
SCREENING OF CNS DEPRESSANT ACTIVITY OF A HERBAL EXTRACT

¹Isha Gupta,²Ashwani Tanwar

¹student of lcit school of pharmacy bodri bilaspur c.g.

²Assistant Professor Department of Pharmaceutics lcit school of pharmacy.

Article Received: 9 February 2026

*Corresponding Author: Isha Gupta

Article Revised: 01 March 2026

Student of lcit school of pharmacy bodri bilaspur c.g.

Published on: 21 March 2026

DOI: <https://doi-doi.org/101555/ijrpa.5178>

ABSTRACT

Central nervous system (CNS) depressants are agents that reduce neuronal activity and are commonly used in the management of anxiety, insomnia, and other neurological disorders. However, synthetic CNS depressants are often associated with adverse effects such as dependence, tolerance, and withdrawal symptoms. In recent years, medicinal plants have emerged as potential alternatives due to their safety, availability, and diverse phytochemical composition. The present study focuses on the screening of CNS depressant activity using medicinal plants. Plant extracts are evaluated using standard experimental models such as locomotor activity tests and phenobarbitone-induced sleeping time to assess their sedative and calming effects. The mechanism of action is mainly associated with the enhancement of inhibitory neurotransmission through the gamma-aminobutyric acid (GABA) system. The mechanism of action is mainly associated with the enhancement of inhibitory neurotransmission through the study highlights the importance of medicinal plants as promising sources of safer CNS depressant agents and supports their potential role in the development of new therapeutic drugs for CNS-related.

KEYWORD: CNS depressants, medicinal plants, screening, sedative activity, GABA, herbal drugs.

INTRODUCTION: The central nervous system (CNS) is one of the most important systems of the human body, responsible for controlling and coordinating various physiological and psychological functions such as movement, behavior, sleep, memory, and emotional responses. It consists of the brain and spinal cord, which work together to regulate body

activities and maintain internal balance. Any imbalance or excessive stimulation of the CNS may lead to conditions such as anxiety, insomnia, seizures, and other neurological disorders. To manage these conditions, drugs that can reduce or slow down the activity of the CNS are commonly used, which are known as CNS depressants[1].

CNS depressants are a group of pharmacological agents that decrease neuronal activity, leading to calming effects such as sedation, relaxation, reduced alertness, and induction of sleep. These agents are widely used in clinical practice for the treatment of anxiety disorders, insomnia, epilepsy, muscle spasms, and during surgical procedures as anesthetics. Common classes of synthetic CNS depressants include benzodiazepines, barbiturates, sedative-hypnotics, and certain opioid analgesics[2].

Although these drugs are effective in managing various CNS-related conditions, their prolonged or excessive use is associated with several adverse effects such as drowsiness, impaired coordination, tolerance, dependence, and withdrawal symptoms. In severe cases, they may also cause respiratory depression and coma, which limits their long-term therapeutic use[3].

In recent years, there has been a growing interest in the use of medicinal plants as alternative sources of CNS depressant agents. Medicinal plants have been used since ancient times in traditional systems of medicine such as Ayurveda, Unani, and other herbal practices for the treatment of various neurological and psychological disorders. These plants are considered safer, more affordable, and easily accessible compared to synthetic drugs[4].

They contain a wide range of bioactive compounds known as phytoconstituents, including alkaloids, flavonoids, glycosides, tannins, and terpenoids, which are responsible for their pharmacological activities. Many medicinal plants have been reported to possess sedative, hypnotic, anxiolytic, and anticonvulsant properties. These effects are often attributed to their ability to interact with neurotransmitter systems in the brain, particularly the gammaaminobutyric acid (GABA) system, which plays a key role in inhibitory neurotransmission. By enhancing the activity of GABA or reducing excitatory signals, plant-derived compounds can help in producing a calming effect on the CNS[5].

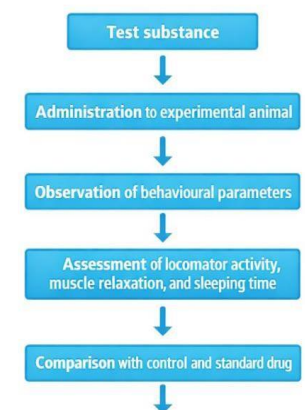


Figure 1: General experimental flow used for the screening of CNS depressant agents.

