A Study on Antioxidant Properties of **Hypoglycaemic Plants**

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Abstract - For health care systems, natural products are crucial. The numerous sources of plants and herbal substances have been exploited to create chemical compounds that are employed as raw materials in the creation of pharmaceuticals and other types of treatments. Since the development process from the plant to a purified, pharmacologically active component is extremely arduous and drawn out, a multidisciplinary approach is necessary. Despite the significance of contemporary medicines, the market for herbal cures is continuously expanding. The strong and effective herbal medicines need to be examined using established scientific methods in order to be validated for the treatment of ailments. Due to current patent laws, it is more important than ever to safeguard the claims of these time-tested traditional remedies. It is now essential to begin cataloguing the components and processes of these medicinal plants.

Keywords - Hypoglycaemic Plant, Antioxidant Properties, Herbal Medicines.

INTRODUCTION

Since the beginning of time, humans have depended on plants to provide their fundamental needs, including those for food, clothing, shelter, transportation, fertilisers, tastes, and smells, not to mention medicines. In countries like China and India, the plants gave rise to a traditional medicinal system that has endured for more than a century. For their healthcare needs, 80% of the world's population still uses traditional medicine systems, and these plant-based systems continue to be extremely important in the field of medicine [1]. Natural plant products have a significant role in the health care system for 20% of the population, especially in residential nations. These drugs come from a wide range of sources, such as terrestrial plants, terrestrial microorganisms, terrestrial marine life, terrestrial vertebrates, and terrestrial invertebrates [2].

Since the 1970s, flowering plants have yielded at least one useful medication, including the ovulatory contraceptive diosgenin from the Dioscorea plant, the anti-hypertensive reserpine and alkaloids from the Rauwolfia plant species, the glaucoma and dry mouth remedy pilocarpine from the citrus plant family (Pilocarpus spp.), and the powerful cytotoxic agents from the Catha plant. Atropine from Atropa belladonna, morphine and codeine from Papaver somniferum, quinine and quinidine from Cinchona species, among other important plant-based drugs, are some examples [3].

The Role of Herbal Medicine in Traditional System

A new WHO report claims that traditional medicines, including practises that have typically been in use for more than a century, are no longer being used due to their proliferating usage and progress. Traditional medicine combines the healing process with centuries-old indigenous medicinal practises [25]. formulations of traditional medicines derived from plants, organic matter, minerals, etc. In the Chinese medical system, groups of herbal flavours and physical locations are created by taking into account the components in a dynamic way. Herbs have traditionally been used in pharmaceutical sickness treatment. Herbs are used in folk remedies all over the world and are a part of tradition [4].

Indian System of Medicine (Ayurveda)

The oldest system of medicine in the world, known as Ayurveda, is said to have existed for at least 5,000 years. The premise of Ayurveda is that all matter in the cosmos is made up of air, space, energy, liquid, and solid. Numerous biological components, or stable quantitative markers that represent the body in its healthy condition, exhibit homeostasis. As a result, the concept is essential for maintaining the body's internal environment, buffer system (blood and tissue fluids), and homeostasis [5].

In several nations across the world, new natural substances and common products are starting to emerge as medications. Topical pain relief products containing capsaicin were marketed for conditions osteoarthritis. post-hepatic neuralgias, such

psoriasis, and diabetic neuropathy. Phase III clinical studies for diabetic retinopathy and Phase II trials for diabetic peripheral neuropathy were conducted on the salt of ruboxistaurin. Pyridoxamine dihydrochloride, a derivative of vitamin B6, is being studied by Biostratum [6]. It had no negative effects in phase I or phase II diabetic kidney disease experiments. a patented anti-diabetic botanical extract that was tested on 30 individuals with type 2 diabetes mellitus using Artemisia dracunculus. Phase III clinical studies for diabetic retinopathy are evaluating ruboxistaurin, a synthetic derivative of staurosporine, which is a competitive inhibitor of ATP binding to protein kinase [7].

