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OVERVIEW ON SELECTED MEDICINAL PLANTS USED IN THE MANAGEMENT OF DIABETES MELLITUS

P. Thenmozhi^{*1}, S. Prasanna Saravana Guru², M. Kannan³, P. Sathiyarajeswaran⁴

¹Senior Research Fellow, Siddha Central research Institute, (CCRS) Chennai – 106.

²Assistant Medical Officer, Chennai Heritage Hospital, Chennai.

³Research officer, Siddha Central Research Institute, CCRS, Dept. of AYUSH, MoH&FW,

Govt. of India, 600106 - India.

⁴Research officer, Scientist - II and i/c, Siddha Central Research Institute (SCRI),

Arumbakkam, Chennai, Tamil Nadu, India.

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*Corresponding Author P. Thenmozhi

Senior Research Fellow, Siddha Central research Institute, (CCRS) Chennai – 106.

ABSTRACT

Diabetes is a heterogeneous metabolic disorder characterized by altered carbohydrate, lipid, and protein metabolism which causes hyperglycaemia resulting from insufficient insulin secretion, insulin action or both. Diabetes caused 5.1 million deaths in 2013; every six seconds a person dies from diabetes. More than 79,000 children developed type 1 diabetes in 2013. More than 21 million live births were affected by diabetes during pregnancy in 2013. The symptoms of Diabetes Mellitus are correlated with Madhumegam in siddha system of medicine. The medicinal plants discussed in this review article are widely used in the treatment of diabetes mellitus in siddha system of

medicine. All the herbal plants discussed in the review exhibit significant clinical & pharmacological activity.

KEYWORDS: Diabetes Mellitus, Madhumegham, Siddha.

INTRODUCTION

Diabetes is a heterogeneous metabolic disorder characterized by altered carbohydrate, lipid, and protein metabolism which causes hyperglycaemia resulting from insufficient insulin secretion, insulin action or both.^[1]

It is one of the refractory diseases identified by Indian Council of Medical Research for which an alternative medicine is a need for the treatment. Diabetes mellitus has become a growing problem in the contemporary world. India has today become the diabetic capital of the world with over 20 million with diabetes and this number is likely to increase to 57 million by 2025.^[2]

According to International Diabetes Federation (IDF) Report 2013, 382 million people have diabetes; by 2035 this will rise to 592 million 175 million people with diabetes are undiagnosed. Diabetes caused 5.1 million deaths in 2013; every six seconds a person dies from diabetes. More than 79,000 children developed type 1 diabetes in 2013. More than 21 million live births were affected by diabetes during pregnancy in 2013.^[3] The reasons behind this projected increase in prevalence rate are due to the sudden spurt in life style modification, ethical susceptibility and vast urbanization increase in life expectancy at birth, physical inactivity and obesity and possibly a genetic predisposition.^[4]

Allopathic drugs used for the treatment of diabetes have their own side effect & adverse effect like hypoglycaemia, nausea, vomiting, hyponatremia, flatulence, diarrhoea or constipation, alcohol flush, headache, weight gain, lactic acidosis, pernicious anaemia, dyspepsia, dizziness, joint pain. So instead of allopathic drugs, herbal drugs are a great choice which is having more or less no side effect & adverse effects. Ethno botanical information identified about 800 Indian plants which may have anti-diabetic potential.^[5, 6]

Several herbs are often used together to enhance effectiveness and synergistic actions and to reduce toxicity^[7] Whole herbs contain many ingredients, and it is likely that they work together to produce the desired medicinal effect. The type of environment (climate, bugs, soil quality) in which a plant grew will affect its components, as will how and when it was harvested and processed.^[8] Several plant species being a major source of terpenoids, flavonoids, phenolics, coumarins, and other bioactive constituents have shown reduction in blood glucose levels.^[9, 10]

Diabetes mellitus

Diabetes mellitus is a syndrome of disordered metabolism, usually due to a combination of hereditary and environmental causes, resulting in abnormally high blood sugar levels (hyperglycemia). Blood glucose levels are controlled by a complex interaction of multiple chemicals and hormones in the body, including the hormone insulin made in the beta cells of the pancreas. Diabetes mellitus refers to the group of diseases that lead to high blood glucose levels due to defects in either insulin secretion or insulin action.^[11]

SIDDHA ASPECT OF THE DISEASE^[12]

The symptoms of Diabetes Mellitus are correlated with Madhumegam in siddha system of medicine.

