

# Green Tea: A Magical Herb with Miraculous Outcomes

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**Abstract:** *Green tea, derived from the leaves of *Camellia sinensis*, is one of the most extensively consumed beverages worldwide and has attracted remarkable scientific interest due to its diverse pharmacological actions. Unlike black and oolong tea, green tea is produced by minimal oxidation, preserving a rich profile of polyphenolic compounds, particularly catechins such as epigallocatechin-3-gallate (EGCG), epicatechin (EC), epigallocatechin (EGC) and epicatechin gallate (ECG). These bioactive constituents are associated with powerful antioxidant, anti-inflammatory, cardioprotective, neuroprotective, antidiabetic, anti-obesity and anticancer effects, as well as benefits in oral health, dermatology and metabolic syndrome. Green tea catechins modulate multiple molecular targets including oxidative stress pathways, inflammatory mediators, lipid and glucose metabolism, endothelial function and diverse cell signaling cascades. Epidemiological studies and meta-analyses suggest that habitual green tea consumption is linked to reduced risk of cardiovascular disease, improved lipid profiles, better glycemic control and potentially lower incidence of certain cancers and neurodegenerative disorders.*

*Despite its reputation as a “magical” health beverage, green tea is not free from limitations. High-dose green tea extracts and concentrated catechin supplements have been associated, in rare cases, with hepatotoxicity, highlighting the importance of dose, formulation and individual susceptibility. This review summarizes the phytochemistry of green tea, its major pharmacological activities, clinical evidence for health benefits, safety considerations and future prospects for its rational therapeutic application. Emphasis is placed on EGCG-driven mechanisms and the translation of experimental findings into clinically meaningful outcomes. Overall, when used in physiologically relevant and safe doses, green tea can be considered a promising functional beverage and adjunctive nutraceutical with multidimensional health-promoting potential.*

**Keywords:** Green tea; *Camellia sinensis*; Epigallocatechin-3-gallate (EGCG); Catechins; Antioxidant; Cardiometabolic health; Neuroprotection; Hepatotoxicity; Nutraceutical

## I. INTRODUCTION

Tea is the second most consumed beverage in the world after water, and among its various forms, green tea holds a unique place as both a traditional cultural drink and a scientifically validated functional food. Originating from the tender leaves and buds of *Camellia sinensis*, green tea has been consumed for centuries in East Asia not only for refreshment but also for its perceived medicinal virtues in promoting longevity, mental clarity and metabolic balance. In contemporary times, these traditional beliefs have been rigorously investigated using modern pharmacological, biochemical and clinical research tools, revealing that the seemingly simple cup of green tea is, in reality, a complex phytochemical cocktail with multifaceted biological actions.

The “magical” nature of green tea largely stems from its distinctive processing. While black tea is produced via extensive enzymatic oxidation (fermentation) of polyphenols, green tea is prepared by quickly inactivating oxidizing enzymes through steaming or pan-firing shortly after harvesting. This minimal oxidation preserves high levels of native polyphenolic compounds, predominantly catechins. These catechins may constitute roughly 15–27% of the dry weight of green tea leaves, with EGCG being the most abundant, followed by EGC, EC and ECG. Such a dense concentration



of bioactive molecules essentially transforms green tea into a natural, plant-derived “polyphenol formulation” that acts on multiple cellular pathways simultaneously.

Among the catechins, EGCG has received the greatest scientific attention. It is often considered the signature molecule of green tea, responsible for many of its pharmacological effects. Typical brewed green tea can provide approximately 200–300 mg of EGCG per cup, although the exact content varies with tea cultivar, leaf grade, processing, brewing time and water temperature. EGCG exhibits a broad spectrum of biological activities, including potent antioxidant, anti-inflammatory, lipid-lowering, antidiabetic, anti-angiogenic, antibacterial and neuroprotective properties. Importantly, EGCG and other catechins act not only as direct scavengers of reactive oxygen and nitrogen species, but also as modulators of endogenous antioxidant defenses, signaling cascades and gene expression, thereby exerting pleiotropic effects at the molecular level.

The concept of green tea as a “magical herb with miraculous outcomes” is supported by a growing body of epidemiological and clinical evidence. Large cohort studies and meta-analyses have consistently reported that regular tea consumption, particularly green tea, is associated with reduced cardiovascular morbidity and mortality. For example, pooled analyses suggest that each increment of approximately 2–3 cups of tea per day is linked with significant reductions in the risk of cardiovascular events and cardiac or all-cause mortality. More focused analyses on green tea indicate around 13% lower risk of coronary heart disease among high consumers, along with favorable effects on blood pressure, endothelial function and lipid profile.

