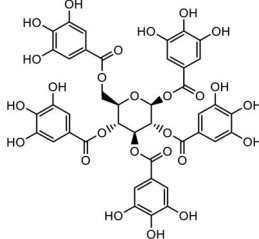
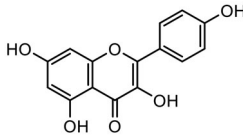
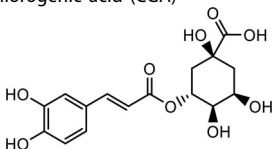
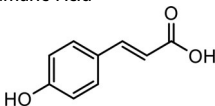
model. The treatment of p-coumaric acid for 16 days, significantly reduced TNF- α activation and also showed anti-RA activity by attenuating chemokines, cytokines, osteoclastogenic factors, MAPK and transcriptive factors. The major alteration in chemokines and cytokines including IL-6, IL-1 β , monocyte chemoattractant protein (MCP)-1, pro-inflammatory cytokines including IL-16, IL-6, IL-17, osteoclast factors including RANKL, the transcriptive factors including c-Fos, NF- κ B-p65, NF-ATc-1 and P-NF- κ B-p65 was observed (Neog et al. 2017) (Table 1).

Stilbenes

Stilbenes are the non-flavonoid polyphenolic compounds which are characterized by occurrence of 1,2-diphenylethylene nucleus. On the basis of nucleus, stilbenes may be divided into two type: Z-stilbenes (cis-isomers) and E-stilbenes (trans-isomers) (Sirerol et al. 2016). These compounds are found in large number of natural plants, having defensive actions. No doubt, more than 400 stilbene compounds have been identified but the occurrence of these compounds is limited as they present in heterogeneous plants. Berries, red wine, grapes and peanuts are the some examples of which contain these compounds (El Khawand et al. 2018). Wine is a major source of stilbenes in daily diet as it contains 98.4%, grapes juice and grape berries contain 1.6% while other contain less than 0.01% (Zamora-Ros et al. 2008). Stilbenes mainly have antioxidant, anti-inflammatory and cell death activation properties. Resveratrol is a well-known component of stilbenes which is prominently present in outer layer (skin) of grapes. At present, 20 metabolites of resveratrol have been recognized having specific activity. Although, the bioavailability of resveratrol is limited as it depends on metabolism. Numerous studies have demonstrated the potential effects of resveratrol. Resveratrol have tendency to suppress the arthritis induced by inflammatory factors (El Khawand et al. 2018; Wang et al. 2019).

Zang et al. conducted a study on fibroblast like synovocytes (FLS) of adjuvant-arthritic rats, to evaluate the anti-rheumatoid arthritis action of resveratrol obtained from red grapes. Rats were administered with 5, 15, 45 mg/kg dose of resveratrol for 12 days. Results showed a significant reduction in swelling and malondialdehyde levels. In addition, resveratrol treatment also inhibited LC3A/B, Beclin1, mtROS and manganese dependent superoxide dismutase (MnSOD) (Zhang et al. 2016). In another study, 50 μ g of resveratrol on FLS in human for 24 hours showed anti-RA activity via suppressing prostaglandin E2, AKT, nicotinamide adenine dinucleotide (NADPH), COX-2, ROS, NF- κ B, ERK1/2 and P38 MADK (Tsai et al. 2017). Tian et al. conducted a study on human synovial membrane to investigate the anti-rheumatoid activity of resveratrol by using a dose 6.25, 12.5, 25, 50 μ M. Resveratrol treatment suppressed IL-1 β , p-AKT, MMP-3 and PI3K-AKT (Tian et al. 2013). Khojah et al. conducted a randomized clinical trial to investigate the anti-rheumatic activity of resveratrol in RA patients. The study included 100 subjects with RA (65 female and 32 male) and divided into 2 groups. Resveratrol treated group received 1 g

Table 1. Suppression of rheumatoid arthritis by phenolic acids.

Source	Compound	Dose/Duration	Animal model/ cell Line	Mechanism	References
Grain(Wheat, oats and rice), nuts, fruits and vegetables	Ferulic acid 	25, 50, 100 μ M/24 h	Monocyte/ macrophage cells/Rat	\downarrow NF- κ B, c-Fos, NFATc1, MMP-9, TRAP, Cathepsin	Doss et al. (2018)
<i>Leuzea cartamoides</i>	N-feruloylserotonin 	3 mg/kg/28 days	AA	\downarrow INOS, CRP, LOX, IL- 1 β , TNF- α	Pašková et al. (2016)
<i>Euphorbia</i>	Gallotannins (1,2,3,4,6-penta-O- galloyl- β -D-glucose) 	10 mg/ml/30 min	HMC-1/human	\downarrow NF- κ B, TNF- α , IL-6, IL-1 β	Lee et al. (2007)
Gallic acid	Kaempferol 	100 μ M/2 days	RASFs/human	\downarrow COX, IL-1 β , PGE2, MMPs	Yoon et al. (2013)
<i>Gardenia jasminoids</i>	Chlorogenic acid (CGA) 	10,25,50 μ g/mM/4 days	Osteoclast/ BMMs	\downarrow P38, ERK, Akt, NF- κ B	Kwak et al. (2013)
<i>Gnetm cleistostachyum</i>	p-Coumaric Acid 	100 mg/kg/8 days	AIA rat	\downarrow CIC, TNF- α \uparrow IgG	Pragasam, Venkatesan, and Rasool (2013)
<i>Gnetm cleistostachyum</i>	p-Coumaric Acid	100 mg/kg/16 days	AIA rat	\uparrow TRAP, IL-6, RANKL, IL-17, NF- κ B-p65, IL-1 β , MCP-1, TNF- α , cFOS, COX-2, iNOS, NFATc-1, p-NF- κ B-p65, JNK, ERK1/2, p-JNK \uparrow OPG	Neog et al. (2017)

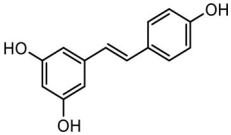
NF- κ B: nuclear factor κ light chain enhancer of activated B cells; IgG: immunoglobulin G; TNF- α : tumor necrosis factor- α ; AA: adjuvant arthritis, RASFs: rheumatoid arthritis synovial fibroblasts; HMC: human mast cell line; IL-1 β : interleukin-1 β ; TRAP: tartrate-resistant acid phosphatase; NFATc1: nuclear factor of activated T cells c1; BMMs: bone marrow-derived macrophages; AIA: adjuvant induced arthritis; COX: cyclooxygenase; RANKL: receptor activator of nuclear factor kappa-B ligand; MCP-1: monocyte chemoattractant protein-1; CIC: circulating immune complexes; LOX-12/15: lipoxygenase; MMP-9: matrix metalloproteinases-9; iNOS: inducible nitric oxide synthase; OPG: osteoprotegerin; JNK-c: Jun N-terminal kinases; BMMs: bone marrow-derived macrophages; PGE2: prostaglandin E2; CRP: C-reactive protein.