MADHUMEGHAM

*Mega Neer, VeguMoothiram, EnnipuNeer, Neerizhivu, ThithippuNeer, Pramegham. Madhumegam*is a clinical condition characterized by frequent urination resulting indeterioration and diminution of seven thathus and loss of weight.

Types

According to Siddha, this disease is subdivided into 3: Vatham, Pitham and Kabam.

- ✤ Vatha again subdivided into 4,
- Pitham as 6 types
- ✤ Kabam as 10 Types.

Aetiology

- Diet habits
- Sexual indulgence
- Obesity
- Psychosomatic cause
- Hereditary
- Excess stimulation of moolatharam

Clinical features: Polyuria, Polyphagia, Polydipsia, Perspiration, Exhaustion, Insomnia, Giddiness and Loss of Weight even at normal consumption Of Food.

Humoral pathology: The three HumorsVatha, PittahamAndKabamwhich controls the body and maintains the health of the body without any diseases. An imbalance in Iyam does imply an imbalance in other two kutrams (Vatham and Pittham) too and causesderangement of Dasavayu and Seven UdalThathukkal (Body Constituents) which causes the disease and other complications.

Glucose Levels

Blood test	Normal	Pre-Diabetics	Diabetics
Fasting	80-100 mg/dl	110-125 mg/dl	Above 126 mg/dl
2 hours after meal (PPBS)	below 140 mg/dl	140-160 mg/dl	Above 180 mg/dl;
HbA1C	4%-6%	5.7%-6.4%	Above 6.5%

Selected medicinal plants: There are many medicinal plants used in the treatment of diabetes mellitus. These medicinal plants possess phytochemicals and biochemical ingredients and many other active ingredients. The synergistic effects of these are responsible for their medicinal value. The following are the selected medicinal plants used in the management of diabetes mellitus. They describe the pharmacological activity of the plant in animal model and medicinal quality of the particular plant.

Activity

1.1 Cassia auriculata: Aavarai (Cassia auriculata) Flower extract of Cassia auriculata, increased plasma insulin and improved specific insulin binding in streptozotocin induced diabetic rats1 (L. Pari et al.) n-butanol fraction2 (S. J. Surana et al) and ethanol extract of C.auriculata exhibited significant reduction (p<0.001) in blood glucose levels in Alloxan induced rats with remarkable increase in plasma insulin.^[13, 14, 15]

1.2 *GymnemaSylvestre:* G. sylvestre R.Br. is a perennial, woody climber belonging to family Asclepiadaceae or the "milk weed" family.^[16] When Gymnema leaf extract is administered to a diabetic patient, there is stimulation of the pancreas by virtue of which there is an increase in insulin release.^[17] In an animal study, investigated the sakkarakkolli leaf power had positive and encouraging effects over blood glucose levels. No adverse effect was observed on the health status of subjects and thus, it can thus be concluded that the sakkarakkolli powder is effective in lowering the fasting as well as post prandial blood glucose levels. Moreover, antihyperglycemic action of a crude saponin fraction and five triterpene glycosides derived from methanol extracts of G. sylvestre has also been investigated.^[18, 19]

1.3 *Emblica officinalis:* Ethanolic extract of P.emblica showed dose dependenent reduction in blood glucose level, also the cholesterol, triglyceride and other hepatic markers are reduced in alloxan induced diabetic rats. Aqueous fruit extract, of Phyllanthusemblica Linn significantly decreased the blood glucose level, also induced hypotriglyceridemia by decreasing TG levels, the extract was also found to improve liver function by normalizing the activity of liverspecific enzyme alanine transaminase (ALT). The aqueous extracts of Phyllanthusemblica fruits significantly (P<0.05) reduced serum glucose, glycosylated hemoglobin, cholesterol, triglycerides, urea and creatinine but increased serum insulin, HDLcholesterol and protein in alloxan-induced diabetes mellitus in rats^[20, 21, 22] Oral administration of ethanolic extract of seed powder of *E. officinalis* decreased the blood glucose level and serum cholesterol level inalloxan induced diabetic rats.^[23] *1.4 Trigonella foenum-graecum:* Seeds of fenugreek have been shown to have multiple benefits in patients with diabetes such as reduction of blood glucose level and its complications 18-21. Ethanolic extract of *T. Foenum graecum*seed significantly decreased the blood glucose, serum cholesterol, SGOT and SGPT levels of alloxan induced diabetic rats 20-21. Neveen *et al* 22 reported that alkaloid extract offenugreek dried seeds significantly increased serum insulin level of STZ induced hyperglycemic rats.^[24, 25, 26, 27,]

