

POPLAWSKA, Natalia Aleksandra, ŚLIZ, Justyna, SKORUPSKA, Marta, CZECZOTKA, Magdalena Joanna and WOŹNIAK, Krzysztof. Ginger (Zingiber officinale) - A Beneficial Effect on Health and Physical Activity. Quality in Sport. 2024;16:52218. eISSN 2450-3118.

<https://dx.doi.org/10.12775/QS.2024.16.52218>

<https://apcz.umk.pl/QS/article/view/52218>

The journal has had 20 points in Ministry of Higher Education and Science of Poland parametric evaluation. Annex to the announcement of the Minister of Higher Education and Science of 05.01.2024. No. 32553.

Has a Journal's Unique Identifier: 201398. Scientific disciplines assigned: Economics and finance (Field of social sciences); Management and Quality Sciences (Field of social sciences).

Punkty Ministerialne z 2019 - aktualny rok 20 punktów. Załącznik do komunikatu Ministra Szkolnictwa Wyższego i Nauki z dnia 05.01.2024 r. Lp. 32553. Posiada Unikatowy Identyfikator Czasopisma: 201398.

Przypisane dyscypliny naukowe: Ekonomia i finanse (Dziedzina nauk społecznych); Nauki o zarządzaniu i jakości (Dziedzina nauk społecznych).

© The Authors 2024;

This article is published with open access at Licensee Open Journal Systems of Nicolaus Copernicus University in Torun, Poland Open Access. This article is distributed under the terms of the Creative Commons Attribution Noncommercial License which permits any noncommercial use, distribution, and reproduction in any medium, provided the original author (s) and source are credited. This is an open access article licensed under the terms of the Creative Commons Attribution Non commercial license Share alike. (<http://creativecommons.org/licenses/by-nc-sa/4.0/>) which permits unrestricted, non commercial use, distribution and reproduction in any medium, provided the work is properly cited.

The authors declare that there is no conflict of interests regarding the publication of this paper.

Received: 06.06.2024. Revised: 25.05.2024. Accepted: 03.07.2024. Published: 07.07.2024.

Ginger (Zingiber officinale) - A Beneficial Effect on Health and Physical Activity

Natalia Aleksandra Poplawska, Central Clinical Hospital of the Medical University of Lodz, Pomorska 251, 92-213 Łódź

<https://orcid.org/0009-0002-6243-6603>

natalia.poplawska2109@gmail.com

Justyna Śliz, Central Clinical Hospital of the Medical University of Lodz, Pomorska 251, 92-213 Łódź

<https://orcid.org/0009-0007-0242-149X>

justyna-sliz@wp.pl

Marta Skorupska, Karol Jonscher Municipal Medical Center, Milionowa Street 14, 93-113 Lodz

<https://orcid.org/0009-0001-6556-3133>

mskorupska71@gmail.com

Magdalena Joanna Czeczotka, Karol Jonscher Municipal Medical Center, Milionowa Street 14, 93-113 Lodz

<https://orcid.org/0009-0005-6306-8437>

magda.czeczotka@gmail.com

Krzysztof Woźniak, Medical University of Lodz, Al. Kościuszki 4, 90-419 Łódź

<https://orcid.org/0009-0004-1438-0806>

wozniak.krzysztof1998@gmail.com

ABSTRACT

Introduction:

Ginger (Zingiber officinale) is a member of the Zingiberaceae plant family and is indigenous to Southeast Asia. It has been widely utilized as an herbal remedy in numerous nations and is known for its beneficial properties, such as anti-inflammatory, antioxidant, and anti-apoptotic

effects. Ginger is commonly consumed for its various health benefits, including alleviating coughs, reducing pain, addressing nausea, aiding digestion, and exhibiting analgesic and anti-inflammatory effects. Recently, research has begun to uncover the potential benefits of ginger on physical activity and athletic performance.

Materials and methods:

A comprehensive examination of scientific and medical literature was performed using the PubMed and Google Scholar databases. The search terms employed were: "ginger," "ginger anticancer," "ginger anti-inflammatory," and "ginger antiemetic."

Conclusion:

Ginger, scientifically known as *Zingiber officinale*, is a widely utilized herb with various biological effects including anti-inflammatory, antioxidant, anticancer, and antibacterial properties primarily attributed to four phenolic compounds: gingerols, shogaols, paradols, and zingerone. Notably, 6-shogaol, an active ingredient in ginger, shows promise as a natural anticancer product with potential therapeutic benefits. Also, several scientific studies have indicated that ginger supplementation may lead to reduced muscle soreness, improved endurance performance, and decreased inflammation in response to intense physical activity.