RSV capsule daily with standard therapy for three months and control group administered only regular treatment. Clinical biomarkers analyzed after the treatment period. Results showed that RSV treatment significantly reduced the levels of various inflammatory biomarkers including SJC-28, erythrocyte sedimentation rate (ESR), TJL-28,

uncarboxylated osteocalcin, CRP, TNF- α , MMP-3, IL-6 and immunosuppressant activity (Khojah et al. 2018).

In vitro study performed by Tang showed the anti-apoptotic activity of resveratrol. TUNEL, flow cytometry, colour-metric and western blot assay were performed to assess the apoptosis, caspase3 activity and pro-caspase3 cleavage. Study

Table 2. Suppression of rheumatoid arthritis by stilbenes.

Source	Compound	Dose/Duration	Animal model/ cell Line	Mechanism	References
<i>Polygonum cuspidatum</i>	Resveratrol 	200/400 mg/kg, daily	BIIC & IL-1 β induced rats	↓ ROS, MAPK, angiogenesis, cell proliferation	Yang et al. (2018)
Red grapes	Resveratrol	5/15/45 mg/kg/12 days	AA/FLSs	↓ Beclin1, MnSOD, LC3A/B ↑ MtROS	Zhang et al. (2016)
Red grapes	Resveratrol	50 μ g/24 h	Human/FLSs	↓ PGE2, MAPK, p38, ERK1/2, COX-2, NF- κ B, NADPH oxidase	Tsai et al. (2017)
Red grapes	Resveratrol	6.25, 12.5, 25, 50 μ M/1 h	Human/FLSs	↓ P-Akt, MMP-3, IL-1 β , PI3K-Akt	Tian et al. (2013)
Red grapes	Resveratrol	1000 mg/day/3 months	Randomized control clinical trial	↓ MMP-3, IL-6, TNF- α , RF	Khojah et al. (2018)
Red grapes	Resveratrol	30 μ M, 50 μ M/ 3 days 20 mg/kg/10 days 40 μ M/72 h	Th17 cell/CIA CIA DLN cell/CIA	↓ IL-17, Th-17 ↓ IgG1, IgG2a ↓ IFN- γ , IL-17	Xuzhu et al. (2012)
Red grapes	Resveratrol	10 mg/kg/day/7 days	CFA induced rat	↓ MMP-3, RF, IgG, TNF- α , ANA, MDA, MPO, COMP ↑ GSH, IL-10	Wahba, Messiha, and Abo-Saif (2016)

CIA: collagen-induced arthritis; MnSOD: manganese-dependent superoxide dismutase; NF- κ B: nuclear factor κ light chain enhancer of activated B cells; COX: cyclooxygenase; TNF- α : tumor necrosis factor- α ; IFN: interferon; NADPH: nicotinamide adenine dinucleotide phosphate; MDA: malondialdehyde; PI3K: phosphoinositide 3-kinases; MtRO: mitochondrial ROS; LC3: microtubule-associated protein 1a/1b-light chain 3; ROS: reactive oxygen species; MPO: myeloperoxidase; COMP: cartilage oligomeric matrix protein; PGE2: prostaglandin E2; DL: draining lymph node; RF: rheumatoid factor; GSH: glutathione; ROS: reactive oxygen species; FLSs: fibroblast-like synoviocytes; MAPK: mitogen-activated protein kinase; ANA: antinuclear antibodies; CFA: cetylated fatty acids; IL-1 β : interleukin-1 β .

revealed that the treatment of resveratrol inhibit RA-FLS proliferation via activation of caspase3 expressions (Tang et al. 2006). Xuzhu et al. showed the anti-inflammatory activity of resveratrol by using collagen-induced arthritis mice model. RSV treatment (20 mg/kg) reduced the rheumatic symptoms by suppressing IgG1 and IgG2a. In addition, the treatment of resveratrol with Th-17 cells and draining lymph node cells also reduced TNF- α and IL-17. Furthermore, by using same cell line, resveratrol treatment suppressed Th-17 and IL-17. RSV was administered in FLS in arthritic animal revealed a reduction in LC3A/B, Beclin1 and MnSOD and increment in mitochondrial (Mt) ROS (Xuzhu et al. 2012; Wahba, Messiha, and Abo-Saif 2016). Yang and coworkers examined the effects of resveratrol in bovine type II collagen (BIIC) arthritis rat model and in-vitro RA model (IL-1 β stimulated rat synovial cells). Study revealed that the treatment of resveratrol with a dose of 200 and 400 mg reduced the production of ROS, MAPK pathway, cell proliferation, inflammatory mediators and also angiogenesis induced by HIF-1 α (Yang et al. 2018) (Table 2).

Flavonoids

Recently various dietary components found in fruits and vegetables have been identified and investigated for their favorable therapeutic effects. Most of them are flavonoids and non-flavonoids (de Villiers, Venter, and Pasch 2016). Although, all flavonoids have an identical structure with 2 phenyl rings which are connected with three carbon atoms forming a specific type of oxygenated heterocycle (Jackson et al. 2006; Manach et al. 2004). Flavonoids are the most common polyphenolic compounds present in wide variety of

fruits, nuts, beverages and vegetables. These compounds are characterized with the presence of flavan nucleus. Recent data reported that more than 8000 flavonoid compounds have been recognized and most of them act as coloring agents for leaves, flowers and fruits (Castro-Acosta et al. 2016; Nijhawan and Behl 2020). Flavonoids can be classified into 6 categories: anthocyanidins, flavones, flavanones, flavonols, isflavonols and flavan-3-ols. These compounds are considered as protective agents against various cardiovascular and cancer disease as they possess anti-inflammatory, antithrombotic and antioxidant activity. In addition, due to their low toxicity, these compounds can be safely administer in daily diet with significant amount (de Villiers, Venter, and Pasch 2016; Jackson et al. 2006). Furthermore, flavonoids also exhibited an anti-inflammatory actions by decreasing the formation of proinflammatory cytokines, eicosanoids, NF- κ B, activating protein-1 signaling and Nitric oxide (Li et al. 2014; Serafini, Peluso, and Raguzzini 2010).

Tea, epigallocatechin-3-gallate, quercetin are the most common flavonoids. Citrus flavonoids have lipid modifying property thus, can be used in metabolic diseases (Kim, Vance, and Chun 2016). Hesperidin (HSP) is a prominent bioactive compound present in citrus fruit and have ability to suppress collagen induced arthritis (CIA). Kometani et al. investigated the anti-rheumatic effects of α -glycosylhesperidin (HSP-G), derivative of hesperidin in both rats and human. The study revealed that oral intervention of HSP-G with a dose of 3 mg/0.3 ml thrice in a week for 31 days, can ameliorate CIA. Additionally, HSP-G treatment reduced the production of TNF- α in mice model. Furthermore, in human study, Kometani et al. reported that the treatment of HSG-P along with standard therapy have potential effects in improvement of rheumatoid arthritis. Consequently, the standard of living can be improvised by HSP-G.