1.5 *Aegle marmelos:* The methanolic extract of leaf and callus powder of *A. marmelos* significantly decreased. The blood sugar level of STZ induced diabeticrabbits44. *A. marmelos* would act like insulin in the restoration of blood sugar and body weight to normal levels in rat and was therefore recommended as a potential hypoglycaemic agent reported that the leaves of *A.marmelos* are used by Tribals of Kolli Hills as animportant ingredient in the poly herbal diabetic drug formulations.^[28,29,30]

1.6 *Acacia arabica:* It is found all over India mainly in the wild habitat. The plant extract acts as an antidiabetic agent by acting as secretagouge to release insulin. It induces hypoglycaemia in control rats but not in alloxanized animals. Powdered seeds of Acacia arabica when administered (2, 3 and 4 g/kg body weight) to normal rabbits induced hypoglycaemic effect by initiating release of insulin from pancreatic beta cells.^[31]

1.7 *Allium sativum:* This is a perennial herb cultivated throughout India. Allicin, a sulfurcontaining compound is responsible for its pungent odour and it has been shown to have significant hypoglycaemic activity. This effect is thought to be due to increased hepatic metabolism, increased insulin release from pancreatic beta cells and/or insulin sparing effect. Aqueous homogenate of garlic (10 ml/kg/day) administered orally to sucrose fed rabbits (10 g/kg/day in water for two months) significantly increased hepatic glycogen and free amino acid content, decreased fasting blood glucose, and triglyceride levels in serum in comparison to sucrose controls.^[32, 33] (Liliaceae) It is a perennial herb cultivated throughout India. Oral administration of the garlic extract significantly decreases serum glucose, total cholesterol, triglycerides, urea, uric acid, creatinine, AST and ALT levels, while increases serum insulin in diabetic rats but not in normal rats when compared with anti-diabetic drug glibenclamide. The antidiabetic effect of the extract was more effective than glibenclamide.^[34]

1.8 Azadirachta indica: Hydro alcoholic extracts of this plant showed anti-hyperglycaemic activity in streptozotocin treated rats and this effect is because of increase in glucose uptake

and glycogen deposition in isolated rat hemi diaphragm. Apart from having anti-diabetic activity, this plant also has anti-bacterial, antimalarial, antifertility, hepatoprotective and antioxidant effects.^[35]

1.9 Momordica charantia: Family: Cucurbitaceae. Local Name: Kaattupagar-kai. The plant is commonly known as Bitter guard and has many varieties Momordicacharantia is commonly used as an antidiabetic and antihyperglycemic agent in India as well as other Asian countries. Extracts of fruit pulp, seed, leaves and whole plant was shown to have hypoglycaemic effect in various animal models. Polypeptide p, isolated from fruit, seeds and tissues of M. charantia showed significant hypoglycaemic effect when administered subcutaneously to langurs and humans. Ethanolic extracts of M. charantia (200 mg/kg) showed an antihyperglycemic and also hypoglycaemic effect in normal and STZ diabetic rats. This may be because of inhibition of glucose-6-phosphatase besides fructose-1, 6-biphosphatase in the liver and stimulation of hepatic glucose-6-phosphate dehydrogenase activities.^[4] The plant is climbing shrub and generally cultivated everywhere in India. Unripe fruits are taken orally along with food. Dosage: 2-3 fresh unripe fruits are taken at any time per day for three months.^[36]

1.10Naaval

Naaval (Syzygium cumini) Water extract of pulp of S. cumini stimulates release of insulin and inhibition of insulinase activity. A glycoside in the seed, jamboline, is considered to have antidiabetic properties.^[37] Seed kernel (aqueous suspension) was screened for its anti-diabetic activity at the dose levels of 1g, 2g, 4g and 6 g/kg body weight of rabbit. 4g/kg dose level was found to reveal utmost hypoglycemic effect (42.64%) in rabbits, 3hr. after medication. Like to lbutamide, the drug may also be promoting endogenous release of insulin.

