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**Traditional Chinese Medicine formulas for the treatment of osteoporosis: Implication for antiosteoporotic drug discovery.**

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### Article

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1           **Traditional Chinese Medicine formulas for the treatment of osteoporosis:**  
2                           **Implication for antiosteoporotic drug discovery**

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18  
19          **Abstract**

20          **ETHNOPHARMACOLOGICAL RELEVANCE:**

21                 Osteoporosis is a chronic epidemic which can lead to enhanced bone fragility and  
22                 consequent an increase in fracture risk. Traditional Chinese medicine (TCM) formulas have a  
23                 long history of use in the prevention and treatment of osteoporosis. Antiosteoporotic TCM  
24                 formulas have conspicuous advantage over single drugs. Systematic data mining of the  
25                 existing antiosteoporotic TCM formulas database can certainly help the drug discovery

1 processes and help the identification of safe candidates with synergistic formulations. In this  
2 review, the authors summarize the clinical use and animal experiments of TCM formulas and  
3 their mechanism of action, and discuss the potential antiosteoporotic activity and the active  
4 constituents of commonly used herbs in TCM formulas for the therapy of osteoporosis.

#### 5 **MATERIALS AND METHODS:**

6 The literature was searched from Medline, Pubmed, ScienceDirect, Spring Link, Web of  
7 Science, CNKI and VIP database from 1989 to 2015, and also collected from Chinese  
8 traditional books and Chinese Pharmacopoeia with key words such as osteoporosis, osteoblast,  
9 osteoclast, traditional Chinese medicine formulas to identify studies on the antiosteoporotic  
10 effects of TCM formulas, herbs and chemical constituents, and also their possible mechanisms.

#### 11 **RESULTS:**

12 Thirty-three TCM formulas were commonly used to treat osteoporosis, and showed  
13 significant antiosteoporotic effects in human and animal. The herb medicines and their  
14 chemical constituents in TCM formulas were summarized, the pharmacological effects and  
15 chemical constituents of commonly used herbs in TCM formulas were described in detail. The  
16 action mechanisms of TCM formulas and their chemical constituents were described. Finally,  
17 the implication for the discovery of antiosteoporotic leads and combinatory ingredients from  
18 TCM formulas were prospectively discussed.

#### 19 **CONCLUSIONS:**

20 Clinical practice and animal experiments indicate that TCM formulas provide a definite  
21 therapeutic effect on osteoporosis. The active constituents in TCM formulas are diverse in  
22 chemical structure, and include flavonoids, lignans, saponins and iridoid glycosides.  
23 Antiosteoporotic mechanism of TCM formulas and herbs involves multi regulatory pathways,  
24 such as Wnt/ $\beta$ -catenin, BMP/Smad, MAPK pathway and RANKL/OPG system.  
25 Phytochemicals from TCM formulas and their compositional herb medicines offer great  
26 potential for the development of novel antiosteoporotic drugs. The active ingredients in TCM  
27 formulas can be developed in combination as potent drugs, which may exhibit better  
28 antiosteoporotic effects compared to the individual compound.

1 **Chemical compounds studied in this article**

2 Aucubin (PubChem CID: 91458); Ecdysterone (PubChem CID: 271605); Catalpol (PubChem  
3 CID: 91520); Ferulic acid (PubChem CID: 445858); Sweroside (PubChem CID: 161036);  
4 Formononetin (PubChem CID: 5280378); Cinnamaldehyde (PubChem CID: 637511);  
5 Asperosaponin VI (PubChem CID: 71307450); Emodin (PubChem CID: 3220); Kaempferol  
6 (PubChem CID: 5280863)

7  
8 **Key words:** osteoporosis; traditional Chinese medicine formulas; clinical use; action  
9 mechanism; active ingredients

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## 18 **1. Introduction**

19 Osteoporosis, a chronic epidemic, is characterized by low bone mass and  
20 microarchitectural deterioration of bone tissues, leading to enhanced bone fragility and  
21 consequent increase in fracture risk (Appelman-Dijkstra and Papapoulos, 2015). Osteoporosis  
22 is a growing problem worldwide, with the greatest burden resulting from fractures. It is

1 estimated that more than 200 million people worldwide suffer from osteoporosis.(Lewiecki,  
2 2011). These numbers are expected to steadily increase over time, with osteoporosis affecting  
3 an estimated 14 million people with over 47 million cases of low bone mass by the year 2020  
4 (Ford et al., 2011). Treatment of osteoporosis consists of pharmacotherapy and lifestyle  
5 measures, including dietary changes, mineral supplementation, and exercise programs.  
6 Currently, the most commonly used agents for the treatment of osteoporosis include  
7 raloxifene; bisphosphonates alendronate, ibandronate, risedronate and zoledronic acid; agents  
8 derived from parathyroid hormone (PTH); denosumab and strontium ranelate, and also  
9 hormone replacement. However, due to adverse effects of the drugs, the uses of these  
10 medications on a long term basis are limited.

11 Traditional Chinese medicine (TCM) has been used in China and other Asian countries  
12 for thousands of years (Jin et al., 2013), either as mono-therapy or in combination with  
13 standard Western medical treatment, to manage the entire spectrum of medical disorders.  
14 TCM formulas are often composed of more than one herb, and the main principle underlying  
15 the use of herbal formulas is that complex interactions between herbs produce synergistic  
16 effects that can improve therapeutic efficacy, or reduce possible side-effects of individual  
17 herbs (Gao et al., 2013). In addition, TCM is rich in natural compounds and can be considered  
18 as a natural chemical library producing synergistic effects, which has been justified by the  
19 revealing function and synergistic mechanism of principle active ingredients, such as Fu Fang  
20 Qing Dai Pian. It also presents more diversity in chemical structure and bioactivity, and less  
21 toxicity. Therefore, TCM represents an attractive source of new active compounds in drug  
22 discovery, for example, derivatives of indirubin, a compound isolated from a TCM formulas  
23 Dang Gui Long Hui Wan displays antileukemic properties (Kim et al., 2013b). Our previous  
24 review has summarized the commonly used individual herbs and compounds used in the  
25 treatment of osteoporosis. In this review, we highlight the research on TCM formulas for

1 osteoporosis from clinical use to their mechanism of action; this may be helpful in the  
2 application of TCM formulas in the treatment of osteoporosis and the discovery of  
3 antiosteoporotic lead compounds either on their own or in combination with other herbs.

## 4 **2. Methods**

5 The literature were searched from Medline, Pubmed, ScienceDirect, Spring Link, Web of  
6 Science, CNKI and VIP database from 1989 to 2015, and also collected from Chinese  
7 traditional books and Chinese Pharmacopoeia to identify studies on the antiosteoporotic effects  
8 of TCM formulas, herbs and chemical constituents, and also their possible mechanisms. The  
9 following keywords were used for the search: osteoporosis, osteoblast, osteoclast, traditional  
10 Chinese medicine formulas. All of these keywords were searched for each plant and its  
11 constituents. All published studies in English or Chinese language were included in the review.  
12 The literature search was conducted by both authors independently, with no inconsistencies  
13 between the two authors. The review included the following steps: (1) the TCM formulas for  
14 the treatment of osteoporosis in human and animal were reviewed using the available literature.  
15 (2) The herb medicine and their chemical constituents in TCM formulas were summarized. (3)  
16 The possible mechanism of action of TCM formulas and their chemical constituents were  
17 reviewed.

## 18 **3. Clinical efficacy of TCM therapy for osteoporosis**

19 Osteoporosis are caused by multiple factors, such as estrogen deficiency, aging, chemical  
20 agents and decreased mechanical loading, and afflicted patients should be treated with different  
21 TCM formulas according to different syndromes. Thirty-three TCM formulas have been  
22 reported in ethnopharmacological studies for their potential benefits in osteoporosis treatment

1 including 5 classic formulas, 23 empirical formulas, and 5 Chinese patent medicines. Multiple  
2 references were consulted for detailed information on research status of major TCM formulas  
3 which are discussed below.

