AUCTORES

Research Article

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Herbal Supplementation to Improve Management of Diabetes Mellitus Patient Care: Current Progress

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Abstract

Diabetes affects millions of patients round the world, with dancing complications, inclusion, cardiovascular diseases, neuropathie and rétinopathie. Howe ver, the progression of type 2 diabetes mellites might be slowed down and its health impact limited. Nevetheless, current anti-diabetic treatments have limitations and is not Enugu to significantly improve the cardiovascular prognosis of diabetic patients. This work focus on herbal supplement and nutrition as potentiel thérapies for type 2 diabètes mellitus. Actually, Herbal and nutritional supplémentation is required in the management of diabétiques patients, a binding shared unanimously by scientists. Récent diabetologists have come to the évidence that a therapeutic supplement consisting of nutrients and herbal is necessary to optimize the treatment of diabetes. The treatment of Type 2 diabetes mellitus, winch is very often Associate with overweight, is based on hygiene and dietetic measures and, where appropriate, on taking oral antidiabetics. This review describes the therapeutic arsenal of conventionnel oral antidiabetic drugs and emphasizes on innovative therapeutic option introduction herba medicine and nutrition to the management of diabetic patients. Recent studies showed interesting potential in the reduction of blood sugar for many herbal for example Cinnamon, also berberine has been linked to the reduction of blood glucose levels, insulin levels and showed to be as effective as metformin, the most commonly prescribed drug for diabetics, at controlling blood sugar levels in diabetics. Moreover, a medicinal plant or herbal mixture can provide multi-targeted therapeutic action due to its complex chemical composition with hundreds of active ingredients such as oligosaccharides, alkaloids, polyphenols, flavonoids, tannins and at the same time ensure safety for the patients. We conclude by the fact that herbal and nutritional supplementation can bring major and promising progress in order to improve the patient care, by slowing the progression of type 2 diabetes and limiting its complications.

Keywords: diabetes; insulin; oral antidiabetics; nutrition; herbal medicine

Introduction

About 422 million people Worldline have diabetes and 1.6 million deaths are directly attributed to diabetes each year accordina to WHO 2021 [1]. Faced with these alarming statistics. It becomes important to improve the management of diabétique patients care.

One of the most promising approaches might be herbal diet supplémentation combine to modern oral antidiabetics to improve care of diabetes mellitus patients.

Strong evidence supports the efficacy and cost-effectiveness of nutrition therapy as à component of quality diabetes care, inclusion its intégrations into the medical management of diabetes [2]. In fact, nutrition, herba médicine and lifestyle management are paramount to bring the diabetic condition into homéostasies [3].

This state of homéostasies and balance tween insulin, glucagon, glycogen, cholesterol, release of enzymes and synthesis of hormones cannot be achieved by a single molecule. However a medicinal plant or herbal mixture can provide multi-targeted therapeutic action due to its complex chemical composition with hundreds of active ingredients such as oligosaccharides, alkaloids, polyphenolics, flavonoids, tannins and at the same time ensure safety for the patients.

Diabetes, which is a major public health problem whose prevalence has increased exponentially over the past 20 years, is a disorder in the assimilation, use and storage of sugars provided by food [4].

it is characterized by a state of chronic hyperglycémisa exposing it to a risk of vascular complications. It is due to a relative or absolute déficit in the secretion and / or action of insulin [5].

Classically, there is type 1 diabetes, which most often occurs before the age of twenty and which represents 5 to 10% of diabetes, and type 2 diabetes mellitus (T2DM) often appearing after 40-50 years and which concerns about 90-95% of diabetes.

1. Conventional oral antidiabétiques drus

The treatment of T2DM, which is very often Associate with overweight, is based on hygiene and dietetic measures and, where appropriate, on taking oral antidiabetics (ADO).

Treatment has diversified greatly over the past decade, with the commercialisation of :

- first glitazones of the thiazolidinediones family (pharmacological ligands of the adipocyte transcription factor peroxisome proliferatorativated receptor gamma or PPARV, causing a decrease in the level of circulating fatty acids and the amount of abdominal fat).

