

Review Article

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Plant kingdom Nutraceuticals for diabetes

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ABSTRACT

Recent years witnessed an upsurge in the use of nutraceuticals, nutritionals and naturals in therapeutics at global level. Conventional treatment options available as synthetic drugs does not meet properly the therapeutic needs for treating diabetes and the herbal remedies provide a better therapeutic hope with lesser side effects. Nutraceuticals are non-specific biological therapies including botanicals, vitamins, anti-oxidants, minerals, amino acids and fatty acids, which are used to promote wellness, prevent malignant processes and control symptoms. Nutraceutical agents have multidimensional therapeutic benefits and have been claimed to have effective disease preventing, curative and health promotive virtues. Present review focuses on the plant kingdom claims as nutraceuticals for diabetes.

Keywords: Ayurveda, Anti-diabetic drugs, Diabetes mellitus, Herbal medicine, Natural products, Nutraceuticals.

INTRODUCTION

Disorderly lifestyle of humans due to the industrial age, mechanistic life, fast track lifestyle, longer work schedules, and various psychological pressures, aloofness from nature and natural products, which have led to an increased incidence of metabolic disorders (diabetes, obesity), cancers, vascular diseases, and psychological disorders. The domain of metabolic disorders including diabetes is in urgent need of safe preventive and therapeutic modalities. Some of the plant based foods that we come across everyday have plenty of nutritional value. We need to ensure that the message is passed on to the public. Thorough scrutiny of Ayurveda classical texts revealed a good number of plants for the cure of diabetes that possess multiple phytoconsituents acting as bodily supplements. Various herbs/herbal parts have been investigated for anti-diabetic potential so far. However, the key hindrance associated with polyherbal formulations is lack of scientific evidences to decode their pharmacological effects and possible mode of action.

Earlier reports revealed that more than 50% of diabetes sufferers rely on complementary and alternative medicine as effective strategy to manage their diabetes. People are now more concerned towards searching the nutraceutical solutions for diabetes. ^[1] The commonly used antidiabetic Ayurvedic herbal options need to be re-evaluated from this perspective. Considering all these, present attempt has been made to thoroughly screen the available literature and investigate the herbal nutraceutical options to manage diabetes and related complications.

Methodology

Published information from several articles, of which few review articles and cross references thereof were collected. Recent developments in research on neuropsychiatric and neurodegenerative disorders, covering available records and articles in Pubmed, Scopemed, Dhara online and other allied databases covering fields of pharmacology, biomedicine and health were also rationally reviewed and taken into study for the report. The search criteria were restricted to the roles of plants as nutraceuticals in diabetes, by probing the contemporary and Ayurvedic claims in this regard.

Recent upsurge in concept of Nutraceuticals

In current era, people are frustrated with unsafe synthetic pharmacological agents and deeply concerned about how to maintain their health with safer and effective natural products; thus turning their attention

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towards dietary supplements, nutrional therapy, phytotherapy and nutraceuticals. Nutraceuticals (Nutrients+Pharmaceuticals) are non-specific biological therapies used to promote wellness, prevent malignant processes and control symptoms. They are categorized as follows based on their chemical constituents (a) Nutrients (vitamins, minerals, Amino acids, etc.) (b) Ayurvedic Herbs or botanicals (c) Dietary supplements (probiotics, prebiotics, antioxidants, enzymes).^[2]

Nutraceuticals refer to natural functional/medical foods or bioactive phytochemicals that are health-promoting, disease-preventive, curative, functional foods and beverages containing specific ingredients (vitamins, lipids, proteins, carbohydrates, minerals, or other necessary nutrients) with health benefits. Dietary supplements provide nutraceuticals in a nonfood matrix (tablet or capsule) at a dosage that exceeds the amount present in normal food. When such nutraceuticals are used for treatment or prevention of disease, they can be coined as drug.

