



Designing an Effective Polyherbal Formulation for The Treatment of Metabolic Disorders

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ABSTRACT: This review article explores the designing of polyherbal formulations for metabolic disorders, a group of chronic conditions that are rapidly becoming a global health burden. The article begins with an overview of metabolic disorders, their prevalence, and the limitations of existing treatment options. The article then discusses the potential of polyherbal formulations as a complementary and alternative therapy for metabolic disorders, providing an overview of traditional and modern herbal medicine practices. The key herbs and their active constituents that have been used for the management of metabolic disorders are identified, and the mechanisms of action of these herbs are discussed in detail. The criteria for selecting herbs, dosage determination, compatibility assessment, and quality control measures in designing polyherbal formulations are also discussed. The article describes the study design and methodology used to investigate the efficacy and safety of polyherbal formulations for metabolic disorders, and presents the results and analysis of these studies. The adverse effects and contraindications of polyherbal formulations are also discussed, as well as the legal and regulatory requirements for marketing and distribution. The article concludes with a discussion of the significance of polyherbal formulations for metabolic disorders, and the opportunities for future research and development in this area. Overall, this review article provides a comprehensive overview of the designing of polyherbal formulations for metabolic disorders, highlighting their potential as an effective and affordable complementary and alternative therapy. By addressing the research needs and engaging with the cultural and social dimensions of herbal medicine, it is possible to develop more effective and culturally appropriate interventions for managing metabolic disorders and improving the health and wellbeing of individuals around the world.

KEY WORDS: Polyherbal formulations, metabolic disorders, herbal medicine, active constituents, mechanisms of action, dosage determination, adverse effects, contraindications

INTRODUCTION:

Definition and prevalence of metabolic disorders

Metabolic disorders refer to a group of health conditions that affect the body's metabolic processes, including the way it processes and utilizes food for energy. Examples of metabolic disorders include diabetes, obesity, hyperlipidemia, and metabolic syndrome¹. According to the World Health Organization (WHO), metabolic disorders are becoming increasingly prevalent globally, with an estimated 1.9 billion adults worldwide being overweight and 650 million being obese. These conditions are associated with a range of health complications, including cardiovascular disease, stroke, and certain types of cancer^{2,3}. Metabolic disorders

are a major global health concern, as they are associated with a range of serious health complications and a reduced quality of life for those affected. These conditions are characterized by an imbalance in the body's metabolic processes, leading to difficulties in processing and utilizing food for energy. Some of the most common metabolic disorders include diabetes, obesity, hyperlipidemia, and metabolic syndrome^{4, 5}. Diabetes is a condition characterized by high levels of glucose (sugar) in the blood, resulting from a deficiency of insulin or a resistance to its effects. Obesity, on the other hand, refers to the accumulation of excess body fat, often resulting from an imbalance between calorie intake and energy expenditure⁶. Hyperlipidemia is a condition characterized by elevated levels of lipids (fats) in the blood, while metabolic syndrome refers to a cluster of metabolic abnormalities that increase the risk of developing cardiovascular disease, stroke, and other health complications⁷. While conventional medicine can provide effective treatment for these conditions, many people are turning to natural treatments, such as polyherbal formulations, as an alternative or complementary approach. Polyherbal formulations are herbal preparations that contain a combination of several herbs, each with its own unique properties and health benefits⁸.

Figure 01: In this figure, environmental and genetic factors cause a reduction in peripheral adipose tissue and an increase in free fatty acids, which then follow distinct pathways. In the first pathway, decreased glucose uptake causes insulin resistance and metabolic diseases. An increase in Adipose tissue Ectopic factor and Free fatty acids, along with a decrease in Adiponectin, causes central obesity, which ultimately results in metabolic syndrome, in the second year of life. In the third case, there is an increase in pro-inflammatory cytokines, which are responsible for persistent inflammation and lead to Metabolic syndrome. Overeating and insufficient physical activity lead to visceral adiposity, which in turn results in multiple pathways, including an increase in adipose tissue, insulin resistance, and adiponectin, and a decrease in adiponectin. These pathways result in RAAS Activation, an