In the metabolic domain, green tea and EGCG supplementation have been investigated for their roles in obesity, insulin resistance and type 2 diabetes. Mechanistic studies show that green tea catechins can increase energy expenditure, enhance fat oxidation, modulate adipogenesis and improve insulin sensitivity. Human trials and meta-analyses report modest but significant reductions in fasting blood glucose, body weight, body mass index and low-density lipoprotein cholesterol (LDL-C) among subjects consuming green tea or isolated EGCG in controlled doses. These findings support the idea that green tea can act as a supportive dietary measure in managing metabolic syndrome and its complications when combined with lifestyle modification.

Another emerging area of interest is the neuroprotective potential of green tea. Neurodegenerative disorders such as Alzheimer’s disease and Parkinson’s disease are increasingly prevalent with aging populations, and oxidative stress, neuroinflammation and protein aggregation are recognized as key pathogenic mechanisms. Experimental models suggest that EGCG can inhibit amyloid fibril formation, modulate neurotransmission, protect neurons from oxidative and excitotoxic damage, and influence signaling pathways implicated in neuronal survival. Observational human data also indicate that higher green tea intake may be associated with lower risk of cognitive decline and dementia, though the evidence is still evolving and heterogeneous. Recent long-term cohort studies have reported that consumption in the range of several hundred milliliters per day may meaningfully reduce dementia risk. While such outcomes are not “miraculous” in the literal sense, they are definitely striking for a simple daily beverage and highlight the preventive potential of green tea across the lifespan.

The anticancer potential of green tea has long fascinated researchers. In vitro and in vivo studies show that EGCG can affect virtually all stages of carcinogenesis: it may reduce DNA damage, modulate carcinogen metabolism, inhibit cell proliferation, induce apoptosis in transformed cells, suppress angiogenesis and impair metastatic spread. Signaling pathways influenced by EGCG include NF- $\kappa$ B, MAPKs, PI3K/Akt, STATs and various receptor tyrosine kinases. However, translation of these robust preclinical findings into consistent clinical benefit remains challenging. Epidemiological investigations and intervention trials have yielded mixed results, possibly due to variable tea intake, genetic differences, confounding lifestyle factors and the relatively low bioavailability of catechins when consumed orally. Nonetheless, the overall evidence favours a modest chemopreventive effect, especially at higher habitual intakes in populations where tea is a dietary staple.

Beyond cardiovascular, metabolic, neural and oncological domains, green tea demonstrates additional “miraculous” outcomes in other organ systems. In oral health, catechins show strong antibacterial activity against *Streptococcus mutans* and other cariogenic bacteria, reduce dental plaque formation and may lower the risk of dental caries and periodontal disease. In dermatology, topical and oral green tea formulations have been explored for photoprotection, anti-aging effects and the management of inflammatory skin conditions such as acne and atopic dermatitis. Catechins



can modulate UV-induced skin damage, decrease matrix metalloproteinase activity and enhance skin antioxidant status. Green tea has also been investigated for hepatoprotective effects at physiological doses, antimicrobial activity, antiviral actions and potential roles in modulating the gut microbiota.

However, while green tea as a beverage is generally recognized as safe when consumed in traditional quantities (e.g., 2–4 cups per day in healthy adults), concentrated green tea extracts and high-dose catechin supplements introduce an important safety dimension. Several case reports and regulatory safety reviews have raised concerns about rare but serious hepatotoxicity associated with high-dose green tea extract, particularly in weight-loss products and multi-ingredient supplements. Mechanisms proposed include idiosyncratic reactions, mitochondrial dysfunction, oxidative stress at supraphysiologic catechin concentrations and interactions with other compounds. Notably, the risk seems to be linked more to bolus doses in capsule or tablet form, rather than to moderate intake of brewed tea. Regulatory agencies in multiple countries have issued guidance and warnings about maximum safe intakes of EGCG from supplements and the need to avoid use on an empty stomach or in individuals with pre-existing liver disease.

Green tea's pharmacokinetics and bioavailability further influence its real-world impact. Catechins are relatively unstable and undergo extensive metabolism in the gastrointestinal tract and liver, resulting in relatively low systemic concentrations of the parent compounds after oral intake. Factors such as food matrix, co-ingested nutrients, gut microbiota composition and genetic polymorphisms in metabolic enzymes all modulate catechin absorption and disposition. This means that simple extrapolation from in vitro data using micromolar EGCG concentrations to human clinical outcomes must be done with caution. Nevertheless, chronic daily intake of green tea may compensate for limited bioavailability by sustaining a constant supply of catechin metabolites that can act locally in the gut and systemically through repeated low-level exposure.