Haleagrahara et al. conducted a study to examine the anti-inflammatory and immunosuppressive activity of quercetin for the management of arthritis by using CIA rat's model. The animals were randomly assigned into 5 groups: 1st group-untreated (no arthritis), 2nd group-control group (with arthritis), 3rd group-arthritis and methotrexate, 4th group-arthritis and quercetin, 5th group-arthritis and methotrexate and quercetin. The therapeutic efficacy of quercetin was analyzed by assessing edema, weight, production of cytokines and joint destruction. Study revealed that the co-administration of methotrexate and quercetin did not exhibit much protective activity than the single agent administration. As a result, the ingestion of quercetin as monotherapeutic agent showed higher protection against joint inflammation. Additionally, the use of quercetin also suppressed the levels of IL-17, TNF- α , MCP-1 and IL-1 β and showed anti-arthritic activity (Haleagrahara et al. 2017). Haleagrahara and coworkers conducted a study to evaluate the anti-inflammatory effects of quercetin in combination with methotrexate in CIA rat model. The rats were randomly allocated into 5 groups: 1st group-control group, 2nd group-arthritis group, 3rd group-methotrexate treated group, 4th group-quercetin treated group, 5th group- quercetin and methotrexate treated group. PCR ELISA assay was performed to analyze the activity of quercetin on inflammatory mediators. After the treatment of quercetin, a significant reduction in the expression of inflammatory mediators including MMP-3, MMP-9, TNF- α , IL-6 and IL-1 β was observed (Haleagrahara et al. 2018).

Furthermore, Javadi et al. conducted a randomized, double blinded clinical trial on women having RA to examine the effects of quercetin on inflammation, disease severity and clinical symptoms of RA. Subjects were divided into two groups: 1st group-quercetin treated group and 2nd group-control group. Results revealed that administration of quercetin with a dose of 500 mg/day for 8 weeks remarkably decreased morning stiffness, morning pain and TNF- α levels compared to placebo treated group (Javadi et al. 2017). In another randomized, double blinded clinical trial treatment of quercetin with a dose of 500 mg/day for 8 weeks did not show any significant improvement in oxidative stress biomarkers in blood such as MDA, oxidized low density lipoprotein and high sensitivity C-reactive protein (hs-CRP) (Javadi et al. 2014).

He and coworkers showed the anti-oxidant and anti-inflammatory actions of anthocyanin by using adjuvant-induced arthritis (AIA) model. Study demonstrated that the ingestion of anthocyanin (40, 20, 10 mg/kg) for 14 days, reduced the levels of PGE₂, TNF- α , superoxide dismutase and malondialdehyde (He et al. 2006). Kim et al. also investigated the antioxidant and anti-inflammatory effects of cocoa polyphenols. Cocoa polyphenols comprises catechin, epicatechin, procyanidine and flavonol glycosides were treated to the JB6 P+ mouse epidermal cell with dose of 20 and 10 μ M for 1 hour, decreased the upregulation of NF- κ B, vascular endothelial growth factor (VEGF) and AP-1 and enhanced the production of p-p70S6K, P-Akt, p-c-Jun N-terminal kinases (ERK), p-mitogen activated protein

kinase kinase-4, P-extracellular signal regulated kinases (ERK), p-PI3K and p-p90KDa ribosomal S6 kinase (Kim et al. 2010). Epigallocatechin-3-gallate (EGCG) extracted from *camellia sinensis* exhibited anti-rheumatic action by reducing the levels of RANTES, epithelial neutrophil-activating peptide (ENA)-78, MMP-2 induced by IL-1 & chemo-kines and growth regulating oncogene (GRO)- α , when human rheumatoid arthritis synovial fibroblast (RASf) were treated at a dose of 50, 40, 30, 20, 10 μ M for 12 hours (Ahmed, Pakozdi, and Koch 2006). EGCG also reported anti-rheumatic effects in RASfs by suppressing the production of MMP-1, MAPK, ERK1/2, p-p-38, p-JNK, AP-1 and MAPK when treated with a dose of 500, 250, 125 nM for 24 hours (Yun et al. 2008).

A study analyzed the efficacy of EGCG on osteoclast differentiation and T-cells differentiation in arthritis model. After the intervention of EGCG with a dose of 50, 40, 30, 20 mg/kg for three weeks, blocked the release of IgG2a, IL-6, IL-1 β , nitrotyrosine, cFos, VEGF, IL-17, TNF- α , NFATc1, MMP9, p-STAT3 727, cathepsin K (CTSK), chemokine (C-C motif) ligand 6 (CCL6), IL-21, p-ERK, p-STAT3705, aryl hydrocarbon receptor (AHR), calcitonin receptor and tartrate resistant acid phosphate (TRAP) whereas stimulate IL-10, Foxp3, suppressor of cytokine signaling 3 (SOCS3) and TGF- β (Lee et al. 2007). Min et al. examined the immunomodulatory actions of EGCG in CIA rat model. The rats were administered with EGCG (10 mg/kg, treatment group) or phosphate buffer saline (PBS, control group) for 3 weeks. Results showed that EGCG treated group reduced the clinical symptoms of arthritis in rats. Additionally, administration of EGCG also suppressed TNF- α , IFN- γ and IL-6 while activated anti C II specific IgG1 antibodies as compared to PBS treated group and also elevated the levels of erythroid 2 like 2, hemeoxygenase (HO-1) and nuclear factor (Min et al. 2015). Recent studies reported that polymorphonuclear granulocytes and internal immune system also play a crucial role in early and destructive phase of RA. Leichenring and colleagues demonstrated the anti-rheumatic effects of EGCG by using pristine induced arthritis (PIA) rat model. Study revealed that the intervention of EGCG at a dosage of 10 mg/kg for 5 days inhibited the myeloperoxidase actions thus promote the use of EGCG polyphenolic compound in arthritis (Leichenring et al. 2016). Morinobu et al. evaluated the therapeutic effects of EGCG on osteoclasts differentiation. Both mice and human osteoclast (separated from human peripheral monocyte) were treated with EGCG (20 mg/kg) for 15 days. After 15 days administration, EGCG down regulated the CTR, Cathepsin K, carbonic anhydrase II, NF-ATc1, β -3 integrin and α -v integrin (Morinobu et al. 2008). MMPs play an imperative role in the osteoporosis and rheumatoid arthritis. Administration of EGCG at a dose of 10 and 100 μ M lowered the formation of multinucleated osteoclast MMP-2 and MMP-9 thus, exhibited antirheumatoid effects (Oka et al. 2011). Many studies have been reported that the up-regulation of production of IL-17 and Th-17 response play a key role in progression of RA. Lee et al. examined the antirheumatoid activity of EGCG on osteoclastogenesis and T-cell differentiation by using TNF-

γ KO and CIA rat models. Study revealed that the administration of EGCG with a dose of 20 or 50 mg/kg, three times per week, significantly suppressed the arthritis score as compared to control group. In addition, EGCG treated group also showed less occurrence of cartilage destruction, inflammation and CII antigen specific IgG2a levels than control group while anti-inflammatory IgG1s levels were augmented. Moreover, the treatment of EGCG with 50 mg/kg also reduced the expressions and production of IL-6, VEGF, IL-17, IL-1 β , TNF- α , nitrotyrosine, iNOS and P-STAT3 705/727. In interferon- γ knockout rat, the administration of EGCG suppressed the levels of Th17 as well as osteoclastogenesis and ameliorated the symptoms of rheumatoid arthritis (Lee et al. 2009). Yang et al. conducted a study to evaluate the effect of EGCG on IL-1 receptor antagonist knockout (IL-1RaKO) autoimmune arthritis model. In this study, EGCG was injected in IL-1RaKO model with a dose of 40 mg/kg, 3 times/week. After the intervention, blood samples were analyzed. Results revealed that EGCG treatment reduced the arthritis index and ameliorated the joint damage in animal model. Additionally, EGCG also suppressed the production and expression of oxidative stress, pro-inflammatory cytokines, p-STAT3 (S723), p-STAT3 (S705), HIF-1 α and mTOR in animal model. A dose dependent manner was observed in the reduction in formation of osteoclast, T-cell proliferation and serum level of both IgG2a as well as CII IgG2a (Yang et al. 2014).

