INTERNATIONAL JOURNAL OF PHYTOTHERAPY RESEARCH
ISSN 2278 – 5701

Research article

MANKIND FORMULATION OF HERBAL MEDIFPREPARATION FOR ANTIDIABETIC

Manish RA*[1], Rajni HS[2]

1. G. N. A. Arts, Commerce and Science Collage Barshitakli, Dist- Akola
2. Medical Product of Science College of Pharmacy, Dist- Akola

Corresponding Author: Dr. Manish Rambhau Ahir, Head, Depertment of Microbiology, G.N.A Collage Barshitakli, Dist Akola-444002

ABSTRACT:
Dibeties is one of the critical stages not only in 21th century but for an ancient time. It is a arise question for challenging to a researcher. Dibeties mellitus is a chronic metabolic disorder resulting for insulin deficiency. In traditional Ayurvedic system of medicine physician treat a dibeties mellitus is easier but there is a side effect. So in this research here studies less side effects herbal plants. Which is available various hilly and climatic surroundings very effective for dibeties. *Tincture Wrightia* combines with *Arjuna* and *Hirda* with best base like honey bee was used. A number of med formulation are found in marketed to be useful are a treat a dibeties patient. This short study is a good indicator for idealness of a dibeties therapy. In a different in between investigation reduction in blood glucose level an increase a body weight is a study of hypoglycemic activities. Present study has been made to comparative and efficiency and a med digestive formulation of their hypoglycemic activity. A present investigation was under taken in an med formulation for antidiabetic preparation containing 3 different herb and one base for stay to stabilize stander glucose level to control hyperglycemia and hypoglycemia.
KEYWORDS: Dibeties, Medi digestive formulation, Hirda, Arjuna, Wrightia Tinctoria, Honey.

INTRODUCTION

In worldwide population, dibeties mellitus (DM) is acute disorder which found in huge number of patient (Centers for Disease Control and Prevention, 2012). Result from insulin deficiency by hyper glycemia altered the metabolism of carbohydrate protein and lipids and increase risk of the vascular complication insulin deficiency may be absolute or relative and metabolic abnormalities lead to classic sympose of polyureas (frequent urination) polydpsia (excessive thirst) polyphagia (excessive hunger) and ferigue long term complication of DM induce gangrene poliferative retinopathy mycardial infraction microcirculation (Van DB *et al* 2006)
TYPE I : Insulin dependent Type one Juvenile onset IDDM.

TYPE II : Noninsulin dependent Type Two maturity onset NIDDM (UK Prospective Diabetes Study Group, 1998).

Diabetes mellitus, long considered a disease of minor significance to world health, is now emerging as one of the main threats to human health in the next century. In the Indian

ISSN 2278 – 5701

scenario, the WHO has estimated a sharp upswing in the number of diabetics from 19.4 million in 1995 to an expected 6 million by 2025 (WHO,1999).

More than 450 plants worldwide have been documented as beneficial in the treatment of diabetes (Diabetes National Service Framework Delivery Strategy, 2002). Studies with most effective plants, demonstrated that the anti-hyperglycaemic activities. A study was therefore undertaken to assess the impact of Ayurvedic med antidiabetic new drugs introduce to a researcher. Diabetes is a long-term condition that causes high blood sugar levels (RAHEJA *et al* 2001). Type 1 Diabetes - the body does not produce insulin. Approximately 10% of all diabetes cases are type 1. Type 2 Diabetes - the body does not produce enough insulin for proper function. Approximately 90% of all cases of diabetes worldwide are of this type (Knowler WC *et al* 2002)

MATERIAL AND METHODS: In this result again glucose level while examines the glucose in method research combine drugs give better results than comparatively individual (separation) drugs. Dose taken for experiment firstly separately each drugs studies. They give differed Table 1and Table 2. Shown different tress of glucose while administer the dose in oral route. The different source gives good new drug or a lead to make a new combination drug (Sanjeev KS *et al* 2012)

Table 1. Medicinal herb used in ayurveda having antidiabetic activity.

				Hour after Oral Rout			**Laboratory Examination Result**	
Sr No.	**Plant Name**	**Herbal Formulation Common Name**	**Herbal Preparation and Doses**	**Onset action**	**Max. action**	**Duration action**	**Before Meal**	**After Meal**
1	*Hirda*	*Terminalia Chebula*	Powder (1.2 gm)	1 hour	2 to 3 hour	5-7 hour	250 Glucose +nt in body	150 Glucose +nt in body
2	*Arjuna*	*Terminalia. Arjuna*	Powder (1.2 gm)	1 hour	2 to 3 hour	5-7 hour	320 Glucose +nt in body	220 Glucose +nt in body
3	*Wrightia Tinctoria*	*Jaundice Curative*	Powder (1.2 gm)	1 hour	2 to 3 hour	5-7 hour	280 Glucose +ntt in body	180 Glucose +nt in body

*1.2 gm preparation each dose + add 3 ml of honey bee as a base for oral route administration.