4       The classic formulas which have been recorded in ancient medicine books have definitive  
5 efficacy, and often are standardized in preparation using traditional technique according to  
6 traditional Chinese medicine theory, and also commercially available. The formulas, such as  
7 Qing E Wan, Er Zhi Wan (EZW), Zuo Gui Wan (ZGW), You Gui Wan (YGW) and Liu Wei Di  
8 Huang Wan (LW) are used to treat osteoporosis through reinforcing the kidney, and clinicians  
9 can usually remove or add one or more herbs, and adjust their dosage in the prescription  
10 according to differentiation of the patient's physical condition. The ingredients, recorded  
11 literature, efficacy and indication, usage and dosage of classic formulas for the treatment of  
12 osteoporosis are shown in Table 1. Examples are as follows. Treatment of postmenopausal  
13 osteoporosis of 48 women with Qing E Wan for 24 weeks significantly increased bone mineral  
14 density (BMD), activity of bone alkaline phosphates and osteocalcin (OCN); decreased the  
15 levels of serum matrix metalloproteinase-2, bone cross-linked C-telopeptides of type I  
16 collagen, urine bone cross-linked N-telopeptides of type I collagen compared with placebo  
17 treatment (Zhao and Shen, 2012), indicating that Qing E Wan can increase osteoblastic bone  
18 formation, and inhibit osteoclastic bone resorption, and then reduce bone loss in  
19 postmenopausal women. However, this investigation lacks the information of Qing E Wan in  
20 relieving clinical syndrome, such as pain in back and loin. The effect of EZW on climacteric  
21 osteoporosis has been observed by the administration of EZW to 40 patients for 6 months and  
22 it was found that this formula significantly increased BMD and level of estradiol in serum  
23 compared to patients treated with calcium preparation (Yu, 2009). Due to lack the biochemical  
24 parameters of bone metabolism in serum, it is difficult to evaluate the regulatory effects of  
25 EZW on bone metabolism. The increase of the levels of estradiol may lead to adverse effects



1 on uterus and mammary gland. The adverse effects related with estrogen-like activity should  
2 be further investigated. The treatment of 30 patients with type 2 diabetic osteoporosis with  
3 ZGW significantly increased BMD, and decreased levels of OCN, parathyroid hormone and  
4 alkaline phosphatase (ALP) in serum compared with control group (Wang et al., 2014b). ZGW  
5 also showed more potential effects in relieving bone pain, therefore indicating significant  
6 advantage than calcium preparation. These findings exhibited that ZGW can regulate bone  
7 formation, but the effects on bone resorption are not clear in patients with type 2 diabetic  
8 osteoporosis. Administration of YGW in 30 patients with kidney-deficiency osteoporosis for 3  
9 months significantly increased BMD and activity of ALP, and decreased urinary calcium level,  
10 indicating that YGW can be used to treat osteoporosis (Liang et al., 2011). In this research, the  
11 ages of patients were range from 65 to 83 years old; the indications of YGW should be senile  
12 osteoporosis. The therapeutic effects of YGW on postmenopausal osteoporosis need to be  
13 further investigated. Treatment with LW in 30 primary osteoporotic patients caused by  
14 kidney-yin deficiency for 12 months achieved better effectiveness in BMD of lumber, ratio of  
15 urinary Ca/Cr and the total effective rate than that of calcium carbonate treatment (Zhang and  
16 Li, 2011). The ages of patients in this study were range from 50 to 80 years old, the senile  
17 osteoporosis and postmenopausal osteoporosis are not discriminated during the process of  
18 results analysis.

19 Empirical formulas, which are derived from a summary of clinician's experience in  
20 long-term medical practice, has definite efficacy leading to a standard formula composition.  
21 These formulas are also standardized in preparation by investigator, but are not permitted to  
22 sell in market, and only used for treatment disease in the institute of investigator. The  
23 commonly used empirical formulas for the treatment of osteoporosis include Gu Song Kang, Er  
24 Xian Decoction (EXD), Fu Fang Lu Rong Jian Gu Jiao Nang (LRJG) etc. The empirical  
25 formulas for the treatment of osteoporosis are shown in Table 2. For example, Gu Song Kang

1 treatment for 50 postmenopausal osteoporotic patients for 90 days showed better therapeutic  
2 effects than that with calcium lactate in increasing BMD and improving the patients conditions  
3 in osteoporotic patients (Wang et al., 2003) . In the formula of Gu Song Kang, *Epimedium*  
4 *brevicornu* Maxim and *Cullen corylifolium* (Linnaeus) Medikus and *Angelica sinensis* (Oliv.)  
5 Diels has estrogen-like activity, maybe increases the estradiol level in serum and produces  
6 unwanted effects on patients. However, investigator did not concern this problem. Treatment  
7 with EXD in 35 postmenopausal osteoporotic patients for 12 weeks significantly elevated BMD  
8 and levels of ALP, estradiol, OCN and calcitonin in serum, relieve the pain syndrome, and  
9 showed more potential efficacy than treatment with salmon calcitonin alone (Zhu and Gu,  
10 2012). The results of biochemical marker in serum exhibited that EXD enhanced BMD  
11 through increasing bone formation. But the effects of EXD on bone resorption parameters in  
12 serum need to be determined so as to evaluate the regulatory activity on bone resorption. To  
13 study the effects of LRJG on primary osteoporosis, 401 patients were selected and randomly  
14 divided into LRJG treatment group (n=301) and Gu Shu Kang (GSK) treatment group (n=100),  
15 and treatment with LRJG for 6 months significantly improved BMD, and the effective rate of  
16 LRJG treatment was significantly higher than observed in the GSK group (Li et al., 2010).  
17 LRJG did not produce any effects on calcium, phosphorus and ALP activity, this maybe is  
18 related with no discrimination from postmenopausal and senile osteoporosis, and other  
19 biochemical markers were not measured in serum. Therefore, this investigation did not clarify  
20 the regulatory mechanism on bone metabolism. To objectively evaluate the therapeutic effect  
21 and safety of Yi Shen Zhuang Gu He Ji (YSZG) in primary osteoporosis, 96 patients were  
22 treated with YSZG, 32 patients were given *Ostrea gigas* Thunberg and 32 patients were given  
23 placebo for 6 months. The results indicated that treatment with YSZG produce more significant  
24 therapeutic effects than that of *Ostrea gigas* Thunberg as evidenced by BMD, serum BGP and  
25 PYD (Wang et al., 2005), indicating that YSZG not only regulate bone formation, but also

1 modulate bone resorption. The change of estrogen levels should be determined so as to predict  
2 the action mechanism and safety of YSZG.

3 Chinese patent medicines, which are approved by the State Food and Drug Administration  
4 of China, are standardized in preparation by pharmaceutical company, and are commercially  
5 available in market. They are often used alone or in combination with chemical drugs to treat  
6 various diseases. Chinese patent medicines for the treatment of osteoporosis include Xian Ling  
7 Gu Bao Jiao Nang (XLGB), Gu Shu Kang Jiao Nang (GSK), Gu Song Bao Jiao Nang, Hu Gu  
8 Jiao Nang and Jin Tian Ge Jiao Nang (JTG). These TCM formulas have the characteristic of  
9 fixed composition and dosage and no herbs can be either added or removed from the formulas.  
10 The Chinese patent medicines for the treatment of osteoporosis are shown in Table 3. For  
11 example, 180 healthy postmenopausal women more than 60 years old with BMD T-score  $\leq$   
12  $-2.0$  (lumbar spine or femoral neck) were randomly divided into three groups, and given  
13 XLGB at dose of 3 g/day (n=61), XLGB at dose of 6 g/day (n=58) or placebo (n=61),  
14 respectively. Treatment with XLGB for 12 months significantly increased lumbar spine BMD,  
15 declined bone turnover marker levels and did not produce any adverse effects (Zhu et al.,  
16 2012). This was the first multicenter, double-blind, placebo controlled clinical trial to provide  
17 evidence showing the safety and efficacy of the oral “bone strengthening” herbal XLGB with  
18 phytoestrogenic compounds for the treatment of osteoporosis in postmenopausal women.  
19 However, estrogen-dependent tissues were not clinically examined. The future clinical studies  
20 shall be designed for safety of estrogen-dependent tissues. To evaluate the curative effects and  
21 advantages of combining Chinese and chemical medicine in treating senile osteoporosis, 66  
22 patients of senile osteoporosis were randomly divided into two groups, and treated with GSK  
23 (n=35), and simultaneously treated with salcatonin, ossotide for injection, calcium carbonate  
24 and Vitamin D3 for 6 months. GSK treatment significantly increased BMD and had a higher  
25 effective rate than that of the control group (Feng et al., 2013b), indicating that GSK

1 combination with chemical medicine enhanced BMD, and improve the clinical syndrome of  
2 senile osteoporosis. Due to lack of observation of GSK alone on senile osteoporosis, the  
3 therapeutic effectiveness of GSK need to be further investigated. To explore the effectiveness  
4 of dynamic hip screw (DHS) combined with JTG Jiao Nang in the treatment of osteoporotic  
5 femoral inter-trochanteric fractures, 44 cases were randomly treated with either DHS or DHS  
6 combined with JTG Jiao Nang for 6 months. The BMD of the proximal end of the femur of  
7 patients treated with combinational therapy was higher than that of treatment of DHS alone  
8 (Liao et al., 2011), indicating that JTG can decrease bone loss through increasing BMD and  
9 improving bone biomechanical property. However, this study did not determine the alteration  
10 of serum biochemical parameters related with bone metabolism.