Fisetin, a flavonoid, extracted from *Rhus verniciflua* Stokes, exhibited anti-rheumatic activity. Lee et al. reported that fistein inhibited the expressions of IL-6, TNF- α , MCP-1, IL-8, FLS proliferation and VEGF when it was treated with RAFLS with dose of 0.1, 1 or 10 μ g/ml for 72 hours (Lee et al. 2016). Flavonol-rich residual layer of hexane fraction extracted from *Rhus verniciflua* Stokes also repressed the expressions of IL-8, TNF- α , FLS proliferation, MCP-1, IL-6 and IL-1 β . Moreover, reduced the phosphorylation of p-JNK and p-ERK while stimulate phosphorylation of P38MAPK (Lee et al. 2016). Rath et al. evaluated the anti-rheumatoid arthritis effects of gallic acid, derived from bark of *cinnamomum zeylanicum*, by using various animal models of arthritis. Study revealed that the treatment of gallic acid (40 mg/100 μ L) with concanavalin-stimulated lymphocytes suppressed the expressions of cytokines including INF- γ , IL-2 and IL-4. Moreover, the treatment of gallic acid (200 mg/kg) with AIA rats for 10 days repressed the expressions of TNF- α without causing any adverse effects. Thus, both studies favor anti-rheumatic activity of gallic acid (Rath et al. 2013). Genistein is a polyphenolic compounds found in soybean has reported a potent anti-inflammatory actions. A study conducted by Wang et al. showed anti-RA effect of genistein by using CIA rat models. Administration of genistein, downregulated the expressions of t-bet, TNF- γ and Th1/Th2 while upregulated IL-4 and GATA-3 expressions at a dose of 1 mg/kg for 42 days (Wang et al. 2008). In another study, genistein exhibited identical anti-RA actions in RAFLS by inhibiting MMP-9 and FLS proliferation with a dose of 10 μ g/ml for 24 hours (Zhang et al. 2012). Li et al. also reported the anti-rheumatic activity of genistein in

NH7A cells by blocking the release of IL-6, IL-1 β and IL-8. In addition, resveratrol inhibits the NF- κ B/Akt/ROS pathway and activate adenosine monophosphate activated protein kinase signaling pathways (Li et al. 2014). Umar et al. reported the anti-inflammatory effects of hesperidin by CIA rat models. After 24 days intervention of hesperidin (160 mg/kg), suppression in the levels of nitric oxide, lipid peroxidation and articular elastage was observed. Further, hesperidin enhanced SOD, catalase and glutathione (GSH) expression (Umar et al. 2013). Kaempferol is a potent flavonol obtained a wide variety of natural plants including beans, kale, broccoli, spinach, grapes fruits and teas. A study analyzed the potential anti-RA actions of kaempferol on synovial tissue having knee arthroplasty. The treatment of kaempferol with dose of 200, 100, 50, 10 μ M for 2 days on synovial tissue, ameliorated NF- κ B, MAPK and RASFs while the treatment with 100 μ M for 48 days, suppressed the expressions of NF- κ B, MAPK, COX-2, PGE2, MMP-3 and MMP-1. Thus, both results favors the anti-rheumatic effects of kaempferol in synovial tissues (Yoon et al. 2013). Malvidin (malvidin-3-O- β -glucoside) is a potent anthocyanidins which is responsible for the coloring of red fruits and red wine. Decendit and coworkers reported the anti-RA effects of malvidin, extracted from red grapes skin powder, by ameliorated clinical symptoms of rheumatoid arthritis. When 1, 10, 100 μ M dose of malvidin were treated with human peripheral blood monocyte derived macrophages for 1 days, suppression in macrophage inflammatory protein 1 a (MIP1a), IL-1, IL-8, IL-6, NO, NOx, and TNF- α was observed. In addition, the treatment of malvidin in peritoneal macrophages of rats with same conditions, repressed the actions of IL-18, TNF- α and IL-1 β (Decendit et al. 2013). Mangiferin (1,3,6,7-tetrahydroxy xanthone-C2- β -D-glucoside) is an essential bioactive compound of *Phaleria cumingii* (Thymelaeaceae family), exhibited anti-rheumatic actions in CIA rat models. The administration of mangiferin for both 27 and 14 days with a dose of 100 and 400 mg/kg, suppressed the expressions of IL-6, RANKL, TNF- κ B, ERK1/2 and TNF- α (Tsubaki et al. 2015). Sultana et al. examined the anti-rheumatoid effects of morin, a dietary polyphenol, present in numerous fruits and vegetables, in spleen and synovial macrophage by using AIA rats model. The administration of ML-morin at a dose of 10 mg/kg for three days significantly ameliorated the formation of proinflammatory cytokines (IL-1 β , IL-6, IL-17, and TNF- α), an inflammatory enzyme (iNOS), transcriptive factor (NF- κ B-p-65), angiogenic factors (VEGF), STAT-3, MCP-1 and RANKL (Sultana, Neog, and Rasool 2017). Kumar and colleagues conducted a study to evaluate the efficacy of mangiferin extracted from *swertia chirayita* stem on the levels of proinflammatory and anti-inflammatory mediators in joint synovium. After 12 days administration of mangiferin, it reduced the expressions of IL-1, TNF- α , TNF- γ , and elevated the levels of IL-10 in a dose dependent manner (Kumar et al. 2004). Another study also reported the anti-rheumatic activity of mangiferin by suppressing the synthesis of PG E2 and expressions of COX-2. In addition, mangiferin also significantly ameliorated the production of 8-iso-prostaglandin