Additional pancreatic site of action of the drug cannot be ruled out, since it produced a signifi cant decrease in the blood sugar level (17.04%) in alloxan diabetic rats.^[38] The present study evaluated the hypoglycemic activity of different parts of *Eugenia jambolana*seeds such as whole seed, kernel, and seed coat on streptozotocin-induced diabetic rats. Administration of the ethanolic extract of kernel at a concentration of 100 mg/kg of body weight significantly decreased the levels of blood glucose, blood urea, and cholesterol, increased glucose tolerance and levels of total proteins and liver glycogen, and decreased the activities of glutamate oxaloacetate transaminase and glutamate pyruvate transaminase in experimental diabetic rats. Whole seed showed a moderate hypoglycemic effect, and seed

coat did not show any hypoglycemic effect. The hypoglycemic efficacy was compared with that of glibenclamide, a standard hypoglycemic drug.^[39]

1.11 Seenthil: Seenthil (Tinosporacordifolia) The treatment of Tinosporacordifolia methanolic extract significantly (P<0.01) decreased the blood glucose level, also prevented (P<0.01) the elevation of glycosylated haemoglobin and cholesterol levels in diabetic rats which could be due to the result of improved glycemic control proved by Tinosporacordifolia. The same extract also improved the activity of liver hexokinase (P<0.01) and the activity of fructose 1, 6- bi- phosphatase and glucose 6 phosphatase were found to be restored to normal (P<0.01) level.^[40]

CONCLUSION

The medicinal plants discussed in this review article are widely used in the treatment of diabetis mellitus in siddha system of medicine. All the herbal drugs discussed in the review exhibit significant clinical & pharmacological activity. The potency of herbal drugs is significant & they have negligible side effects than the synthetic anti diabetic drugs. Thus I conclude that still wider aspect of detailed research is necessary to establish the exact principle of action.

REFERENCE

- Shikha Srivastava, Vijay Kumar Lal, Kamlesh Kumar Pant. Polyherbal formulations based on Indian medicinal plants as antidiabeticphytotherapeutics. Phytopharmacology. 2012; 2(1): 1-15.
- Edwin Jarald, SiddaheswarBalakrishnan Joshi and Dharam Chandra Jain. Diabetes and Herbal Medicines. Iranian Journal of Pharmacology & Therapeutics, 2008; 7: 97-106.
- 3. International Diabetes Federation. IDF Diabetes Atlas, 6th edn. Brussels, Belgium: International Diabetes Federation, 2013. http://www.idf.org/diabetesatlas
- Wild, S., Roglic, G., Green, A., Sicree, R. and King, H. Global prevalence of diabetes estimates for the year 2000 and projections for 2030. Diabetes Care, 2004; 27: 1047–1053.
- 5. Kokar R., Mantha S.V. Increased oxidative stress in rat liver & pancreas during Progression of streptozotosin induced diabetes. J Clinical science. 1998; 623-632.
- A.K.Gupta, Quality Standards of Indian Medicinal Plants, ICMR, New Delhi, 1986; 1: 168-173.

