

Alternative and Complementary Medicines for diabetic Treatment

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Perspective

Electroacupuncture (EA) was paired with food therapy. Stomach hypomotility (delayed gastric emptying) was considerably improved in the integrated acupuncture group after therapy compared to a control group of patients treated with domperidone and diet management. The integrated acupuncture group had a total efficacy rate of 97%, which was significantly higher than the domperidone control group (87%). Diabetes is now the most frequent, significant, and costly public health problem in the world, both for the disease itself and for its severe secondary consequences. Microangiopathies that lead to nephropathies, optic nerve damage that leads to retinopathies, and diabetic peripheral neuropathy (DPN) that causes pain, tingling, or numbness, as well as loss of feeling in the hands, arms, feet, and legs, can all be caused by uncontrolled diabetes levels. Furthermore, in the most serious cases, this can lead to more severe macroangiopathies, as well as consequences including stroke and ictus.

Diabetic gastroparesis (DGP) is a form of chronic diabetes complication marked by delayed stomach emptying and upper abdominal symptoms such as nausea, vomiting, early satiety, bloating, and epigastric discomfort. A 10-year community-based study of gastroparesis in Olmsted County found that Type 1 and Type 2 diabetics, respectively, had a cumulative gastroparesis incidence of 5.2% and 1.0%, which was significantly greater than the 0.2% incidence in non-diabetic persons. Delayed stomach emptying, gastric dysrhythmia, pylorus spasm, non-synchronized gastroduodenal motility, and reduced meal adaptation may affect their quality of life and blood glucose control, as these symptoms are known to cause malnutrition and significant glucose fluctuation. Prokinetic drugs, gastric pacemaking, and surgery are all common Western medicine treatments for gastroparesis. Extrapyrimal symptoms, cardiac arrhythmia, local infection, hunger, and weight loss are all possible side effects. Acupuncture, moxibustion, and massage are complementary

alternative medical procedures that have been shown to have a high level of efficacy and little adverse effects, and are rapidly gaining popularity across the world. Many studies have shown that complementary alternative medicine can enhance gastrointestinal motility and speed up gastric emptying, implying that it could be used to treat DGP. Here, we show the many typical complementary and alternative medicine approaches used in DGP therapies, as discovered by Pubmed and CNKI, respectively, in English and Chinese publications.

The global prevalence of chronic inflammatory metabolic illnesses such as type 2 diabetes (T2D) is rising. By 2030, the prevalence of T2D is anticipated to rise from 2.8 percent in 2000 to 4.4 percent. T2D-related mortality are also anticipated to rise globally between 2005 and 2030. T2D affects 25.8 million people in the United States, or 8.3% of the population, including children and adolescents. T2D is frequently accompanied by metabolic problems such as dyslipidemia, hypertension, or vascular endothelial dysfunction, which can lead to micro- and macrovascular consequences. Although diet and exercise are important components of T2D treatment, the majority of people need pharmaceutical intervention, which may include metformin, sulfonylureas, thiazolidinediones, or glucagon-like peptide-1 agonists. Unwanted side effects of these anti-diabetic medicines, such as weight gain, hypoglycemia, and/or subsequent failure, may have expedited the rise of complementary and alternative medicine.

Globally specific anti-diabetic chemicals from noni roots, but not from noni fruits, have exhibited the maximum anti-diabetic advantages as described above, producing more than \$28 billion in profits. Two anthroquinones isolated from *M. citrifolia* roots, lucidin 3-O-d-primeveroside and morindone-6-O-d-primeveroside, reduced blood glucose in streptozotocin-induced ddY diabetic male mice, whereas alizarin-2-methyl ether, rubiadin-1-methyl ether, and 1,2-dimethoxyanthraquinone isolated from *Morinda officinalis* roots increased. In 3T3-L1 adipocytes, episesamin 2,6-dicatechol, liriorelinol B, liriorelinol B dimethyl ether, and ursolic acid isolated from dried powder of *Morinda citrifolia* (plant parts unknown) all improved glucose absorption.

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