and lipopolysaccharide (LPS) which facilitates the progression of arthritis (Luczkiewicz et al. 2014). Liu and coworkers showed the anti-rheumatoid arthritis activity of *Astragalus* in AIA rats by modulating RANKL/NF/osteoprotegerin (OPG) pathways. Total flavonoids of *Astragalus* (TFA) extracted from *Astragalus membranaceus* Bunge, was administered in CIA rats with a dose of 25, 50, 100 mg/kg daily for 28 days. ELISA assay and immunochemical method were performed to examine the inflammatory mediators. After the intervention for 28 days, TFA suppressed the production and activation of RANKL, PG E2, TNF- α , and IL-1 β and facilitated the production of OPG. Additionally, TFA gradually reduced the formation of pannus, synovial hyperplasia, and inflammatory cell infiltration as well as bone and cartilage destruction (Liu et al. 2017). A study performed by Ananth, showed the anti-rheumatic effects of *Pergularia doemia* methanolic extract (PDME) obtained from *Pergularia doemia* in CFA induced arthritis rats. Results exhibited that the administration of PDME significantly ameliorated the bone destruction by suppressing the swelling and inflammation in joints. In addition, PDME treatment also reduced the levels of rheumatoid factor (RF), white blood cells (WBC), CRP and ESR while increased the levels of red blood cell (RBC) and hemoglobin (Ananth et al. 2016). Vet al and coworkers examined the anti-arthritis effects of type-A procyanidine polyphenols (TAPP) by *cinnamomum zeylanicum* in AIA and carrageena induced paw edema rats. Study revealed that the administration of TAPP with a dose of 8 mg/kg daily for 9 days reduced the arthritic score, cachexia, CRP and ankle diameter (Vet al et al. 2013).

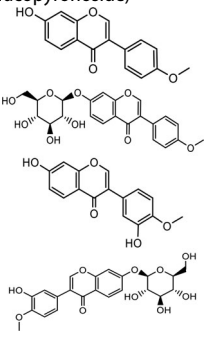
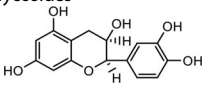
Naringin, a dietary flavanone, extracted from numerous citrus fruits and grapes, exerts various therapeutic activities including antitussive activity, an expectorant action, antiasthmatic and used for lungs injuries. Wang and colleagues investigated the anti-arthritis effects of naringin by using AIA rat model. Rats were randomly divided into four groups: 1st group- AA + naringin (20 mg/kg), 2nd group- AA + naringin (40 mg/kg), 3rd group- control group and 4th group- AA + dexamethasone (2 mg/kg). After the intervention for 28 days, both naringin treated group suppressed the formation of IL-6, IL-1 β , Bcl-2 and TNF- α whereas enhanced the production of Bax. Thus, both dose of naringin reduced the symptoms and have potential therapeutic effect in rheumatoid arthritis (Wang et al. 2015). A study analyzed the efficacy of theaflavin-3,3-digallate (TFDG), extracted from black tea polyphenol, on osteoclast and MMP activity by using mature osteoclasts and osteoclast precursor cells. The administration of TFDG at a dose of 10 and 100 μ M for 7 days, gradually reduced the formation of osteoclast via downregulating MMP-2 and MMP-9 expressions (Oka et al. 2011). A study conducted by Liu et al. examined the anti-arthritis efficacy of TFDG by using CIA rat model. The occurrence of arthritis and arthritis score were evaluated. ELISA and western blotting assay were also performed to assess the expression of pro-inflammatory mediators. Results revealed that the treatment of TFDG with a dose 10 mg/kg, 3 times/week for 9 weeks, significantly reduced the expression of arthritis score, TNF- α , MMP-1,

IL-1 β , IL-6, MMP-2, MMP-3, ERK, JNK2, P38, NF- κ B and MAPK signaling pathway (Liu and Li 2019). A study conducted by Umar et al., evaluated the anti-rheumatic activity of thymoquinone, derived from *vigella sativa*, on RAFLS. Results showed that the administration of thymoquinone (1–5 μ M) for 2 h, reduced the expression of IL-8, IL-6, ICAM-1, Cad-11, p-38, VCAM-1 and JNK (Umar et al. 2015). Furthermore, another study conducted by Tekeoglu et al. also supports the anti-inflammatory effects of thymoquinone in CIA rat model. After the administration of 2.5 mg/kg for 5 days, thymoquinone suppressed the formation of IL-1 β (Tekeoglu et al. 2007). Vaillancourt et al. also analyzed the anti-rheumatic effects of thymoquinone by using human RAFLS and AIA rat models. Study revealed that administration of thymoquinone at a dose of 10, 5, 2 and 1 μ M for 1 h in human RAFLS, significantly suppressed the FSL proliferation, TNF- α , IL-1 β , COX-2, prostaglandins and MMP-13 which were induced by liposaccharides and also reduced p-p-38-MKK, P-NF- κ B-p-65, p-ERK and 4-hydroxynonenal (HNE) which were induced by H₂O₂. In addition, when it was administered with a dose of 5 mg/kg in AIA rats for 24 h, gradually downregulated the expressions of HNE, TNF- α and IL-1 β (Vaillancourt et al. 2011). Another study analyzed the anti-arthritis activity of ethyl ether and ethyl acetate extract of *Polygonum orientale* (POEe and POEa) extracted from *Polygonum orientale* L. (polygonaceae) by using AIA rat model. ELISA assay was performed to evaluate the levels of pro-inflammatory mediators. Results revealed that POEe and POEa gradually decreased the clinical manifestations of rheumatoid arthritis by suppressing arthritis score, spleen and thymus indices and swelling in joints. Instantaneously, these agents also decreased the levels of TNF- α , IL-1 β and PG E2. A significant reduction in synovial hyperplasia, bone erosion, cartilage destruction, joint degeneration and inflammation cell infiltration was also observed after the treatment of POEe and POEa (Gou et al. 2018) (Table 3).

Other polyphenolic compounds

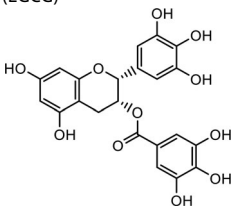
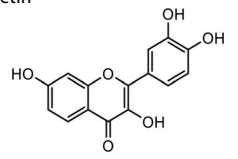
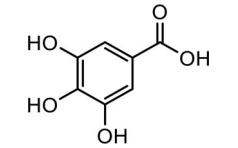
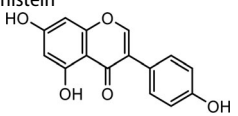
Recent studies have been reported the anti-inflammatory effects of extra virgin olive oil (EVOO) containing high contents of polyphenolic compounds. Depending upon anti-inflammatory action of EVOO, Rosillo et al. analyzed the anti-rheumatic actions by using CIA model. The extracts of EVOO-polyphenol with a dose of 100 and 200 mg/kg was administered for 13 days in CIA rats. Results revealed that the treatment of EVOO polyphenol extract significantly reduced the cell migration, bone erosion, cartilage degradation and joint edema. Additionally, it also exerted anti-rheumatic effects by downregulating the expression of IL-1 β , TNF- α , PGE2, JNK, 1 κ B- α and p-65 (Rosillo et al. 2014). Another study examined the anti-rheumatic efficacy of hydroxytyrosol (HTy-Ac), derived from EVOO, by using CIA model. The study demonstrated that the treatment of HTy-Ac significantly reduced the serum MMP-3, IgG2a, IgG1, COMP, IL-1R, IFN- γ , IL-6, IL-17A, TNF-Q, MAPKs, JAK/STAT and NF- κ B. While it upregulated hemeoxygenase-1

Table 3. Suppression of rheumatoid arthritis by flavonoids.

