

REVIEW ARTICLE

A REVIEW ON MEDICINAL PLANTS WITH ANTI-DIABETIC ACTIVITY

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Manuscript Info Abstract

..... Manuscript History Diabetes mellitus is a metabolic disorder which is characterised by Received: 20 January 2020 hyperglycaemia due to increase in hepatic glucose production Final Accepted: 22 February 2020 ,decreased insulin secretion and impaired insulin action. About 60% of Published: March 2020 the world's population uses traditional medicines which are derived from the medicinal plants. In India it is proving to be a severe health issue majorly in the urban areas. Though there are various approaches to reduce the ill effects of diabetes and its secondary complications, herbal formulations are being preferred due to lesser side effects ,less toxic ,low cost and effectiveness .The present review focuses on various herbal plants which are proved to be containing antihyperglycaemic activity. Although many plants are recommended, further pharmacological and chemical research should be done to elucidate the exact mechanism of hypoglycaemic activity.

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Introduction:-

According to W.H.O.-Diabetes is defined as a metabolic disorder which is characterised by chronic hyper glycemia with disturbances in metabolism of fat, protein and carbohydrate which results in insulin secretion, insulin action or both. Diabetes mellitus is associated with long term damage, failure of organs and dysfunction. Diabetes mellitus include symptoms like thirst, polyurea, blurred vision and loss of weight [1]. Indian council of medical research has identified that it is one of the refractive diseases for which an alternate medicine is required for the treatment. In this ultra-modern era it has become one of the most rising problem in the world [2]. It is one of the most serious metabolic disorder in the endocrine system which leads to several manifestations [3].According to an estimate, people who are suffering from diabetes has marked to 246 million and now it kills people more when compared to AIDS [4]. Every 5sec in the world a person is detected with diabetes while some dies of it every 10 sec [5]. Increased stress, obesity and lack of physical activity has been ensnared in the prevalence of diabetes in the past two decades [6].

Types of diabetes mellitus:

- 1. Insulin dependent diabetes mellitus (IDDM)
- 2. Non-Insulin dependent diabetes mellitus (NIDDM)
- 3. Gestational diabetes

Prominent plant-based medicines:

It has been predicted that near about 80-85% of the population both in developed and developing countries confide on the traditional medicine for the primarily health care requirements and it is pretended that major part involves in

Corresponding Author:- Md. Arif Pasha Address:- Department of Pharmaceutical Chemistry, Vaageswari College of Pharmacy, Karimnagar-505001. traditional therapy of the plant extracts or their active principles [7,8]. This is exclusively true for the countries like India and China which fairly organises the traditional therapy [9]. Abundant traditional plants are used for the treatment of diabetes all over the world [10]. Before the discovery of insulin in 1922, the only choice for the treatment of diabetes were based on the traditional medicine practices [11].

Gigantic research has been attracted to natural drugs:

Marles and Farnsworth approximated that besides 1000 variety of plant species are being used as a community medicine for diabetes [12]. Since mid 1950s the concentration of the investigators attracted to research in medicinal plants. Highly compelling research is going on medicinal plants while some are being investigated in clinical setting [13].

Potency:

The potency and safety of some plants have been sufficiently proved by clinical use over thousands of years [14]. Literature research has shown that many of the plants analysed for ant diabetic potentials have been used since ages in the traditional settings and scientific investigation later validated the claims [15,16]. Many of the plants have been found to be quite potential in the control of diabetes and its stumbling both in experimental animals and in clinical studies.

Safety-Less Side Effects:

Some of the natural products mainly plants have been used as food since years and are considered safe. Plant drugs and medicinal formulations are considered to be less toxic and free from side effects. [17,18]. Herbal plants are prescribed largely even when their active constituents are unknown, because of their safety, efficacy and availability [19].

W.H.O reinforce herbal medicines:

The World Health Organization (WHO) reinforces and promotes the usage of herbal drugs for the management of various diseases including diabetes [20]. WHO appraises plant treatments to be the most effective, non-poisonous, with less adverse effects [21]. WHO monograph on selected medicinal plants and publications are those which will support the plant based medicines[22].