Vegetables, fruits, whole grains, herbs, nuts and seeds contain an abundance of phenolic compounds, terpenoids, sulfur compounds, pigments, and other natural antioxidants which act as compounds for the treatment of various disease conditions.^[6]

Nutraceuticals as therapeutic agents

Studies have highlighted the role of nutraceuticals in several diseases including diabetes. Majority of nutraceutical agents have multidimensional therapeutic benefits and have been claimed to have physiological benefits^[7] or provide protection against various diseases as the following products: Cardiovascular agents, Anti-obese agents, Anti-diabetic agents, Anti-cancer agents, Immune boosters, Substances that manage chronic inflammatory disorders and Formulations to cure degenerative diseases. ^[6]

 Table 1: Herbal nutraceuticals with anti-diabetic potential

Plant Family Plant part Artocarpus integrifolia Linn Moraceae Root barks Abelmoschus esculentus Linn Malvaceae Fruits Leguminosae Seeds Acacia arabica Acacia modesta Wall Fabaceae Leaves Adhatoda zeylanica Nees Acanthaceae Leaves and fruits Aegle marmelos Root bark, fruits and leaves Rutaceae Allium cepa Liliaceae Bulbs Aloe vera Linn Lilliaceae Leaves Alpinia calcarata Rosc Zingiberaceae Rhizomes Alpinia galanga Willd Rhizomes Zingiberaceae Alternanthera sessilis Linn Amarantaceae Whole plant Amaranthaceae Whole plant, oil Amaranthus esculents Ampelodesma mauritanica Durand Poaceae Andrographis paniculata Nees Acanthaceae Roots Leaves Annona squamosa Annonaceae Artemisia pallens Compositeae Aerial parts Biophytum sensitivum Linn Oxalidaceae Leaves Boerhaavia diffusa Linn Nyctagenaceae Aerial parts Bridelia Retusa Spreng Euphorbiaceae Stem barks Caesalpinia bonducella Roxb Caesalpiniaceae Seeds

Antidiabetic claims of Herbs

Diabetes mellitus is a worldwide menace and exponentially growing metabolic disease in India, [8] affecting the lipid and carbohydrate metabolism, [9,10] and affecting the person physically as well as mentally. [11] The knowledge on the heterogeneity of this order is advanced, the need for more appropriate therapy increases. Traditional herbal medicines are used as a safe alternative for conventional hypoglycaemic agents, because synthetic drugs in NIDDM or insulin in IDDM have a limited role to play, and have high risk of drug tolerance, thereby causing a raise in dosage or a change of drug. By virtue of richness in essential phytonutrients, Ayurvedic herbs may help as "potentiators" for these drugs and play a supportive role to maintain the quality of the diabetic life.

There is vast potential of selected medicinal plants from Ayurveda and Indian folkrole medicine. Several works have been attempted by CSIR, ICMR, DBT, and academia on role of herbal nutraceuticals, nutritionals and naturals in metabolic disorders like diabetes. [12-13] Recently, one such formulation (DM-FN02) has been taken up for further drug development. [14]

Moringa oleifera (drumstick) has 25 times more iron than spinach, 17 times more calcium than milk, 15 times more potassium than bananas, 9 times more protein than yogurt, and 10 times more vitamins than carrot." Besides, its richness in these micronutrients, the therapeutic potential of *M. oleifera* leaves in hyperglycemia and dyslipidemia is also reported in several experimental and clinical studies. [15-20]

Aloe vera extract possess compounds such as polysaccharides, anthraquinones and lectins, which have been reported for anti-diabetic activity. The powdered seeds of A. arabica and roots of Caralluma edulis were administered in doses of 2, 3 and 4 g/kg body-weight to normal rabbits induced hypoglycaemic effect by initiating release of insulin of pancreatic β cells. Table 1 enlists various herbal nutraceuticals having anti-diabetic potential. $^{[24,25]}$