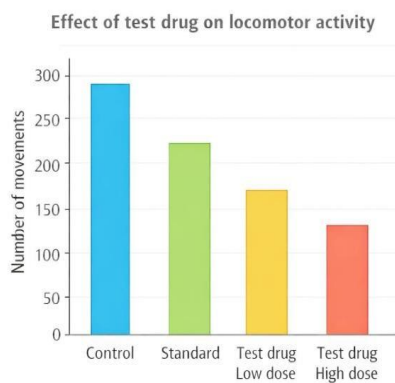


Figure 2: Decrease in locomotor activity after administration of standard and test CNS depressant agents.

The scientific validation of the traditional use of medicinal plants requires systematic pharmacological evaluation. This is achieved through the process of screening, which involves testing the plant extracts for their biological activity using standard experimental methods. Screening of CNS depressant activity typically involves the use of animal models and behavioural tests to assess the effect of plant extracts on the central nervous system. Commonly used methods include locomotor activity tests, open field tests, rotarod tests, and phenobarbitone-induced sleeping time[6].

These methods help in evaluating parameters such as reduction in movement, increase in sleep duration, muscle relaxation, and decreased responsiveness, which are indicative of CNS depressant activity. The use of medicinal plants in CNS research has gained importance due to the increasing prevalence of neurological disorders and the limitations associated with synthetic drugs. There is a continuous need to discover safer and more effective therapeutic agents that can provide relief with minimal side effects. Screening of medicinal plants not only helps in identifying potential CNS depressant agents but also contributes to the development of novel drugs derived from natural sources[7].

LITERATURE REVIEW

1. Sharma et al. (2025):- reported that medicinal plants possess significant CNS depressant activity and have been traditionally used for the management of neurological disorders such as anxiety and insomnia.

2. Gupta et al. (2025):- emphasized the role of herbal medicines in the treatment of CNS disorders. According to their findings, phytoconstituents such as flavonoids and alkaloids

contribute to sedative and anxiolytic effects by influencing neurotransmitter pathways and reducing neuronal excitability.

3. Patel et al. (2023):- investigated the role of plant-derived alkaloids in CNS activity and reported that these compounds exhibit neuroprotective and CNS depressant effects. The study suggested that such phytochemicals could be useful in developing new therapeutic agents with fewer side effects.

4. Kumar et al. (2025):- studied the neuroprotective and CNS depressant effects of medicinal plants and concluded that bioactive compounds such as terpenoids and phenolic compounds play a significant role in producing sedative effects through antioxidant and neurotransmittermodulating mechanisms.

5. Singh et al. (2024):- conducted an experimental study on plant extracts using animal models and observed a significant decrease in locomotor activity and improved sedative effects. The study confirmed the CNS depressant activity of the plant extract when compared with standard drugs like diazepam.

6. Verma et al. (2024):- explained that medicinal plants exert CNS depressant effects mainly through interaction with the GABAergic system and other neurotransmitter pathways. Their findings support the use of herbal drugs as potential alternatives for CNS-related disorders.

7. Mishra et al. (2024):- reported that several medicinal plant extracts exhibit significant CNS depressant activity when evaluated using standard experimental models such as actophotometer phenobarbitone-induced sleeping time.

AIM & OBJECTIVES

Aim:-

1. To evaluate the central nervous system (CNS) depressant activity of medicinal plants using standard pharmacological screening methods.
2. To identify plant-based compounds that exhibit sedative and calming effects on the CNS.
3. To explore safer and effective alternatives to synthetic CNS depressant drugs.
4. To provide scientific validation for the traditional use of medicinal plants in neurological disorders.
5. To investigate the pharmacological potential of medicinal plants for the development of novel CNS depressant agents[8].

