A Review on Some Potential Traditional Phytomedicine with Antidiabetic Properties

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Abstract: Diabetes is a chronic carbohydrate, lipid, and protein metabolic condition characterised by elevated fasting and postprandial blood sugar levels. The global prevalence of diabetes is expected to rise from 4% in 1995 to 5.4% by 2025. According to WHO, the majority of the burden will fall on underdeveloped countries. Plants have been used as a source of medicine since prehistoric times. Plants are mentioned in Ayurveda and other Indian literature as being used in the treatment of many human illnesses. There are over 45000 plant species in India, and thousands of them have been claimed to have therapeutic characteristics. In recent decades, research on plants described in ancient literature or used historically for diabetes has revealed anti-diabetic properties.

Keywords:
Diabetes, Hypoglycemic medications, Traditional medicine, Prehistoric.
1. Introduction:

Due to its natural origins and absence of side effects, herbal therapy has increased rapidly in popularity in recent years, and both developed and developing nations are beginning to turn to these remedies. Medicinal plants, minerals, and organic materials are the source of many widely used traditional treatments.

Indian traditional health care systems use herbal remedies that contain a variety of medicinal herbs known as rasayana, which have been used for over a millennium. The majority of medical professionals in Indian systems create and administer their own formulae. 21,000 plants are known to be utilized therapeutically worldwide, according to the World Health Organization (WHO). Of the 2500 species found in India, 150 are employed on a reasonably large commercial scale. The world's largest country is India. India is the world’s largest producer of medicinal herbs and is known as the botanical garden.

2. Historical Context:

Herbal medication with curative and restorative properties is known as phytomedicine. Since the beginning of human society, it has existed. Phytomedicine is the study of treatments based on plants. Although there are around 420,000 plant species on our globe, little is known about them and their many uses. Herbal preparations and products find widespread application in three primary sectors: food (foodstuffs); medicine (traditional and folk treatments); and research (phytochemical studies). The World Health Organization (WHO) states that herbal medicines are among the most sought-after primary health care services for between 3.5 and 4 billion people worldwide. A large percentage of traditional medicine uses decoctions and medicines made from plant extracts, which are sometimes referred to as "modern herbal medicine."

3. Role of Phytomedicine in Diabetes:

3.1 Diabetes:

In India, the number of adults with diabetes is thought to be over 33 million. By 2025, this figure is probably going to rise to 57.2 million. A complex metabolic condition known as diabetes mellitus is caused by either inadequate or dysfunctional insulin. Because there are insufficient beta cells, type I diabetes (insulin dependent) is brought on by inadequate insulin production. As a result, those who have it are fully dependent on exogenous sources of insulin, as opposed to those who have Type II diabetes, which is insulin independent and can be managed with dietary changes, exercise, and medication. 90% of people with diabetes have type II diabetes, which is the more prevalent type A.

3.2 Both forms of diabetes can cause the following symptoms:

- Blood sugar levels that are abnormally high,
- Unusual thirst,
- Frequent urination,
- Severe hunger and weight loss,
- Impaired vision,
- Nausea and vomiting,
- Extreme weakness and exhaustion
- Irritability,
- Mood swings, etc.

Experimental evidence points to the role of free radicals in the pathogenesis of diabetes and, more crucially, in the emergence of
diabetic complications, even though the pathophysiology of diabetes is still not fully understood. Free radicals can affect the way that cells function by harming proteins, lipids, DNA, and other biological components. Numerous recent research have shown that free radical-neutralizing antioxidants can prevent experimentally generated diabetes in animal models as well as lessen the severity of diabetic sequelae. Risk factors for type 1 diabetes are not as clear as for prediabetes and type 2 diabetes. Known risk factors include:

- Family history: Having a parent, brother, or sister with type 1 diabetes.
- Age: You can get type 1 diabetes at any age, but it usually develops in children, teens, or young adults.

In the United States, White people are more likely to develop type 1 diabetes than African American and Hispanic or Latino people. Currently, no one knows how to prevent type 1 diabetes.

4.2 Type 2 diabetes:

- Have prediabetes.
- Are overweight.
- Are 45 years or older.
- Have a parent, brother, or sister with type 2 diabetes.
- Are physically active less than 3 times a week.
- Have ever had gestational diabetes (diabetes during pregnancy) or given birth to a baby who weighed over 9 pounds.

Are an African American, Hispanic or Latino, American Indian, or Alaska Native person. Some Pacific Islanders and Asian American people are also at higher risk. If you have non-alcoholic fatty liver disease you may also be at risk for type 2 diabetes. You can prevent or delay type 2 diabetes with proven lifestyle changes. These include losing weight if you’re overweight, eating a healthy diet, and getting regular physical activity.