- then gliptins (inhibitors of dipeptidyl peptidase-4 or DPP4 increasing Glucagon like peptide 1 called insulinotropic GLP1),

- and, finally, very recently, giflons (inhibitoires of renal co-transport of sodium-glucose SGLT2, partially blocking the reabsorption of glucose and increasing its urinary excretion).

Numerous studies, including the famous United Kingdom Prospective Diabetes Study [6]. Have shown that current anti-diabetic treatments are only imperfectly effective in controlling blood sugar levels in most T2DM patients, or only temporarily. The same UKPDS study showed that improving blood sugar control alone, at least with a sulfonylurea or insulin, is not enough to significantly improve the cardiovascular prognosis of these patients.

Given the limitations observed with anti-diabetics in modern medicine, the search for new anti-diabetic molecules based on plant extracts would be a promising alternative [7].

2. Herbal medicine and nutrition in the management of diabetic patients

Plant extracts are interesting and can potentielle be more active than conventional drugs, by their chemical composition, these plants are likely to have a specific mode of action and which involves Séverac active ingrédients acting in synergy and harmony to achieve better blood sugar control.

The recent boom in herbal medicine offers and Opportunity to find natural molecules capable of exerting beneficial effects on the regulation of carbohydrate metabolism, by avoiding the side effects of synthetic substances [8].

A large Numbers of plants are used in the practices of traditional medicine. Therefore, the search for natural active ingrédients from médicinal plants that can treat the métabolique disorders of diabetes is of Great intérêts for Heath.

Manny herbes are tradition Ally considère to be anti-diabétique, somme of which are the origin of the développement of drugs such as metformine tanks to Galéga OFFICINALIS. Indeed, the history of biguanides dates back to the use of Galéga OFFICINALIS as a trématent for diabètes in the Middle Ages. Guanidine, the active component of the plant, as use to synthèse several anti-diabetic compounds in the 1920s, inclusion metformine [9].

Also, expérimental wok wasp carrier out to vérifie the anti-diabétique activité of somme of these plants as well as the active compounds responsable for this activité [10-14].

The plant King dom is clearly a deposit of molécules with genuine hypoglycaemic action, the isolation of which could lead to the development of new anti-diabetic agents [15].

Currently, ethnopharmacological investigations are focused on the experimental validation of the curative properties, traditionally attributed to these remedies.

More than 1200 plant species are already used as medicine in traditional diabetes therapy [16]. However, for most of them, scientific evidence has not yet been provided and this is the case, for example, of several plants, sold as anti-diabetic by herbalists.

In Canada, the use of plants with high thérapeutique potentiels Is increasingly considère as a complementary alternative to the conventional therapeutic arsenal (Cree community among the aboriginal population); to This end, antidiabetic activities, among plants with therapeutic potential, were screened using in vitro assays using different cell lines. Several parameters such as the capacity of glucose uptake in the muscle line and the secretion of insulin by pancreatic cells were evaluated. This bioassay served as a reference to guide the fractionation of the plant (Rhododendron groenlandicum, a medicinal plant of the James Bay Cree), in order to isolate and identify the active components responsible for its effect.

In addition, in vivo animal model studies of insulin resistance have been performed to determine the mechanisms of action and to validate the safety of the plant [17].

In fact, nutritional supplementation has long been studied as à possible treatment alternative or as an adjunct to the standard treatments for common ailments and diseases. According to the latest research, the Chileanmaqui berry, Aristotelia chilensis, has been shown to reduce postprandial insulin levels by as much as fiftypercent. The berry, which has been shown to be as effective as metformin at increasing insulin sensitivity and controlling blood glucose levels [18]. The study of natural resources with the aim of contributing to better population health appears more and more as à central task of modern pharmacologique research.

Furthermore, the isolation and determination of the structure of a natural plant-based product responsables for anti-diabetic activity can only be achieved by evaluating the pharmacological activity.

Recent interessting study showed fructooligosaccharide (FOS) enhanced enzymatic activities of catalase and glutathione reductase in à dosedependent manner, FOS can be positioned as a nutraceutical product, beneficial in diabetes-Associate metabolic abnormalities [19].