Mechanism of action of medicinal anti diabetics [23,24]:

The ant diabetic activity of medicinal plants depends on several mechanisms. The mechanism of action can be grouped as-

- 1. Pancreatic beta cell potassium channel blocking, cAMP (secondary messenger) stimulation
- 2. PInhibition of renal glucose reabsorption
- 3. Stimulation of insulin secretion from beta cells of islets of Langerhans/inhibition of insulindegradative processes
- 4. Reduction of insulin resistance
- 5. Providing few necessary elements like calcium, zinc, magnesium, manganese and copper for the beta-cells
- 6. Regenerating /repairing pancreatic beta cells
- 7. Stimulation of insulin secretion
- 8. Stimulation of glycolysis.

Plants On Diabetes Mellitus:

Natural products are the major sources for discovering propitious dominance candidates, which play an important role in future drug development programs. Ease of availability, least side effects and low cost make the herbal preparations favourable for all available therapies, mostly in rural areas. The aim of this review is to mention some of the anti-diabetic plantsand shed light on the most relevant data related to these popular plants.

Azadirachtaindica(Meliaceae):

This is also known as Neem and is a tree native to India, Burma, Bangladesh, Sri Lanka, Malaysia and Pakistan and tropical and semi-tropical regions. A low (0.5g TID) and high (2g TID) doses of powdered leaves&bark, aq. extract and alcoholic extract of *Azadirachtaindicas*howed significant hypoglycaemic activity in high dose and can be successfully combined with oral hypoglycaemic agents[25].

Bruguieragymnorrhiza(Rhizophoraceae):

The oral administration of ethanolic extract of B. gymnorrhiza root (400 mg/kg b.wt) reduced the blood sugar level, triglycerides, total cholesterol and increased the HDL level of STZ induced diabetic rats.[26].

Biophytumsensitivum(Oxalidaceae):

The oral administration of the ethanolic extract of B. sensitivumwhole plant has shown the decrease in blood glucose level, serum cholesterol level and increase in the total protein level of induced diabetic rats [27].

HelicteresisoraL(Malvaceae):

The hot water extract of fruit of H. isorahas shown moderate anti-diabetic activity at 200 mg/mL doses&glucose-up take activity. It was found to have activity comparable to insulin and metformin. The ethanolic extract has insulin-sensitizing and hypolipidemic activity used in the treatment of type-2 diabetes mellitus [28].

Lantana camaraL. (Verbenaceae):

Ondaily administration of L. camaraleaf juice (1500 mg/kg/day for 14 days) has shown significant hypoglycaemic effect in rats [29].

MurrayakoenigiiLinn (Rutaceae):

In normal and alloxan diabetes the aq. extract of the leaves of M. koenigiihasproduced hypoglycaemic effect. It suppressed blood glucose level and was found to be having beneficial effect on carbohydrate metabolism [30].

Ossimumgratissium(Labiatae):

The hypoglycaemic effect of aq. Leaf extract of Opium gratisimumwas investigated in streptozotocin induced diabetic rats. The aqueous extract at the dose of 500 mg/kg has shown the lowered blood glucose level of the diabetic rats by 81.3% after 24 hr of administration [31].

Polyalthialongifolia(Annonaceae):

The oral administration of the methanolic extract of P. longifoliabark (200 and 300 mg/kg b.w.) has lowered the fasting blood glucose levels, further the elevated levels of SGOT, SGPT, ALP, triglycerides and total cholesterol were restored to near normal level in STZ induced diabetic rats [32].

Tectonagrandis(Verbenaceae):

Administration of methanolic extract of Tectonagrandisroots has induced antidiabetic activity which was performed on alloxan induced diabetic albino rats. Its hypoglycaemic activity was compared with glibenclamide and hypoglycaemic activity and reported at the dose of 500mg/kg [33].