ISSN 2278 – 5701

Table 2. Combine preparation herb medicine drugs used in ayurvedic having antidiabetic activity.

		Hour after Oral Rout			Laboratory Examination Result	
Sr No.	**Mix herbal preparation dose**	**Onset action**	**Max. action**	**Duration action**	**Before Meal**	**After Meal**
1	Powder 1.2 gm	1 hour	2 to 3 hour	5-7 hour	230 Glucose $+^{nt}$ in body	98 Glucose $+^{nt}$ in body
2	Powder 1.5 gm	1 hour	2 to 3 hour	5-7 hour	320 Glucose $+^{nt}$ in body	178 Glucose $+^{nt}$ in body
3	Powder 1.8 gm	1 hour	2 to 3 hour	5-7 hour	280 Glucose $+^{nt}$ in body	118 Glucose $+^{nt}$ in body
4	Powder 2.1 gm	1 hour	2 to 3 hour	5-7 hour	270 Glucose $+^{nt}$ in body	90 Glucose $+^{nt}$ in body

*As per dose preparation in gram + add 3 ml of honey bee as a base for oral route administration.

RESULTS AND DISCUSSION

Altogether 3 Herbals medicinal plants belonging to different families have been there different activities and there chemicals constitute, pharmacological activities. In this analysis there is a shown antidiabetic property. In this preparation Hirda shows result about glucose while giving a administer a oral route in the form of powder containing 0.2 gm of dose which shows onsets of action in an one hour is that tested as 98 % of glucose present in the body while before meal is tested its give 230% of glucose. As similarly the above result methods are same but the herbal preparations are different like *Terminal Arjuna* and there is a different therapeutic activity. The herbal given and tested before meal 320% of glucose levels present in the body after 1 hour the oral administer of herbal dose is 220% of glucose shown in Table 1. One and same preparation for *Wrightia Tinctoria* shows value before meal 270% and after meal 90% of glucose level tested. The test for mix preparation of against diabeties, in this research shows their antidiabetic properties in the table.2. Ina mix herbal preparation there is a drug in the powder form which shows the dose 1.2 gm, 1.5 gm, 1.8 gm, 2.1 gm as like in one hour before shown it's the level of glucose 230%, 320%, 280% and 270% present in the body. Then after meal it gives a result in a decrease glucose level which shown that 98%, 178%, 118% and 90% in laboratory examine. In each preparation add 3 ml of honey bee as a base for oral route administration. These preparations for diabetes and as same for have the potential for further investigations. Such studies may provide new materials to the workers in the field of pharmacology and phytochemistry. Therefore the current study will further help

in conservation of traditional ethnomedicinal knowledge as well as development of suffering people worldwide.

CONCLUSION

From this study, it is clear that the medicinal plants play a vital role against diabetic diseases. Various herbal plants have significant Anti-diabetic activity our review result shows that above-mentioned medicinal plants could prevent from Diabetes, with the principle on dose-dependent. A variety of Ayurvedic preparations have been reported to possess that activity. Hence the review study is concluded that the herbal drug possesses anti-diabetic activity and it has been proved by different human being who gives many links to develop the value of living being.

REFERENCES:

[1] World Health Report, Incidence of diabetes in India, The Hindu, 3, 16. 1999.

[2] Van den Berghe G, Wilmer A, Hermans G, Meersseman W, Wouters PJ, Milants I, Van Wijngaerden E, Bobbaers H, Bouillon R: Intensive insulin therapy in the medical ICU. *N Engl J Med* 354:449–461, 2006.

[3] Knowler WC, Barrett-Connor E, Fowler SE, Hamman RF, Lachin JM, Walker EA, Nathan DM. Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. N Engl J 346(6):393-403, Med 2002.

[4] UK Prospective Diabetes Study Group Intensive blood-glucose control within patients' sulponylurea or insulin compared with conventional treatment and risk of in patients with complications in patients with type 2 diabetes (UKP DS 33), The Lancet 352 837-851, 1998.

[5] Diabetes National Service Framework Delivery Strategy, Department of Health, 2002.

[6] Centers for Disease Control and Prevention. *National Diabetes Fact Sheet, 2011*. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services; 2011. http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2011. pdf. Accessed April 16, 2012.

[7] RAHEJA BS, KAPUR A, BHORASKAR A, *et al*. DiabCare Asia—India Study: Diabetes care in India—Current status. J Assoc Physicians India 2001; 49:717–22.

[8] NAGPAL J, BHARTIA A. Quality of diabetes care in the middle- and high-income group populace: The Delhi Diabetes Community (DEDICOM) survey. Diabetes Care 2006; 29:2341–8.

[9] Sanjeev Kumar Singh and Dr. Kameshwar Singh. Study of Simplex Method For Linear Programming:, 2012 An Overview 57-60.