5. Phytoproducts Used in Treatment of Diabetes:

Phytomedicine are being looked up for the treatment of diabetes. Numerous conventional medications have been created using prototype molecules in medicine plants. One effective oral glucose-lowering medication is metformin. The usage of Galega officinalis to treat diabetes served as the foundation for its development. Galega officinalis has a lot of guanidine, a substance that lowers blood sugar. The alkyl biguanides synthalin A and synthalin B were initially offered as oral anti-diabetic medications in Europe in the 1920s but were later withdrawn as insulin became more widely available because guanidine is too toxic for therapeutic usage. However, the development of metformin was influenced by the use of guanidine and biguanides. More than 400 conventional plant remedies for diabetes have been documented to date, but only a tiny portion of these have undergone scientific and medical evaluation to determine their usefulness recent reviews and studies.

Some herbal extracts have been shown to have hypoglycemic effects in type 2 diabetes models in both humans and animals. The World Health Organization’s Expert Committee on Diabetes has advised greater research into traditional medicinal herbs. Lack of scientific and clinical evidence demonstrating herbal medicine’s efficacy
and safety is a major barrier to its incorporation into current medical practices. Clinical studies on herbal medicines are required, as are the creation of straightforward bioassays for biological standardisation, pharmacological and toxicological evaluation, and the creation of numerous animal models for testing toxicity and safety. Establishing the active component(s) from these plant extracts is also crucial.\textsuperscript{15}

6. Researches:

In the past thirty years, numerous evaluations on plants that were tested for hypoglycemic action in India and other countries have been published. In the most recent months, two thorough reviews based on a global literature study of 150 plants and 343 plants from various international locations. In recent years, scientists and laypeople alike have become more interested in certain plants, including \textit{Allium cepa} (onion, piyaj), \textit{Allium sativum} (garlic, lasun), \textit{Momordica charantia} (bitter gourd, karela), \textit{Gymema sylvestre} (Gurmar), \textit{Pterocarpus marsupium} (Vijay-) sar, etc. Water extracts or alcoholic extracts of the plants have often been tested in animal research. Several research have looked into the hypoglycemic potential of plant active ingredients. Over the course of several decades, a systematic screening programme of plants available in India.

Only 11 plants had positive hypoglycemic action reported by the Central Drug Research Institute (CDRI), Lucknow (India) in October 1989, and none of them were deemed encouraging enough to be pursued for further research. Glycosides, alkaloids, glycans, triterpenes, mucilages, polysaccharides, oils, vitamins, saponins, glycoproteins, peptides, amino acids, and proteins are a few of the main chemical components of plants that are credited with having hypoglycemic activity. Recently, reports on up to 20 plant mucilages with hypoglycemic action were reviewed. Among these, mucilages isolated from Malavaceous plants that exhibit hypoglycemic activity have been discovered to have highly interesting chemical structures related to a trisaccharide structural unit, offering fascinating leads on structure-activity relationships.\textsuperscript{16}

Animal models used for pharmacological screening for hypoglycemia action include normal, fasting rats and rabbits; rabbits treated with alloxan; Adrenaline, corticosterone, somatotropin, streptozotocin, and pancreatectomy all cause hyperglycemia in rats. Diverse groups of Indian researchers have reported conflicting results on plants including Momordica charantia and Pterocarpus mar sup um. In the majority of research, M. Charantia has demonstrated hypoglycemic action. Thus, M. Charantia seeds proved hypoglycemic in streptozotocin-induced diabetes in rabbits in normal rabbits, while the fruit of this plant demonstrated hypoglycemic effect in normal & alloxan-induced diabetic rabbits.\textsuperscript{17}

Table 1: Some important examples of potential anti diabetic phytomedicine\textsuperscript{18-34}
Table 2: The list of potential hypoglycemic plant families, scientific name of the plant, route of administration, animal used, dose, active ingredient and their effects.