Terminalia chebula(Combretaceae):

Anti diabetic activity of the chloroform extract of T. chebulaRetz seeds in STZ -induced diabetic rats was proved [34].

S.no.	Plant	Family	Plant part	Reference
1.	Azadirachtaindica	Meliaceae	Leaves & bark	35
2.	Bruguieragymnorrhiza	Rhizophoraceae	root	36
3.	Biophytumsensitivum	Oxalidaceae	Whole plant	37
4.	Helicteresisora L.	Malvaceae	fruit	38
5.	Lantana camara	Verbenaceae	Leaf juice	39
6.	Murray koenigii Linn.	Rutaceae	leaves	40
7.	Ossimumgratissium	Labiatae	leaves	41
8.	Polyalthialongifolia	Annonaceae	bark	42
9.	Tectonagrandis	Verbenaceae	roots	43
10.	Terminalia chebula	Combretaceae	seeds	44

Other Plants	Containing	Anti-Diabetic	Activit	y:

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S.n	Plant	Family	Plant part/main constituent	Referen	Images

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1.	Abelmoschus moschatusMedik	Malvaceae	Myricelin	45	
2.	Zizyphus spina- christiL	Rhamnaceae	Christinin-A, (saponin glycoside)	46	
3.	Acanthopanaxsentic osus	Araliaceae	Saponin/leaves	47	
4.	Xanthocerciszambe siaca	Leguminacea e	Leaves&roots	48	
5.	Bryonia alba	Cucurbitacea e	trihydroxyoctadecadienoic acids/roots	49	A State
6.	Trigonellafoenum graecum L.	Leguminosea	Steroidal saponins	50	
7.	Chamaemelumnobil e	Compositae	3 hydroxy-3-methylglutaric acid (HMG) containing flavonoids, glucoside chamaemeloside	51	
8.	Tillandsia usneoidesL.	Bromeliaceae	3-Hydroxy-3-methyl-glutaric acid (HMG)	52	
9.	Citrullus colocynthisL.	Cucurbitacea e	Beta-pyrazol-1 yl alanine/seeds; Saponin glycosides/rind	53,54	
10.	Swertia japonica Blum	Gentianaceae	Bellidifolin	55	

11.	Coccinaindica	Cucurbitacea e	Pectin/fruit	56	
12.	Swertiachirayita	Gentianaceae	Swerchirin(1,8-dihydroxy-3,5- dimethoxyxanthone)	57,58	
13.	Croton cajucaraBenth	Euphorbiacea e	Trans dehydro-crotonin (t- DCTN)/bark	59	
14.	Securigera securidacaL.	Fabaceae	seeds	60	
15.	Cuminum nigrum	Apiaceae	Flavonoid/seeds	61	
16.	Salacia oblonga Wall	Hippocrateac eae	Two biologically active fractions have been isolated	62	
17.	Equisetum myriochaetum	Equisetaceae	3 kaempferol glucosides and 1 caffeoyl glucoside	63	
18.	Rhodiolasachalinen	Crassulaceae	Polysaccharides	64	
19.	Eriobotrya japonica Lindl.	Rosaceae	Sesquiterpene glycoside &polyhydroxylated triterpenoids	65	

20.	Pterocarpus marsupium	Leguminosea	Marsupsin, pterosupin&pterostilbene&Epi catecin	66	
21.	FicusbenghalensisL.	Moraceae	A dimethoxy derivative of perlargonidin 3-O-alpha-L rhamnoside, Glycoside of leucopelargonidin and dimethoxy ether of leucopelargonidin-3- O-alpha-L rhamnoside /bark	67,68	
22.	Pandanus odorusRidl.	Pandanaceae	4-hydro47xybenzoic acid	69	
23.	Galega officinalis L.	Leguminosea	Galegine	70	
24.	Panax ginseng	Araliaceae	GPP/roots	71,72	
25.	KalopanaxpictusTh umb	Araliaceae	Hederagenin glycosides and phenolic Glycosides/stem bark	73	
26.	Paeonia lactifloraPall.	Ranunculacea e	Paeoniflorin and 8- debenzoylpaeoniflorin (glycosides)/root	74	8 4
27.	Kochia scoparia	Chenopodiac eae	Momordin IC and its 2'-O- beta-D-glucopyranoside together with three saponins named scoparianosides A, B and C	75	