Key words: ginger; anticancer; anti-inflammatory; *Zingiber officinale*; antioxidant; gingerols

INTRODUCTION

Ginger (*Zingiber officinale*) is a member of the Zingiberaceae plant family and is indigenous to Southeast Asia [1]. Throughout history, ginger has been a staple in the diets of Asia's native populations, particularly in China and India, where it is utilized as both a spice and a sweetener in local cuisine and as an herbal remedy for various ailments. Numerous studies have established that ginger is widely utilized as an herbal remedy in numerous nations [2]. It is commonly employed to alleviate coughs by virtue of its expectorant qualities, aiding in the loosening and expulsion of phlegm. Additionally, ginger is utilized to mitigate pain, address nausea and vomiting, counteract poisoning, and facilitate digestion. The rhizome, or underground stem, is the part of the plant that is commonly consumed [3]. Ginger's tuberous rhizomes are widely recognized for their advantageous properties, such as anti-inflammatory, antioxidant, anti-apoptotic, antiviral, and antibacterial effects [4,5]. Ginger bioactive compounds display analgesic and anti-inflammatory properties by inhibiting the COX2 and LOX pathways, thereby impeding the metabolism of arachidonic acid. The effects of ginger are akin to those of the NSAIDs family; however, they do not adversely affect the stomach mucosa [6]. Numerous research

studies have demonstrated the efficacy of ginger in both the prophylaxis and treatment of gastrointestinal, cardiovascular, respiratory, and neurological diseases [7,8].

AIM OF THE STUDY

The purpose of this study is to conduct a comprehensive investigation into the diverse health effects of ginger and its constituent compounds on human health, taking into account both biochemical and physiological factors. The review encompasses an analysis of the compounds found in ginger, their positive effects on various human body systems, and the mechanisms of their action. Additionally, this work aims to highlight the antioxidant, anti-inflammatory, antibacterial, antiemetic, and anti-cancer properties of ginger, emphasizing the benefits of its regular consumption.

STATE OF KNOWLEDGE

Bioactive compounds in ginger

Ginger comprises approximately 400 distinct components, including carbohydrates, lipids, terpenes, and phenolics. These compounds are categorized as pungent and aromatic. Pungent compounds encompass gingerols (GNs), shogaols (SGs), zingerones, gingerdione, paradols, zerumbone, and capsaicin, while aromatic compounds include pinene, borneol, cumene, camphene, zingiberol, and bisabolen [9]. The biological effects of ginger are primarily attributed to four phenolic compounds: gingerols, shogaols, paradols, and zingerone. Both in vitro and in vivo studies have consistently demonstrated the potent anti-inflammatory and antioxidant properties of these compounds [10,11]. Major polyphenols in fresh ginger are 6-gingerol, 8-gingerol, and 10-gingerol [12]. Gingerols are sensitive to high temperatures and can easily undergo dehydration to form shogaol. It has been observed that the transformation of gingerols to shogaol due to temperature exposure can be influenced by the method of heating (dry or wet) as well as the form of ginger used (fresh or dried) [13]. Zingerone, a compound derived from the degradation of gingerols, is identified as 4-(4-hydroxy-3-methoxyphenyl)-butan-2-one. This substance is formed through the cooking or drying of the rhizome and shares chemical similarities with aromatic compounds like vanillin and eugenol. The biologically active compounds of ginger are typically present in its essential oils [14]. Paradols, another set of pungent compounds, are recognized for their antioxidant and anti-inflammatory properties, particularly in their ability to act against Cyclooxygenase 1 (COX-1) [15]. Although the degradation of ginger root can result in the production of mycotoxins such as mycophenolic acid, there is currently no evidence of human disease onset due to this cause [16]. Recent research indicates that 6-SG exhibits greater biological efficacy compared to 6-GN [17,18], without any discernible side effects. Consequently, dry ginger powder is

recognized as having superior medicinal potency in contrast to raw ginger [10,19]. Currently, it is feasible to acquire pure 6-gingerol, the primary constituent in ginger rhizomes, through total synthesis methods [20].

Antioxidant activity

Free radicals are highly reactive atoms or molecules characterized by one or more unpaired electrons in their outer shells. Reactive oxygen species (ROS) are generated through the interaction of oxygen with specific molecules within all aerobic cells. ROS have the potential to induce oxidative alterations in key cellular macromolecules, including carbohydrates, lipids, proteins, and DNA [21]. In the human body, oxidative stress arises when the natural antioxidation processes fail to maintain equilibrium between the generation and removal of reactive oxygen species (ROS). Some of described effects are attributed to the activation of the Nrf2 signaling pathway, leading to the accumulation of reactive oxygen species (ROS) and subsequent cellular damage via lipid peroxidation [22,23]. This process can trigger chronic inflammation, contributing to tissue destruction. However, ginger facilitates a protective mechanism by enhancing the activity of the enzyme paraoxonase-1, thus preventing lipid oxidation in low-density lipoproteins (LDL) [24]. Additionally, ginger's antioxidant properties inhibit lipid peroxidation. In a particular investigation, pre-treatment with ginger extract was found to inhibit the IL-1 β -induced increase of reactive oxygen species (ROS) and lipid peroxidation in C28/I2 human chondrocytes. This inhibition was accompanied by a significant decrease in the gene expression of corresponding antioxidant enzymes [25]. Furthermore, 6-gingerol upregulates Beclin1 expression, promoting autophagy in endothelial cells, while also inhibiting the PI3K/AKT/mTOR pathway signaling, all without impacting the cell cycle [20]. Numerous phytochemical extracts derived from ginger have been shown to exhibit various antioxidant properties, including the ability to scavenge superoxide, hydroxyl, and nitric oxide radicals in vitro in a manner that is dependent on the dosage [26].