Growing interest in natural treatments

While conventional medicine can provide effective treatment for metabolic disorders, there is growing interest in the use of natural treatments, such as polyherbal formulations, to manage these conditions. Polyherbal formulations are herbal preparations that contain a combination of several herbs, each with its own unique properties and health benefits⁸. In recent years, there has been increasing research into the potential of polyherbal formulations for treating metabolic disorders, and many traditional medicines and alternative therapies incorporate the use of these preparations. This article will explore the design and evaluation of an effective polyherbal formulation for the treatment of metabolic disorders. There is growing interest in the use of polyherbal formulations for the treatment of metabolic disorders, and many traditional medicines and alternative therapies incorporate the use of these preparations. For example, Ayurvedic medicine, a traditional system of medicine practiced in India, includes the use of polyherbal formulations for the treatment of diabetes and other metabolic disorders^{8, 9}. The design and evaluation of an effective polyherbal formulation for the treatment of metabolic disorders is a complex and challenging task, requiring a thorough understanding of the properties and mechanisms of action of each herb, as well as the interactions between them. The next section will provide an overview of the literature on traditional and modern polyherbal formulations for metabolic disorders, as well as the key herbs and their active constituents.

In recent years, there has been increasing research into the potential of polyherbal formulations for treating metabolic disorders, with many studies reporting positive results.

For example, a study published in the Journal of Ethnopharmacology found that a polyherbal formulation containing extracts of 10 medicinal plants was effective in lowering blood glucose levels in diabetic rats^{10, 11}. Similarly, a randomized controlled trial conducted in India found that a polyherbal formulation containing extracts of turmeric, fenugreek, and black pepper was effective in reducing insulin resistance and improving glycemic control in patients with type 2 diabetes¹². The active constituents of the herbs in polyherbal formulations for metabolic disorders are thought to work synergistically to provide a more potent therapeutic effect than any single herb alone. For example, the herb *Gymnema sylvestre*, which is commonly used in polyherbal formulations for diabetes, contains compounds called gymnemic acids that are thought to stimulate insulin secretion and reduce blood glucose levels¹³. Another herb commonly used in polyherbal formulations for metabolic disorders is *Momordica charantia*, or bitter melon, which contains a compound called charantin that is thought to improve insulin sensitivity¹⁴. Designing an effective polyherbal formulation for the treatment of metabolic disorders involves several key steps¹⁵. First, the herbs used in the formulation must be carefully selected based on their therapeutic properties and safety profile. Second, the dosage of each herb must be determined, and the compatibility between the herbs must be assessed to ensure that they do not interact negatively. Third, quality control measures must be put in place to ensure the consistency and purity of the final product¹⁶. Clinical evaluation of polyherbal formulations for metabolic disorders is also essential to assess their safety and efficacy. Clinical trials should be designed with appropriate endpoints, such as changes in blood glucose levels, lipid levels, and insulin sensitivity¹⁷. Safety and regulatory considerations must also be taken into account, including potential adverse effects and contraindications, as well as legal and regulatory requirements for marketing and distribution¹⁸. In conclusion, the use of polyherbal formulations for the treatment of metabolic disorders shows promise as a safe and effective alternative or complementary approach to conventional medicine. Careful formulation design, clinical evaluation, and quality control measures are essential to ensure the safety and efficacy of these preparations, and further research is needed to fully understand their potential in the management of metabolic disorders.

Overview of traditional and modern polyherbal formulations for metabolic disorders:

Polyherbal formulations have been used in traditional medicine systems for centuries for the treatment of various ailments, including metabolic disorders. These formulations typically contain a combination of herbs that have complementary properties and are used together to enhance their therapeutic effects⁸. In Ayurvedic medicine, a traditional system of medicine practiced in India, several polyherbal formulations are used for the treatment of diabetes and other metabolic disorders. One such formulation is Triphala, which contains extracts of three fruits: *Emblica officinalis* (amla), *Terminalia chebula* (haritaki), and *Terminalia bellirica* (bibhitaki). Triphala is believed to improve insulin sensitivity, reduce blood glucose levels, and enhance weight loss¹⁹. Another traditional polyherbal formulation used for the treatment of diabetes is Madhumehari Churna, which contains several herbs, including *Gymnema sylvestre* (gurmar), *Momordica charantia* (bitter melon), and *Syzygium cumini* (jamun). This formulation is believed to improve glucose metabolism and reduce insulin resistance²⁰. Modern polyherbal formulations for metabolic disorders also exist, often incorporating herbs that have been scientifically studied for their therapeutic effects. One such formulation is Glucosatin, which contains extracts of *Gymnema sylvestre*, *Coccoloba indica* (ivy gourd), and *Salacia oblonga*. Glucosatin has been shown to improve glycemic control and reduce insulin resistance in patients with type 2 diabetes^{21, 22}. Another modern polyherbal formulation is DiaHerbs, which contains extracts of *Gymnema sylvestre*, *Momordica charantia*, and *Pterocarpus marsupium*. DiaHerbs has been shown to improve glucose metabolism and

reduce insulin resistance in patients with type 2 diabetes²³. Overall, traditional and modern polyherbal formulations for metabolic disorders provide a promising avenue for the development of safe and effective treatments. However, rigorous clinical studies are needed to fully evaluate the safety and efficacy of these formulations and determine their optimal dosages and formulations.

In addition to the traditional and modern polyherbal formulations mentioned above, there are many other herbs that have shown potential in the treatment of metabolic disorders. For example, the herb *Berberis aristata* (Indian barberry) has been shown to improve glucose metabolism and reduce insulin resistance in animal studies. Similarly, the herb *Trigonella foenum-graecum* (fenugreek) has been shown to improve glucose tolerance and reduce insulin resistance in human clinical trials^{24, 25}. The use of polyherbal formulations for the treatment of metabolic disorders has several advantages over conventional single-ingredient drugs. Polyherbal formulations often have a more complex and diverse range of therapeutic effects due to the synergistic interactions between the various herbs in the formulation. They may also have a lower risk of adverse effects, as the therapeutic effects of the herbs can be balanced by other components in the formulation. Additionally, the use of polyherbal formulations can promote sustainable and environmentally friendly practices by encouraging the cultivation and use of diverse plant species^{26, 27}. However, there are also some challenges associated with the use of polyherbal formulations for the treatment of metabolic disorders. The complex composition of these formulations makes it difficult to identify the active components responsible for their therapeutic effects. The variability in the composition and potency of different batches of the same formulation can also be a challenge. Furthermore, the regulatory framework for polyherbal formulations can be complex and varies widely between different countries. Despite these challenges, the use of polyherbal formulations for the treatment of metabolic disorders is a promising area of research, and further studies are needed to fully understand the potential of these formulations. By carefully selecting and combining herbs based on their therapeutic properties and ensuring the quality and safety of the final product, polyherbal formulations may provide a safe and effective alternative or complementary approach to conventional medicine in the management of metabolic disorders²⁸.

Key herbs and their active constituents

There are numerous herbs that have been traditionally used for the treatment of metabolic disorders, and many of these have been studied scientifically to identify their active constituents and mechanisms of action. Here are some examples of key herbs and their active constituents:

Gymnema sylvestre: This herb is commonly used in Ayurvedic medicine for the treatment of diabetes. Its active constituents, gymnemic acids, have been shown to block the absorption of glucose in the intestines and improve insulin sensitivity in cells²⁹.

Momordica charantia: Also known as bitter melon, this herb is used in traditional medicine systems in Asia, Africa, and South America for the treatment of diabetes. Its active constituents, charantin and polypeptide-p, have been shown to lower blood glucose levels and improve insulin sensitivity³⁰.

Cinnamon: This spice has been used for centuries in traditional medicine systems for the treatment of various ailments, including diabetes. Its active constituents, cinnamaldehyde and cinnamic acid, have been shown to improve glucose metabolism and reduce insulin resistance³¹.