28.	Otholobiumpubesce ns	Fabaceae	Bakuchiol	76	No.
29.	Lagerstroemia speciosaPers.	Lythraceae	colosolic acid and maslinic acid	77	
30.	Olea europaeaL.	Oleaceae	Oleuropeoside/leaf	78	
31.	Larrea tridentata	Zygophyllace ae	Masoprocol	79	
32.	Myrcia multiflora DC	Myrtaceae	myrciacitrins I and IIandmyrciaphenones A and B	80	
33.	Malva verticillata	Malvacées	Polysaccharide/seeds	81	
34.	Morus insignis L.	Moraceae	mulberrofuran \overline{U} and moracin (M-3-O- β -D glucopyranoside) together with 6 known compounds	82	
35.	Acacia auriculiformis	Leguminosae	bark	83	

36.	Amaranthus viridis	Amaranthace ae	Whole plant	84	
37.	Acacia arabica	Leguminosae	bark	85	
38.	Aegle marmelos	Rutaceae	Whole plant	86	
39.	Agrimoniaeupatoria	Rosaceae	Whole plant	87	
40.	Alangiumsalvifoliu m	Alangiacea	leaves	88	
41.	Allium sativum	Alliacea	garlic	89	
42.	Aloe barbadensis	Liliaceae/ Aspodelaceae	leaves	90	
43.	Annona squamosa	Annonaceae	leaves	91	

44.	Camellia sinensis	Theaceae	Green tea	92	
45.	Capsicum frutescens	Solanaceae	Red chilli	93	
46.	Catharanthus roseus	Apocynacea	Leaves&twigs	94	
47.	Ephedra distachya	Ephedraceae	Crude drug	95	
48.	Eucalyptus globulus L.	Myrtaceae	leaves	96	
49.	Eucalyptus citriodori	Myrtaceae	leaves	97	
50.	Nigella sativa	Ranunculacea e	Plant oil	98	
51.	Rehmanniaglutinos a	Scrophulariac eae	rhizome	99	No.

52.	Solanum xanthocarpum	Solanaceae	Leaves	100	
53.	Semen coicis	Gramineae	seeds	101	
54.	Solanum nigrum	Solanaceae	Leaves	102	
55.	Sphenostylisstenoca rp	Leguminosae	Seeds	103	
56.	Tribulus terrestris	Zygophyllace ae	Saponin from decoction of plant	104	
57.	Terminalia superba	Combretacea e	Stem bark	105	
58.	Vernonia amygdalina	Asteraceae	Leaves	106	
59.	Ziziphusmauritiana	Rhamnaceae	seed	107	00

60.	Withaniasomnifera	solanaceae	roots	107	-
61.	Symplocospaniculat a	Symplocacea e	Leaves,stem	107	
62.	Musa sapientum Kuntz	Musaceae	Fruits,flower	107	
63.	Garcinia cola	Clusiaceae	seed	107	
64.	Ficuscarica L.	Moraceae	leaves	107	

Conclusion:-

In this present review work, we have listed out the medicinal plants containing anti-diabetic activity along with the advantages of herbal drugs over synthetic drugs as these considered to be less toxic with less side-effects, more potential, less- expensive and widely available.Diabetes has become a critical and swiftly extending health problem through outthe world in both developed and developing countries. Despite development of various types of drugs and continuous research on different fronts both number of cases and prevalence is increasing. Based on WHO recommendations, hypoglycaemic agents of plant origin used in medicine are important.The attributed anti hyperglycaemic effects of these plants are due to their ability to restore the function of pancreatic tissues by causing an increase in insulin output or a decrease in intestinal absorption of glucose. Hence treatment with herbal drugs has effect in protecting cells and smoothing out fluctuations in glucose level.

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