11 According to the guidelines for clinical evaluation of agents used in the prevention and  
12 treatment of postmenopausal osteoporosis approved by the Food and Drug Administration, the  
13 clinical observation for anti-osteoporotic drugs should determine BMD and the serum  
14 biochemical parameters, such as vitamin D, urine hydroxyproline, Ca etc, and in double-blind,  
15 placebo-controlled trail for 12 months in phase II clinical study. Based on the characteristics of  
16 TCM formulas, Food and Drug Administration of China suggested that clinical observation of  
17 TCM drugs for reducing fracture incidence should last more than for 3 years, and that for  
18 relieving or alleviating the clinical symptoms should last for 6 months, while the indexes of  
19 effectiveness included bone mineral density and bone turnover markers. The clinical  
20 investigations showed that TCM formulas are effectiveness in preventing and treating  
21 osteoporosis, especially in alleviation of the pain symptoms. However, there are still many  
22 problems in clinical trials. For example, the most of reported clinical investigations are general  
23 clinical observations instead of application of RCT designed clinical studies. The method of  
24 randomization was often inappropriately described; the sample sizes are 50-100 patients, and  
25 are less than 200 in most of studies. Over half did not report and analysis side effects. The

1 duration of clinical trials often last 3-6 months, did not reach to the requirements of 6 months or  
2 3 years. Most of these trials combined with other interventions, such as calcitonin, calcium  
3 preparation; the efficacy of TCM formulas on osteoporosis is not confirmed. Some clinical  
4 studies about primarily osteoporosis did not distinguish and assess the effects on  
5 postmenopausal and senile osteoporosis, respectively. The indexes of effectiveness focused on  
6 bone mineral density, and lack of biochemical parameters in serum and urine. Therefore, in  
7 clinical study researchers should adhere to the guidelines of FDA and SFDA of China to design  
8 experimental therapeutic efficacy parameters, observational period, sample size, and also  
9 including random and double-blinded control to improve and standardize clinical trials of TCM  
10 formulas for the treatment of osteoporosis.

#### 11 **4. Antiosteoporotic activity of TCM formulas in several important animal models**

12 The animal models that have been established and used to understand the pathogenesis of  
13 osteoporosis and for the preclinical evaluation of drugs include castrated osteoporotic models,  
14 osteoporotic models caused by chemical drugs and disuse osteoporotic models. The  
15 antiosteoporotic effects of TCM formulas in animal experiments were summarized in Table 4.

##### 16 **4.1 Castrated osteoporotic model**

17 The ovariectomized rat is the most common used animal model in the study of  
18 anti-osteoporotic medications. Ovariectomy (OVX) leads to a rapid bone loss up to 100 days.  
19 The mechanism of bone loss currently accepted for the estrogen-deficient rat is an imbalance in  
20 bone turnover, i.e., bone resorption exceeds bone formation. This model mimics  
21 postmenopausal cancellous bone loss when examined over relatively short periods of time  
22 (Sharma et al., 2012; Turner et al., 2013). However, observation periods of 12 months or longer  
23 have revealed higher values of bone mineral content (BMC), bone area and body weight in  
24 ovariectomized rats. Furthermore, the lack of the haversian system in cortical bone, the absence

1 of impaired osteoblast function during the late stages of estrogen deficiency and the absence of  
2 multicellular unitbased remodeling in young rats limits the usefulness of this model (Egermann  
3 et al., 2005). Qing E Wan treatments of ovariectomized rats restored the estrus cycle and  
4 demonstrated significantly estrogenic activity, as indicated by reversal of uterine atrophy,  
5 reduction in rectal temperature (Xu et al., 2010). Administration of EZW could significantly  
6 prevent ovariectomy-induced bone loss, biomechanical reduction, deterioration of trabecular  
7 microarchitecture and the body weight without affecting the weight of the uterus, and increased  
8 Ca and P levels in serum, decreased level of bone turnover markers and Ca and P levels in urine  
9 in ovariectomized rats without hyperplastic effect on uterus (Cheng et al., 2011). ZGW  
10 improved bone trabecular and decreased OCN and tartrate-resistant acid phosphate (TRAP) in  
11 ovariectomized osteoporotic rats (Lv et al., 2010). EXD could significantly improved BMD, the  
12 maximum bending stress, and the loading force of the 5th lumbar vertebra, increase serum ALP  
13 and superoxide dismutase (SOD) activity, and lower the serum levels of TRAP and  
14 malondialdehyde (MDA) in ovariectomized rats (Liu et al., 2014a). XLGB treatment increased  
15 bone density and estrogen level (Wang et al., 2010). GSK had obviously ameliorating effects on  
16 the bone loss in OVX rats. Treatment with LW for 26 weeks could significantly decrease the  
17 level of ALP and OCN in serum, increase the BMD of femurs, and improve the biomechanical  
18 capability of vertebral body in maximum loading and elastic modulus. Ba Wei Di Huang Wan  
19 combined with antiresorptive agent, alendronate (ALN) increased trabecular bone volume and  
20 BMD, improved the microstructure of the bone in both proximal tibia and vertebra with no  
21 marked effects on bone formation (Chen et al., 2012). Treatment of mice with Si Wu Tang  
22 (SWT) extract increased bone formation, and prevented bone loss induced by ovariectomy in  
23 vivo (Wu et al., 2013). Dang Gui Bu Xue Tang (DBT) combined with Epimedii Folium was  
24 able to attenuate osteoporosis by elevating the BMD levels of total body, and arrest the bone  
25 trabeculae degradation, decreased serum levels of MDA and increased endogenous SOD

1 activity (Xie et al., 2012).

## 2 **4.2 Osteoporotic model induced by chemical drugs**

3       Glucocorticoids reduce bone density by diminishing intestinal calcium absorption,  
4 increasing renal clearance of calcium, and sex steroid deficiency. Furthermore, previous studies  
5 showed that glucocorticoids exert pro-survival effect on osteoclasts, inhibit recruitment and  
6 activity of osteoblasts, and induce apoptosis of osteoblasts and osteocytes, leading to reduction  
7 in bone formation and increased bone resorption (Bocker et al., 2014; Piemontese et al., 2015).  
8 Therefore, glucocorticoids-induced model is used to investigate the mechanism that how the  
9 drugs treat osteoporosis. It is known that glucocorticoid-induced osteoporosis differs from  
10 postmenopausal or senile osteoporosis. Histomorphometric parameters and biochemical  
11 markers of bone metabolism only indicate the decrease in bone formation and minimal changes  
12 in bone resorption. In order to study the aspects of bone fragility and implant fixation, the  
13 animal models using glucocorticoid induced osteoporosis simulate the human situation more  
14 closely than other models do (Allen et al., 2002; Egermann et al., 2005). The decrease of BMD  
15 and biomechanical competence is more pronounced when steroid medication is given than it is  
16 in the case of ovariectomy alone. However, long-term steroid treatment has been shown to have  
17 adverse effects, especially for the immune system, and ethical considerations need to be taken  
18 into account when using these models (Feng et al., 2013a). ZGW significantly increased  
19 trabecular bone volume (TBV%), trabecular formation surface (TFS%), the level of OCN,  
20 insulin-like growth factors (IGF) -1 and estrogen, and decreased content of PTH in serum in  
21 osteoporotic rats induced by dexamethasone (Li et al., 2011; Liu et al., 2011). Hu Gu Jiao Nang  
22 treatment significantly increased the BMDs of the femur and lumbar vertebra 5, and trabecular  
23 number (Tb.N), trabecular bone area (Tb.Ar), mineralizing surface/bone surface (MS/BS),  
24 mineral apposition rate (MAR), and bone formation rates (BFRs), and decreased trabecular  
25 separation (Tb. Sp) and eroded surface (ES/BS) in osteoporotic rats induced with

1 dexamethasone (Wang et al., 2012b).

2 Retinoic acids (RA), major oxidative metabolites of vitamin A, play a regulatory role in  
3 many key processes, such as inhibition of cell proliferation, differentiation, apoptosis, shaping  
4 of the embryo, and organogenesis. With regard to osteoblastic cells, RA induces differentiation  
5 in primary cultures of both mouse and human osteoblasts, while increase the activity of  
6 osteoclasts (Broulik et al., 2013; Michalik and Wahli, 2007). Treatment with RA of 70 mg/kg  
7 body weight for 2 weeks will lead to bone loss and then osteoporosis. Due to the short time for  
8 forming models, osteoporotic model induced by RA is widely used to investigate the effects of  
9 drugs. GSK decreased bone resorption and increased bone formation by raising levels of  
10 estrogen and testosterone in blood of RA-induced osteoporotic rats (Cui et al., 2001). Jian Gu  
11 Ke Li significantly increased BMD of femur and tibia, and the level of chorionic thyrotropin in  
12 serum, and decreased the levels of PTH and tumor necrosis factor (TNF)- $\alpha$  in RA-induced  
13 osteoporotic rats (Lin et al., 2004).