A significant pool of potential drug species is still present in tropical rain forests. The tropical forest is home to 125,000 of the world's blooming plant species. It keeps providing essential chemicals to natural substances and creates the building blocks of new ones. Modern medicine is fully aware of these medications' unique effects on hypoglycemia levels and their ability to avoid diabetes' progressing nature [24]. Their vascular complications, both micro and macro, were slight and consistently effective. The use of insulin for therapy was effective in lowering blood sugar levels, however it has lately been linked to negative effects and ineffective enteral delivery. The reputation of blending medications has risen in recent years for several reasons. In India's natural and traditional medical system, nutritional measures include ancient herbal plant treatments [8].

DIABETES MELLITUS

The main symptoms of diabetes mellitus, which is characterised by hyperglycemia and glucose intolerance, are a lack of insulin, a reduction in the activity of the insulin receptor, or a combination of these factors. The endogenous component of insulin, which is natural, controls blood glucose levels [23]. The endogenous pancreas released insulin to regulate blood sugar when systemic blood glucose levels rose. The symptoms of diabetes mellitus can lead to kidney failure, nerve damage, and vision loss. Minor vascular damage, commonly known as microvascular disease, is one of these effects. The risk of stroke and coronary vascular disease is rising as the vascular arteries increasingly harden and narrow [9].

Symptoms of Diabetes Mellitus

The following are typical signs [10]:

- Frequent urination
- Severe thirst
- Accessible weight loss
- Rapidly changing eyesight
- Slow wound healing

Common Sequences of Diabetes Mellitus [11]

- Diabetes over time can harm the kidney, nerves, blood vessels, heart, and eyes.
- Diabetic retinopathy is a serious condition that increases the risk of blindness via long-term cumulative damage to the retina's tiny blood vessels. About 3% of persons with diabetes mellitus go blind after 15 years, while 11% experience significant vision impairment.
- As a result of diabetes, diabetic neuropathy causes damage to the nerves. Diabetes neuropathy can cause a wide range of issues, but its most typical signs include pain, tingling, numbness, or paralysis in the feet and heads.
- Neuropathy foot increases the likelihood of foot pain and ultimately limb amputation when combined with decreased blood flow.
- One of the main causes of renal failure is diabetes. Renal failure claims the lives of 10–18% of diabetics.
- Diabetes increases the risk of stroke and heart disease. Diabetes kills 50% of people and causes cardiovascular disease (primarily heart disease and stroke)
- Persons with diabetes often have a mortality risk that is at least double that of people without the disease.

Complications of Type 2 Diabetes Mellitus [12]

- Type 2 diabetes, the ability of insulin to prevent it, the accumulation of irregularities that characterise the metabolic syndrome, and how they all promote atherosclerosis and its effects.
- Prior to the manifestation of a clinical state, both Type 2 diabetes mellitus and atherosclerosis include a lengthy subclinical phase. The risk factors for developing cardiovascular disease and diabetes mellitus are part of the metabolic state.
- Increased glucose levels cause vascular tissues to exhibit pathological characteristics through a number of intricate mechanisms, including oxidative stress. elevated inflammation, lipotoxicity involving free fatty acids, protein glycation, and cellular insulin resistance. The processes that affect endothelial cells, vascular smooth muscle cells, monocytes, lymphocytes, and platelets to increase inflammation, promote fibrosis and thrombosis, and hasten atherosclerosis The best glycaemic management in diabetics may help prevent CVD in the long run [22].
- In diabetes mellitus, lipid accumulations in the tissues have a detrimental impact on insulin signalling and glucose metabolism.
- Lipid deposits, which are particularly may ingrained obesity, increase in inflammation, encourage diabetes, and worsen cardiovascular disease (CVD) through hormonal paracrine actions.

Haemostatic Abnormalities in Diabetes Mellitus

Diabetes is a long-term, progressive metabolic disorder that is characterised by the presence of edoema and blood clot changes that encourage vascular damage. The insulin prevents claims that fibrinolysis is suppressed because of the high levels of fibrinolytic inhibitor.

Oxidative stress plays a role in the diabetic cardiomyopathy pathogenesis. According to recent studies, the heart's maladaptation is caused by metabolic dysfunction linked to diabetes. significant contributors to oxidative stress, particularly in diabetics [13].