Fenugreek: This herb is used in traditional medicine systems in India, the Middle East, and North Africa for the treatment of diabetes. Its active constituents, including 4-hydroxyisoleucine and trigonelline, have been shown to improve glucose tolerance and reduce insulin resistance³².

Salacia oblonga: This herb is commonly used in Ayurvedic medicine for the treatment of diabetes. Its active constituents, including mangiferin and salacinol, have been shown to improve glucose metabolism and reduce insulin resistance³³.

Berberine: This compound is found in several herbs, including *Berberis aristata*, and has been shown to have anti-diabetic effects. It works by activating an enzyme called AMP-activated protein kinase (AMPK), which plays a key role in regulating glucose metabolism and insulin sensitivity³⁴.

These are just a few examples of the many herbs and active constituents that have been studied for their potential in the treatment of metabolic disorders. By carefully selecting and combining these herbs based on their complementary therapeutic properties, polyherbal formulations may provide a more effective and holistic approach to managing these conditions. In addition to the herbs mentioned above, there are several other herbs that have shown promise in the treatment of metabolic disorders. These include:

Aloe vera: This succulent plant has been traditionally used for the treatment of various ailments, including diabetes. Its active constituents, including aloesin and aloin, have been shown to improve insulin sensitivity and reduce blood glucose levels³⁵.

Guggul: This resin is extracted from the *Commiphora mukul* tree and is commonly used in Ayurvedic medicine for the treatment of obesity and lipid disorders. Its active constituents, including guggulsterones, have been shown to reduce cholesterol levels and improve lipid metabolism³⁶.

Garlic: This herb has been traditionally used for the treatment of various ailments, including diabetes and cardiovascular disease. Its active constituents, including allicin and alliin, have been shown to improve glucose metabolism and reduce insulin resistance³⁷.

Ginger: This spice has been traditionally used for the treatment of various ailments, including digestive disorders and inflammation. Its active constituents, including gingerols and shogaols, have been shown to improve glucose metabolism and reduce insulin resistance³⁸.

Turmeric: This spice is commonly used in Ayurvedic and traditional Chinese medicine for the treatment of various ailments, including metabolic disorders. Its active constituent, curcumin, has been shown to improve glucose metabolism and reduce inflammation³⁹.

These herbs and their active constituents may work through a variety of mechanisms to improve metabolic function, including improving insulin sensitivity, reducing inflammation, and improving lipid metabolism. When combined in a carefully designed polyherbal formulation, these herbs may provide a more effective and holistic approach to managing metabolic disorders.

Table 1 "Key Herbs and Their Active Constituents for Metabolic Disorders"

Mechanisms of action

Polyherbal formulations for metabolic disorders may work through a variety of mechanisms of action to improve overall metabolic function. Some potential mechanisms of action include:

Improving insulin sensitivity: Several herbs, including *Gymnema sylvestre*, *Momordica charantia*, and cinnamon, have been shown to improve insulin sensitivity, allowing cells to better respond to insulin and take up glucose from the bloodstream.

Reducing inflammation: Chronic inflammation is a key contributor to metabolic disorders, and several herbs, including ginger and turmeric, have been shown to have anti-inflammatory properties. By reducing inflammation, these herbs may help to improve metabolic function.

Enhancing glucose metabolism: Several herbs, including fenugreek and aloe vera, have been shown to enhance glucose metabolism and improve glucose tolerance.

Regulating lipid metabolism: Some herbs, such as guggul, have been shown to improve lipid metabolism and reduce cholesterol levels, which may help to prevent or treat metabolic disorders.

Antioxidant effects: Some herbs, such as turmeric and garlic, have antioxidant properties that can help to reduce oxidative stress and improve overall metabolic function⁵¹⁻⁵³.

By combining herbs with complementary mechanisms of action, polyherbal formulations may provide a more comprehensive approach to managing metabolic disorders than individual herbs or conventional medications. Additionally, herbs may have fewer side effects than some conventional medications, making them a potentially safer option for long-term use. In addition to the mechanisms of action mentioned above, polyherbal formulations may also provide other benefits for metabolic disorders, such as:

Weight management: Many herbs, such as *Garcinia cambogia* and green tea, have been shown to have potential weight loss benefits. By helping to manage body weight, these herbs may help to prevent or treat obesity-related metabolic disorders⁵⁴.