Also, Berberine has been linked to the reduction of blood glucose levels and insulin levels. In fact, berber-ine has been shown to be as effective as metformin, the most commonly prescribed drug for diabetics, at controlling blood sugar levels in diabetics. Berberine causes a decrease in HbA1c whichleads to a hypoglycemic effect. Even cinnamon has beenimplicated in the Reduction of Blood sugar. Cinnamon helps to makecells more insulin sensitive and can also help with more efficient utilization of sugar for energy [20].

3. limits of herbal supplementation : state of evidence so far

Herbal supplémentation once traditionnel based on the use of plants accordina to the virtues discovered empirically, currently a practice based on advances and scientific evidence. Thus the identified active extracts are standardized. Moreover, nowadays many clinical trials are carried out on diabetic patients in order to explore the optimal use of plants and their active ingredients. Because to use these phytotherapy products in clinical practice, we need to know the indications, contrindications, side effets or interactions with drugs or other plants. In fact, some clinical trials are carried out in order to evaluate the contribution of these herbal supplements in the management of diabetic patients, we quote for example, a recent study concerning cinnamon (Cinnamomum verum) which revealed the effectiveness of taking 3 grammes of cinnamon per day for 90 days in the reduction of glycemic and lipid levels of adults with type 2 diabetes compared with placebo [21]. Annoter work [22]. indicated that Rosemary tea intake after 90 days, statistically decreased anthropometric parameters like the body mass index and waist-hip ratio and decreased the percentages of glycated hemoglobin, insulin resistance.

To date, it is important to consider that nutritional supplements and herbal products are not standardized or regulated yet. Therefore, micronutriments, herba suppléments, and risk of medication Associate eficiency diabetes or prediabetes have not been supported by evidence, and therefore routine use is not recommended. Research is needed to add evidence supporting the addition of herbal supplements to manage glycémie and get newar thérapies that minimise the frequency and severity of diabetes.

Conclusion

Diabetes is a disease that requires appropriate care throughout life patients to prevent the dreaded macro and microvascular complications. However current anti-diabetic treatments are only imperfectly effective in contrôlent blood sugar levels in most T2DM patients and is not enough to significantly improve the cardiovascular prognosis of these patients. This study suggests optimizing the management of diabetic patients through herbal medicine and nutritional supplementation, which may offer major progress in terms of patients' glycemic control. In fact, in addition to the therapeutic arsenal of already existing oral anti-diabetics, herbal supplementation whose clinical effectiveness proved by several recent studies, are essential in the overall care. Nevertheless, supplementation with medicinal plants and dietary supplements needs to be supervised by health professionals, especially for the monitoring of such a steak pathologie as diabètes. Therefore, it is important to définie harmoniez and standardise mesures of supplémentation Wirth médicinal plants to Promote the care of diabétiques patients and détermine the sadet profile of herba by considérant toxicologique évaluations.

Compliance with ethical standards

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Disclosure of conflict of interest

Authors declare that there is no conflict of interest

References

- American Diabetes Association. (2021). Classification and Diagnosis of Diabetes: Standards of Medical Care in Diabetes. Diabetes Care. 44:15-33.
- Evert AB, Dennison M, Gardner CD, Garvey WT, Lau KHK, MacLeod J, et al. (2019). Nutrition Therapy for Adults with Diabetes or Prediabetes: A Consensus Report. Diabetes Care. 42(5):731-754.
- Fraysse A. (2019). The combination of nutrition and herbal medicine to bring balance to diabetic conditions. 1. J Diabetes. 3:34.
- 4. Grimaldi. A. (2009). Trait de Diabetology. Flammarion Medicine Science.
- Giacco F, Brownlee M. (2010). Oxidative stress and diabetic complications. Circ Res. 107(9):1058-1070.

Intensive blood-glucose control with sulphonylureas or insulin compared with conventional treatment and risk of complications in patients with type 2 diabetes (UKPDS 33). (1998). The Lancet. 352(9131):837-853.

