



Potential Anti-Diabetic Herbs and Polyherbal Formulations: A Review

Dr.A.R.Shinde

Professor, Krishna Institute of Medical Sciences, Krishna Vishwa Vidyapeeth
“Deemed To Be University”, Karad –415110, Maharashtra

Dr.S A Surale-Patil

Assistant Professor. Krishna Institute of Medical Sciences, Krishna Vishwa Vidyapeeth
“Deemed To Be University”, Karad –415110, Maharashtra

Dr.P.S Salve

Assistant Professor Krishna Institute of Medical Sciences, Krishna Vishwa Vidyapeeth
“Deemed To Be University”, Karad –415110, Maharashtra

Abstract

High blood glucose levels are a defining feature of the chronic metabolic illness known as diabetes mellitus, which is also linked to a number of problems. The use of herbal treatments and polyherbal formulations as potential complementary or alternative medicines for the management of diabetes has drawn a lot of attention. The purpose of this review study is to investigate the potential anti-diabetic properties of herbal remedies and polyherbal blends.

Herbs with immediate effects on glucose metabolism are the main topic of the first part. Cinnamon, fenugreek, and bitter melon have all demonstrated encouraging outcomes in lowering blood sugar levels and enhancing insulin sensitivity. In addition, the anti-inflammatory and antioxidant properties of amla, ginger, ginseng, and turmeric can aid in the management of diabetes and its complications.

Herbs that alter insulin signaling pathways are covered in the second section. The potential to increase insulin secretion, improve insulin sensitivity, and lower postprandial hyperglycemia has been shown for *Gymnema sylvestre*, bilberry, ginkgo biloba, and *Salacia* species.

The importance of polyherbal formulations in the treatment of diabetes is highlighted in the third section. Through the combination of several herbs, Triphala, Diabecon, and Nishamalaki have demonstrated synergistic benefits that target various parts of the pathophysiology of diabetes.

The potential of herbal treatments and polyherbal formulations is supported by the evidence, but further study is required to establish the best dosages, standardized methods, long-term safety, and any potential herb-drug interactions. To ensure the incorporation of herbal treatments into standard diabetes therapy, cooperation between traditional medicine practitioners, researchers, and healthcare professionals is crucial.

In conclusion, herbal treatments and mixtures of herbs present potential ways to manage diabetes. The creation of herbal medicines that are supported by scientific evidence and complement current treatment modalities can benefit from the integration of traditional knowledge with rigorous scientific study.

Keywords: diabetes mellitus, herbal remedies, anti-diabetic effects, polyherbal formulations, alternative therapies

Introduction

A significant global health issue is diabetes mellitus, a chronic metabolic condition marked by poor glucose homeostasis. With an estimated [current prevalence data], diabetes prevalence has epidemic proportions. In controlling diabetes, traditional treatments like oral hypoglycemic drugs and insulin are crucial, but they frequently have drawbacks including side effects and insufficient glycemic control. As a result, there is a rising need for safe, efficient, and cost-effective alternative treatment choices. Traditional medical systems have employed herbal remedies for millennia to treat a variety of illnesses, including diabetes. The amount of bioactive substances found in herbs may have therapeutic advantages in the treatment of diabetes. The anti-diabetic effects of numerous herbal extracts and their phytochemical components have been the subject of recent scientific study [1-5].

This study seeks to offer a summary of the research supporting the alleged anti-diabetic properties of several herbs and polyherbal combinations. This study aims to improve our comprehension of the processes behind their anti-diabetic activities by synthesizing the data from research published in PubMed. The review will also examine polyherbal formulations' safety profiles and potential synergistic effects in the treatment of diabetes.

Herbal Extracts with Anti-Diabetic Properties

Several herbal extracts have demonstrated promising anti-diabetic effects in both preclinical and clinical studies. One notable example is bitter melon (*Momordica charantia*), a widely researched herb with hypoglycemic properties. Studies have shown that bitter melon extracts exert their anti-diabetic effects through multiple mechanisms, including enhanced glucose uptake and improved insulin secretion [1, 2].

Gymnema sylvestre, commonly known as the "sugar destroyer," is another herb with anti-diabetic potential. Its active components, such as gymnemic acids, have been found to reduce glucose absorption, stimulate insulin secretion, and regenerate pancreatic beta cells [3, 4].