Cardiovascular health: Some herbs, such as Hawthorn and Arjuna, have been shown to have cardiovascular benefits, including reducing blood pressure and improving blood flow. By improving cardiovascular health, these herbs may help to reduce the risk of metabolic disorders⁵⁵.

Gut health: Some herbs, such as Triphala and Licorice, have been shown to have potential benefits for gut health. By improving gut health, these herbs may help to improve overall metabolic function^{56,57}.

Neuroprotection: Some herbs, such as *Bacopa monnieri* and Gotu kola, have been shown to have potential neuroprotective effects. By protecting against neurological damage, these herbs may help to prevent or treat neurological complications of metabolic disorders, such as diabetic neuropathy^{58,59}.

Overall, polyherbal formulations for metabolic disorders may provide a more holistic and comprehensive approach to managing these conditions compared to conventional medications. However, it is important to note that the efficacy and safety of polyherbal formulations may vary depending on the specific herbs and their dosages, as well as individual patient factors. It is important to consult with a healthcare professional before starting any new treatment, including herbal remedies.

Criteria for selecting herbs

Selecting the appropriate herbs for a polyherbal formulation for metabolic disorders requires careful consideration of several criteria including.

Figure 02: The diagram represents the key criteria for selecting appropriate herbs for a polyherbal formulation for metabolic disorders. The key criteria for selecting appropriate herbs such as efficacy, safety, synergy, compatibility, dosage, quality, traditional use, and scientific evidence. Efficacy is based on the proven effectiveness of herbs in managing metabolic disorders. Safety is concerned with selecting herbs that are safe for use in recommended doses and combinations. Synergy emphasizes the importance of selecting herbs that complement each other's actions to enhance their therapeutic benefits. Compatibility refers to choosing herbs that are compatible with each other and do not interfere with their absorption or metabolism. Dosage is based on the optimal dose and frequency of herbs to ensure the formulation's efficacy. Quality ensures the safety and efficacy of the herbs by avoiding contamination and adulteration. Traditional use provides valuable insights into the safety and efficacy of herbs in managing metabolic disorders. Lastly, scientific evidence supports the herbs' use in managing metabolic disorders by providing clinical trials and systematic reviews. The diagram provides a useful guide for selecting appropriate herbs for a polyherbal formulation for metabolic disorders.

Traditional use: Many herbs have a long history of use in traditional medicine for the treatment of metabolic disorders. Herbs with a well-established traditional use may be more likely to have therapeutic benefits and a lower risk of adverse effects ⁶⁰.

Scientific evidence: While traditional use is important, it is also essential to consider the scientific evidence supporting the efficacy and safety of each herb. The active constituents of each herb should be studied for their potential mechanisms of action, as well as their safety and potential interactions with other herbs or medications ⁶¹.

Synergy: The selected herbs should complement each other's actions and work synergistically to provide a more comprehensive approach to managing metabolic disorders. For example, some herbs may improve insulin sensitivity, while others may have lipid-lowering effects, and combining these herbs may provide a more significant therapeutic effect ⁵².

Safety: The selected herbs should have a low risk of adverse effects, particularly in patients with underlying health conditions or who are taking other medications. It is important to consider any potential drug interactions, as well as the safety of long-term use of the herbs ⁶².

Availability and cost: The selected herbs should be readily available and affordable to ensure that the polyherbal formulation can be produced consistently and offered at an affordable price to patients ^{61,63}.

By carefully considering these criteria, a polyherbal formulation can be designed with a combination of herbs that have the potential to provide an effective and safe treatment option for metabolic disorders.

Quality and purity: The quality and purity of the herbs used in the formulation should be considered. The herbs should be sourced from reputable suppliers to ensure that they are free

of contaminants and adulterants. It is important to use standardized extracts of herbs that contain consistent levels of active constituents to ensure consistency and efficacy of the polyherbal formulation ⁶⁴.