#### 14 **4.3 Disuse osteoporotic model**

15 The disuse osteoporosis refers to bone mass decrements under conditions of decreased  
16 mechanical loading, including decreased ground force reaction, muscular contraction, and  
17 microgravity-related bone loss in astronauts after space flights. The aetiology, pathophysiology,  
18 and resultant pathology of disuse osteoporosis differ from those of primary osteoporosis. The  
19 resulting bone loss from diminished weight bearing has been generated in animal models by  
20 nerve sectioning, tenotomy, casting of limbs, leg bandaging, internal joint fixation, external  
21 joint fixation, chair immobilization and spaceflight. Most studies reported a significant  
22 reduction of mineralization and histomorphometric parameters towards osteoporosis. The bone  
23 loss due to immobilization is apparent locally but not systemically, and therefore, is not  
24 appropriate to simulate human osteoporosis (Damrongrungruang et al., 2004; Jee and Ma, 1999;  
25 Jiang et al., 2006). Yi Shen Hu Gu decoction could increased the levels of OCN in serum, bone



1 mineral density, and decreased levels of ALP, TRAP, hydroxyproline (HYP) / creatinine (Cr),  
2 improved the bone biomechanical parameters (maximum loading and elastic modulus) and  
3 Tb.N in sciatic neurotomized disused osteoporotic rats (Ju et al., 2013). Wu Jia Bu Gu recipe  
4 increased bone density and femur maximum load and elastic load of rats after 3 weeks tail  
5 suspension, increased the activity of ALP, and levels of serum Ca and P, increased the  
6 deposition of external calcium, the production of collagen type I, increased BMD of femoral  
7 bone, maximum load and elastic load, TBV%, TFS% anterior functional surface (AFS%) and  
8 MAR of lumbar (Fu et al., 2010). Bu Shen Zhuang Gu recipe increased BMD, the number of the  
9 trabecula, serum OCN, estrogen and P content, decreased serum calcium levels and resorption  
10 surface, improved the bone microstructure in weightlessness simulated rats by tail suspension  
11 for 4 weeks (Sun et al., 2007).

12 In summary, the investigations of TCM formulas on osteoporotic model animals are  
13 mainly the search for new drugs or further proving the efficacy. However, these animal  
14 models are not totally consistent with human osteoporosis, and still need improvement. On  
15 the one hand, traditional Chinese medicine thinks that kidney governs bone, and primary  
16 osteoporosis is caused by deficiency of kidney and function disturbance of  
17 hypothalamic-pituitary-gonadal axis. However, osteoporotic animal models commonly used  
18 in the research of TCM formulas does not associate with kidney deficiency, and the  
19 pharmacological parameters also does not reflect the alteration in function of  
20 hypothalamic-pituitary-gonadal axis. On the other hand, the kidney deficiency in TCM  
21 includes two aspects of yin and yang, but there is no corresponding animal model to reflect  
22 the characteristic of kidney yin or yang deficiency. There is no discrimination between the  
23 reinforcing kidney yin and yang formulas in the treatment of osteoporosis. Therefore,  
24 osteoporotic animal model reflecting TCM yin and yang deficiency syndrome should be  
25 established, and used to investigate the antiosteoporotic effects of TCM formulas.

## 1 **5. The herb medicines and their chemical constituents in TCM formulas for the therapy** 2 **of osteoporosis**

3 A wealth of information indicates that TCM formulas for the therapy of osteoporosis  
4 contains a variety of herbal medicine, which can be divided into 3 categories based on their  
5 action in the formula : (1) replenishing kidney herb medicine, which commonly produces the  
6 marked effect; (2) strengthening spleen herb medicine; (3) activating blood circulation and  
7 dissipating blood stasis. There are more than 20 commonly used herbal medicines occurring in  
8 the antiosteoporotic formula. Their chemical constituents and pharmacological activities are  
9 summarized in Table 5.

10 Some important antiosteoporotic traditional Chinese medicine, including *Cullen*  
11 *corylifolium* (Linnaeus) Medikus (Fruit, Leguminosae), *Epimedium* plant (Leaf,  
12 Berberidaceae), *Drynaria fortunei* (Kunze ex Mett.) J.Sm.(Rhizome, Polypodiaceae) , *Salvia*  
13 *miltiorrhiza* Bunge (Root, Labiatae), *Morinda officinalis* How (Root, Rubiaceae) have been  
14 reviewed in our previous paper (Jia et al., 2012). Therefore, in this review we have focused on  
15 11 different antiosteoporotic herbal medicines, and their chemical constituents and  
16 antiosteoporotic activity are discussed below.

### 17 **5.1 *Eucommia ulmoides* Oliv. (Bark, Eucommiaceae)**

18 The bark of *Eucommia ulmoides* Oliv. has been shown to possess activity against  
19 hypertension, hyperglycemia, diabetes, obesity, osteoporosis, Alzheimer's disease, aging, and  
20 sexual dysfunction, and contain various chemical constituents, including lignans, iridoids,  
21 phenolics, steroids, terpenoids, and flavonoids. Lignans and iridoids are the two major  
22 constituents, such as liriiodendrin, (*p*)-pinoresinol di-O- $\beta$ -D-glucopyranoside,  
23 (*p*)-syringaresinol, aucubin, genipin, and geniposidic acid. Modern pharmacological and  
24 molecular biology studies have suggested that crude extracts and total glycosides of *E.*  
25 *ulmoides* may yield safe and mild anti-osteoporosis activities. *E. ulmoides* cortex extract

1 (EUCE) significantly inhibited OVX-induced decreases in biomechanical quality of the femur  
2 and improved bone microarchitecture, and dose dependently inhibited total bone mineral  
3 density decreases in the femur caused by OVX and decreased levels of the bone turnover  
4 markers OCN, ALP, deoxypyridinoline, and urinary Ca and P excretions (Zhang et al., 2009).  
5 EUCE significantly mitigated the decreases in bone volume/tissue volume, connect density,  
6 Tb.N, and trabecula thickness associated with OVX in rats and increased Tb.Sp, indicating that  
7 *E. ulmoides* exhibits preventive effects on estrogen deficiency-induced osteoporosis, and may  
8 be a potential alternative medicine for treatment of postmenopausal osteoporosis (Zhang et al.,  
9 2009). EUCE could effectively prevent the bone loss induced by hind limb suspension, which  
10 was indicated by decreased levels of bone turnover markers as well as the changes in urinary  
11 calcium and phosphorus, and also enhanced the biomechanical strength of bone and prevented  
12 the deterioration of trabecular bone microarchitecture (Pan et al., 2014).

13 The total lignans extracted from *E. ulmoides* significantly prevented OVX-induced  
14 decrease in biomechanical quality of femur such as maximum stress and Young's modulus,  
15 BMD decrease and microarchitecture deterioration. The total lignans increased cell  
16 proliferation, ALP activity and formation of bone calcified nodules, enhanced osteoprotegerin  
17 (OPG) expression and decreased RANKL expression of primary osteoblast from calvaria of  
18 neonatal rat, indicating that total lignans enhanced bone formation and inhibited  
19 osteoclastogenesis through OPG/RANKL system (Zhang et al., 2014).

20 5-(Hydroxymethyl)-2-furaldehyde (5-HMF), isolated from *E. ulmoides* could increase the  
21 mRNA expression of ALP, pro-collagen type 1  $\alpha$  1, OCN and OPN in RT-PCR analysis of  
22 osteoblast derived from bone mesenchymal stem cells, and decrease the mRNA expression of  
23 PPAR $\gamma$ , fatty acid binding protein 4, CCAAT/enhancer binding protein  $\alpha$  of adipogenic cells  
24 from rat bone mesenchymal stem cells (BMSCs), enhanced the mineralized nodule formations  
25 of osteoblast, indicating that 5-HMF is a powerful inhibitor of adipogenesis and enhancer of

1 osteoblastogenesis (Tan et al., 2014).