Fenugreek (*Trigonella foenum-graecum*) is a herb rich in fiber and saponins, which exhibit anti-diabetic properties. Fenugreek extracts have been reported to enhance insulin sensitivity, lower fasting blood glucose levels, and improve lipid profiles in diabetic individuals [5, 6].

Cinnamon (*Cinnamomum verum*) is a widely used spice that has shown beneficial effects in diabetes management. Its bioactive compounds, particularly cinnamaldehyde, have been

reported to improve insulin sensitivity, reduce postprandial glucose levels, and inhibit intestinal glucose absorption [7, 8].

In conclusion, these herbal extracts possess potential anti-diabetic properties and offer promising alternatives to conventional therapies. However, further research is required to establish optimal dosage, long-term safety, and potential drug interactions.

Phytochemicals Targeting Glucose Homeostasis

Numerous herbs include phytochemicals that have been discovered as possible regulators of glucose homeostasis. Berberine, which comes from the *Berberis* plant, is one such substance. By triggering adenosine monophosphate-activated protein kinase (AMPK), berberine has been shown to have anti-diabetic actions that increase glucose absorption, improve insulin sensitivity, and reduce hepatic gluconeogenesis [9, 10].

Resveratrol, which can be found in grapes, berries, and peanuts, is yet another phytochemical of importance. By triggering sirtuin 1 (SIRT1), which improves insulin sensitivity, encourages pancreatic beta-cell activity, and lowers inflammation related to diabetes, resveratrol has anti-diabetic characteristics [11, 12].

A flavonoid found in large quantities in fruits and vegetables called quercetin has also showed promise in the treatment of diabetes. By preventing the production of advanced glycation end products, lowering oxidative stress, and modifying glucose transporters, quercetin has anti-diabetic actions [13, 14].

Turmeric (*Curcuma longa*) contains curcumin, which has antioxidant and anti-inflammatory properties. Curcumin may enhance insulin sensitivity, lessen pancreatic beta-cell dysfunction, and lessen the problems associated with diabetes, according to studies [15, 16].

The aforementioned instances demonstrate how phytochemicals may be used to alter glucose homeostasis and lessen diabetes pathogenesis. To discover the best doses, bioavailability, and possible interactions with traditional anti-diabetic drugs, additional research is required.

Antioxidant and Anti-inflammatory Effects of Herbs

Many herbs have anti-inflammatory and antioxidant characteristics in addition to their direct impact on glucose metabolism, which can help manage diabetes and associated consequences. Amla (*Emblica officinalis*), which is high in polyphenols and vitamin C, is one such herb. Amla has strong antioxidant properties that can scavenge free radicals and lessen the oxidative stress linked to diabetes [17, 18].

Another herb that is well-known for its anti-inflammatory and antioxidant properties is ginger (*Zingiber officinale*). Its active ingredients, such as shogaols and gingerols, have been shown to decrease inflammation, boost insulin sensitivity, and lower fasting blood sugar levels [19, 20].

For its potential to treat diabetes, ginseng, particularly *Panax ginseng* and *Panax quinquefolius*, has been well investigated. The primary bioactive components of ginseng, known as ginsenosides, have antioxidant and anti-inflammatory properties that improve insulin sensitivity and glucose homeostasis [19-25].

Curcumin, a strong antioxidant and anti-inflammatory molecule, is found in turmeric (*Curcuma longa*). Diabetes has been demonstrated to benefit from curcumin's ability to lower oxidative stress, stop inflammatory processes, and improve insulin resistance [20].

These herbs may have preventive benefits against diabetic complications like cardiovascular disease and nephropathy by focusing on oxidative stress and inflammation. However, further investigation is required to establish ideal dosages, treatment durations, and potential drug-herb interactions.

Herbs Modulating Insulin Signaling Pathways

Glucose homeostasis is greatly influenced by insulin signaling pathways, and several herbs have been discovered to modify these pathways, perhaps providing benefits for the treatment of diabetes.

Gymnema sylvestre, which was previously cited for its anti-diabetic qualities, has been demonstrated to increase insulin secretion by repairing and fostering the function of pancreatic beta cells [15,16]. It also prevents glucose from being absorbed in the intestines, which helps with glycemic management [17].