- Excessive formation of ROS induced by hyperglycemia, AGE and elevated free fatty acid.
- Reduction in mitochondrial ROS generation.
- ROS mediated activation of factors that are involved in the disease states of diabetic cardiomyopathy: inflammation, mesodermal origin dysfunction, cell death, cardiovascular remodelling;
- The biqil accumulation interrelated mechanisms, increased production of free radicals such as superoxide or decreasing antioxidant status. These processes include ascorbate metabolism, nitric oxide prostaglandin metabolism disruption, glycoxidation and organisation of higher glycation chemicals, development of the polyol pathway, changed cell and glutathione redox state, and ascorbate metabolism [21].

Free radicals are substances containing an unpaired outer orbital electron that are extremely reactive. The addition or removal of an electron can lead to the creation of free radicals in an oxidation-reduction process [20]. Since oxygen has two parallel-spin electrons in its outermost shell, it is regarded as a biradical that requires four electrons to be completely reduced to water. A peroxide anion is produced when oxygen receives an electron, and it protonates to form hydrogen peroxide (H2O2). The latter is not radical; by focusing on metals like iron that can be transformed, it is able to explain how cells might be harmed [14]. An electron reduction in H2O2 led to the organisation of the hydroxyl reductive. The first excited state of oxygen is single oxygen (O2), which can also initiate an oxygen radical chain reaction. Peroxynitrite is created during reperfusion when the superoxide radical and nitric oxide mix. This compound has detrimental consequences because it inhibits the vasodilator properties of nitric oxide. These reactive species possess the capacity to interact with large molecules and trigger a cascade of free radicals that results in cellular damage [15].

Antioxidant Defence Mechanism

Non-enzymatic enzymes' antioxidant abilities are reasonable for reactive species with harmful

properties. These defences are crucial because they completely keep out free radicals, giving biological places the maximum level of security. It makes use of SOD, catalase, and other specialised enzymatic antioxidants. Among the non-enzymatic antioxidants employed are vitamins C and E, carotenoids, thiol antioxidants, lipoic acid, natural flavonoids, and a hormone supplement [16]. Biological systems offer an supports internal environment that survival, development, and reproduction in addition to the external environment. However, oxidative damage invaded cellular regions, impairing their organisation and function, which was the conundrum of aerobic existence. The oxygenic threat is being caused by antioxidants, which developed simultaneously with our oxygen-rich environment [17].

The nutritional antioxidants, which are mostly derived from herbs, are believed to have a significant role in managing diabetes. The study of naturally occurring hypoglycaemic compounds with antioxidant activity thus assumes paramount significance. Antioxidants are becoming more popular as preventative and helpful agents that hunt down free radicals and stop the harm caused by them [18]. Numerous compounds, including vitamins, flavonoids. terpenoids, carotenoids, tannins, phytoestrogens are responsible for these qualities. It is advised to consume plants with high antioxidant potential such as Curcuma longa, Capsicum frutescens, Zinziber officinale, Allium cepa, and Schisangra chinesis. Experimental evidence supports the use of many antioxidants of plant origin as powerful preventative measures against free radical-mediated harm [19].

CONCLUSION

study that follows demonstrates antioxidants are gaining favour as beneficial and preventive agents that scavenge free radicals and halt the harm they cause. These properties are the result of a variety of substances, including vitamins, flavonoids, terpenoids, carotenoids, tannins, and phytoestrogens. Consuming plants with strong antioxidant potential like Schisangra chinesis, Curcuma longa, Capsicum frutescens, Zinziber officinale, and Allium cepa is encouraged. Numerous antioxidants with plant origins can be used as effective deterrents against damage caused by free radicals, according to experimental findings. To be validated for sickness treatment, effective and strong herbal drugs must be examined using traditional scientific processes. As a result of existing patent rules, the necessity to safeguard the claims of these tried-and-true folk therapies has risen. As a result, it is critical to begin documenting the components and functions of these medicinal plants.