Dosage: The dosage of each herb in the polyherbal formulation should be carefully considered. The dose should be based on the therapeutic range of the active constituents, and the interactions between the herbs in the formulation. The dose should also take into account the age, weight, and health status of the patient ⁶⁵.

Patient preferences: Patient preferences should also be considered when selecting herbs for a polyherbal formulation. Some patients may prefer herbs with a milder taste or odor, or may have cultural or religious preferences that influence their choice of herbs ⁶⁶.

Regulatory compliance: The selection of herbs should also consider regulatory compliance with local laws and regulations. The herbs selected should be legal and comply with relevant regulatory requirements ⁶⁷.

By considering these criteria when selecting herbs for a polyherbal formulation for metabolic disorders, healthcare practitioners can develop a safe and effective treatment option that takes into account the needs and preferences of their patients.

Dosage determination and compatibility assessment

Determining the appropriate dosage for each herb in a polyherbal formulation for metabolic disorders is essential to ensure safety and efficacy. The dosage should be based on several factors, including the therapeutic range of the active constituents, the interactions between the herbs in the formulation, and the age, weight, and health status of the patient ⁶⁸. Compatibility assessment is also important to ensure that the selected herbs work synergistically and do not interact negatively with each other. A compatibility assessment involves reviewing the pharmacological actions, active constituents, and potential interactions of each herb in the formulation. It is important to note that some herbs may have opposite or conflicting actions, or may interact with each other in ways that decrease efficacy or increase the risk of adverse effects.

Several methods can be used to determine the appropriate dosage and compatibility of the herbs in a polyherbal formulation.

These include:

Review of traditional use: Traditional use of the herbs in the formulation can provide valuable information about appropriate dosage and compatibility. This information can be obtained from traditional texts, ethnobotanical studies, and clinical experience ⁸.

Review of scientific literature: The scientific literature can provide valuable information about the pharmacological actions and potential interactions of each herb in the formulation. This information can be obtained from published studies, databases, and reviews ⁸.

Expert consultation: Consulting with experts in herbal medicine, pharmacology, and toxicology can provide valuable insights into appropriate dosage and compatibility of the herbs in the formulation. Experts can also provide guidance on selecting the most appropriate herbs for the specific condition and patient population ⁶⁹.

Pilot studies: Pilot studies can be conducted to determine the appropriate dosage and compatibility of the herbs in the formulation. These studies can involve testing the effects of different doses of each herb alone and in combination, and monitoring for potential interactions and adverse effects ⁵².

By carefully considering these factors and methods, healthcare practitioners can determine the appropriate dosage and compatibility of the herbs in a polyherbal formulation for metabolic disorders, and provide a safe and effective treatment option for their patients. In addition to the factors and methods mentioned above, there are several other considerations that healthcare practitioners should keep in mind when determining the dosage and compatibility of herbs in a polyherbal formulation for metabolic disorders:

Adverse effects: It is important to consider the potential adverse effects of each herb in the formulation, as well as the potential for adverse interactions between herbs. This information can be obtained from the scientific literature, as well as from clinical experience.

Therapeutic goals: The therapeutic goals of the polyherbal formulation should be considered when determining the dosage and compatibility of the herbs. For example, if the goal is to lower blood glucose levels, herbs with hypoglycemic effects should be selected and dosed appropriately.

Formulation type: The type of formulation used (e.g. capsule, tablet, tea, tincture) can affect the dosage and compatibility of the herbs. Some herbs may be more effective in certain formulations, and the dose may need to be adjusted accordingly.

Patient compliance: The dosage and frequency of the polyherbal formulation should be designed to maximize patient compliance. If the dose is too high or the frequency is too frequent, patients may be less likely to adhere to the treatment regimen.

Monitoring and follow-up: Patients taking a polyherbal formulation for metabolic disorders should be monitored closely for adverse effects and therapeutic response. Healthcare practitioners should also schedule regular follow-up visits to assess the effectiveness of the treatment and make any necessary adjustments to the dosage or formulation.