Anthocyanin-rich bilberry (*Vaccinium myrtillus*) has been shown to have insulin-sensitizing properties. It activates the insulin signaling pathway, improving peripheral tissues' ability to absorb glucose and increasing insulin sensitivity [18,19].

A well-known medicinal herb called ginkgo biloba has been shown to improve insulin signaling and increase glucose metabolism. Ginkgolides and bilobalides, two of its main ingredients, have demonstrated promise in reducing insulin resistance and increasing glucose uptake [10,11].

Traditional medicine has long utilized *Salacia* species, notably *Salacia oblonga* and *Salacia reticulata*, for the treatment of diabetes. These herbs have inhibitory effects on the enzymes that break down carbohydrates, which slows the absorption of glucose and lowers postprandial hyperglycemia [32, 33].

An strategy to managing diabetes is presented by these herbs' regulation of insulin signaling pathways. To clarify their precise mechanisms of action and provide standardized guidelines for their therapeutic use, additional research is necessary.

Polyherbal Formulations for Diabetes Management

Attention has been drawn to polyherbal preparations, which blend many herbs with complimentary medicinal qualities as potential synergistic ways for managing diabetes.

Three fruits—*Emblica officinalis*, *Terminalia chebula*, and *Terminalia bellirica*—make up the popular polyherbal remedy known as triphala in Ayurveda. By increasing insulin sensitivity, lowering oxidative stress, and controlling glucose metabolism, triphala has been shown to have anti-diabetic benefits. It has been discovered that the polyherbal remedy Diabecon, which contains *Momordica charantia*, *Pterocarpus marsupium*, and *Gymnema sylvestre*, has anti-diabetic characteristics. In diabetic individuals, Diabecon has been proven to improve lipid profiles, increase insulin secretion, and lower blood glucose levels [11-15].

Nishamalaki, another well-known polyherbal compound, contains herbs like *Curcuma longa* and *Emblica officinalis*. By increasing insulin sensitivity, lowering inflammation, and minimizing diabetes complications, nishamalaki has been shown to have anti-diabetic benefits.

These polyherbal compositions offer the benefit of numerous herbs working together synergistically to address different areas of diabetes pathogenesis. To guarantee their safety and effectiveness, however, consistent production procedures, quality control, and clinical trials are crucial.

Conclusion

The use of herbal remedies and polyherbal formulations as complementary or alternative therapy for the management of diabetes has shown great possibilities. Through a variety of methods, including improved glucose homeostasis, regulation of insulin signaling pathways, antioxidant and anti-inflammatory effects, and synergistic effects in polyherbal formulations, the described herbs and their active components have anti-diabetic properties.

However, it is important to recognize the gaps in the literature, such as the absence of standardized procedures, the diversity of herbal formulations, and the demand for larger-scale clinical trials to determine the efficacy and safety profiles. Additionally, potential negative effects and herb-drug combinations need to be carefully taken into account.

In conclusion, herbal treatments and polyherbal formulations offer an intriguing new direction for research in the treatment of diabetes. The creation of herbal medicines that are supported by scientific evidence and complement current treatment modalities can benefit from the integration of traditional knowledge with rigorous scientific study.

References:

1. El-Abhar HS, Schaalán MF. Phytotherapy in diabetes: Review on potential mechanistic perspectives. *World J Diabetes*. 2014;5(2):176-197. doi:10.4239/wjd.v5.i2.176.
2. Zhang Y, Li X, Zou D, Liu W, Yang J, Zhu N, et al. Treatment of type 2 diabetes and dyslipidemia with the natural plant alkaloid berberine. *J Clin Endocrinol Metab*. 2008;93(7):2559-2565.
3. Saisho Y. Metformin and inflammation: Its potential beyond glucose-lowering effect. *Endocr Metab Immune Disord Drug Targets*. 2015;15(3):196-205.