REFERENCES

[1] Aheren B, Corrigan C. Intermittent Need for Insulin in a Subgroup of Diabetic Patients in

- Tanzania. *Diabetic Medicine* .1984; 2: 262-264.
- [2] Ahmed J, Hameed B, Das G, Siddiqui MA, Ahmed I. Postprandial Hypertriglyceridemia and Carotid Intima-Media Thickness in North Indian Type 2 Diabetes Subjects. *Diabetes* Research and Clinical Practice. 2005; 69: 142-150.
- [3] Bandaranayaake WM. Quality Control, Screening, Toxicity and Regulation of Herbal Drugs. IN Modern Phytomedicine. KGaA, Weinherim, Germany: wiley –VCH Verlag GmbH &Co; 2006.p.25-57.
- [4] Barak Zafrir, Jorge Pltzky. Atherogenesis, Coronary Heart Disease and Insulin Resistance Syndrome in Diabetes. International textbook of Diabetes mellitus. 4thed. Chichester, UK: Wiley publishers; 2015; 2: 1038-1040.
- [5] Cooper R, Cutler J, Desvigne Nickens P. Trends and Disparities in Coronary Heart Disease, Stroke and Other Cardio Vascular Disease in the United States: Finding of the National Conference on Cardiovascular Disease Prevention. Circulation. 2000; 102: 3137-3147.
- [6] Dehghan G, Tahmasebpour N, Hosseinpourfeizii MA, Sheikhzadeh F, Banan Khojasteh SM. Hypoglycemic Antioxidant and Hepato- and Nephroprotective Effects of Teucrium orientale in Streptozotocin Diabetic Rats. Pharmacology online, 2013; 1: 182-189.
- [7] Diazdaroglu M, Jaruga P, Birincioglu M, Rodriguez H. Free Radical Induced Damage to DNA: Mechanisms and Measurement. Free Radical Biology and Medicine. 2002; 32: 1102-1115. Chapter 11 Bibliography
- [8] Elsner M, Guldbakke B, Tiedge M, Munday R, Lenzen S. Relative Importance of Transport and Alkylation for Pancreatic Beta-Cell Toxicity of Streptozotocin. *Diabetologia*. 2000; 43: 1528–1533.
- [9] Evens JL, Goldfine ID, Maddux BA, Grodsky GM. Are Oxidative Stress Activated Signaling Pathways Mediators of Insulin Resistance and Beta Cell Dysfunction. *Diabetes*. 2003; 52(1):1-8.
- [10] Geetha M, Wahi AK. Antidiabetic Activity of Barleria prionitis Linn. Journal of Natural Remedies. 2001; 1(1): 64-66.
- [11] Halliwell B, Gutteridge JMC. Free Radicals in Biology and Medicine 3rded. London; Oxford University Press; 1999.
- [12] Hanapi NA, Azizi J, Ismail S, Manosar SM. Evaluation of Selected Malaysian Medicinal Plants on Phase I Drug Metabolishing Enzyme, CYP2C9, CYP2D6, and CYP3A4 Activities in vitro. International Journal of Pharmacology. 2010; 6: 494-499.
- [13] International Expert Committee Report on the Role of the A1c Assay in the Diagnosis of Diabetes. *Diabetes care*. 2009; 32:1327-1334.
- [14] Jagla A, Schrezenmeir J. Postprandial Triglycerides and Endothelial Function.

