

Evaluation of classical and marketed ayurvedic antidiabetic drug/formulations in type 2 diabetics

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Diabetes is rapidly emerging as a major health care problem and prevalence of type 2 diabetes has increased greatly over the past decade and it is found difficult to treat effectively in the long term. We observe that majority of patients are overweight or obese and will be unable to achieve or sustain near normoglycaemia with modern anti diabetic agents; a sizeable proportion of patients will eventually require Ayurveda therapy to maintain long-term glycaemic control, either as single herb/formulation or in conjunction with modern oral antidiabetic therapy. 21.5% general public have the first choice to treat diabetic in Ayurveda and Seventy three percentage of diabetic patients prefer effective Ayurveda medicine for their treatment either as food supplements or as drug. Today's Ayurveda clinicians are presented with an extensive range of single herb and formulation for type 2 diabetes. Therefore one observational study was conducted in NRIADD, Kolkota to evaluate the clinical outcome of commonly used classical and marketed ayurvedic antidiabetic drug/formulations in between July 2012 to June 2013. The selection of initial drug/formulation are based on a clinical parameters like-Agni(digestive fire), Prakruti (constitution), Ahara shakti(digestive power), Vyayama shakti(Physical strength) and biochemical assessment of the patient and safety considerations. Oral antidiabetic agents should be initiated at a low dose and titrated up according to glycaemic response, as judged by measurement of glycosylated haemoglobin (HbA1c) concentration, supplemented in some patients by self monitoring of capillary blood glucose. The commonly prescribed single herb are Karela (*Momordica charantia*) and Mesasringi (*Gymnema sylvestre*). The Other Poly herbal compounds are Amree-plus granules(AIMIL), Diabecon(Himalaya), Madhurakshaka(Dabur), Madhumehantak(Nutri), Zpter(Solumiks), Diabind(IND), Vasanta kusumakar Rasa, Triphala Churna, Chandraprava Vati. These main classes include agents that stimulate insulin secretion (*Gymnema sylvestre*), reduce hepatic glucose production (Katuki), delay digestion and absorption of intestinal carbohydrate (Karela) or improve insulin action (Chandraprava vati). We are confirmed drug's clinical efficacy by targeting postprandial hyperglycaemia. Our Preliminary observational data suggesting that Amree-plus granules(AIMIL) may provide better glycaemic control. Some Ayurvedic Practitioner prescribing Triphala churna in prediabetic individuals having non alcoholic fatty liver. However, intensive lifestyle intervention can be more effective along with the Ayurveda drug/formulations.

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