- D'Epiro, NW, "An historical, regulatory, and medical use perspective on nine Common herbs. In: Micozzi MS, Bacchus AN, Eds. The Physician's Guide to Alternative Medicine. Atlanta, Ga", American Health Consultants, 1999; 21-30.
- Pritesh Patel, PinalHarde, JagathPillai, NileshDarji And Bhagirath Patel Sat Kaival College Of Pharmacy Pharmacophore (An International Research Journal Antidiabetic Herbal Drugs A Review Available Online At Review Article Pharmacophore, 2012; 3: 18-29.
- H.-F. Ji, X.-J. Li, and H.-Y. Zhang, "Natural products and drug discovery: can thousands of years of ancient medical knowledge lead us to new and powerful drug combinations in the fight against cancer and dementia?" EMBO Reports, 2009; 10(3): 194–200, View at Publisher · View at Google Scholar · View at Scopus.
- M. Jung, M. Park, H. C. Lee, Y.-H. Kang, E. S. Kang, and S. K. Kim, "Antidiabetic agents from medicinal plants," Current Medicinal Chemistry, 2006; 13(10): 1203–1218, View at Publisher · View at Google Scholar · View at Scopus.
- LM, Tierney; SJ, McPhee and MA, Papadakis, "Current medical Diagnosis & Treatment", International Edition, New York, Lange Medical Books/McGraw-Hill, 2002; 1203-1215.
- Dr. N. Kuppusamy Mudaliar, Siddha Maruthuvam Pothu, 1stedition, Directorate of Indian Medicine and Homeopathy; 2004.
- 13. L. Pari, P. Murugan and C. AppaRao, Influence of Cassia auriculata flowers on insulin receptors in streptozotocin induced diabetic rats-studies on insulin binding to erythrocytes African Journal of Biochemistry Research December 2, 2007; 1(7): 148-155.
- S. J. Surana, S. B. Gokhale, R. B. Jadhav, R. L. Sawant, and Jyoti B. Wadekar, Antihyperglycemic a ctivity of various fractions of Cassia auriculata Linn. In Alloxan Diabetic Rats. Indian J Pharm Sci. 2008 Mar-Apr; 70(2): 227–229.
- 15. F LukmanulHakkim 1, S Girija 1, R Senthil Kumar 2, MD Jalaludeen 2Effect of aqueous and ethanol extracts of Cassia auriculata L. flowers on diabetes using alloxan induced diabetic rats, Int J Diabetes & Metabolism 2007; 15: 100-106.
- 16. A. Saneja, C. Sharma, K. R. Aneja, and R. Pahwa, "GymnemaSylvestre (Gurmar): a review," Der Pharmacia Lettre, 2010; 2(1): 275–284, View at Google Scholar.
- KanetkarPV., Laddha KS., Kamat MY. Gymnemic acids: A molecular perspective of its action on carbohydrate metabolism, Poster presented at the 16th ICFOST meet organized by CFTRI and DFRL, Mysore, India, 2004.
- 18. Paliwale.R., Kathori.S, Upadhyay. B., Ethnom edicine, 2009; 3(2): 133-135.

- 19. Sugihara.Y.,Nojima.H.,Marsuda.H.,Murakami.T., Yoshikawa.M.,Kimura.I., j Asian Nat Prod Res., 2000; 2(4): 321-327.
- 20. Mittal M, Juyal V, Singh A, Antihyperglycaemic and Hepatoprotective Effect of Phyllanthus Emblica Fruit in Diabetic Animal Model, Journal of current research in ayurvedic and pharmaceutical sciences, 2010; 1(4).
- Shamim A. Qureshi, WardaAsad and Viqar Sultana, The Effect of Phyllantusemblica Linn on Type - II Diabetes, Triglycerides and Liver - Specific Enzyme, Pakistan Journal of Nutrition 2009; 8(2): 125-128.
- 22. M. Rajathi D. Modilal, Daisy Pitchai, Hypoglycemic and hypolipidemic effects of Phyllanthus (Euphorbiaceae) fruits in alloxan-induced diabetic rats, IJPI's Journal of Biotechnology and Biotherapeutics, 2011; 1: 5.
- 23. Madar Z, Rachel A, Shlomith S & Joseph A, Glucose lowering effect of fenugreek in noninsulin dependent diabetics, Eur. J. Clin. Nutr, 1988; 42: 51.
- 24. Madar Z, Rachel A, Shlomith S & Joseph A, Glucose lowering effect of fenugreek in noninsulin dependent diabetics, Eur. J. Clin. Nutr, 1988; 42: 51.
- 25. Preet A, Siddiqui M R, Taha A, Badhai J, Hussain M E, Yadava P K &Baquer N Z, Long-term effect of Trigonellafoenumgraecumand its combination with sodium orthovanadate in preventing histopathological and biochemical lab normalities in diabetic rat ocular tissues, Mol Cell Biochem, 2006; 289: 137.
- 26. Saravanan K, Evaluation of the antidiabetic effect of herbal extract mixture on alloxaninduced diabetic rats, J. Ecotoxicol. Environ. Monit, 2008; 18: 489.
- 27. Renuka C, Ramesh N & Saravanan K, Evaluation of the antidiabetic effect of Trigonellafoenum-graecumseed powder on alloxan-induced diabetic albino rats, Int. J. Pharm Tech Res, 2009; 1: 1580.
- 28. Elavarasi S & Saravanan K, Ethnobotanical study of plants used to treat diabetes by tribal people of Kolli Hills, Namakkal District, Tamil Nadu, Southern India, Int. J. Pharm Tech Res, 2012; 4: 404.
- 29. Arumugam S, Kavimani S, Kadalmani B, Ali ahmed A B, Akbarsha M A & Rao M V, Antidiabetic activity of leaf and callus extracts of Aeglemarmelosin rabbit, Science Asia, 2008; 34: 317.
- 30. Seema P V, Sudha B, Padayatti S P, Abraham A, Raghu K G &Paulose C S, Kinetic studies of purified malate dehydrogenase in liver of streptozotocin-diabetic rats and the effect of leaf extract of Aeglemarmelos (L.) Corr, Indian J ExpBiol, 1996; 34: 600.