The antioxidant content and composition of plant extracts can vary based on several factors, such as the extraction solvent, extraction temperature and duration, and storage conditions [27]. The antioxidant activity in ginger extracts was found to be higher when prepared using ethanol, methanol, and acetone solvents compared to extracts prepared using water [28,29]. Several bioactive compounds found in ginger, including 6-gingerol, 8-gingerol, 10-gingerol, and 6-shogaol, have been identified as exhibiting antioxidant properties. In vitro studies have shown that 6-gingerol demonstrates the highest level of antioxidant activity, followed by 6-shogaol [30].

Anti-inflammatory activity

Inflammation is the body's defensive response that occurs following invasion by microorganisms, exposure to antigens, or damage to cells and tissues. This process encompasses intricate interactions among various cell types, mediators, receptors, and signaling pathways. Numerous studies have demonstrated the anti-inflammatory properties of ginger and its active compounds. Initially, it was proposed that ginger's anti-inflammatory effects are primarily linked to its ability to inhibit the synthesis of prostaglandins and leukotrienes [19]. Both fresh ginger, primarily composed of gingerols, and dried ginger extracts, a major source of shogaols, have been shown to suppress the production of lipopolysaccharide- (LPS-) induced prostaglandin E2 (PGE2) [31,32]. Several studies have indicated that the administration of ginger at the conclusion of a treatment regimen resulted in decreased TNF- α levels [33]. This suggests that ginger may serve as an adjunct anti-inflammatory therapy for certain conditions. Moreover, compounds found in ginger, such as 6-gingerol and 6-shogaol, demonstrate anti-inflammatory properties by inhibiting the production of inflammatory mediators including prostaglandin E2, NO, inflammatory cytokines (TNF- α), interleukin-1 β (IL-1 β), and the pro-inflammatory transcription factor NF- κ B. Additionally, they exhibit inhibitory effects on COX-1 and COX-2 [34]. 6-Gingerol has demonstrated the ability to inhibit xanthine oxidase, an enzyme responsible for the oxidation of hypoxanthine to xanthine and xanthine to uric acid in the final stage of purine metabolic degradation, leading to the production of reactive oxygen species [35]. Furthermore, research has confirmed its capacity to enhance the activity of two antioxidant enzymes, superoxide dismutase, and catalase [36]. In animal studies, 6-gingerol has shown regulatory effects on lipogenesis, fatty acid oxidation, mitochondrial function, and oxidative stress in rats. Additionally, it has been observed to concentration-dependently increase the activity of the antioxidant enzyme superoxide dismutase (SOD) and decrease levels of malondialdehyde (MDA), a marker of lipid peroxidation [37].

A study revealed that 6-SG suppressed the release of TNF- α , IL-1 β , and NO in LPS-stimulated RAW264.7 macrophages. This suggests a potential therapeutic effect in chronic inflammatory conditions primarily involving macrophages [38].

According to two recently published meta-analyses, the impact of ginger supplementation on inflammatory markers in humans was evaluated. The analyses revealed significantly reduced levels of serum CRP, TNF-alpha, IL-6, and PGE2 over a 2-3 month period compared to control groups [39,40].

Antibacterial activity

Recent research has demonstrated that ginger and its bioactive components exhibit antibacterial, antifungal, and antiviral properties. Notably, ginger and its active constituents have shown efficacy against drug-resistant bacteria such as *Escherichia coli*, *Salmonella typhi*, *Staphylococcus aureus*, *Pseudomonas aeruginosa*, *Mycobacterium tuberculosis*, and *Enterococcus faecalis*, as well as fungi such as *Candida albicans* [41,42]. The cytokine interferon- γ (IFN- γ), which is secreted by natural killer cells and activated by T lymphocytes, plays a crucial role in the body's defense against viral and bacterial infections. In human T lymphocyte cells, 6-SG was observed to increase IFN- γ transcription and expression in a manner that is dependent on the dosage [43]. Ginger essential oil (GEO) is the volatile oil extracted from the root of ginger. Nanocapsules formulated with GEO exhibited significant antibacterial efficacy against *E. coli*, *Bacillus subtilis*, and *S. aureus* [44]. In a study conducted by Wang et al., it was demonstrated that the antibacterial mechanism of GEOs entails damage to the bacterial cell membrane. This damage leads to the leakage of macromolecular substances, such as bacterial proteins and nucleic acids, culminating in a reduction of bacterial metabolic activity and, ultimately, bacterial cell death. The GEO treatment may impact the physiological activity of test organisms by influencing the expression of genes responsible for key enzymes involved in cell lysis. This sheds light on the antibacterial mechanism at the molecular level [45].

Antiemetic activity

Nausea and vomiting represent the most prevalent and troublesome adverse effects encountered by cancer patients undergoing chemotherapy. Despite the recent advancements in effective pharmacological and antineoplastic combination treatments, the success rate of these interventions remains suboptimal [46]. Numerous animal and human studies have indicated that ginger extract may effectively manage chemotherapy-induced nausea and vomiting (CINV). Ginger is recognized for its ability to alleviate nausea and vomiting by way of the inhibitory effects of gingerols or shogaols on 5-Hydroxytryptamine type 3 (5-HT₃) receptors and by reducing 5-HT. It is presumed that gingerols and shogaols exhibit antiemetic effects by attaching to the serotonin binding site and acting on the 5-HT₃ receptor ion-channel complex [47,48]. Additionally, many preclinical studies have indicated that ginger's efficacy in managing CINV stems from its ability to inhibit neurokinin-1 and dopamine receptors. This effect is complemented by the herb's antioxidant and anti-inflammatory properties [49]. Chemotherapy can have an impact on gastrointestinal motility and neurotransmitters. Research has indicated that delayed gastric emptying, a result of chemotherapy, may play a

significant role in explaining CINV [50,51]. Studies have shown that the gingerols present in ginger significantly improved delayed gastric emptying caused by cisplatin in a manner that was dependent on the dosage [52]. In recent meta-analyses, it was demonstrated that ginger, administered in the form of oral extracts or capsules, exhibited greater efficacy in the prevention of acute nausea and vomiting in patients undergoing chemotherapy treatment [53,54].