OBJECTIVES

1. To study the traditional and pharmacological importance of medicinal plants with CNS depressant potential.
2. To prepare and evaluate extracts of selected medicinal plants for CNS depressant activity.
3. To assess the effect of plant extracts on locomotor activity, motor coordination, and behavioral patterns using standard models.
4. To perform screening using methods such as actophotometer test, rotarod test, and phenobarbitone-induced sleeping time test.
5. To compare the CNS depressant activity of plant extracts with standard drugs like diazepam or phenobarbitone.
6. To determine the dose-dependent effects of the plant extracts.
7. To analyze the results to confirm the presence of CNS depressant activity in the selected medicinal plants[9].

METHODOLOGY/ EXPERIMENTAL DESIGN :-

1. **Collection and Authentication of Plant Material:**-Medicinal plants selected for CNS depressant activity were collected from local areas or herbal gardens. The collected plant materials were shade-dried and coarsely powdered. Botanical identification and authentication of the plants were carried out by a qualified taxonomist.[10].
2. **Preparation of Plant Extract :-**The dried plant powder was subjected to extraction using suitable solvents such as ethanol, methanol, or water[11,12].

Procedure:

- About 50–100 g of powdered plant material was extracted using Soxhlet apparatus or by maceration for 24–48 hours
- The extract was filtered using Whatman filter paper
- The filtrate was concentrated using a rotary evaporator or water bath
- The final extract was stored in an airtight container at 4°C until further use

3. **Experimental Animals:**-Healthy albino mice or rats (20–30 g) were used for the study. The animals were maintained under standard laboratory conditions (temperature 22±2°C, 12-hour light/dark cycle). They were provided with standard feed and water ad libitum. All experimental procedures were conducted in accordance with ethical guidelines[13].

4. **Grouping of Animals:**-The animals were randomly divided into different groups:

- Control group – received normal saline
- Standard group – received a standard CNS depressant drug (e.g., diazepam)
- Test groups – received different doses of plant extract

5. Dose Preparation and Administration:-The plant extract was dissolved or suspended in a suitable vehicle such as distilled water or Tween 80 to prepare the required doses (e.g., 100, 200, and 400 mg/kg).Route of administration: oral (p.o.) or intraperitoneal (i.p.)The standard drug was administered via the same route[14].

Table: 01Summary of Experimental Design.

S.No.	Group	Treatment	Dose(mg)	Method used	Expected Effect
1.	Control	Normal Saline	-	All tests	No CNS depression
2.	Standard	Diazepam	2–5	Rotarod, Sleep test	Strong CNS depressant
3.	Test Group I	Plant Extract (Low dose)	100	Open field, Hole board	Mild reduction in activity
4.	Test Group II	Plant Extract (Medium dose)	200	Rotarod, Sleep test	Moderate CNS depression
5.	Test Group III	Plant Extract (High dose)	400	All tests	Significant CNS depression

6. Screening Methods for CNS Depressant Activity:-

(A) Open Field Test:-Animals were placed in an open field apparatus, and locomotor activity such as movement, rearing, and number of squares crossed was observed. A decrease in locomotor activity indicates CNS depressant activity.[15].

(B) Hole Board Test:-Animals were placed on a hole-board apparatus, and the number of head dips was recorded. A reduction in head dipping behavior suggests CNS depressant effect.

(C) Rotarod Test:-Animals were placed on a rotating rod, and the time taken to fall (fall-off time) was recorded. CNS depressants typically reduce motor coordination, leading to decreased falloff time[16].

(D) Pentobarbital-Induced Sleeping Time Test:-Pentobarbital was administered to induce sleep, and both onset and duration of sleep were recorded. An increase in sleeping time indicates CNS depressant activity of the extract[17].

7. Data Collection and Statistical Analysis:-

The results were expressed as mean \pm SEM (Standard Error of Mean). Statistical analysis was performed using one-way ANOVA followed by Dunnett's test. A value of $p < 0.05$ was considered statistically significant[18].

8. Acute Toxicity Study (Optional but Recommended):-An acute toxicity study was conducted according to OECD guidelines to determine the safe dose range of the plant extract[19].

RESULT

The present study evaluated the CNS depressant activity of the selected herbal plant extract using various behavioral models in experimental animals. The results demonstrated a dosedependent depressant effect on the central nervous system. In the open field test, animals treated with the plant extract showed a significant reduction in locomotor activity, including decreased movement, rearing, and number of squares crossed, as compared to the control group. This reduction was more pronounced at higher doses (200 and 400 mg/kg), indicating a sedative effect.