- 31. V. V. Rajesham, Ravindernath. A, D. V.R.N. Bikshapathi. A review on medicinal plant and herbal drug The Journal of Phytopharmacology51 formulation used I diabetes mellitus, Indo American Journal of Pharmaceutical Research. 2012; 2 (10).
- 32. ManishaModak, Priyanjali Dixit, JayantLondhe, SarojGhaskadbi, and Thomas Paul A. Indian Herbs and Herbal Drugs Used for the Treatment of Diabetes., J. Clin. Biochem. Nutr. 2007; 40: 163–173.
- 33. V. V. Rajesham, Ravindernath. A, D. V.R.N. Bikshapathi. A review on medicinal plant and herbal drug The Journal of Phytopharmacology51 formulation used I diabetes mellitus, Indo American Journal of Pharmaceutical Research. 2012; 2(10).
- 34. Kumari K, Mathew BC and Augusti KT. Antidiabetic and hypoHpidaemic effects of Smethyl cysteinesulfoxide, isolated from Allium cepaLinn. Indian Journal of Biochemistry and Biophysics 1995; 32: 49-54.
- 35. ShikhaSrivastava, Vijay Kumar Lal, Kamlesh Kumar Pant. Polyherbal formulations based on Indian medicinal plants as antidiabeticphytotherapeutics. Phytopharmacology. 2012; 2(1): 1-15.
- 36. M. Ayyanar, K. Sankarasivaraman and S. Ignacimuthu Traditional Herbal Medicines Used for the Treatment of Diabetes among Two Major Tribal Groups in South Tamil Nadu, Ethnobotanical Leaflets 2008; 12: 276-280.
- 37. A. Ratsimamanga, A. Loiseau and S. Ratsimamanga, "Action of a Hypoglycemic Agent Found in the Young Bark of Eugenia jambolania [sic] (Myrtaceae) on Induced Hyperglycemia of the Rabbit and Continuation of Its Purification," Comptes Rendus Hebdomadaires des Seances de l'Academie des Sciences D: Sciences Naturelles, 1973; 277: 2219-2222.
- 38. Bhaskaran Nair R and Santhakumara,G. Antidiabetic activity of the seed kernel Syzygiumcumini LINN.AncSci Life 1986; 6(2): 80-84.
- 39. Ravi, K; Sivagnanam, K and S, Subramanian, Journal of Medicinal Food., 2004; 7(2): 187-191.
- 40. Sivakumar. V and M. S. Dhanarajan, Hypoglycemic and antioxidant activity of Tinosporacordifolia in experimental diabetes ijpsr, 2011; 2(3): 608-613.