Anticancer activity

Ginger has demonstrated efficacy in cancer treatment. In Singapore, cooked ginger rhizomes are utilized for cancer prevention while Palestinians use an infusion of the rhizome to combat breast cancer [55,56]. A soup made from ginger root, turmeric, and honey is commonly employed as a general cancer treatment [57]. The nutritional, health, and medicinal benefits of ginger primarily arise from its bioactive components, particularly the pungent gingerols and their dehydrated form, shogaols. Studies have indicated that shogaols, particularly 6-shogaol, exhibit stronger biological activity than gingerols [58]. 6-Shogaol has demonstrated efficacy in combating various diseases, including cancer. Its anticancer properties have been substantiated and acknowledged in numerous cancer models, encompassing breast, cervical, colon, and prostate cancer [59,60,61,62]. Numerous *in vitro* and *in vivo* studies have demonstrated that 6-shogaol displays minimal to no cytotoxic effects on normal cells and tissues, while exerting a significant cytotoxic effect on cancer cells. In the context of breast cancer, 6-shogaol has been shown to effectively eliminate breast cancer stem cells, including monolayers and spheroids, at a concentration that does not adversely affect non-cancerous cells [59]. The differential impact of 6-shogaol on normal and tumor cell lines is believed to be associated with its ability to stimulate increased production of reactive oxygen species (ROS). However, the precise mechanism underlying this selectivity remains to be elucidated [63]. In the model of colorectal cancer, 6-shogaol demonstrated significant toxicity to human colon cancer cells at a concentration of 80 μM , resulting in 95% and 90% reduction in viability for SW480 and SW620, respectively. In contrast, the viability of normal fibroblasts WI38 was only reduced by 17% [61]. The study conducted by Saha et al. demonstrates that 6-Shogaol exhibits significant anticancer activity against human and mouse prostate cancer cells. This activity is attributed to its ability to inhibit cell survival and induce apoptosis by reducing STAT3 and NF- κ B activity. These findings collectively suggest that 6-Shogaol may serve as a potential chemopreventive and/or therapeutic agent for prostate cancer [64].

Scientific studies on ginger and physical activity

Several studies have investigated the effects of ginger supplementation on physical performance and recovery, with promising results:

Study on Muscle Soreness:

A randomized controlled trial conducted by Black et al. evaluated the effect of ginger on muscle soreness induced by eccentric exercise. Participants consuming ginger experienced significantly reduced muscle pain compared to the placebo group, suggesting that ginger may aid in faster recovery and less perceived pain post-exercise [65].

Endurance and Performance:

A study by Mashhadi et al. explored the impact of ginger on endurance performance in male athletes. The results indicated that ginger supplementation improved endurance performance, likely due to its anti-inflammatory and antioxidant effects, which enhance muscle recovery and reduce fatigue [66].

Anti-inflammatory Response:

Another study by Wilson et al. assessed the effects of ginger on inflammatory markers in response to intense physical activity. The findings showed a significant decrease in pro-inflammatory cytokines in the ginger group, supporting its role in reducing exercise-induced inflammation [67].

CONCLUSION

Ginger, scientifically known as *Zingiber officinale*, is a widely utilized herb composed of approximately 400 distinct components. The biological effects of ginger are primarily attributed to four phenolic compounds: gingerols, shogaols, paradols, and zingerone. Research indicates that these components demonstrate various activities, including anti-inflammatory, antioxidant, anticancer, and antibacterial properties. Notably, ginger supplementation shows potential in offering protection against cancer, particularly in its early stages, and may alleviate symptoms associated with aggressive treatments such as chemotherapy. Of particular interest is 6-shogaol, an active ingredient in ginger, which exhibits promise as a natural anticancer product with therapeutic prospects in various types of cancer. Furthermore, 6-shogaol demonstrates varying sensitivity to cancer and non-cancer cells, with minimal to no toxicity observed in normal cells at lethal doses for cancer cells. Additionally, ginger and its bioactive components display antibacterial, antifungal, and antiviral properties. Although these findings are noteworthy, further investigation into the diverse anti-inflammatory actions

of ginger is warranted to comprehensively understand their effects and potential synergies with commercially available drugs.