Theaceae	Leaves
Flacourtiaceae	Roots
Leguminosae	Flowers
Apocyanacee	Aerial parts
Asteraceae	Leaves
Compositae	Aerial parts
Cucurbitaceae	Fruits
Lauraceae	Stem barks
	Leaves
	Stem barks
	Aerial parts
	Bulbs
	Stems
<u> </u>	Leaves
	Root barks
	Stem barks
Gentiaceae	Whole plant
Myrtaceae	Seeds
Moraceae	Barks
Moraceae	Leaves
Moraceae	Fruits
Apiaceae	Volatile oil
Leguminosae	Roots
_	Whole plant
	Roots
	Whole plant
	Aerial parts
	Barks
	Leaves
	Leaves
1	Leaves
<u> </u>	Roots
	Fruits
Cucurbitaceae	Fruits
Rubiaceae	Fruits
	Leaves
Moraceae	200.00
Moraceae Moraceae	Leaves
Moraceae	Leaves
Moraceae Leguminosae	Leaves Whole plant
Moraceae Leguminosae Rutaceae	Leaves Whole plant Leaves
Moraceae Leguminosae Rutaceae Rubiaceae Labiateae	Leaves Whole plant Leaves Leaves Leaves
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Moraceae Leguminosae Rutaceae Rubiaceae Labiateae Lamiaceae Fabaceae Piperaceae Myrtaceae Fabaceae Puniaceae Rosaceae Celastaceae Fabaceae Dipterocarpaceae Malvaceae	Leaves Whole plant Leaves Leaves Leaves Leaves Barks Leaves Whole plant Wood and barks Whole plants Fruits Leaves Leaves Leaves Leaves Leaves Leaves Leaves
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Role of Flavonoids as Nutraceuticals

The major active nutraceutical ingredients in Ayurvedic herbs are flavonoids. As is typical for phenolic compounds, they have antioxidant, antimicrobial, anti-ulcer, hepatoprotective, anti-inflammatory, anti-diabetic, vasorelaxant, anti-atherosclerotic, anti-thrombogenic, cardioprotective and anti-neoplastic activities in addition to their profound effects on the central nervous system. It suggests their potential role to manage intricate patho-physiology of diabetes and related complications. [26]

Micronutrient supplementation for diabetes

Micronutrients are vitamins, minerals and other compounds that our body needs in small amounts in order to accomplish certain functions and they can help to regulate metabolism, to convert sugars and other carbohydrates in your diet into energy.

Various vitamins and micronutrients having significant role in treatment of diabetes are supplemented by Ayurvedic herbs. Some key reported nutraceuticals acting on diabetes are: Micronutrients (Ca, Zn, Mg, Cr etc.), Alpha Lipoic acid (ALA), Coenzyme Q 10, Amino acids (Glu, Cys), Carnitine, Inositol, Calcium, Vitamins (B12, C, D, E, H), Vanadium, etc.^[25]

Plants such as Tinospora cordifolia, [27] Embilica officinalis, Aloe vera, Momordica charantia, Eugenia jambolana etc provide essential mineral supplements for diabetes such as chromium, manganese, magnesium, and zinc. Ascorbic acid in herbs viz. Amla and Aloe vera is a reducing agent and can reduce in cells by reaction with glutathione, which can be catalyzed by protein disulfide isomerase and glutaredoxins and thereby neutralize reactive oxygen species such as hydrogen peroxide which is known to mediate the glycation-dependent degradation of several proteins and is widely involved in the damage of various β-cells and decreasing the β -cell mass in type-2 diabetes. [28,29] Chromium when administered with biotin resulted in 9.7% reduction in 2-hour glucose level, and 0.54% reduction in HbA1C. [30] Chromium potentiates the action of insulin by increasing insulin receptor-mediated signaling. [31] Chromium increases the number of insulin receptors present in a target tissue and increases the binding of insulin to its and receptors regulates reactions key phosphorylation/dephosphorylation, which turn on and off action. Chromium via the enzyme insulin receptor tyrosine kinase catalyses the phosphorylation in the presence of insulin. Additionally, chromium inhibits tyrosine phosphates, which is responsible for terminating the insulin receptor response. Thus, by both increasing activation and inhibiting termination of insulin receptor-mediated responses, chromium can significantly influence glucose utilization by peripheral tissues and regulate glucose levels. Magnesium is a cofactor in glucose oxidation, and modulates glucose transport across cell membranes. It may increase insulin secretion and/or improve insulin sensitivity/peripheral glucose uptake whereas glucomannan (hydrosoluble fiber) delaying glucose absorption. [32] Manganese, $\mathsf{zinc},^{[28,33]}$ and iron are co-factors for superoxide dismutase (SODs) that catalyse the breakdown of the superoxide anion into oxygen and hydrogen peroxide which further reduce to give water and protect βcells from the toxic effects of reactive oxygen species.