From a public health perspective, green tea is an attractive candidate for preventive nutrition because it is widely available, relatively inexpensive, culturally accepted in many regions and easily incorporated into daily routines. It does not require complex behavior change or specialized prescription, and unlike pharmacological agents, it provides a multi-targeted “network” approach to disease modification rather than a single-receptor intervention. The integration of green tea into dietary guidelines or lifestyle recommendations, especially for cardiometabolic and cognitive health, is already evident in several expert opinions and popular health messages. Nonetheless, it is essential to emphasize that green tea is an adjunct, not a substitute, for evidence-based medical treatment and comprehensive lifestyle management. The notion of green tea as a “magical herb with miraculous outcomes” captures both the traditional admiration for this plant and the modern appreciation of its broad pharmacological profile. However, scientific rigor demands that such claims be carefully dissected. Not all reported benefits are equally supported by high-quality evidence; some outcomes are backed by robust randomized controlled trials and meta-analyses, while others rest mainly on in vitro data or small, heterogeneous studies. Heterogeneity in tea preparations, brewing methods, supplementation protocols and study populations further complicates interpretation.

Therefore, the central aim of this review is to critically analyze the current evidence on green tea, focusing on its phytochemistry, major pharmacological activities, clinical efficacy in key disease domains, safety considerations and future research directions. By integrating traditional knowledge with contemporary scientific data, this review seeks to present a balanced perspective: green tea is neither a miracle cure for all ailments nor a mere flavored beverage, but rather a versatile phytochemical reservoir with significant, though bounded, therapeutic promise.

## **PHYTOCHEMISTRY AND BIOACTIVE CONSTITUENTS OF GREEN TEA**

Green tea is rich in polyphenols, particularly flavan-3-ols (catechins), which include EGCG, EGC, EC and ECG as major components. These catechins together account for a substantial proportion of dry leaf weight, with EGCG generally being the dominant species. In addition, green tea contains caffeine, theanine, phenolic acids, flavonols (quercetin, kaempferol, myricetin), minerals and volatile compounds that contribute to its sensory and pharmacological profile. The synergy among these molecules, rather than the action of any single constituent, likely underlies the broad spectrum of biological effects.



## **PHARMACOLOGICAL ACTIVITIES AND “MIRACULOUS” OUTCOMES**

### **1. Antioxidant and anti-inflammatory effects**

Green tea catechins act as potent antioxidants by directly scavenging reactive oxygen species and reactive nitrogen species, chelating transition metals and inhibiting lipid peroxidation. They also upregulate endogenous antioxidant enzymes such as superoxide dismutase, catalase and glutathione peroxidase. EGCG can modulate redox-sensitive transcription factors like NF- $\kappa$ B and Nrf2, thereby reducing inflammatory mediator production and enhancing cellular defense mechanisms.

### **2. Cardiometabolic benefits**

Numerous observational and interventional studies indicate that green tea consumption is associated with improved cardiovascular outcomes. Habitual intake is linked with lower risk of coronary heart disease, stroke and cardiovascular mortality, which may be mediated through reductions in blood pressure, LDL-C, triglycerides and improvements in endothelial function and arterial compliance. Meta-analyses of green tea or EGCG supplementation show modest but significant reductions in LDL-C and favorable changes in other lipid parameters across a wide range of baseline levels and doses.

### **3. Anti-obesity and antidiabetic activity**

Green tea increases energy expenditure and fat oxidation, partly through sympathetic nervous system activation and modulation of thermogenesis. EGCG influences key enzymes and transcription factors involved in adipogenesis, gluconeogenesis and insulin signaling. Clinical trials report small but consistent reductions in body weight, body fat and fasting blood glucose in overweight or diabetic subjects receiving green tea or EGCG supplements in combination with dietary and lifestyle interventions.

### **4. Neuroprotective and cognitive effects**

EGCG exerts neuroprotective effects by attenuating oxidative stress, neuroinflammation and excitotoxicity, and by modulating amyloid precursor protein processing and tau phosphorylation. Animal models demonstrate improved memory and learning, while human observational studies suggest lower rates of cognitive decline and dementia among regular green tea drinkers.

### **5. Anticancer potential**

Green tea catechins interfere with multiple hallmarks of cancer: they inhibit proliferation, induce apoptosis, block angiogenesis, reduce invasion and metastasis and modulate carcinogen metabolism. EGCG affects a wide range of signaling pathways and epigenetic regulators in diverse tumor types. Although clinical evidence is less consistent than preclinical data, there are indications of risk reduction in certain cancers, particularly gastrointestinal and breast cancers, among high tea consumers.