DISCLOSURE

Author's contribution:

Conceptualization: Natalia Aleksandra Popławska, Justyna Śliz, Marta Skorupska, Krzysztof Woźniak, Magdalena Joanna Czczotka

Methodology: Justyna Śliz, Natalia Aleksandra Popławska, Marta Skorupska, Krzysztof Woźniak, Magdalena Joanna Czczotka; Software: Natalia Aleksandra Popławska, Justyna Śliz, Marta Skorupska, Krzysztof Woźniak; Check: Justyna Śliz, Natalia Aleksandra Popławska, Marta Skorupska, Krzysztof Woźniak, Magdalena Joanna Czczotka; Fornal Analysis: Justyna Śliz, Natalia Aleksandra Popławska, Marta Skorupska, Krzysztof Woźniak, Magdalena Joanna Czczotka; Investigation: Natalia Aleksandra Popławska, Justyna Śliz, Marta Skorupska, Krzysztof Woźniak; Resources: Justyna Śliz, Natalia Aleksandra Popławska, Marta Skorupska, Krzysztof Woźniak, Magdalena Joanna Czczotka; Data Curation: Natalia Aleksandra Popławska, Justyna Śliz, Marta Skorupska, Krzysztof Woźniak, Magdalena Joanna Czczotka; Writing-rough preparation: Natalia Aleksandra Popławska, Justyna Śliz, Marta Skorupska, Krzysztof Woźniak, Magdalena Joanna Czczotka; Writing-review and editing: Justyna Śliz, Natalia Aleksandra Popławska, Marta Skorupska, Krzysztof Woźniak, Magdalena Joanna Czczotka; Visualization: Justyna Śliz, Natalia Aleksandra Popławska, Marta Skorupska, Krzysztof Woźniak, Magdalena Joanna Czczotka; Supervision: Natalia Aleksandra Popławska, Justyna Śliz, Marta Skorupska, Krzysztof Woźniak, Magdalena Joanna Czczotka; Project Administration: Natalia Aleksandra Popławska, Justyna Śliz, Marta Skorupska, Krzysztof Woźniak, Magdalena Joanna Czczotka

Receiving funding – no specific funding.

All authors have read and agreed with the published version of the manuscript.

Financial statement

This research received no external funding.

Institutional Review Board Statement

Not applicable.

Informed Consent Statement

Not applicable.

Data Availability Statement

Not applicable.

Conflict of interest

The authors deny any conflict of interest.

References:

1. Singletary K. Ginger: An overview of health benefits. *Nutrition Today*. 2010 Jul 1;45(4):171-83.
2. Kubra IR, Rao LJ. An impression on current developments in the technology, chemistry, and biological activities of ginger (*Zingiber officinale* Roscoe). *Crit Rev Food Sci Nutr*. 2012;52(8):651-688. doi:10.1080/10408398.2010.505689
3. Liu Y, Liu J, Zhang Y. Research Progress on Chemical Constituents of *Zingiber officinale* Roscoe. *Biomed Res Int*. 2019;2019:5370823. Published 2019 Dec 20. doi:10.1155/2019/5370823
4. Talebi M, Ilgün S, Ebrahimi V, Talebi M, Farkhondeh T, Ebrahimi H, Samarghandian S. *Zingiber officinale* ameliorates Alzheimer's disease and cognitive impairments: lessons from preclinical studies. *Biomedicine & Pharmacotherapy*. 2021 Jan 1;133:111088.
5. de Lima RMT, Dos Reis AC, de Menezes APM, et al. Protective and therapeutic potential of ginger (*Zingiber officinale*) extract and [6]-gingerol in cancer: A comprehensive review. *Phytother Res*. 2018;32(10):1885-1907. doi:10.1002/ptr.6134
6. Kravchenko IA, Eberle LV, Nesterkina MV, Kobernik AO. Pharmacotherapy of inflammatory process by ginger extract (*Zingiber officinale*) ointment.
7. Semwal RB, Semwal DK, Combrinck S, Viljoen AM. Gingerols and shogaols: Important nutraceutical principles from ginger. *Phytochemistry*. 2015;117:554-568. doi:10.1016/j.phytochem.2015.07.012
8. Manasa D, Srinivas P, Sowbhagya HB. Enzyme-assisted extraction of bioactive compounds from ginger (*Zingiber officinale* Roscoe). *Food Chemistry*. 2013 Aug 15;139(1-4):509-14.
9. Choi JG, Kim SY, Jeong M, Oh MS. Pharmacotherapeutic potential of ginger and its compounds in age-related neurological disorders. *Pharmacol Ther*. 2018;182:56-69. doi:10.1016/j.pharmthera.2017.08.010
10. Mao QQ, Xu XY, Cao SY, et al. Bioactive Compounds and Bioactivities of Ginger (*Zingiber officinale* Roscoe). *Foods*. 2019;8(6):185. Published 2019 May 30. doi:10.3390/foods8060185
11. Prasad S, Tyagi AK. Ginger and its constituents: role in prevention and treatment of gastrointestinal cancer. *Gastroenterology research and practice*. 2015 Oct;2015.