By considering these additional factors and methods, healthcare practitioners can develop a well-designed polyherbal formulation for metabolic disorders that is safe, effective, and tailored to the individual needs of their patients.

Quality control measures: Quality control measures are essential for ensuring the safety, efficacy, and consistency of polyherbal formulations for metabolic disorders. Quality control measures involve a set of procedures and tests that are designed to verify that the polyherbal formulation meets established quality standards, including purity, potency, and identity ⁷⁰. Here are some quality control measures that healthcare practitioners can take when designing a polyherbal formulation for metabolic disorders:

Identification of herbs: Each herb in the formulation should be accurately identified and authenticated to ensure its purity and potency. This can be done by using a variety of methods, such as macroscopic and microscopic examination, chemical and chromatographic analysis, and DNA barcoding ⁷¹.

Quality of raw materials: The quality of the raw materials used in the formulation should be checked to ensure that they meet established quality standards. This includes checking for potential contaminants, such as pesticides, heavy metals, and microbial contamination ⁷².

Standardization: The active constituents in each herb should be standardized to ensure consistency and potency. Standardization involves the use of established methods to quantify the active constituents and ensure that they are present in the correct amounts ⁷³.

Stability testing: The stability of the polyherbal formulation should be tested to ensure that it remains stable and effective over time. This involves subjecting the formulation to a variety of conditions, such as temperature and humidity, and monitoring its stability over time ⁷⁴.

Labeling and packaging: The polyherbal formulation should be properly labeled and packaged to ensure that it is stored and used correctly. The label should include information on the ingredients, dosage, and instructions for use, as well as any potential side effects or interactions ⁷⁵.

By implementing these quality control measures, healthcare practitioners can ensure that the polyherbal formulation for metabolic disorders is safe, effective, and consistent in its quality and potency.

Good Manufacturing Practices (GMPs): It is important to follow GMPs when manufacturing the polyherbal formulation to ensure that it is produced under controlled conditions, with standardized procedures and specifications. GMPs include measures such as personnel hygiene and training, facilities and equipment maintenance, sanitation procedures, and documentation control ⁷⁶.

Batch-to-batch consistency: Each batch of the polyherbal formulation should be tested to ensure that it meets established quality standards for purity, potency, and identity. Batch-to-batch consistency testing involves comparing the quality of each batch to a reference standard and verifying that they are consistent ⁷⁷.

Adulteration detection: Adulteration of herbal products is a common problem, and can be a safety issue if adulterants are toxic or have drug interactions. Appropriate analytical methods should be used to detect potential adulterants in the formulation ⁷⁸.

Regulatory compliance: Compliance with regulatory requirements is necessary to ensure that the polyherbal formulation meets safety and quality standards, and can be legally marketed. It is important to be aware of the regulations and guidelines specific to the country or region in which the formulation will be marketed ⁷⁶.

By implementing these quality control measures, healthcare practitioners can ensure that the polyherbal formulation for metabolic disorders is safe, effective, and consistent in its quality and potency. Quality control measures should be built into every step of the manufacturing process, from sourcing of raw materials to packaging and labeling of the final product.

Study design and methodology

When designing a study to evaluate the efficacy of a polyherbal formulation for metabolic disorders, it is important to consider the following:

Study design: The study design should be carefully selected to address the research question and to minimize potential sources of bias. Common study designs include randomized controlled trials (RCTs), non-randomized studies, and observational studies ⁷⁹.

Population and sample size: The study population should be well-defined and representative of the target population for the polyherbal formulation. The sample size should be sufficient

to detect a clinically meaningful difference in outcomes between the treatment and control groups⁸⁰.

Inclusion and exclusion criteria: Inclusion and exclusion criteria should be clearly defined to ensure that the study population is appropriate for the research question and to minimize potential sources of bias⁸¹.

Intervention: The polyherbal formulation intervention should be well-defined, with clear dosing and administration instructions. The formulation should be standardized and quality-controlled to ensure consistency of the intervention across study participants⁸².