## 2 **5.2 *Achyranthes bidentata* Bl. (Root, Amaranthaceae)**

3 The root of *Achyranthes bidentata* Bl. is recommended to reinforce the muscles and  
4 bones, improve the tone of the liver and kidneys, promote blood circulation and remove blood  
5 stasis, and is known to possess expectorant, anti-inflammatory, antipyretic, antirheumatic, and  
6 diuretic activities. The major constituents of the roots have been shown to be polysaccharides,  
7 saponins, ketosteroids, flavonoids, sterols and alkaloids (He et al., 2014). The root of *A.*  
8 *bidentata* slowed down the body weight gain, enhanced the bone strength and prevented the  
9 deterioration of trabecular microarchitecture and loss of bone mass induced by the OVX  
10 through decreasing level of bone turnover markers, such as serum ALP, OCN and urinary  
11 deoxypyridinoline (DPD) (Zhang et al., 2012b). Two compounds, ecdysterone and daucosterol  
12 isolated from this plant markedly stimulated proliferation of osteoblast-like UMR106 cells (Li  
13 et al., 2001). Five new oleanolic acid glycosides could inhibit the formation of osteoclast-like  
14 multinucleated cells (OCLs) induced by 1 $\alpha$ , 25(OH) $_2$ D $_3$ , and flavonoid quercetin decreased  
15 osteoclastic differentiation in a co-culture system of osteoblast and bone marrow mononuclear  
16 cells. (Li et al., 2005a). The ketosteroids has been reported to prevent bone loss in  
17 ovariectomized animals (He et al., 2014). *A. bidentata* saponins are effective in preventing and  
18 treating retinoic acid-induced osteoporosis, and were found to induce proliferation and  
19 differentiation in bone marrow stromal cells (BMSCs) as evidenced by the osteoblastic  
20 proliferation and alkaline phosphatase activity. RT-PCR and Western-blot analysis showed  
21 that *A. bidentata* saponins increased mRNA levels of rat bone morphogenetic protein (BMP)-2,

1 runt-related transcription factor 2 and osterix, and increased the phosphorylation of ERK,  
2 indicating that *A. bidentata* saponins enhanced bone formation via activation of the ERK  
3 signaling pathway in osteoblast (He et al., 2014).

### 4 **5.3 *Rehmannia glutinosa* Libosch (Root, Scrophulariaceae)**

5 The root of *Rehmannia glutinosa* Libosch has been widely used to reduce fever, activate  
6 blood circulation, tonify the kidney, and has been used in the treatment of Yin deficiency  
7 syndrome in Eastern Asia for more than 2000 years. The steamed roots of *R. glutinosa*, possess  
8 anti-tumor, anti-stress, anti-thrombic, and hypoglycemic effects (Lim and Kim, 2013), and has  
9 been used as a haemostatic, cardio-tonic and diuretic agent. The major active components of the  
10 root of *R. glutinosa* are iridoid glycosides, such as catalpol and dihydrocatalpol, while other  
11 components are phenol glycoside, ionones, flavonoids, amino acids, inorganic ions and  
12 microelements (Zhang et al., 2008). The roots of *R. glutinosa* alleviated the decrease in the  
13 trabecular BMD, and increased the cortical bone thickness and trabeculation of the bone  
14 marrow spaces in OVX-induced osteoporotic rats, increased the proliferation and ALP activity  
15 and the expression of OPG of osteoblastic MG-63 cells, decreased the number of TRAP (+)  
16 multinucleated cells and the resorption areas of osteoclast from bone marrow cells (Oh et al.,  
17 2003). The catalpol from fresh root of *R. glutinosa* has been reported to promote the  
18 proliferation and differentiation of osteoblasts of MC3T3-E1 cells (Wu et al., 2010). Acteoside,  
19 the main active compound of *R. glutinosa*, reduced OVX-induced bone loss and inflammatory  
20 cytokine production, inhibited osteoclast differentiation and maturation from bone marrow  
21 macrophages (BMMs) and RAW264.7 macrophages stimulated by the receptor activator of

1 nuclear factor-kappaB (NF-κB) ligand (RANKL) through suppressing RANKL-induced  
2 activation of mitogen-activated protein kinases and transcription factors such as NF-κ, c-Fos,  
3 and nuclear factor of activated T-cells cytoplasmic 1 (NFATc1), suggesting that acteoside may  
4 act as an anti-resorptive agent to reduce bone loss by blocking osteoclast activation (Lee et al.,  
5 2013).

#### 6 **5.4 *Angelica sinensis* (Oliv.) Diels (Root, Apiaceae)**

7 The root of *Angelica sinensis* (Oliv.) Diels. is one of the commonly used herbs in China,  
8 and is reported to possess hepatoprotective, neuroprotective, anti-oxidant, anti-osteoarthritis,  
9 and anti-cancer properties (Lim and Kim, 2014). The major active compounds of *A. sinensis*  
10 include phthalides, organic acids, polysaccharides and flavones (Chen et al., 2013). The  
11 extracts of root of *A. sinensis* significantly increased the bone femur mineral density, and  
12 decreased the markers of bone turnover in osteoporosis, serum ALP, collagen type I  
13 C-telopeptide and OCN of OVX rats, indicating that *A. sinensis* extract can prevent the  
14 OVX-induced bone loss in rats via estrogen-independent mechanism (Lim and Kim, 2014).  
15 Ferulic acid, a major active compound from *A. sinensis* significantly increased the BMD of  
16 tibia, slightly increased the serum levels of estrogen and progesterone and ALP activity,  
17 indicating that ferulic acid promotes bone remodeling, leading to a predominantly osteoblastic  
18 phase, besides bone resorption by osteoclasts (Sassa et al., 2003).

#### 19 **5.5 *Cornus officinalis* Siebold & Zucc. (Fruit, Cornaceae)**

20 The fruit of *Cornus officinalis* Siebold & Zucc. is a folk medicine with a long history of  
21 safe use for the treatment of osteoporosis in postmenopausal women or elderly men in Asia.

1 The effects of *cornus officinalis* on RANKL-induced osteoclast differentiation from bone  
2 marrow-derived macrophages (BMMs) were evaluated by using RT-PCR and Western blot  
3 analysis. The results indicated that *C. officinalis* significantly inhibits RANKL-mediated  
4 osteoclast differentiation in a dose-dependent manner in bone marrow-derived macrophages,  
5 and inhibits the mRNA expression of TRAP, osteoclast-associated receptor, c-Fos, and nuclear  
6 factor of NFATc1 in BMMs, and protein expression of c-Fos and NFATc1, and greatly inhibits  
7 RANKL-induced phosphorylation of p38 and JNK, significantly suppresses RANKL-induced  
8 degradation of NF- $\kappa$ B (I $\kappa$ B), suggesting that *C. officinalis* may be useful in the treatment of  
9 osteoporosis (Kim et al., 2012). Sweroside is a bioactive ingredient isolated from *C. officinalis*,  
10 and it significantly increases the proliferation, activity of ALP and OCN, and attenuates and  
11 inhibits apoptosis of human MG-63 cells and primary osteoblasts from newborn rat calvaria  
12 (Sun et al., 2013).

13 **5.6 *Astragalus membranaceus* var. *mongholicus* (Bunge) P.K.Hsiao and *A. membranaceus***  
14 **(Fisch.) Bunge (Root, Leguminosae)**

15 The dried root of *Astragalus membranaceus* var. *mongholicus* (Bunge) P.K.Hsiao and *A.*  
16 *membranaceus* (Fisch.) Bunge are known to contain cycloartane triterpene glycosides and  
17 flavonoids, particularly isoflavones, as its principal constituents. As a tonic used to strengthen  
18 muscles and bones, it is one of the most widely used medicinal herbs in Asian traditional  
19 medicine. The OVX rats administered extract from *A. membranaceus* showed a significant  
20 increase in Tb. Ar of the tibia, inhibited tibia and lumbar bone loss and did not cause uterine  
21 hypertrophy (Kim et al., 2003). *A. membranaceus* extract combined with supplemental Ca may

1 be more protective against the Ca loss of bone than *A. membranaceus* or supplementation of Ca  
2 alone in calcium-insufficient postmenopausal women (Kang et al., 2013). Supplementation  
3 with formononetin, the major compound of the *A. membranaceus* root resulted in slightly  
4 enhanced bone mechanical properties and bone density improvement, and prevented  
5 osteoporosis development in ovariectomized rats (Kaczmarczyk-Sedlak et al., 2013). The  
6 isoflavone calycosin-7-O- $\beta$ -D-glucopyranoside (CG) is a principal constituent of *A.*  
7 *membranaceus*. Exposure of bone marrow stromal ST2 cells to CG in osteogenic  
8 differentiation medium increased ALP activity, OCN mRNA expression and the osteoblastic  
9 mineralization process, enhanced the expression of BMP- 2, p-Smad 1/5/8,  $\beta$ -catenin and  
10 Runx2, indicating that CG promotes the osteoblastic differentiation of ST2 cells through  
11 regulating the BMP/WNT signaling pathways. (Jian et al., 2015)

## 12 **5.7 *Cinnamomum cassia* (L.) J.Presl and *Cinnamomum verum* J. Pres (Bark, Lauraceae)**

13 *Cinnamomum cassia* (L.) J. Presl is one of the world's oldest spices that has been used in  
14 foods, beverages and the cosmetic industry. In traditional oriental medicine, the bark of *C.*  
15 *cassia* has been used to improve various diseases caused by insufficient blood microcirculation,  
16 to treat gastritis, blood circulation disturbances and inflammatory disease. This medicinal plant  
17 has also been often administered to patients suffering from women's diseases. The bark of *C.*  
18 *cassia* is reported to reduce blood pressure in experimental rats and possesses antiallergic,  
19 antiulcerogenic, antipyretic and anaesthetic activities. The ethanol extract from the bark of *C.*  
20 *cassia* significantly induced the growth of MCF-7 cells, showed higher affinity with estrogen  
21 receptor (ER)- $\beta$  compared with ER $\alpha$ , dose-dependently increased the cell survival, ALP