Similarly, in the hole board test, a marked decrease in head dipping behavior was observed in the extract-treated groups. This suggests reduced exploratory behavior and confirms the CNS depressant potential of the plant extract. In the rotarod test, the fall-off time of animals treated with the extract was significantly decreased compared to the control group, indicating impairment of motor coordination. The effect was comparable to that of the standard drug (diazepam), especially at higher doses.

Furthermore, in the pentobarbital-induced sleeping time test, the plant extract significantly reduced the onset time of sleep and increased the total duration of sleep. This potentiation of pentobarbital-induced hypnosis clearly indicates central nervous system depressant activity. Overall, the findings suggest that the tested herbal extract possesses significant CNS depressant activity, which may be attributed to the presence of active phytoconstituents such as flavonoids, alkaloids, or saponins.

DISCUSSION

The present study was carried out to evaluate the central nervous system (CNS) depressant activity of the selected herbal plant extract using standard experimental models. The findings of the study clearly indicate that the plant extract possesses significant CNS depressant properties. In the open field test, the observed decrease in locomotor activity suggests a reduction in spontaneous motor behavior, which is a characteristic feature of CNS depressant agents. This effect may be due to suppression of excitatory neurotransmission or enhancement of inhibitory pathways in the brain.

The hole board test further supported these findings, as a significant reduction in head dipping behavior was observed. This decrease in exploratory activity indicates a sedative effect of the plant extract, which is commonly associated with CNS depressant drugs. In the rotarod test, the reduced fall-off time reflects impairment in motor coordination and muscle relaxation. These effects are similar to those produced by standard CNS depressants such as benzodiazepines, suggesting that the plant extract may act through similar mechanisms.

Additionally, the pentobarbital-induced sleeping time test showed an increase in sleep duration and a decrease in sleep onset time. This potentiation of pentobarbital-induced hypnosis indicates that the extract may enhance the action of inhibitory neurotransmitters like GABA (gammaaminobutyric acid), which plays a key role in regulating CNS activity. The CNS depressant activity observed in this study may be attributed to the presence of phytoconstituents such as flavonoids, alkaloids, and saponins. These compounds are known to interact with neurotransmitter systems and produce sedative and anxiolytic effects.

Overall, the results and discussion suggest that the selected herbal plant extract has promising CNS depressant potential and may be useful in the management of conditions such as anxiety, insomnia, and other neurological disorders. However, further studies, including isolation of active compounds and clinical trials, are required to confirm its therapeutic efficacy and safety.

CONCLUSION

The present study concludes that the selected herbal plant extract exhibits significant central nervous system (CNS) depressant activity. The extract showed a clear dose-dependent effect in various experimental models, including open field test, hole board test, rotarod test, and pentobarbital-induced sleeping time test. The reduction in locomotor activity, decrease in exploratory behavior, impairment of motor coordination, and prolongation of sleep duration collectively confirm the sedative and depressant effects of the plant extract. These effects

were found to be comparable to the standard drug, indicating its potential pharmacological importance.

The observed activity may be attributed to the presence of bioactive phytoconstituents such as flavonoids, alkaloids, and saponins, which are known to influence neurotransmitter systems in the brain. Therefore, the studied herbal plant may serve as a promising natural source for the development of safe and effective CNS depressant agents.

FUTURE PERSPECTIVE

Although the present study provides significant evidence for CNS depressant activity, further research is required to fully explore its therapeutic potential.