Source	Compound	Dose/Duration	Animal model/ cell Line	Mechanism	References
<i>Pergularia domenia</i>	<i>Pergularia domenia</i> metanolic extract	500 mg/kg for 20 days	CFA-RA rat	↓ bone destruction, WBC, CRP, ESR ↑ RBC, hemoglobin	Ananth et al. (2016)
<i>Astragalus membranaceus</i>	Astragalus (Formononetin, Formononetin-7-O- β -D- glucopyronoside, Calycosin, Calycosin-7-O- β -D- glucopyronoside)	25/50/100 mg/kg/ day/28 days	CIA rat	↓ RANK, PG E2, TNF- α , IL-1 β	Liu et al. (2017)
					
Citrus fruit	A-glucosylhesperidin	3 mg/0.3 ml thrice a week,31 days	CIA rat	↓ TNF- α	Kometani et al. (2008)
					
Cherries	Anthocyanin(cyanidin, malvidin, petunidin, peonidin, delphinidin-3- glucoside)	10, 20, 40 mg/ kg/14 days	AIA rat	↓ PGE2, TNF- α , MDA ↑ SOD	He et al. (2006)
					
Cocoa	Epicatechin, procyanidin, catchins and flavanol glycosides	0, 10, 20 μ M/mL/1 h	Mouse epidermal cells and Jb6 P	↓ NF- κ B, VEGF, AP-1 ↑ p-ERK, p-Akt, p- MKK4, p-P70S6K, p- p90RSK, p-PI3K, p-JNK	Kim et al. (2010)
					

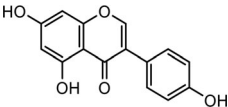
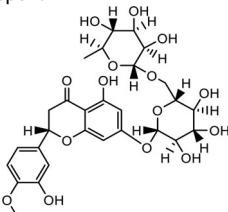
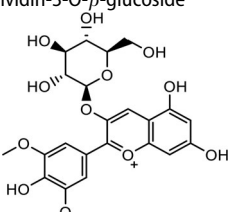
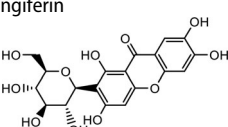
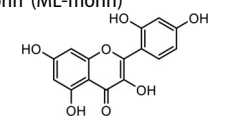
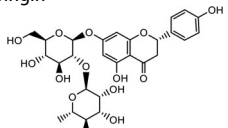
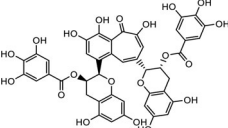
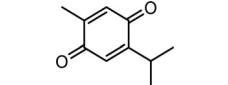
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Table 3. Continued.

Source	Compound	Dose/Duration	Animal model/ cell Line	Mechanism	References
<i>Camellia sinensis</i>	Epigallocatechin-3-gallate (EGCG) 	10, 20, 30, 40, 50 mg/kg/3 weeks	RASFs	↓ RANTES, MMP-2, ENA-78, GRO- α	Ahmed, Pakozdi, and Koch (2006)
Green tea	Epigallocatechin-3-gallate (EGCG)	10 mg/kg/5 days	CIA rat	↓ IL-6, IL-1 β , IL-17, TNF- α , CTSK, c-FOS, p-STAT27, IL-21, p-ERK, p-STAT3, p-STAT3 705, RANK, AHR, iNOS, CCL6, IgG2a, TRAP, CTR, nitrotyrosine, VEGF, NFATc1, MMP9 ↑ TGF- β , Foxp3, IL-10, SOCS3	Lee et al. (2007)
Green tea	Epigallocatechin gallate	20 μ M, 50 μ M/15 days	PIA rat	↓ MPO	Leichsenring et al. (2016)
<i>Camellia sinensis</i>	Epigallocatechin-3-gallate (EGCG)	10 mg/kg/3 weeks	1. DBA/1 mice 2. Human osteoclast (peripheral blood monocytes)	↓ carbonic anhydrase II, NFATc1, cathepsin K, β -3 integrin, CTR, α -v integrin	Morinobu et al. (2008)
Green tea	Epigallocatechin-3-gallate (EGCG)	10,100 μ M/7 days	CIA rat	↓ INF- γ , IL-6, TNF- α ↑ anti-CD11 specific IgG1 antibodies	Min et al. (2015)
<i>Camellia sinensis</i>	Epigallocatechin-3-gallate (EGCG)	125, 250, 500 nM/24 h	Osteoclast precursors cells	↓ MMP-2, MMP-9	Oka et al. (2011)
<i>Camellia sinensis</i>	Epigallocatechin-3-gallate (EGCG)	125, 250, 500 nM/24 h	RASFs	↓ MMP-1, MAPK, AP-1, MMP-3, p-p-38, p-JNK, p-ERK1/2	Yun et al. (2008)
Green tea	Epigallocatechin-3-gallate (EGCG)	25/50 mg/kg for 3 weeks	γ KO & CIA rat	↓ arthritis score, IL-6, VEGF, IL-17, IL-1 β , TNF- α , nitrotyrosine, iNOS, PSAT3 705/727	Lee et al. (2009)
Green tea	Epigallocatechin-3-gallate (EGCG)	40 mg/kg, thrice a week	IL-1RaKO model	↓ PSTAT3 705/723, HIF-1 α , mTOR, IgG2a	Yang et al. (2014)
<i>Rhus verniflura</i> Stokes	Fisetin 	0.1, 1, 10 μ M/mL/72 h	RA FLs	↓ IL-6, MAPK, VEGF, TNF- α , IL-8	Lee et al. (2016)
<i>Rhus verniflura</i> Stokes	Flavonol-rich residual layer of hexane fraction	0.1, 1, 10 μ M/mL/72 h	RA FLs	↓ p-JNK, p-ERK ↑ p-p38-MAPK	Lee et al. (2016)
<i>Cinnamomum zeylanicum</i>	Gallic acid 	1. 200 mg/kg/12 days 2. 40 μ M/100 μ L/72 h	1. AIA rats 2. Concanavalin stimulated lymphocyte	1. ↓ TNF- α 2. ↓ IL-4, IFN- γ , IL-2	Rathi et al. (2013)
Soybean	Genistein 	1 mL/kg/42 days	CIA rat	↓ Th1/Th2, IFN- γ , T-bet Increase IL-4, GATA-3	Wang et al. (2008)

(continued)

Table 3. Continued.