12. Arcusa R, Villaño D, Marhuenda J, Cano M, Cerdà B, Zafrilla P. Potential Role of Ginger (*Zingiber officinale* Roscoe) in the Prevention of Neurodegenerative Diseases. *Front Nutr.* 2022;9:809621. Published 2022 Mar 18. doi:10.3389/fnut.2022.809621
13. Jung MY, Lee MK, Park HJ, Oh EB, Shin JY, Park JS, Jung SY, Oh JH, Choi DS. Heat-induced conversion of gingerols to shogaols in ginger as affected by heat type (dry or moist heat), sample type (fresh or dried), temperature and time. *Food science and biotechnology.* 2018 Jun;27:687-93.
14. Pagano E, Souto EB, Durazzo A, et al. Ginger (*Zingiber officinale* Roscoe) as a nutraceutical: Focus on the metabolic, analgesic, and antiinflammatory effects. *Phytother Res.* 2021;35(5):2403-2417. doi:10.1002/ptr.6964
15. Mohd Yusof YA. Gingerol and its role in chronic diseases. *Drug discovery from mother nature.* 2016:177-207.
16. Chrubasik S, Pittler MH, Roufogalis BD. *Zingiberis rhizoma*: a comprehensive review on the ginger effect and efficacy profiles. *Phytomedicine.* 2005 Sep 15;12(9):684-701.
17. Bhattarai S, Tran VH, Duke CC. Stability of [6]-gingerol and [6]-shogaol in simulated gastric and intestinal fluids. *J Pharm Biomed Anal.* 2007;45(4):648-653. doi:10.1016/j.jpba.2007.07.006
18. Pan MH, Hsieh MC, Kuo JM, et al. 6-Shogaol induces apoptosis in human colorectal carcinoma cells via ROS production, caspase activation, and GADD 153 expression. *Mol Nutr Food Res.* 2008;52(5):527-537. doi:10.1002/mnfr.200700157
19. Rahmani AH, Shabrmi FM, Aly SM. Active ingredients of ginger as potential candidates in the prevention and treatment of diseases via modulation of biological activities. *Int J Physiol Pathophysiol Pharmacol.* 2014;6(2):125-136. Published 2014 Jul 12.
20. Santos Braga S. Ginger: Panacea or consumer's hype?. *Applied sciences.* 2019 Apr 16;9(8):1570.
21. Liguori I, Russo G, Curcio F, et al. Oxidative stress, aging, and diseases. *Clin Interv Aging.* 2018;13:757-772. Published 2018 Apr 26. doi:10.2147/CIA.S158513
22. Peng S, Yao J, Liu Y, Duan D, Zhang X, Fang J. Activation of Nrf2 target enzymes conferring protection against oxidative stress in PC12 cells by ginger principal constituent 6-shogaol. *Food & function.* 2015;6(8):2813-23.
23. Kang Q, Yang C. Oxidative stress and diabetic retinopathy: Molecular mechanisms, pathogenetic role and therapeutic implications. *Redox Biol.* 2020;37:101799. doi:10.1016/j.redox.2020.101799

24. Carnuta MG, Deleanu M, Barbalata T, et al. Zingiber officinale extract administration diminishes steroyl-CoA desaturase gene expression and activity in hyperlipidemic hamster liver by reducing the oxidative and endoplasmic reticulum stress. *Phytomedicine*. 2018;48:62-69. doi:10.1016/j.phymed.2018.04.059
25. Hosseinzadeh A, Bahrampour Juybari K, Fatemi MJ, et al. Protective Effect of Ginger (Zingiber officinale Roscoe) Extract against Oxidative Stress and Mitochondrial Apoptosis Induced by Interleukin-1 β in Cultured Chondrocytes. *Cells Tissues Organs*. 2017;204(5-6):241-250. doi:10.1159/000479789
26. Jagetia G, Baliga M, Venkatesh P. Ginger (Zingiber officinale Rosc.), a dietary supplement, protects mice against radiation-induced lethality: mechanism of action. *Cancer Biother Radiopharm*. 2004;19(4):422-435. doi:10.1089/cbr.2004.19.422
27. Michiels JA, Kevers C, Pincemail J, Defraigne JO, Dommes J. Extraction conditions can greatly influence antioxidant capacity assays in plant food matrices. *Food Chemistry*. 2012 Feb 15;130(4):986-93.
28. Gunathilake KD, Rupasinghe HP. Inhibition of human low-density lipoprotein oxidation in vitro by ginger extracts. *J Med Food*. 2014;17(4):424-431. doi:10.1089/jmf.2013.0035
29. Prakash J. Chemical composition and antioxidant properties of ginger root (Zingiber officinale). *Journal of Medicinal Plants Research*. 2010 Dec 18;4(24):2674-9.
30. Ali AM, El-Nour ME, Yagi SM. Total phenolic and flavonoid contents and antioxidant activity of ginger (Zingiber officinale Rosc.) rhizome, callus and callus treated with some elicitors. *Journal of genetic engineering and biotechnology*. 2018 Dec 1;16(2):677-82.
31. Jolad SD, Lantz RC, Solyom AM, Chen GJ, Bates RB, Timmermann BN. Fresh organically grown ginger (Zingiber officinale): composition and effects on LPS-induced PGE2 production. *Phytochemistry*. 2004;65(13):1937-1954. doi:10.1016/j.phytochem.2004.06.008
32. Jolad SD, Lantz RC, Chen GJ, Bates RB, Timmermann BN. Commercially processed dry ginger (Zingiber officinale): composition and effects on LPS-stimulated PGE2 production. *Phytochemistry*. 2005;66(13):1614-1635. doi:10.1016/j.phytochem.2005.05.007
33. Kart L, Buyukoglan H, Tekin IO, et al. Correlation of serum tumor necrosis factor-alpha, interleukin-4 and soluble interleukin-2 receptor levels with radiologic and clinical manifestations in active pulmonary tuberculosis. *Mediators Inflamm*. 2003;12(1):9-14. doi:10.1080/0962935031000096926