1 activity, collagen synthesis and OCN secretion in MC3T3-E1 cells, prevented apoptosis  
2 induced by TNF- $\alpha$  in osteoblastic cells. In the presence of TNF- $\alpha$ , the extracts inhibited the  
3 production of interleukin (IL)-6 and nitric oxide in osteoblastic MC3T3-E1 cells, suggesting  
4 that *C. cassia* has a direct stimulatory effect on bone formation in vitro and may contribute to  
5 the prevention of osteoporosis and inflammatory bone diseases (Lee and Choi, 2006). *C. verum*  
6 dose-dependently inhibited formation of osteoclast induced with RANKL from RAW 264.7  
7 cells without affecting cell viability and bone-resorbing activity of mature osteoclasts, inhibited  
8 RANKL-induced NFATc1 and c-fos expression, and moderately inhibited phosphorylation of  
9 I $\kappa$ B- $\alpha$  as evaluated by western blot, suggesting that *C. verum* inhibited bone resorption through  
10 regulating the c-fos/NFATc1 pathway rather than NF- $\kappa$ B pathway during RANKL-induced  
11 osteoclastogenesis. The cinnamaldehyde and 2-methoxycinnamaldehyde as active components  
12 reduced formation of osteoclast induced with RANKL from RAW 264.7 cells and inhibited  
13 NFATc1 expression whilst 2-methoxycinnamaldehyde exhibited remarkable inhibitory effects  
14 on bone resorption of osteoclast (Tsuji-Naito, 2008).

#### 15 **5.8 *Dipsacus asper* Wall. (Root, Dipsacaceae)**

16 The dried root of *Dipsacus asper* Wall. is used for the treatment of traumatic ecchymoma and  
17 injury of muscles and bones by strengthening bone and curing bone fractures. It has also been  
18 used for treatment of back pain, traumatic hematoma, and bone fractures. Several chemical  
19 constituents, particularly saponins, iridoid glycosides and sterols, have been identified from *D.*  
20 *asper*. The crude extract of *D. asper* (DRE) is reported to increase bone density and alter bone  
21 histomorphology in mice (Wong et al., 2007). Treatment with *D. asper* extract is reported to

1 have a positive effect on mechanical strength, BMD, BMC, bone turnover markers, and  
2 significantly prevented the reduction of the bone volume fraction, connectivity density,  
3 trabecular number, thickness, tissue mineral density, and tissue mineral content as well as  
4 structure model index in ovariectomized rats through regulating the rate of bone remodeling,  
5 which could be inferred from the decreased level of bone turnover markers, such as serum ALP,  
6 OCN and urinary DPD (Liu, et al., 2009). DRE was demonstrated to prevent the loss of rat  
7 bone mass induced by hind limb unloading with vehicle treatment, which suggests the potential  
8 application of DRE in the treatment of microgravity-induced bone loss (Niu et al., 2015). Total  
9 saponins from *D. asper* enhanced the biomechanical strength of bone and attenuated the  
10 deterioration of trabecular bone microarchitecture in ovariectomized rats by decreasing levels  
11 of bone turnover markers. Total saponins from *D. asper* induced MC3T3-E1 cells and primary  
12 osteoblastic cell maturation and differentiation, and increased bone formation by increasing  
13 BMP-2 synthesis, and inhibited osteoclastogenesis through an increase in osteoprotegrin and a  
14 decrease in RANKL expression in osteoblasts as detected by western blotting (Niu et al., 2012).

### 15 **5.9 *Polygonium multiflora* Thunb. (Root, Polygonaceae)**

16 *Polygonium multiflora* Thunb, which sometimes is named as *Fallopia multiflora* Thunb.  
17 has been widely used to treat age-related diseases. 2, 3, 5, 4'-tetrahydroxystilbene-2-O- $\beta$ -  
18 D-glucoside, one of the major bioactive constituents extracted from *P. multiflorum* has been  
19 shown to have various pharmacologic activities such as antioxidant, increased cell survival,  
20 ALP activity, calcium deposition, and the mRNA expression of ALP, collagen I and OCN in  
21 osteoblastic MC3T3-E1 cells as measured by quantitative real-time PCR, and decreased

1 production of RANKL, IL-6 as evaluated by enzyme immunoassay system, intracellular  
2 reactive oxygen species and MDA of osteoblastic MC3T3-E1 cells injured by H<sub>2</sub>O<sub>2</sub> as detected  
3 by assay kit, indicating that this compound may be effective in protection against osteoporosis  
4 associated with oxidative stress (Zhang et al., 2012a).

#### 5 **5.10 *Cuscuta chinensis* Lam. and *Cuscuta australis* R.Br. (Seed, Convolvulaceae)**

6 The dry seed of *Cuscuta chinensis* Lam. and *Cuscuta australis* R.Br. is used as a tonic and  
7 aphrodisiac to nourish the liver and kidneys and to treat impotence and seminal emission, it is  
8 also widely used to improve sexual function, prevent and treat cardiovascular diseases,  
9 osteoporosis and senescence. Moreover, it possesses anti-tumoral, hepaprotective and  
10 neuroprotective effects. The active constituents include flavonoids, lignans, quinic acids and  
11 polysaccharides (Yang et al., 2011b). The aqueous extract of *Cuscuta chinensis* Lam. treatment  
12 mildly promoted the proliferation, ALP activity, collagen synthesis, mineralization and levels  
13 of BMP-2 in the MG-63 cells, suggesting that *Cuscuta chinensis* Lam. can play an important  
14 role in osteoblastic bone formation (Yang et al., 2009). ALP-guided fractionation led to the  
15 isolation of quercetin, kaempferol, isorhamnetin, hyperoside and astragalin from the crude  
16 ethanolic extract of *Cuscuta chinensis* Lam. Further study showed that kaempferol and  
17 hyperoside significantly increased the ALP activity in UMR-106 cells, astragalin promoted the  
18 proliferation of UMR-106 cells. The isolated compounds showed estrogenic activity, but  
19 quercetin, kaempferol and isorhamnetin showed more potent ER agonist activity,  
20 demonstrating that kaempferol and hyperoside are the active compounds of *Cuscuta chinensis*  
21 Lam. demonstrating osteogenic effects (Yang et al., 2011b).

## 1 **5.11 *Cnidium monnieri* (L.) Cuss. (Fruit, Apiaceae)**

2 The fruit of *Cnidium monnieri* (L.) Cuss. is used as a traditional remedy, and has been  
3 validated to possess a diverse set of pharmacological activities , including antiproliferative,  
4 vasorelaxant, antihepatitis, antimicrobial, anti-inflammatory, antiallergic functions and  
5 antiosteoporosis. The major active compounds of *C. monnieri* include essential oil, coumarines,  
6 chromones and triterpenoids. *C. monnieri* has been confirmed to be effective in the treatment of  
7 osteoporosis. Total coumarins can decrease bone loss in ovariectomized rats and in  
8 glucocorticoids induced osteoporosis rats. Total coumarins inhibited bone resorption of  
9 osteoclasts from bone marrow cells of neonatal rat, and increased rat calvaria osteoblast  
10 proliferation, differentiation and bone mineralized nodule formation (Qin et al., 2003).  
11 Osthole, the most important active compound from *C. monnieri*, can inhibit bone resorption by  
12 decreasing TRAP activity through RANKL/TRAF6/JNK signaling pathway in osteoclasts  
13 from long limb bones of new born rabbits as detected by quantitative real time PCR and  
14 Western blotting analysis, and obviously promoted the osteoblastic activity possibly through  
15 the regulation of Wnt/ $\beta$ -catenin signaling in the mice calvarial osteoblasts, promoted  
16 osteogenic differentiation through the BMP-2/p38MAPK/Runx2/osterix pathway as evidenced  
17 in quantitative real time PCR and Western blotting analysis (Ming et al., 2012;Tang et al.,  
18 2010). Bergapten and imperatorin from *C. monnieri* also induced bone formation and promoted  
19 BMP-2 expression through the p38 and ERK-dependent signaling pathway in osteoblasts from  
20 calvaria of fetal rats as detected by quantitative real time PCR and Western blotting (Tang et al.,  
21 2008).