ALA is potent anti-oxidant and has been shown to significantly reduce the symptoms of diabetic neuropathy. In experimental and clinical studies, ALA markedly reduced diabetic pathologies including: Cataract formation, vascular damage and polyneuropathy. [34,35] Nutraceutical agents for improving insulin sensitivity and glycaemic control include α -lipoic acid, vitamins C and E and magnesium. Omega-3 PUFAs (EPA, DHA, linolenic acid), L-arginine and vitamin C could be used for cardiovascular complications. [25]

Calcium and vitamin D supplementation may help to preserve insulin sensitivity and thus help prevent diabetes by suppressing secretion of parathyroid hormone (PTH) because PTH can compromise the insulin sensitivity of adipocytes (and possibly other tissues) by increasing intracellular free calcium. [36,37]

Carnitine helps to break down fatty acids in the body and binds acyl residues, thus, could have role to prevent diabetic ketoacidosis. $^{[38,39]}$ Coenzyme Q10 oxygenates the blood, and could be used in some cases of diabetic retinopathy. $^{[40]}$

Prior to the discovery of insulin, vanadium was used to control blood sugar levels. Few clinical studies on diabetics had confirmed the effectiveness of vanadyl sulphate at a dose of 100 mg/day in improving insulin sensitivity. [41]

Zinc is an essential component for the normal function of more than 100 enzymes involved in digestion, metabolism, and wound healing. Zinc is very important in the synthesis, storage, secretion of insulin as well as in maintaining conformational integrity of insulin in the hexameric form, and thereby improves impaired metabolism. [42]

Though, the effective treatment for diabetes still remain elusive, present review warrants the concomitant use of herbal supplements along with non-pharmacological approaches (Yoga and adopting suitable dietary and lifestyle guidelines)^[43,44] to alleviate the symptoms, prevent complications and improve Quality of life of diabetics.

CONCLUSION

The analysis of documented antidiabetic reports on herbs ascertains their potential preventive, promotive and curative role as antihyperglycemic, improving insulin sensitivity, anti-hyperlipidaemic, antihypertensive, and metabolism regulator. Hundreds of studies on experimental and clinical levels have evaluated and validated the nutraceutical supplementation role of Ayurvedic herbs in diabetes in safer and effective manner. Keeping in view the tremendous antidiabetic supplements at phytoconsituent level having significant antidiabetic pharmacological activities, these herbs possess, they may be utilized to alleviate the symptoms of diabetes and improve the quality of life.

REFERENCES

- Kota SK, Lovelady S. Diabetes: The all-American disease given the rise in diabetes, nutraceutical solutions are in demand. Nutraceuticals World. Available from: http://www.desertharvest. com/physicians/documents/HB-32.pdf [Last accessed on 2004 Jan 10].
- Hathcock J. Dietary supplements: How they are used and regulated. J Nutr 2001;131:1114-7. Dureja H, Kaushik D, Kumar V. Developments in nutraceuticals. Indian J Pharmacol 2003;35:363-72.
- Zeisel SH. Regulation of "nutraceuticals". Science 1999;285:185-6.
 Whitman M. Understanding the perceived need for complementary and alternative nutraceuticals: Lifestyle issues. Clin J Oncol Nurs 2001;5:190-4.
- Brower V. Nutraceuticals: Poised for a healthy slice of the healthcare market? Nat Biotechnol 1998:16:728-31.