34. Jiang TA. Health Benefits of Culinary Herbs and Spices. *J AOAC Int.* 2019;102(2):395-411. doi:10.5740/jaoacint.18-0418
35. Marahatha R, Basnet S, Bhattarai BR, Budhathoki P, Aryal B, Adhikari B, Lamichhane G, Poudel DK, Parajuli N. Potential natural inhibitors of xanthine oxidase and HMG-CoA reductase in cholesterol regulation: in silico analysis. *BMC Complementary Medicine and Therapies.* 2021 Dec;21:1-1.
36. Joshi D, Srivastav SK, Belemkar S, Dixit VA. Zingiber officinale and 6-gingerol alleviate liver and kidney dysfunctions and oxidative stress induced by mercuric chloride in male rats: A protective approach. *Biomedicine & Pharmacotherapy.* 2017 Jul 1;91:645-55.
37. Zhang F, Ma N, Gao YF, Sun LL, Zhang JG. Therapeutic Effects of 6-Gingerol, 8-Gingerol, and 10-Gingerol on Dextran Sulfate Sodium-Induced Acute Ulcerative Colitis in Rats. *Phytother Res.* 2017;31(9):1427-1432. doi:10.1002/ptr.5871
38. Levy AS, Simon OR. Six-shogaol inhibits production of tumour necrosis factor alpha, interleukin-1 beta and nitric oxide from lipopolysaccharide-stimulated RAW 264.7 macrophages. *West Indian Med J.* 2009;58(4):295-300.
39. Jalali M, Mahmoodi M, Moosavian SP, et al. The effects of ginger supplementation on markers of inflammatory and oxidative stress: A systematic review and meta-analysis of clinical trials. *Phytother Res.* 2020;34(8):1723-1733. doi:10.1002/ptr.6638
40. Morvaridzadeh M, Fazelian S, Agah S, et al. Effect of ginger (*Zingiber officinale*) on inflammatory markers: A systematic review and meta-analysis of randomized controlled trials. *Cytokine.* 2020;135:155224. doi:10.1016/j.cyto.2020.155224
41. Bhaskar A, Kumari A, Singh M, et al. [6]-Gingerol exhibits potent anti-mycobacterial and immunomodulatory activity against tuberculosis. *Int Immunopharmacol.* 2020;87:106809. doi:10.1016/j.intimp.2020.106809
42. Oyedemi BO, Kotsia EM, Stapleton PD, Gibbons S. Capsaicin and gingerol analogues inhibit the growth of efflux-multidrug resistant bacteria and R-plasmids conjugal transfer. *J Ethnopharmacol.* 2019;245:111871. doi:10.1016/j.jep.2019.111871
43. Ouyang Y, Zhong X, Liao H, Zhu P, Luo K, Zhu H. A New Method for Screening Natural Products to Stimulate IFN- γ Production in Jurkat Human T Lymphocytes. *SLAS Discov.* 2021;26(1):130-139. doi:10.1177/2472555220922475
44. Hu J, Zhang Y, Xiao Z, Wang X. Preparation and properties of cinnamon-thyme-ginger composite essential oil nanocapsules. *Industrial crops and products.* 2018 Oct 15;122:85-92.

45. Wang X, Shen Y, Thakur K, Han J, Zhang JG, Hu F, Wei ZJ. Antibacterial Activity and Mechanism of Ginger Essential Oil against *Escherichia coli* and *Staphylococcus aureus*. *Molecules*. 2020 Aug 30;25(17):3955. doi: 10.3390/molecules25173955. PMID: 32872604; PMCID: PMC7504760.
46. Fernández-Ortega P, Caloto MT, Chirveches E, et al. Chemotherapy-induced nausea and vomiting in clinical practice: impact on patients' quality of life. *Support Care Cancer*. 2012;20(12):3141-3148. doi:10.1007/s00520-012-1448-1
47. Abdel-Aziz H, Windeck T, Ploch M, Verspohl EJ. Mode of action of gingerols and shogaols on 5-HT₃ receptors: binding studies, cation uptake by the receptor channel and contraction of isolated guinea-pig ileum. *Eur J Pharmacol*. 2006;530(1-2):136-143. doi:10.1016/j.ejphar.2005.10.049
48. Pertz HH, Lehmann J, Roth-Ehrang R, Elz S. Effects of ginger constituents on the gastrointestinal tract: role of cholinergic M₃ and serotonergic 5-HT₃ and 5-HT₄ receptors. *Planta Med*. 2011;77(10):973-978. doi:10.1055/s-0030-1270747
49. Marx W, Ried K, McCarthy AL, et al. Ginger-Mechanism of action in chemotherapy-induced nausea and vomiting: A review. *Crit Rev Food Sci Nutr*. 2017;57(1):141-146. doi:10.1080/10408398.2013.865590
50. Wong YS, Lin MY, Liu PF, Ko JL, Huang GT, Tu DG, Ou CC. D-methionine improves cisplatin-induced anorexia and dyspepsia syndrome by attenuating intestinal tryptophan hydroxylase 1 activity and increasing plasma leptin concentration. *Neurogastroenterology & Motility*. 2020 Jun;32(6):e13803.
51. Wu CT, Liao JM, Ko JL, Lee YL, Chang HY, Wu CH, Ou CC. D-methionine ameliorates cisplatin-induced muscle atrophy via inhibition of muscle degradation pathway. *Integrative cancer therapies*. 2019 Feb;18:1534735419828832.
52. Qian W, Cai X, Wang Y, et al. Effect of Gingerol on Cisplatin-Induced Pica Analogous to Emesis Via Modulating Expressions of Dopamine 2 Receptor, Dopamine Transporter and Tyrosine Hydroxylase in the Vomiting Model of Rats. *Yonago Acta Med*. 2016;59(2):100-110. Published 2016 Jun 29.
53. Choi J, Lee J, Kim K, Choi HK, Lee SA, Lee HJ. Effects of Ginger Intake on Chemotherapy-Induced Nausea and Vomiting: A Systematic Review of Randomized Clinical Trials. *Nutrients*. 2022;14(23):4982. Published 2022 Nov 23. doi:10.3390/nu14234982