- Cotonou B. Étude ethnobotany des plants utilizes dans le treatment du diabetes chez les femmes' enceintes à Cotonou et Abomey-Clavi (Benin). J Amin Plant Sci. 2013; 18(1):2647-58.
- Eddouks M, Ouahidi ML, Farid O, Moufid A, Khalidi A, Lemhadri A. (2007). L'utilisation des plantes medicines dans le traitement du diabète au Maroc. Phytothérapie. 5(4):94-203.
- Bailey CJ, Turner RC. (1996). Metformin. N Engle J Med. 334(9):574-579.
- Ranjith RS, Chick AM, Raja Mohan T. (2013). Cytoprotective, antihyperglycemic and phytochemical properties of Cocos nucifera (L.) inflorescence. Asian Pac J Trop Med. 6(10):804-810.
- Weng Y, Yu L, Cui J, Zhu Y-R, Guo C, Wei G, et al. (2014). Antihyperglycemic, hypolipidemic and antioxidant activities of total saponins extracted from Aralia taibaiensis in experimental type 2 diabetic rats. J Ethnopharmacol. 152(3):553-560.
- Pereira FL, Oliveira VB, Viana CT, Campos PP, Silva MA, Brandi MG. (2015). Antihyperlipidemic and antihyperglycemic effects of the Brazilian salsaparrilhas Smilax brasiliensis Spreng. (Smilacaceous) and Herreria salsaparrilha Mart. (Agavaceae) in mice treated with a high-refined-carbohydrate containing diet. Food Res Int. 76:366-372.
- Zhang L, Tu Z, Xie X, Lu Y, Wang Z, Wang H, et al. (2016). Antihyperglycemic, antioxidant activities of two Acer palmate cultivars, and identification of phenolics profile by UPLC-QTOF-MS/MS: new natural sources of functional constituents. Ind Crops Prod. 89:522-532.
- 14. Guang-Kai XU, Xiao-Ying QIN, Guo-Kai W, Guo-Yong XIE, Xu-Sen LI, Chen-Yu SUN, et al. (2017). Antihyperglycemic, antihyperlipidemic and antioxidant effects of standard ethanol extract of Bombax ceiba leaves in high-fat-diet-and streptozotocin-induced Type 2 diabetic rats. Chin J Nat Med. 15(3):168-77.
- 15. Schlender J-L. (2014). Diabetes et phototherapy: les fiats. Medicine Mal Metalbillies. 8(1):101-106.
- Campbell IW. (2000). Antidiabetic drugs present and future. Drugs. 60(5):1017-1028.
- 17. Couchbound M. (2011). Validation des effects anti diabetic ques de Rhododendron Greenlandic, use planet medicinal des Cri de la Bay James, dans le module *in vitro* et *in vivo*: elucidation des mechanisms auction et identification des composes actives.
- Langford SD, Boor PJ. (1996). Oleander toxicity: an examination of human and animal toxic exposures. Toxicology. 109(1):1-13.
- 19. Miller J, Deutsch J, Kang S. (2009). Food studies. Intron Res Methods.
- Deters B, Saleem M. (2009). Hyperinsulinemia, cancer and maqui berry: The promise of nutritional supplementation. Food Sci Hum Wellness. 8(3):264-267.
- 21. Net JCGL, Damascene MMC, Coil MA, de Freitas RWJF, de Araújo MFM, de Souza Teixeira CR, et al. (2020). Analysis of the effectiveness of cinnamon (Cinnamomic velum) in the reduction of glycemic and lipidic levels of adults with type 2 diabetes. Medicine (Baltimore). 99(1):18553.
- 22. Qu'Iriarte-Baez SM, Zamora-Perez AL, Reyes-Estrada CA, Gutiérrez-Hernández R, Sosa-Macias M, Galaviz-Hernández C, et al. (2019). A shortened treatment with rosemary tea (Rosmarinus officinalis) instead of glucose in patients with diabetes mellitus type 2 (TSD). J Pop There Clin Pharmacology. 26(4):18-28.