- Isolation and characterization of active phytoconstituents responsible for the activity
 - Detailed mechanism of action studies, especially interaction with GABAergic pathways
 - Chronic toxicity and safety evaluation
 - Clinical trials to establish efficacy in humans
 - Development of standardized herbal formulations
1. Future investigations in these areas may help in the development of novel, plant-based CNS depressant drugs with fewer side effects.
 2. Phytochemical Isolation and Identification: Advanced techniques such as chromatography and spectroscopy should be used to isolate and identify the specific bioactive compounds responsible for CNS depressant activity.
 3. Mechanistic Studies: Detailed studies should be conducted to understand the exact mechanism of action, particularly its interaction with neurotransmitter systems such as GABA, serotonin, and dopamine pathways.
 4. Molecular and Receptor-Level Studies: -Research at the molecular level, including receptor binding studies and gene expression analysis, can provide deeper insight into how the extract exerts its pharmacological effects.
 5. Chronic Toxicity and Safety Evaluation: -Long-term toxicity studies are required to ensure the safety of the plant extract for prolonged use, which is important for therapeutic applications.
 6. Formulation Development: Development of suitable dosage forms such as tablets, capsules, or syrups can improve the stability, bioavailability, and patient compliance of the herbal extract.

7. Standardization of Herbal Extract: Establishing standard protocols for extraction, dose optimization, and quality control is necessary to ensure reproducibility and consistency.
8. Comparative Studies: -Comparative evaluation with existing synthetic CNS depressant drugs can help in determining its relative efficacy and safety profile.
9. Clinical Trials: -Human clinical trials are essential to confirm the pharmacological effects observed in animal studies and to establish its therapeutic potential in conditions like anxiety, insomnia, and epilepsy.
10. Exploration of Synergistic Effects: The plant extract may be studied in combination with other herbal or synthetic drugs to evaluate possible synergistic or additive effects.

REFERENCES:-

1. Rang HP, Dale MM, Ritter JM, Flower RJ. Rang and Dale's Pharmacology. 8th ed. Elsevier; 2016.
2. Brunton LL, Hilal-Dandan R, Knollmann BC. Goodman & Gilman's The Pharmacological Basis of Therapeutics. 13th ed. McGraw-Hill; 2018.
3. Katzung BG. Basic and Clinical Pharmacology. 14th ed. McGraw-Hill; 2018.
4. Kokate CK, Purohit AP, Gokhale SB. Pharmacognosy. 50th ed. Nirali Prakashan; 2019.
5. Khandelwal KR. Practical Pharmacognosy Techniques and Experiments. 23rd ed. Nirali Prakashan; 2015.
6. OECD. Guidelines for the Testing of Chemicals: Acute Oral Toxicity. OECD; 2008.
7. Vogel HG. Drug Discovery and Evaluation: Pharmacological Assays. 3rd ed. Springer; 2008.
8. Trease GE, Evans WC. Pharmacognosy. 16th ed. Saunders Elsevier; 2009.
9. Dhingra D, Valecha R. Evaluation of antidepressant-like activity of Glycyrrhiza glabra root extract. Indian J Pharmacol. 2007;39(2):78–82.
10. Gupta A, Kumar R. Evaluation of CNS depressant activity of herbal extracts in experimental animals. Int J Pharm Sci Res. 2015;6(3):1023–1028.
11. Bhattacharya SK, Satyan KS. Experimental methods for evaluation of psychotropic agents. Indian J Exp Biol. 1997;35(6):565–575.
12. Kulkarni SK. Handbook of Experimental Pharmacology. 3rd ed. Vallabh Prakashan; 2005.
13. Boissier JR, Simon P. The exploratory behaviour in mice as a screening test for sedative drugs. Psychopharmacologies. 1962;3:81–84.

14. Takagi K, Watanabe M, Saito H. Studies on the spontaneous movement of animals. *Jpn J Pharmacol.* 1971;21(6):797–810.
15. File SE, Wardill AG. Validity of head-dipping as a measure of exploration. *Br J Pharmacol.* 1975;55(3):393–396.
16. Dunham NW, Miya TS. A note on a simple apparatus for detecting neurological deficit in rats and mice. *J Am Pharm Assoc.* 1957;46(3):208–209.
17. Turner RA. *Screening Methods in Pharmacology.* Academic Press; 1965.
18. Chatterjee TK. *Handbook of Laboratory Mice and Rats.* 2nd ed. Jadavpur University Press; 1993.
19. Sharma V, Paliwal R. Isolation and characterization of bioactive compounds from medicinal plants. *J Pharmacogn Phytochem.* 2013;2(3):1–5.