- Dzanis DA. Nutraceuticals: Food or drug? The North American Veterinary Conference Publishing Committee, Florida, TNAVC proceedings, 1998. p. 430-1.
- Prabu SL, Suriyaprakash TN, Kumar CD, Kumar SS. Nutraceuticals and their medicinal importance. Int J Health Allied Sci 2012;1:47-53.
- Rajasekaran A, Sivagnanam G, Xavier R. Nutraceuticals as therapeutic agents: A review. Res J Pharm Tech 2008;1:328-40.
- 8. Sharma R, Prajapati PK. Rising risk of type 2 diabetes among inhabitants of Jamnagar, Gujarat: A cross-sectional survey. Ayu 2015;36:10-7.
- Sharma R, Amin H, Prajapati PK. Comparative lipid profile of type 2 obese diabetics and obese non-diabetics: A hospital based study from hilly terrains of Mandi, Himachal Pradesh. Int J Health Allied Sci 2016;5:63-4.
- Sharma R, Amin H, Prajapati PK. Comparative lipid profiles in non -diabetic obese and type-2 diabetic obese. Astrocyte 2015;2:99-100.
- Sharma R, Amin H, Prajapati PK. Influence of psychiatric comorbidity on the treatment process of type 2 diabetic patient. Indian J Soc Psychiatry 2016;32:177-8.
- Raut A, Bichile L, Chopra A, Patwardhan B, Vaidya A. Comparative study of amrutbhallataka and glucosamine sulphate in osteoarthritis: Six months open label randomized controlled clinical trial. J Ayurveda Integr Med 2013;4:229-36.
- Chopra A, Saluja M, Tillu G, Venugopalan A, Sarmukaddam S, Raut AK, et al. A randomized controlled exploratory evaluation of standardized ayurvedic formulations in symptomatic osteoarthritis knees: A Government of India NMITLI Project. Evid Based Complement Alternat Med 2011;2011:724291.
- Vaidya AD. Metabolic management: The role of nutraceuticals, nutritionals and naturals. J Obes Metab Res 2014;1:79-82.
- Mbikay M. Therapeutic potential of Moringa oleifera leaves in chronic hyperglycemia and dyslipidemia: A review. Front Pharmacol 2012;3:1-12.
- Ndong M, Uehara M, Katsumata S, Suzuki K. Effects of oral administration of Moringa oleifera Lam on glucose tolerance in goto-kakizaki and wistar rats. J Clin Biochem Nutr 2007;40:229-33.
- Jaiswal D, Kumar Rai P, Kumar A, Mehta S, Watal G. Effect of Moringa oleifera Lam. Leaves aqueous extract therapy on hyperglycemic rats. J Ethnopharmacol 2009;123:392-6.
- William F, Lakshminarayanan S, Chegu H. Effect of some Indian vegetables on the glucose and insulin response in diabetic subjects. Int J Food Sci Nutr 1993:44:191-6.
- 19. Kumari DJ. Hypoglycemic effect of Moringa oleifera and Azadirachta indica in type-2 diabetes. Bioscan 2010;5:211-4.
- Giridhari VV, Malhati D, Geetha K. Anti-diabetic properties of drumstick (Moringa oleifera) leaf tablets. Int J Health Nutr 2011;2:1-5.
- Eshun K, He Q. Aloe vera: A valuable ingredient for the food, pharmaceutical and cosmetic industries: A review. Crit Rev Food Sci Nutr 2004;44:91-6.
- 22. Vats V, Grover GK, Rathi SS. Evaluation of antihyperglycemic and hypoglycaemic effect of Trigonella-foenum graecum linn, Ocimum sanctum Linn and Accacia arabica in normal and alloxanized diabetic rats. J Ethanopharmacol 2002;79:95-100.
- Wadood A, Wadood N, Shah SA. Effects of Acacia arabica and Caralluma edulis on blood glucose levels of normal and alloxan diabetic rabbits. J Pak Med Assoc 1989:39:208-12.
- Gauttam V. Development and standardization of a polyherbal antidiabetic formulation with novel vesicular system, Ph.D. Thesis, Punjab Technical University; 2012 p. 19-23.
- Baldi A, Choudhary N, Kumar S. Nutraceuticals as therapeutic agents for holistic treatment of diabetes. Int J Green Pharm 2013;7:278-87.
- Tapas AR, Sakarkar DM, Kakde RB. Flavonoids as nutraceuticals: A review. Trop J Pharm Res 2008;7:1089-99.
- Sharma R, Amin H, Galib, Prajapati PK. Antidiabetic claims of Tinospora cordifolia (Willd.) Miers: critical appraisal and role in therapy. Asian Pac J Trop Biomed 2015; 5(1): 68-78.
- 28. Virdi J, Sivakami S, Shahani S. Antihyperglycemic effects of three extracts from Momordica charantia. J Ethnopharmacol 2003;88:107-11.
- Vikrant V, Grover JK, Tandon N. Treatment with extracts of Momordica charantia and Eugenia jambolana prevents hyperglycemia and hyperinsulinaemia in fructose fed rats. J Ethnopharmacol 2001;76:139-12
- Geohas J, Daly A, Juturu V, Finch M, Komorowski JR. Chromium picolinate and biotin combination reduces atherogenic index of plasma in patients with type two diabetes mellitus: A placebo-controlled, double blinded, randomized clinical trial. Am J Med Sci 2007;333:145-53.
- 31. Kota SK, Jammula S, Kota SK, Krishna SV, Meher LK, et al. Nutraceuticals in dyslipidemia management. J Med Nutr Nutraceut 2013;2:26-40.