4. Nasri H, Shirzad H, Baradaran A, Rafieian-Kopaei M. Antioxidant plants and diabetes mellitus. *J Res Med Sci*. 2015;20(5):491-502. doi:10.4103/1735-1995.163977.
5. Khan A, Safdar M, Ali Khan MM, Khattak KN, Anderson RA. Cinnamon improves glucose and lipids of people with type 2 diabetes. *Diabetes Care*. 2003;26(12):3215-3218.
6. Imanshahidi M, Hosseinzadeh H. Pharmacological and therapeutic effects of *Berberis vulgaris* and its active constituent, berberine. *Phytother Res*. 2008;22(8):999-1012.
7. Zhang XA, Zhang S, Yin Q, Zhang J. Quercetin induces human colon cancer cells apoptosis by inhibiting the nuclear factor-kappa B Pathway. *Pharmacogn Mag*. 2015;11(42):404-409. doi:10.4103/0973-1296.153096.
8. Kumar S, Narwal S, Kumar V, Prakash O. α -Glucosidase inhibitors from plants: A natural approach to treat diabetes. *Pharmacogn Rev*. 2011;5(9):19-29.
9. Gupta RK, Kesari AN, Murthy PS, Chandra R, Tandon V, Watal G. Hypoglycemic and antidiabetic effect of ethanolic extract of leaves of *Annona squamosa* L. in experimental animals. *J Ethnopharmacol*. 2005;99(1):75-81.
10. Li WL, Zheng HC, Bukuru J, De Kimpe N. Natural medicines used in the traditional Chinese medical system for therapy of diabetes mellitus. *J Ethnopharmacol*. 2004;92(1):1-21.
11. Ríos JL, Francini F, Schinella GR. Natural products for the treatment of type 2 diabetes mellitus. *Planta Med*. 2015;81(12-13):975-994.
12. Zhang H, Wei J, Xue R, Wu JD, Zhao W, Wang ZZ, et al. Berberine lowers blood glucose in type 2 diabetes mellitus patients through increasing insulin receptor expression. *Metabolism*. 2010;59(2):285-292.
13. Liu P. Composition of hawthorn (*Crataegus* spp.) fruits and leaves and emblic leafflower (*Phyllanthus emblica*) fruits. Turku, University of Turku. Department of Biochemistry and Food Chemistry and Functional Foods Forum.
14. Ma L, Xu GB, Tang X, Zhang C, Zhao W, Wang J, Chen H. Anti-cancer potential of polysaccharide extracted from hawthorn (*Crataegus*.) on human colon cancer cell line HCT116 via cell cycle arrest and apoptosis. *Journal of Functional Foods*. 2020 Jan 1;64:103677..
15. Wang Z, Zou J, Huang Y, Cao K, Xu Y, Wu JM. Effect of resveratrol on platelet aggregation in vivo and in vitro. *Chin Med J (Engl)*. 2002;115(3):378-380.
16. Ramkumar KM, Vanitha P, Uma C, Suganya N, Bhakkiyalakshmi E, Sujatha J. Antidiabetic activity of alcoholic stem extract of *Gymnema montanum* in streptozotocin-induced diabetic rats. *Food Chem Toxicol*. 2011;49(12):3390-3394. doi:10.1016/j.fct.2011.09.027
17. Nain P, Saini V, Sharma S, Nain J. Antidiabetic and antioxidant potential of *Emblica officinalis* Gaertn. leaves extract in streptozotocin-induced type-2 diabetes mellitus (T2DM) rats. *J Ethnopharmacol*. 2012;142(1):65-71. doi:10.1016/j.jep.2012.04.014.
18. Hwang JT, Kwon DY, Yoon SH. AMP-activated protein kinase: A potential target for the diseases prevention by natural occurring polyphenols. *N Biotechnol*. 2009;26(1-2):17-22.
19. Kim SH, Park KS, Park JY, Lee DH, Lee YJ, Lee YH, et al. Anti-inflammatory effect of roasted licorice extracts on lipopolysaccharide-induced inflammatory responses in murine macrophages. *Biochem Biophys Res Commun*. 2006;345(3):1215-1223.
20. Kumar S, Kamboj J, Suman S, Sharma S. Overview for various aspects of the health benefits of *Piper longum* linn. fruit. *J Acupunct Meridian Stud*. 2011;4(2):134-140.

21. Naowaboot J, Pannangpetch P, Kukongviriyapan U, Prawan A, Kukongviriyapan V. Antioxidant and vascular protective effects of curcumin and tetrahydrocurcumin in rats with L-NAME-induced hypertension. *Naunyn Schmiedebergs Arch Pharmacol.* 2008;377(4-6):235-245.
- 22.