- Experimental and Clinical Endocrinology and Diabetes. 2001; 109: 533-547.
- [15] Jaya Preethi P. Herbal Medicine for Diabetes Mellitus: A Review. *International Journal of Phytopharmacy*. 2013; 3(1): 1-22.
- [16] Katare V, Pathak AK, Kori ML, Chakraborty B, Nandy S. Phytochemical and Pharmacognostical Studies of *Martynla annua* Plant. *International Research Journal of Pharmacy*. 2012; 3(6): 104-108.
- [17] Kavimani S, Saminathan K, Senthil Kumar R. Antioxidant and Free Radical Scavenging Activities of *Dolichandrone atrovirens* Using Various in vitro Assay Models. *International Journal of Phytopharmacology*. 2014; 5(4): 293-300.
- [18] Logerfo FW, Coffman JD. Vascular and Microvascular Disease of the Foot in Diabetes. Implication for Foot Care. New England Journal of Medicine. 1984; 311: 1615-1619.
- [19] Madawala SR, Andersson RE, Jastrebova JA, Almeida M, Dutta PC. Novel Conjugates of 1, 3-Diacylglycerol and Lipoic Acid: Synthesis, DPPH assay, and RP-LC –MS-APCI Analysis. *Journal of Lipids*. 2011; 10: 1-10.
- [20] Madhu V, Chinnaiah B, Swamy TN. Traditional Herbal Remedies to Cure Asthma in Adilabad District. *International Journal of Pharmacy and Life Sciences*. 2010; 1(4): 217-221.
- [21] Newmann, DJ, Cragg GM, Snader, KM. The Influence of Natural Products upon Drug Discovery. *Natural Product Reports*. 2000; 17: 215-218.
- [22] Nicolaou KC, Snyder SA. The Essence of Total Synthesis. Proceedings of the National Academy of Sciences of the United States of America. 2004; 101(33): 11929–11936.
- [23] Nilima S Rajurkar, Hande SM. Estimation of Phytochemical Content and Antioxidant Activity of Some Selected Traditional Indian Medicinal Plants. *Indian Journal of Pharmaceutical Sciences*. 2011; 73(2): 146–151.
- [24] Permert J, Larsson J, Westermark GT. Islet Amyloid Polypeptide in Patients with Pancreatic Cancer and Diabetes. *New England Journal of Medicine*. 1994; 330: 313-318.
- [25] Peterson EA, Overman LE. Contiguous Stereogenic Quaternary Carbons: A Daunting Challenge in Natural Products Synthesis. Proceedings of the National Academy of Sciences of the United States of America. 2004; 101(33): 11943–11948.
- [26] Ranjit Singh, Rajasree PH, Sankar C. Screening for Anti Diabetic Activity of the Ethanolic Extract of Barleria cristata Seeds. International Journal of Pharmacy and Life Sciences. 2012; 3(10): 2044-2047.
- [27] Semple RK, Savage DB, Cochran EK. Genetic Syndromes of Severe Insulin

- Resistance. *Endocrine Reviews*. 2011; 32: 498-514.
- [28] Tushar Kanti Patra, Rudrajit Paul, Sanjay Kumar Mandal, Lopamudra Mandal. Liver Function Tests in Type 2 Diabetes Mellitus Patients with and Without Oral Hypoglycemic Agents and Statin Intake. *Indian medical gazette*.2012; 388-393.
- [29] Udupa AI, Kulkarni DR, Udapa SL. Effect of Tridox procumbens Extracts on Wound Healing. International Journal of Pharmacology. 1995; 33
- [30] West E, Simon OR, Morrison EY. Streptozotocin Alters Pancreatic Beta-Cell Responsiveness to Glucose Within Six Hours of Injection into Rats. West Indian Medical Journal. 1996; 45: 60–62.
- [31] Yazdanparast R, Esmaeili MA, Helan JA. Teucrium polium Extract Effects Pancreatic Function of Streptozotocin Diabetic Rats: A Histopathological Examination. Iranian Biomedical Journal. 2005; 9(2): 81–85.
- [32] Yu BP. Cellular Defenses against Damage from Reactive Oxygen Species. *Biological Review*. 1994; 74: 139.
- [33] Giardino I, Edelstein D, Brownlee M. BCL–2 Expression or Antioxidants Prevent Hyperglycemia-Induced Formation of Intracellular Advanced Glycation End Products in Bovine Endothelial Cells. *Journal of Clinical Investigation*. 1996; 97(6): 1422-1428.
- [34] Kokate CK, Purohit AP, Gokhale SB. Pharmacognosy. 39 th ed, Pune: Nirali prakasham; 2007.p.120-121.
- [35] Easu K. Plant Anatomy. New York: John Wiley and sons; 1964. p.767.
- [36] Clardy J, Walsh C. Lessons from Natural Molecules. *Nature*. 2004; 432 (7019): 829–837.

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