54. Chang WP, Peng YX. Does the Oral Administration of Ginger Reduce Chemotherapy-Induced Nausea and Vomiting?: A Meta-analysis of 10 Randomized Controlled Trials. *Cancer Nurs.* 2019;42(6):E14-E23. doi:10.1097/NCC.0000000000000648
55. Siew YY, Zareisedehizadeh S, Seetoh WG, Neo SY, Tan CH, Koh HL. Ethnobotanical survey of usage of fresh medicinal plants in Singapore. *J Ethnopharmacol.* 2014;155(3):1450-1466. doi:10.1016/j.jep.2014.07.024
56. Jaradat NA, Shawahna R, Eid AM, Al-Ramahi R, Asma MK, Zaid AN. Herbal remedies use by breast cancer patients in the West Bank of Palestine. *J Ethnopharmacol.* 2016;178:1-8. doi:10.1016/j.jep.2015.11.050
57. Ali-Shtayeh MS, Jamous RM, Salameh NM, Jamous RM, Hamadeh AM. Complementary and alternative medicine use among cancer patients in Palestine with special reference to safety-related concerns. *J Ethnopharmacol.* 2016;187:104-122. doi:10.1016/j.jep.2016.04.038
58. Kou X, Wang X, Ji R, et al. Occurrence, biological activity and metabolism of 6-shogaol. *Food Funct.* 2018;9(3):1310-1327. doi:10.1039/c7fo01354j
59. Ray A, Vasudevan S, Sengupta S. 6-Shogaol Inhibits Breast Cancer Cells and Stem Cell-Like Spheroids by Modulation of Notch Signaling Pathway and Induction of Autophagic Cell Death. *PLoS One.* 2015;10(9):e0137614. Published 2015 Sep 10. doi:10.1371/journal.pone.0137614
60. Pei XD, He ZL, Yao HL, et al. 6-Shogaol from ginger shows anti-tumor effect in cervical carcinoma via PI3K/Akt/mTOR pathway. *Eur J Nutr.* 2021;60(5):2781-2793. doi:10.1007/s00394-020-02440-9
61. Woźniak M, Makuch S, Winograd K, Wiśniewski J, Ziółkowski P, Agrawal S. 6-Shogaol enhances the anticancer effect of 5-fluorouracil, oxaliplatin, and irinotecan via increase of apoptosis and autophagy in colon cancer cells in hypoxic/aglycemic conditions. *BMC Complement Med Ther.* 2020;20(1):141. Published 2020 May 11. doi:10.1186/s12906-020-02913-8
62. Liu CM, Kao CL, Tseng YT, Lo YC, Chen CY. Ginger Phytochemicals Inhibit Cell Growth and Modulate Drug Resistance Factors in Docetaxel Resistant Prostate Cancer Cell. *Molecules.* 2017;22(9):1477. Published 2017 Sep 5. doi:10.3390/molecules22091477
63. Romero-Arias AC, Sequeda-Castañeda LG, Aristizábal-Pachón AF, Morales L. Effect of 6-Shogaol on the Glucose Uptake and Survival of HT1080 Fibrosarcoma

Cells. Pharmaceuticals (Basel). 2019;12(3):131. Published 2019 Sep 9. doi:10.3390/ph12030131

64. Saha A, Blando J, Silver E, Beltran L, Sessler J, DiGiovanni J. 6-Shogaol from dried ginger inhibits growth of prostate cancer cells both in vitro and in vivo through inhibition of STAT3 and NF- κ B signaling. *Cancer Prev Res (Phila)*. 2014;7(6):627-638. doi:10.1158/1940-6207.CAPR-13-0420
65. Black, C. D., Herring, M. P., Hurley, D. J., & O'Connor, P. J. (2010). Ginger (*Zingiber officinale*) Reduces Muscle Pain Caused by Eccentric Exercise. *The Journal of Pain*, 11(9), 894-903.
66. Mashhadi, N. S., Ghiasvand, R., Askari, G., Hariri, M., Darvishi, L., Mofid, M. R. (2013). Anti-oxidative and anti-inflammatory effects of ginger in health and physical activity: review of current evidence. *International Journal of Preventive Medicine*, 4(Suppl 1), S36-S42.
67. Wilson, P. B., Madrigal, L. A., & Jones, M. D. (2015). Effects of Ginger Supplementation on Inflammation and Muscle Soreness in Chronic Resistance Exercise. *Journal of Dietary Supplements*, 12(1), 26-38.