### **6. Other health-promoting actions**

Green tea exhibits antimicrobial, antiviral, anti-cariogenic, anti-photoaging and gut-modulating properties. It can improve oral hygiene, reduce halitosis, support skin health and influence the gut microbiome composition in favour of beneficial bacteria.

## **II. REVIEW OF LITERATURE**

A large body of literature supports the pharmacological and clinical relevance of green tea:

Singh et al. presented a comprehensive review of EGCG, summarizing its mechanisms of action and potential clinical applications across cancer, cardiovascular, metabolic and neurodegenerative disorders.

Musial et al. described the beneficial properties of green tea catechins, emphasizing their antioxidant, anti-inflammatory, antimicrobial and chemopreventive effects.

Nain et al. evaluated catechin profiles in green tea extracts and highlighted how differences in catechin composition influence antioxidant capacity and stability, underscoring the importance of extract standardization.

Meyer et al. compared catechin composition, total phenolic content and antioxidant activity among various commercial green tea products, demonstrating substantial variability in composition and bioactivity.



Several cohort studies and meta-analyses by Wang, Zamani, Teramoto, Kim and others demonstrated that green tea intake is associated with reduced risk of coronary heart disease, cardiovascular mortality and composite cardiovascular events.

Systematic reviews and meta-analyses by Saadh, James and colleagues reported that EGCG supplementation improves glycemic control and lipid profiles in patients with metabolic syndrome and type 2 diabetes, within safe dose limits.

Safety assessments by Sarma et al., Hu et al., Health Canada and case reports by Grajecki et al. have clarified the hepatotoxicity risk associated with high-dose green tea extracts, leading to regulatory recommendations on maximum safe intakes and risk warnings.

Collectively, these studies provide a robust, though nuanced, evidence base for the health-promoting actions and potential risks of green tea.

### III. AIM AND OBJECTIVES

#### Aim

To comprehensively review the phytochemistry, pharmacological activities, clinical outcomes and safety profile of green tea (*Camellia sinensis*) with special emphasis on its catechin-rich fraction, particularly EGCG, and to critically evaluate its status as a functional “magical herb” with multidimensional therapeutic potential.

#### Objectives

- To summarize the phytochemical composition of green tea, highlighting the major bioactive constituents and their structural features.
- To review experimental and clinical evidence for antioxidant, anti-inflammatory, cardioprotective, neuroprotective, antidiabetic, anti-obesity and anticancer activities of green tea and its catechins.
- To analyze epidemiological and interventional studies that link habitual green tea consumption with reduced risk of chronic diseases such as cardiovascular disorders, metabolic syndrome, cancer and neurodegenerative conditions.
- To discuss the pharmacokinetic aspects, including absorption, metabolism and bioavailability of green tea catechins, and their implications for therapeutic efficacy.
- To critically assess the safety profile of green tea beverages, extracts and high-dose catechin supplements, including hepatotoxicity signals and regulatory perspectives.
- To identify gaps in current knowledge and propose future research directions aimed at optimizing the clinical use of green tea as a nutraceutical and adjunctive therapeutic agent.

### IV. SAFETY, ADVERSE EFFECTS AND LIMITATIONS

While traditional consumption of green tea as a beverage is considered safe in most healthy adults, adverse events have been documented with concentrated extracts, especially in the context of weight-loss supplements and multi-ingredient herbal products. Systematic reviews and regulatory evaluations have identified cases of acute liver injury, including severe hepatitis and rare instances of liver failure, temporally associated with high-dose green tea extract intake.

Proposed risk factors include high EGCG doses, fasting intake, pre-existing liver disease, genetic susceptibility, concomitant use of hepatotoxic drugs and interaction with other herbal constituents. On the other hand, controlled clinical trials using standardized extracts within defined dose limits generally report good tolerability.

Other mild adverse effects may include gastrointestinal discomfort, insomnia, palpitations or nervousness due to caffeine content, particularly in caffeine-sensitive individuals. Additionally, excessive consumption may interfere with iron absorption and interact with certain medications (e.g., warfarin). Therefore, cautious use is recommended in pregnant or lactating women, patients with hepatic impairment and those on multiple medications.





## V. CONCLUSION

Green tea is a phytochemically rich beverage that has evolved from a traditional tonic into a scientifically validated functional food and nutraceutical. Its dense content of catechins, especially EGCG, confers powerful antioxidant and anti-inflammatory effects and translates into meaningful cardiometabolic, neuroprotective, antimicrobial and potential chemopreventive benefits. A substantial body of epidemiological and clinical evidence supports its role in reducing cardiovascular risk, improving metabolic parameters and contributing to overall health promotion when consumed regularly in moderate amounts.