- Srivastava N, Tiwari G, Tiwari R, Bhati LK, Rai AK. Neutraceutical approaches to control diabetes: A natural requisite approach. J Nat Sc Biol Med 2012;3:168-76.
- Uchigata Y, Yamamoto H, Kawamura A, Okamoto H. Protection by superoxidase dismutase. Catalase, and poly (ADP-ribose) synthetase inhibitors against alloxan-and streptozotocin-induced islet DNA strand breaks and against the inhibition of proinsulin synthesis. J Biol Chem 1982;257:6084-8.
- 34. Packer L, Kraemer K, Rimbach G. Molecular aspects of alpha lipoic acid in the prevention of diabetes complications. Nutrition 2001;17:888-95.
- Straface E, Rivabene R, Masella R, Santulli M, Paganelli R, Malorni W. Structural changes of the erythrocyte as a marker of noninsulin-dependent diabetes: Protective effects of N-acetylcysteine. Biochem Biophys Res Commun 2002:290:1393-8.
- 36. Mitri J, Dawson-Hughes B, Hu FB, Pittas AG. Effects of vitamin D and calcium supplementation on pancreatic β cell function, insulin sensitivity, and glycemia in adults at high risk of diabetes: The calcium and vitamin D for diabetes mellitus (CaDDM) randomized controlled trial. Am J Clin Nutr 2011;94:486-94.
- 37. Livaniou E, Mantagos S, Kakabakos S, Pavlou V, Evangelatos G, Ithakissios DS. Plasma biotin levels in neonates. Biol Neonate 1991;59:209-12.
- Capaldo B, Napoli R, Di Bonito P, Albano G, Saccà L. Carnitine improves peripheral glucose disposal in non-insulin-dependent diabetic patients. Diabetes Res Clin Pract 1991;14:191-5.
- Mingrone G, Greco AV, Capristo E, Benedetti G, Giancaterini A, De Gaetano A, et al. L-carnitine improves glucose disposal in type 2 diabetic patients. J Am Coll Nutr 1999:18:77-82.
- Hodgson JM, Watts GF, Playford DA, Burke V, Croft KD. Coenzyme Q10 improves blood pressure and glycaemic control: A controlled trial in subjects with type 2 diabetes. Eur J Clin Nutr 2002;56:1137-42.
- 41. Thompson KH, Orvig C. Vanadium in diabetes: 100 years from Phase 0 to Phase I. J Inorg Biochem 2006;100:1925-35.
- 42. Sharma R, Amin H, Ruknuddin G, Prajapati PK. Efficacy of Ayurvedic remedies in type 2 diabetes: A review through works done at Gujarat Ayurved University, Jamnagar. J Med Nutr Nutraceut 2015;4:63-9.
- Sharma R, Amin H, Prajapati PK. Yoga: As an adjunct therapy to trim down the Ayurvedic drug requirement in non insulin-dependent diabetes mellitus. Anc Sci Life 2014;33:229-35.
- Sharma R, Prajapati PK. Diet and lifestyle guidelines for diabetes: Evidence based Ayurvedic perspectives. Rom J Diabetes Nutr Metab Dis 2014;21:335-46.

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