Source	Compound	Dose/Duration	Animal model/ cell Line	Mechanism	References
Soybean	Genistein 	10 µg/mL/22 days	RA FLS	↓ MMP-9	Zhang et al. (2012)
Soybean	Hesperidin 	160 mg/kg/22 days	CIA rat	↓ nitrite, ELA, TBARS	Umar et al. (2013)
Red grapes	Malvidin-3-O-β-glucoside 	1. 1,10,100 µM/24 h 2. 25 mg/kg/10 days	1. Peripheral monocyte-derived macrophages 2. Peritoneal macrophages 3. AIA rats	1. ↓ IL-1, IL-6, IL-8, NOx, NO, MIP1a, TNF-α 2. ↓ IL-8, IL-1β, TNF-α	Decendit et al. (2013)
Thymelaeaceae family	Mangiferin 	100 and 400 mg/kg for 14 days and 27 days	CIA rat	↓ IL-6, TNF-α, NF-κB, RANKL, IL-1β, ERK1/2	Tsubaki et al. (2015)
Tea, vegetables and fruits	Morin (ML-morin) 	10 mg/kg for 3 days	Spleen and synovial macrophages	↓ NO, ROS, TNF-α, iNOS, IL-6, NF-κB-p-65, IL-1β, MCP-1, STAT-3, RANKL, VEGF	Sultana, Neog, and Rasool (2017)
<i>Swertia chirayita</i>	Mangiferin	23.72 mg/kg for 12 days	AIA rat	↓ IL-1, TNF-α, TNF-γ ↑ IL-10	Kumar et al. (2004)
<i>Cinnamomum zelanicum</i>	Procyanidine (catechin and epicatechin)	8 mg/kg/day for 9 days	AIA rat	↓ arthritis score, cachexia, CRP	Vetal et al. (2013)
Citrus fruits and grapes	Naringin 	1. 20 mg/kg for 28 days 2. 40 mg/kg for 28 days	AIA rat	↓ IL-6, TNF-α, Bcl-2, IL-1β Increase Bax	Wang et al. (2015)
<i>Camellia sinensis</i>	Theaflavin-3,3'-digallate (TFDG) 	10, 100 µM for 7 days	Osteoclast precursors cell mature osteoclast	↓ MMP-2, MPP-9, osteoclast formation	Oka et al. (2011)
Black tea	Theaflavin-3,3'-digallate (TFDG)	10 mg/kg/ 3 times/weak for 9 days	CIA rat	↓ TNF-α, MMP-1, IL-1β, IL-6, MMP-2, MMP-3, ERK, JNK2, P38, NF-κB, MAPK	Liu and Li (2019)
<i>Nigella sativa</i>	Thymoquinone 	10, 100 µM for 7 days	RA synovium	↓ p-38, JNK, Cad-11, IL-6, ICAM-1, IL-8, VCAM-1	Umar et al. (2015)

(continued)

Table 3. Continued.

Source	Compound	Dose/Duration	Animal model/ cell Line	Mechanism	References
<i>Nigella sativa</i>	Thymoquinone	2.5 mg/kg for 5 days 5 mg/kg for 5 days 1, 2, 3, 4, 5 μ M for 2 h	CIA rat	\downarrow IL-1 β	Tekeoglu et al. (2007)
<i>Nigella sativa</i>	Thymoquinone	1. 0, 1, 5, 10 μ M for 1 h 2. 5 mg/kg for 1 day	1. RA FLS 2. AIA rat	1. \downarrow TNF- α , COX-2, HNE, p-ERK, p-p- 38-MKK, prostaglandins, IL-1 β , p-NF- κ B- p65, MMP-13 2. \downarrow IL-1 β , HNE, TNF- α	Vaillancourt et al. (2011)
<i>Polygonum orientale</i> (P.O.)	Ethyl ether and ethyl acetate extract of P.O	3.75/5/7.5 mg/kg/day for 26 days	AIA rat	\downarrow TNF- α , IL-1 β , PG E2	Gou et al. (2018)

VEGF: vascular endothelial growth factor; ENA-78: Epithelial neutrophil-activating protein78; HNE: H2O2-induced 4-hydroxynonenal; ICAM: intercellular adhesion molecules; GRO: growth-regulated oncogene; RAFLS: RA fibroblast-like synoviocytes; VCAM: vascular cell adhesion protein; MKK: mitogen-activated protein kinase4; LPS: lipopolysaccharides; RANTES: regulated on activation, normal t-cell expressed and secreted; LPS: lipopolysaccharides; RBC: red blood cells.

(HO-1) protein and nuclear factor E-2 related factor 2 (Nrf2) expressions (Rosillo et al. 2015). Ramadan et al. performed a comparative study to examine the potency of curcuminoids (Turmeric) and gingers and shogaols (Ginger) rhizomes in AIA rats. Results revealed that the intervention of both extracted compounds (200 mg/kg) for 28 days significantly reduced the severity and incidence of rheumatoid arthritis by decreasing the pro-inflammatory cytokines and increasing anti-inflammatory activity. Additionally, the administration of turmeric polyphenolic compounds showed higher anti-rheumatic action than ginger and indomethacin by suppressing alanine transaminase, alkaline phosphate and lipid peroxidation (Ramadan, Al-Kahtani, and El-Sayed 2011). Kloesch et al. examined the antiapoptotic and anti-inflammatory effects of curcumin polyphenol on RA-FLS and human synovial fibroblast cell line. Receptor gene, western blotting and ELISA assay were performed to analyze the expressions of NF- κ B, p38, IL-1, VEGF, MAPK and ERK1/2 mediators. Results revealed that the treatment of curcumin at a dose of 50, 25, 12.5 μ M, significantly suppressed the expression of IL-6, IL-1 β and VEGF in both RA-FLS and synovial fibroblast cell line. Furthermore, curcumin blocked the dephosphorylation of ERK1/2 and activation of NF- κ B. In addition, administration of high dose of curcumin reduce the induction of apoptosis and cell viability (Kloesch et al. 2013). A randomized clinical trial was conducted by Chandran et al. showed the antiarthritic and anti-inflammatory activity of curcumin in 45 subjects having rheumatoid arthritis. 1st group was treated curcumin (500 mg), 2nd group was treated diclofenac sodium (50 mg) and 3rd group was treated with both diclofenac sodium and curcumin. A significant reduction in swelling and arthritis score was observed in all these treated group but curcumin treated group exhibited a remarkable improvement in reduction of arthritis symptoms. Moreover, curcumin did not showed any adverse effects and marked to be safe. Thus, both the studies support the curcumin polyphenol to be used as a potent therapeutic agent in the management of rheumatoid arthritis (Chandran and Goel 2012).

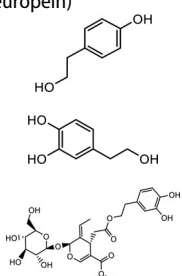
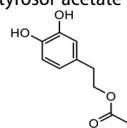
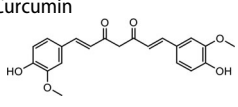
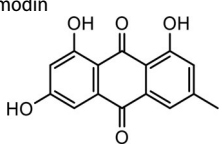
Park et al. examined the anti-rheumatic effects of curcumin, derived from *curcuma longa* rhizomes, in synovial