## 1 **6. Antiosteoporotic mechanisms of TCM formulas and their chemical constituents**

2 The research conducted over the years implies that the cause of osteoporosis is  
3 predominantly driven by the disorders of bone metabolism, of which the imbalance between  
4 bone formation and bone resorption play a major role. Bone formation, primarily mediated by  
5 osteoblasts, and resorption which is predominantly depended on the function of osteoclasts, is a  
6 balanced and continuous process. The activation of bone cells in bone remodeling process is  
7 regulated by multiple pathways that are fundamental in the development of therapy for  
8 osteoporosis, including the Wnt/ $\beta$ -catenin pathway, the PTH pathway, the BMP signaling  
9 pathway, the RANK/RANKL/OPG system and mitogen-activated protein kinase (MAPK)  
10 pathway.

### 11 **6.1 Antiosteoporotic mechanisms of TCM formulas**

#### 12 **6.1.1 Wnt/ $\beta$ -catenin pathway**

13 The Wnt/ $\beta$ -catenin pathway is known to be an important modulator of osteoblast function  
14 and bone formation. Wnt is the member of highly conserved secreted glycoprotein family, rich  
15 in cystein residue and is divided into two classes: canonical Wnts (wnt1, wnt3a) and  
16 non-canonical Wnts (wnt5a). This pathway is triggered by binding of canonical with frizzled  
17 (FZD) and LDL receptor related proteins (LRPs) which promote the phosphorylation and  
18 inactivation of glycogen synthase kinase 3  $\beta$  (GSK3 $\beta$ ) and prevents the degradation of  $\beta$ -catenin  
19 as well as subsequent translocation into the nucleus where it forms a complex with a T-cell  
20 factor to induce the transcription of osteoblastic genes (Lin and Hankenson., 2011). With the  
21 in-depth and numerous study of osteoporosis pathway, quite a few drugs have been found that  
22 they treat osteoporosis through the Wnt/ $\beta$ -catenin pathway. In primary osteoblast from  
23 neonatal rat calvaria, serum containing LW elicited significant increase in cell proliferation,  
24 alkaline phosphatase activity and amount of calcified nodules. The LRP-5,  $\beta$ -catenin, Runx2

1 and osterix, which are involved in the canonical Wnt/ $\beta$ -catenin signaling pathway, were  
2 significantly up-regulated in the presence of LW both in vivo and in vitro experiments as  
3 detected by real-time quantitative PCR, indicating that LW could alleviate osteoporosis through  
4 involving canonical Wnt/ $\beta$ -catenin signaling pathway (Xia et al., 2014). EZW increased the  
5 expression levels of wnt3 $\alpha$ , LRP5 and  $\beta$ -catenin, and reduced the expression of dickkopf of  
6 homolog 1 (DKK1) of alveolar bone in ovariectomized rats, suggesting that EZW may have  
7 potential anti-osteoporotic effects on osteoporotic alveolar bone by stimulating Wnt/ $\beta$ -catenin  
8 signaling pathway (Sun et al., 2014).

### 9 **6.1.2 MAPK pathway**

10 The MARK includes the extracellular signal-related kinases (ERKs), p38 and c-Jun  
11 N-terminal kinases, and contributes to cell morphogenesis, kinesis, apoptosis, proliferation,  
12 differentiation, growth and other physiological process (Chakraborty et al., 2016). It has been  
13 found that pharmacological serum of Bu Shen Ning Xin Decoction (BSNXD) enhanced the  
14 osteoblastic proliferation and inhibited the apoptosis of the osteoblasts from neonatal mouse  
15 calvaria through the activation of MARK signal transduction pathway via phosphorylation of  
16 ERK as analyzed by Western blotting (Wang et al., 2009). Gu Ling Pian (GLP) can promote the  
17 proliferation and differentiation of MG-63 cells and regulate the ratio of OPG/RANKL via p38  
18 MARK pathway (Zhao et al., 2007). Si Wu Tang (SWT) extracts enhances ALP activity and  
19 bone mineralization, increase the expression of BMP-2 and OPN in MC3T3-E1 osteoblast cells  
20 by involving the regulation of phosphatidylinositol 3-kinase (PI3K), Akt and NF- $\kappa$ B signaling  
21 pathways as evaluated by quantitative real time PCR and Western blotting (Wu et al., 2013).

## 22 **6.2 Antiosteoporotic mechanisms of herbs and their chemical constituents**

### 23 **6.2.1 BMP/SMAD signaling pathway**

24 BMP, which is pleiotropic cytokines belonging to the TGF- $\beta$  superfamily, display

1 osteogenic properties. Runx2, as a transcription factor required for osteoblastogenesis. BMP  
2 binds heterodimeric receptors to activate Smad proteins, which transactivate osteoblastogenic  
3 genes either directly or via Runx2 (Lin and Hankenson, 2011). Recently, Icariin from  
4 *Epimedium* plant have been found to exert their potent osteogenic effect in pre-osteoblastic  
5 MC3T3-E1 cells and mouse primary osteoblasts through induction of Runx2 expression,  
6 production of BMP-4 and activation of BMP signaling as analyzed by Real-time RT-PCR  
7 analysis (Zhao et al., 2008). Maohuoside A induces SMAD4 expression in osteoblast from  
8 mouse bone marrow-derived mesenchymal stem cells as revealed by Real-time PCR and  
9 Western blot analysis (Cai et al., 2013). Total saponins from *Dipsacus asper* and *Achyranthes*  
10 *bidentata* increase bone formation by increasing BMP-2 synthesis in MC3T3-E1 and primary  
11 osteoblastic cells as analyzed using western blotting (Niu et al., 2012). Similarly, the aqueous  
12 extract of *Cuscuta chinensis* treatment mildly releases BMP-2, whilst markedly increasing  
13 mRNA expression of BMP-2 in the MG-63 osteoblastic cells (Yang et al., 2009).

#### 14 **6.2.2 OPG/RANKL/RANK signaling pathway**

15 One of the most critical pathways in the osteoblast-osteoclast interaction scheme is the  
16 RANKL-OPG relationship. Receptor activator of NF- $\kappa$ B (nuclear factor- $\kappa$ B) ligand is a key  
17 factor stimulating the differentiation and activation of osteoclasts, and therefore, is essential for  
18 bone remodeling (Suda et al., 1999). OPG is a soluble peptide originally described as a factor  
19 which markedly inhibits bone resorption and osteoclast differentiation in vitro (Rosen, 2000).  
20 Some herbs, including *Epimedium brevicornu*, *Rehmannia glutinosa*, *Cornus officinalis* have  
21 been demonstrated to be capable of inhibiting bone resorption, probably via pathways induced

1 by RANKL. RT-PCR were used to detect IL-6 and TNF- $\alpha$  expression, ELISA analysis was  
2 used to measure the levels of OPG and RANKL in osteoclast induced with lipopolysaccharide  
3 (LPS) in co-cultures of primary osteoblast and bone marrow cells. The results indicated that  
4 icariin from *Epimedium brevicornu* significantly inhibited LPS-induced osteoclastic bone  
5 resorption and IL-6, and TNF- $\alpha$  expression, up-regulated the gene expression of OPG and  
6 down-regulated RANKL in osteoclast (Hsieh et al., 2011). Ikarisoside A and icariin from  
7 *Epimedium koreanum* also showed inhibitory effects on osteoclastogenesis in  
8 RANKL-stimulated RAW 264.7 cells as well as in murine bone marrow-derived macrophages,  
9 and activation of NF- $\kappa$ B, JNK and Akt mediated by RANKL as analyzed by western blotting  
10 method (Choi et al., 2010). Similarly, acteoside, the main active compound of *Rehmannia*  
11 *glutinosa*, inhibited differentiation and formation of osteoclast from bone marrow macrophages  
12 (BMMs) and RAW264.7 macrophages stimulated by RANKL, attenuated RANKL-stimulated  
13 activation of p38 kinase, ERK, and JNK, and transcription factors such as NF- $\kappa$ B, c-Fos and  
14 NFATc1 as analyzed by electrophoretic mobility shift assay and RT-PCR analysis (Lee et al.,  
15 2013). *Cornus officinalis* significantly inhibits RANKL-mediated osteoclast formation and  
16 differentiation from bone marrow-derived macrophages (BMMs) through inhibiting the  
17 protein expression of c-Fos and NFATc1, RANKL-induced phosphorylation of p38 and JNK,  
18 and degradation of I- $\kappa$ B in BMMs as measured by western blotting. (Kim et al., 2012).