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Botanical Name</th>
<th>Family</th>
<th>Ethnobotanical uses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Acacia arabia</td>
<td>Mimosae</td>
<td>Seeds</td>
</tr>
<tr>
<td>2</td>
<td>Azadirachta indica</td>
<td>Meliaceae</td>
<td>hypoglycemic</td>
</tr>
<tr>
<td>3</td>
<td>Bombax ceiba L.</td>
<td>Bombacaceae</td>
<td>Leaves anti diabetic</td>
</tr>
<tr>
<td>4</td>
<td>Brassica juncea</td>
<td>Fabaceae</td>
<td>Seed powder</td>
</tr>
<tr>
<td>5</td>
<td>Coccinia indica</td>
<td>Moraceae</td>
<td>with goat’s milk</td>
</tr>
<tr>
<td>6</td>
<td>Erythrina americana</td>
<td>Malravaceae</td>
<td>is taken</td>
</tr>
<tr>
<td>7</td>
<td>Gymnema sylvestre</td>
<td>Convolvulaceae</td>
<td>Leaf / Fruit</td>
</tr>
<tr>
<td>8</td>
<td>Hibiscus rosa-sinensis</td>
<td>Lamiaceae</td>
<td>decociton is taken topically</td>
</tr>
<tr>
<td>9</td>
<td>Ipomoea batatas</td>
<td>Solanaceae</td>
<td>Leaves</td>
</tr>
<tr>
<td>10</td>
<td>Jatropha gossypifera</td>
<td>Euphorbiaceae</td>
<td>consumed to</td>
</tr>
<tr>
<td>11</td>
<td>Lantana camara</td>
<td>Verbenaceae</td>
<td>treat diabetics.</td>
</tr>
<tr>
<td>12</td>
<td>Mangifera indica</td>
<td>Anacardiaceae</td>
<td>Fruits taken to</td>
</tr>
<tr>
<td>13</td>
<td>Nelumbo nucifera</td>
<td>Nymphiaceae</td>
<td>treat diabetics.</td>
</tr>
<tr>
<td>14</td>
<td>Ocimum sanctum</td>
<td>Moracneae</td>
<td>Leaf made to</td>
</tr>
<tr>
<td>15</td>
<td>Punica granatum</td>
<td>Myrtaceae</td>
<td>juice and taken orally</td>
</tr>
</tbody>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Chenopodium odisiacae (Beta vulgaris var. Cicla L.)</td>
<td>Chenopodiaceae</td>
<td>Oral</td>
</tr>
<tr>
<td>2</td>
<td>Streptozocin- diabeticae rats.</td>
<td>0.5, 2 and</td>
<td>Betavulgarosides I, II, III, IV, VI, VII, VIII oleanolic acid oligoglycosides</td>
</tr>
<tr>
<td>3</td>
<td>Apocynum (Rhazya stricta)</td>
<td>Apocynaceae</td>
<td>Oral</td>
</tr>
<tr>
<td>4</td>
<td>Adrenaline- induce</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Araliaeae (Ginseng Radix)</td>
<td>Araliaceae</td>
<td>Oral</td>
</tr>
<tr>
<td>6</td>
<td>Wistar rats</td>
<td>100</td>
<td>Ginseng polypeptide</td>
</tr>
<tr>
<td>7</td>
<td>Mangifera indica</td>
<td>Anacardiaceae</td>
<td>Oral</td>
</tr>
<tr>
<td>8</td>
<td>Male swiss mice</td>
<td>150 mg/kg</td>
<td>Mangiferin, sucrose Xylose, flavonoid al tannins</td>
</tr>
<tr>
<td>9</td>
<td>Acanthaceae (Asteracantha longifolia)</td>
<td>Acanthaceae</td>
<td>Oral</td>
</tr>
<tr>
<td>10</td>
<td>Alloxan- induce</td>
<td></td>
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<td>12</td>
<td>Alloxan- induce</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Ginseng polypeptide</td>
<td>200 mg/kg</td>
<td>Improve the glucose tolerance</td>
</tr>
<tr>
<td>14</td>
<td>Improve glucose Tolerance in healthy human subjects and</td>
<td>200 mg/kg</td>
<td>Improve glucose Tolerance in healthy human subjects and</td>
</tr>
</tbody>
</table>
7. Conclusion:
Diabetes is a long-term condition of the metabolism of carbohydrates, fats, and proteins marked by elevated fasting and postprandial blood sugar levels. According to estimates, the prevalence of diabetes will rise from 4% in 1995 to 5.4% by 2025. According to WHO, developing nations will bear the majority of the burden. Studies carried out in India over the past ten years have shown that not only is the prevalence of diabetes high, but it is also rising quickly among urban residents. An estimated 33 million persons in India have diabetes, according to estimates. By 2025, this figure is probably going to rise to 57.2 million. Once more, Phytomedicine is being researched for the treatment of diabetes. Many traditional medications have been created using chemicals that originated in medicinal plants. We think that both scholars and practitioners will find the list of medicinally significant families and plants offered in this review to be helpful.

8. Reference
13. Shrotri DS, Kelkar M, Deshmukh VK, Aiman R. Investigations of the Hypo-Glycemic Properties of Vinca rosea, Cassia auriculata and...