fibroblast. Fluorescent microscopy, Annexin-V-based assay and MTT assay was performed to analyzed the anti-RA effects. Study revealed that the treatment of curcumin with cells at a dose of 25, 50, 75 and 100 μ M for 24 h, repressed the expressions of caspase-3, ADP-ribose, caspase-9, COX-2 and Bcl-2 (Park et al. 2007). Curcumin, derived from herb turmeric ameliorated the clinical symptoms of RA by suppressing TNF- α , IL-1 β and TNF- κ B in CIA model when it was treated with 50 mg/kg for 24 h. Emodin (3 methyl-1,6,8-trihydroxyanthraquinone) derived from *Rheum Palmatum* has attained various beneficial effects on human health including antibacterial, vasorelaxant, diuretic and antitumor. Hwang et al. conducted an experiment on CIA mice model to investigate the arthritis-modulating efficacy of emodin. After 11 days intervention of emodin (10 mg/kg), repression in expressions of MMP, M-CSF and NF- κ B pathway were observed (Hwang et al. 2013). Another study conducted by Zhu and colleagues also reported anti-rheumatic action of emodin. Study revealed that the administration of emodin with a dose of 20, 10, and 5 mg/kg for 21 days in CIA rats, reduced the release of TNF- α , PGE2, COX and IL-6 (Zhu et al. 2013). On human RA synoviocytes, emodin also demonstrated identical effects by alleviating VEGF, COX-2, histone deacetylase (HDAC), HDAC1, hypoxia induced factor 1 alpha(HIF-1 α), MMP-13, MMP-1, MAPK and NF- κ B (Ha et al. 2011) (Table 4).

Conclusion

Chronic diseases can be well treated with the medication which have been tendency to alter the inflammatory pathways. In plants, the bioactive compounds known as polyphenols, can be used as prophylaxis as well as in the management of certain diseases. Many extract or even remote phenolic compounds have been obtained from various variety of plants, which have shown their efficacy toward autoimmune diseases in preclinical and clinical studies. The pathology of rheumatoid arthritis have been alter by the natural phenolic extract as they modulate the formation and mechanism of action of inflammatory mediators. The

Table 4. Suppression of rheumatoid arthritis by other polyphenolic compounds.

Source	Compound	Dose/Duration	Animal model/ cell Line	Mechanism	References
EVOO	EVOO polyphenol extract (tyrosol, hydroxytyrosol, oleuropein) 	100, 200 mg/kg for 13 days	CIA rat	↓ p-38, IL-6, JNK, TNF- α , PGE ₂ , p-65, IL-1 β	Rosillo et al. (2014)
EVOO	Hydroxytyrosol acetate 	0.05% for 42 days	CIA rat	↓ IL-6, IL-1R, COMP, TNF-Q, IgG1, MMP-3, IgG2a, Nrf-2, IL-17A, HO-1, IFN-S	Rosillo et al. (2015)
1. Turmeric rhizome 2. Ginger rhizome	Curcuminoid	200 mg/kg for 28 days	AIA rat	↓ ALP, LPO, ALAT ↑ IL-1 β , IL-4, IL-6, SOD, IL-10, GSH, CAT, TNF- α	Ramadan, Al-Kahtani, and El-Sayed (2011)
Turmeric rhizome	Curcumin 	12.5, 25, 50 μ M for 6 h	1. MH7A 2. RA FLS	1. ↓ IL-6, IL-1 β , AP-1, NF- κ B, ERK1/2, LDH 2. ↓ NF- κ B, VEGF-A, IL-6, AP-1, ERK1/2, IL-1 β	Kloesch et al. (2013)
Turmeric rhizome	Curcumin	500 mg, twice daily for 8 weeks	Subjects with arthritis	↓ swelling, inflammation, arthritis score	Chandran & Goel (2012)
Herb turmeric	Curcumin oil water (nanoemulsion)	50 mg/kg for 14 days	AIA rat	↓ IL-1 β , NF- κ B, TNF- α	Zhang et al. (2016)
<i>Curcuma longa</i> rhizome	Curcumin	0, 25, 50, 75, 100 μ M for 24 h	FLS or patients	↓ COX-2, Bcl-2 ↑ caspase-9, caspase-3	Park et al. (2007)
<i>Rheum palmatum</i>	Emodin 	10 mg/kg for 11 days	CIA rat	↓ MMP, NF- κ B, M-CSF	Hwang et al. (2013)
<i>Rheum palmatum</i>	Emodin	5, 10, 20 mg/kg for 21 days	CIA rat	↓ PGE ₂ , TNF- α , IL-6	Zhu et al. (2013)
<i>Rheum palmatum</i>	Emodin	0.1, 1, 10 μ M for 24 h	Synovial membrane/ Humans	↓ COX-2, MMP-13, HDAC, HIF-1 α , HDAC1, VEGF, MMP-1, MAPK, NF- κ B	Ha et al. (2011)

M-CSF: macrophage colony-stimulating factor; HO-1: hemoxygenase1; HIF: hypoxia-inducible factor; LDH: lactate dehydrogenase; ALAT: alanine transaminase; MH7A: rheumatoid synovial cell; LPO: lipid peroxidation; HDAC: histone deacetylase; ALP: alkaline phosphatase; Nrf2: nuclear factor(erythroid-derived2)-like2.

clinical manifestation of rheumatoid arthritis can be ameliorated by these secondary metabolites through suppression of various mediators such as JNK, IL-6, AP-1, TNF- α , COX-2, MAPK, ERK1/2 and NF- κ B. Polyphenols exhibit anti-rheumatoid arthritis characteristics by directly modifying the inflammatory pathways. However, to depict the exact molecular mechanism of polyphenols which regulate pathogenic pathways of rheumatoid arthritis, many preclinical and clinical trials could be conducted. Despite of having unknown mechanism, polyphenols could be the near future ideal therapeutic in the treatment of autoimmune diseases.

Future prospects

Noticeable progress has been made in investigating and exploring the role of polyphenolic compounds and their significance in ameliorating the progression of RA. However, there should be a more extensive exploration of the microbial metabolism of polyphenols, because of their limited absorption profile and gut microbiome-mediated degradation in the colon. The microbial metabolites of dietary polyphenols are responsible for their biological action. Therefore, the future researches and studies should target

this parameter of polyphenolic research. Furthermore, the relationship between gut microbiome and polyphenols should be evaluated for its impact in the development and progression of RA. For instance, the growth of beneficial bacteria, like *Bifidobacterium* and *Lactobacillus* is elevated by intake of numerous polyphenols, however, their intake has been found to curb the growth of *Firmicutes*. Polyphenols have also been found to exert a positive impact on the composition of gut microbiome, thereby, regulating host immunity. Thus, polyphenol investigations in future should focus on the role of gut microbiome, in affecting the polyphenol ability to treat RA complications. Clinical in vivo and in vitro investigations have demonstrated altered levels of cytokines and appearance of bone lesions in RA. Thus, future experimentation in RA can focus on investigating the natural compounds, acting on more than one targets that would possibly exert a positive effect in RA treatment. The research paradigm associated with natural phytochemicals can be further modified by investigating the efficacy of nanocarrier formulations of such compounds, which has been found to enhance the beneficial impact of natural compounds and mitigate the weak pharmacokinetic profile of natural drugs, which might aid in the evolution phytochemical industry in the pharmaceutical paradigm. Also, well-organized clinical trials with optimized design has become necessary, in order to investigate the therapeutic potential of polyphenolic agents in RA.

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Disclosure statement

The authors declare no conflict of interest, financial or otherwise.

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