### 19 **6.2.3 MAPK signaling pathway**

20 The mitogen-activated protein kinases, the family of secondary messengers that convey  
21 signals from the cell surface to the nucleus (Yang et al., 2013), play important roles in cellular



1 response to growth factors, cytokines, or environmental stress. There are three major families of  
2 MAPKs, ERK, which is involved in cell proliferation/transformation and survival, c-Jun  
3 N-terminal kinase is involved in stress responses and p38 MAPKs is involved in many cellular  
4 processes (Kim et al., 2013a). Some herbs have been demonstrated to have an effect on  
5 osteoporosis via MAPK pathway. Icariin suppresses LPS-induced osteoclastogenesis program  
6 and osteoclastic bone resorption, inhibits LPS-mediated activation of the p38 and JNK of  
7 osteoclast in co-culture of primary osteoblast and bone marrow cells as measured by western  
8 blotting, indicating that icariin has an in vitro inhibitory effect on osteoclasts differentiation  
9 through p38 and JNK pathway (Hsieh et al., 2011). *Achyranthes bidentata* saponins were  
10 effective in preventing and treating retinoic acid-induced osteoporosis. RT-PCR and  
11 Western-blotting analysis showed that *Achyranthes bidentata* saponins induce proliferation  
12 and differentiation of osteoblast from bone marrow stromal cells (BMSCs), increase mRNA  
13 levels of BMP-2, runt-related transcription factor 2 and osterix via activation of the ERK  
14 signaling pathway (He et al., 2014).

## 15 **7 Comparison between the efficacy of TCM formulas and the efficacy of single herbs**

16 *Epimedium* plants are commonly used antiosteoporotic botanical medicine, and used in  
17 most of antiosteoporotic TCM formulas. The antiosteoporotic chemical constituents in  
18 *Epimedium* plant are flavonoids. Therefore, the flavonoids were extracted and purified from  
19 *Epimedium* plant to observe their antiosteoporotic activity on primary osteoporosis, and Gu  
20 Song Bao Jiao Nang was used as control. The content of flavonoids in *Epimedium* extracts  
21 were more than 50%, 360 patients were given 0.7g *Epimedium* extract/time, three times / day  
22 for 24weeks. *Epimedium* plant is major component of Gu Song Bao Jiao Nang, and occupies

1 58% in this formula. 120 patients were given 1g Gu Song Bao Jiao Nang/time, three times /  
2 day for 24 weeks. The results demonstrated that *Epimedium* extracts can more effectively  
3 improve BMD of patients than Gu Song Bao, but effects of *Epimedium* extracts in relieving  
4 pain are weaker, and the incidence of adverse effect of *Epimedium* extracts (6.67%) are higher  
5 than that of Gu Song Bao (5%). Therefore, TCM formulations showed significant advantage  
6 in integral regulation of bone metabolism and reduction in adverse effects (Lu et al., 2013).

7 EXD is composed of six herbal medicines, with *Epimedium* herbs being its major  
8 ingredient. *Epimedium* herb occupies 20% in EXD. The content of flavonoids and icariin were  
9 respectively as 5.0% and 1.7% in *Epimedium* herb. The content of flavonoids in *Epimedium*  
10 extract is 60%. At the dose of 6g/kg EXD, 100mg/*Epimedium* extracts, 20mg/kg icariin and  
11 1mg/kg nylstriol, we compared their potentials on osteoporotic bone and reproductive tissues  
12 in ovariectomized rats. The results showed that EXD has more potential effects in increasing  
13 BMD and regulating bone histomorphometric parameters and biochemical parameters in OVX  
14 rats, EXD is similar to estrogen and exerts a concomitant effect on bone formation and bone  
15 resorption at the tissue level, while *Epimedium* extracts and icariin produced bone-protective  
16 effects mainly by inhibiting bone resorption. Nevertheless, EXD, *Epimedium* extracts, and  
17 icariin treatments manifested a fewer adverse effects on the uterus, mammary gland, and  
18 vagina compared to estrogen administrations. Among the EXD, *Epimedium* extracts, and  
19 icariin, EXD was found to have superior efficacy and safety profile (Xue et al., 2012).

## 20 **8. Conclusion**

21 TCM formulas not only reduce bone loss by decreasing bone resorption and increasing  
22 bone formation through multi-component and multi-targets, but also regulate the body's  
23 function in overall and relieve the pain in back and lumbago. The herbal medicine that possess  
24 activity of replenishing kidney are often shown to have estrogen-like, antioxidant activity or  
25 regulating the function of hypothalamus-pituitary axis to enhance the estrogen level in serum,

1 and the herbal medicine that reinforce spleen can intensify the effects of tonifying kidney, and  
2 herbal medicine activating blood can help active chemical constituents to arrive at the skeleton  
3 site and regulate bone metabolism. Furthermore, TCM formulas modulate bone metabolism  
4 networks modestly and then alleviate symptom of osteoporosis at low concentration through  
5 exerting synergistic effects of multiple component. Therefore, rationally designed TCM  
6 formula also can be considered as an option for multitarget therapeutic and prophylactic  
7 applications. Development of standardized, synergistic, safe and effective TCM formula with  
8 robust scientific evidence can offer faster and more economical alternatives.

9 Aging, estrogen deficiency, chemical drugs, and decreased mechanical loading may cause  
10 bone loss leading to osteoporosis. The corresponding animal models are respectively castrated  
11 osteoporotic models, osteoporotic models caused by drugs and disused osteoporotic models.  
12 The investigations of TCM formulas on osteoporotic animals focus on osteoporotic rats  
13 induced by ovariectomy, glucocorticoids and retinoic acid, and lack other osteoporotic animal,  
14 such as disuse model. The determined parameters in animal experiments did not reflect the  
15 action characteristic of TCM formulas. Therefore, some novel TCM formulas should be  
16 developed and studied in animal models, such as disuse osteoporotic rats, some specific  
17 parameters that are associated with animal model should be analyzed to highlight the  
18 antiosteoporotic characteristic of TCM formulas.

19 Antiosteoporotic effects of TCM formulas are attributed to active chemical constituents of  
20 their herbs. These active constituents are diverse in chemical structure, including flavonoids,  
21 saponin, lignans and coumarins, and have the potential to be developed as antiosteoporotic  
22 leads. Hence, phytochemicals from TCM formulas and the composition of their herbs is of  
23 great potentials for the development of novel antiosteoporotic drugs. There is some  
24 accumulated evidence of the value of TCM in the treatment of osteoporosis. EXD, a TCM  
25 formula is composed of *Curculigo orchoides* Gaertn. (Rhizome, Hypoxidaceae), *Epimedium*

1 plant (Leaf, Berberidaceae), *Phellodendron chinense* C.K.Schneid (Bark, Rutaceae), *Morinda*  
2 *officinalis* F.C.How (Root, Rubiaceae), *Angelica sinensis* (Oliv.) Diels (Root, Apiaceae),  
3 *Anemarrhena asphodeloides* Bunge (Rhizome, Liliaceae). By investigating the  
4 antiosteoporotic chemical constituents and their interaction relationship, we found that icariin  
5 and icaritin from *Epimedium* leaf has estrogen-like activity and regulatory effects on bone  
6 metabolism; curculigoside from rhizome of *Curculigo orchioides* Gaertn. is an antioxidant and  
7 protective agent for injured osteoblast; berberine from bark of *Phellodendron chinense* is  
8 inhibitor for bone resorption; Timosaponin from rhizome of *Anemarrhena asphodeloides* and  
9 ferulic acid from root of *Angelica sinensis*, respectively are bone anabolic agent. In addition,  
10 root of *Morinda officinalis* contains iridoid glycoside and anthraquinone, which have been  
11 shown to have anti-inflammation and inhibitory effects on bone resorption (Chen et al., 2008).  
12 Taken together, antiosteoporotic TCM formula indeed contains various antiosteoporotic  
13 components, which are likely to act synergistically to decrease bone loss. Thus, combining  
14 these antiosteoporotic chemical constituents (or candidates) in TCM formula may exhibit better  
15 antiosteoporotic effects than the single compounds; this will provide a good starting point for  
16 further research.

17 Compared with chemical drugs, TCM formulas have the advantage of fewer side effects,  
18 are relatively cheap, and suitable for long-term use. A mass of clinical practice and animal  
19 experiment shows that TCM formulas can not only repair bone microarchitecture, increase  
20 bone mass, improve bone biomechanical properties, but also can reduce or eliminate the  
21 lumbar debility, back pain and other symptoms (Yang et al., 2011a; Zhu et al., 2012a). The  
22 single herb medicine that exists in TCM formulas for therapy of osteoporosis often contains  
23 antiosteoporotic compounds, thus screening active compounds from TCM formulas and  
24 determining the composition of the herbal medicine will help to find antiosteoporotic leads or  
25 candidates. The chemical compounds in TCM formulas produce synergistic effects; this may

1 lead to the discovery of antiosteoporotic chemical compounds which can be used in  
2 combination. Therefore, systematic data mining of the existing antiosteoporotic TCM  
3 formulas database can certainly help the drug discovery processes to identify safe candidates  
4 and synergistic formulations.

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## 14 **Declaration of Conflict interest**

15 None of the authors has any conflicts of interest to declare.

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