At the same time, the narrative of green tea as a “magical herb with miraculous outcomes” must be balanced against scientific realities. Bioavailability constraints, inter-individual variability, inconsistencies in clinical data for certain indications and safety concerns related to high-dose extracts emphasize the need for rational, evidence-based use. Green tea should be viewed as a valuable adjunct to, rather than a replacement for, established medical therapies and comprehensive lifestyle interventions.

Future research should focus on optimizing formulations to enhance bioavailability, defining safe and effective dose ranges for specific clinical conditions, exploring gene–nutrient interactions and conducting well-designed long-term trials that assess hard endpoints. With such advances, green tea may justifiably retain its reputation as a gentle yet powerful ally in preventive and integrative medicine.

## REFERENCES

- [1]. Singh BN, Shankar S, Srivastava RK. Green tea catechin, epigallocatechin-3-gallate (EGCG): mechanisms, perspectives and clinical applications. *Biochem Pharmacol.* 2011;82(12):1807-1821.
- [2]. Suzuki T, Pervin M, Goto S, Isemura M, Nakamura Y. Beneficial effects of tea and the green tea catechin epigallocatechin-3-gallate on health. *Curr Pharm Des.* 2016;22(2):1-13.
- [3]. Musial C, Kuban-Jankowska A, Gorska-Ponikowska M. Beneficial properties of green tea catechins. *Int J Mol Sci.* 2020;21(5):1744.
- [4]. Nain CW, Berdal G, Thao PTP, et al. The catechins profile of green tea extracts affects the antioxidant activity and degradation of catechins in DHA-rich oil. *Antioxidants.* 2022;11(9):1844.
- [5]. Meyer BR, Noonan K, Park A, et al. Catechin composition, phenolic content, and antioxidant capacity of commercial green teas and matcha. *Plant Foods Hum Nutr.* 2023;78(4):445-456.
- [6]. Tran HHV, et al. Impact of green tea consumption on the prevalence of cardiovascular disease: a systematic review. *Nutrients.* 2023;15(2):xxx-xxx.
- [7]. Wang ZM, et al. Green tea consumption and the risk of coronary heart disease: a dose–response meta-analysis. *Clin Nutr.* 2023;42(4):650-659.
- [8]. Kawada T. Green tea consumption and risk of cardiovascular disease: comments on epidemiological evidence. *Int J Cardiol.* 2016;220:xxx-xxx.
- [9]. Zamani M, Jamaluddin R, et al. The effects of green tea supplementation on cardiovascular risk factors: a systematic review and meta-analysis. *Front Nutr.* 2023;10:1084455.
- [10]. Teramoto M, et al. Coffee and green tea consumption and cardiovascular disease risk across blood pressure categories. *J Am Heart Assoc.* 2023;12(5):e026477.
- [11]. Kim Y, et al. Tea consumption and risk of cardiovascular disease and mortality: a meta-analysis of thirty-eight prospective cohort data sets. *Epidemiol Health.* 2024;46:e2024001.
- [12]. Saadh MJ, et al. Effect of epigallocatechin gallate on glycaemic indices: a systematic review and meta-analysis of randomized controlled trials. *Food Chem Toxicol.* 2025;xx(x):xxx-xxx.
- [13]. James A, et al. Therapeutic activity of green tea epigallocatechin-3-gallate in metabolic and cardiovascular diseases. *Nutrients.* 2023;15(13):3022.
- [14]. Alam M, et al. Epigallocatechin-3-gallate: therapeutic potential in human diseases and its mechanisms of action. *Biomed Pharmacother.* 2024;170:115025.
- [15]. Effectiveness of green tea in a randomized human clinical trial on metabolic syndrome. *Int J Endocrinol.* 2013;2013:412379.



- [16]. Sarma DN, Barrett ML, Chavez ML, et al. Safety of green tea extracts: a systematic review by the US Pharmacopeia. *Drug Saf.* 2008;31(6):469-484.
- [17]. Hu J, Webster D, Cao J, Shao A. The safety of green tea and green tea extract consumption in adults – results of a systematic review. *Toxicol Rep.* 2018;5:1145-1156.
- [18]. Grajecki D, et al. Green tea extract–associated acute liver injury: case report and review of the literature. *Clin Case Rep.* 2022;10(11):e06418.
- [19]. Health Canada. Green tea extract–containing natural health products: assessing potential risk of liver injury. Safety Review. Health Canada; 2017.
- [20]. Review and perspective on the composition and safety of green tea and green tea extracts: focus on hepatotoxicity. *Eur J Nutr Food Saf.* 2014;4(4):1-18.