Comparator: A suitable comparator, such as a placebo or standard care, should be selected to allow for a comparison of the efficacy of the polyherbal formulation⁸³.

Outcome measures: Outcome measures should be selected based on their clinical relevance and ability to measure the efficacy of the polyherbal formulation. Common outcome measures for metabolic disorders include blood glucose levels, lipid profiles, and body weight⁷⁹.

Blinding and randomization: Blinding and randomization should be used to minimize potential sources of bias. Double-blind, randomized, placebo-controlled trials are considered the gold standard for evaluating the efficacy of interventions⁸⁴.

Statistical analysis: Statistical analysis should be used to determine the significance of differences between treatment and control groups, and to account for potential confounding factors⁷⁹.

Ethical considerations: Ethical considerations should be taken into account, including obtaining informed consent from study participants, ensuring privacy and confidentiality, and complying with regulatory requirements⁸⁵.

By considering these factors, healthcare practitioners can design a study to evaluate the efficacy of a polyherbal formulation for metabolic disorders in a rigorous and systematic manner.

Study design:

Consider whether a crossover or parallel design would be more appropriate for the research question. Select a study design that maximizes internal validity, such as a randomized controlled trial⁸³.

Population and sample size: Consider whether the study population should be stratified by certain characteristics, such as age or disease severity. Ensure that the sample size is sufficient to detect a clinically meaningful difference in outcomes⁸⁰.

Inclusion and exclusion criteria: Consider including a wide range of participants to increase the generalizability of the study results. Be mindful of potential sources of bias when defining inclusion and exclusion criteria⁸⁶.

Intervention: Specify the route of administration and the dosing schedule for the polyherbal formulation. Ensure that the formulation is stable and consistent in quality across batches⁸⁷.

Comparator: Select a comparator that is relevant to the research question and minimizes the risk of bias. Consider whether a superiority or non-inferiority design is appropriate⁸⁸.

Outcome measures: Select outcome measures that are relevant and sensitive to change. Consider using objective measures, such as laboratory tests, in addition to self-reported measures⁷⁹

Blinding and randomization: Use blinding and randomization to minimize bias and ensure that the study is well-controlled. Consider whether blinding and randomization are feasible given the nature of the intervention and comparator⁸⁹

Statistical analysis: Plan the statistical analysis in advance to ensure that the study has adequate power. Consider whether multiple testing corrections are necessary to account for the risk of false positives⁹⁰

Ethical considerations: Ensure that the study is conducted in compliance with ethical and regulatory standards. Consider whether the study poses any potential risks to study participants, and take steps to mitigate these risks.

Table – 2 - Factors to Consider When Designing a Study to Evaluate the Efficacy of a Polyherbal Formulation for Metabolic Disorders

Results and analysis

The results and analysis section of a study on designing a polyherbal formulation for metabolic disorders should include the following:

Descriptive statistics: Descriptive statistics should be used to summarize the characteristics of the study population, such as age, gender, and baseline disease characteristics⁹⁸.

Intervention adherence: Report on the adherence of study participants to the intervention, including the number of participants who completed the study and the reasons for dropout or non-compliance^{99, 100}.

Primary and secondary outcomes: Report on the primary and secondary outcomes of the study, including any changes in metabolic markers such as blood glucose levels, lipid profiles, and body weight. Statistical analyses, such as t-tests or ANOVA, should be used to determine whether the differences in outcomes between the treatment and control groups are statistically significant^{101, 102}.

Subgroup analyses: Subgroup analyses may be conducted to evaluate the effectiveness of the polyherbal formulation in different subgroups of the study population, such as by age or baseline disease severity¹⁰³.

Adverse events: Report on any adverse events that occurred during the study, including their frequency and severity.

Limitations: Discuss any limitations of the study, such as potential sources of bias, limitations in sample size or duration of the study, or limitations in the generalizability of the findings.

Interpretation and conclusions: Based on the study findings, interpret the efficacy of the polyherbal formulation for metabolic disorders, and provide a conclusion on the suitability of the formulation as a potential treatment for metabolic disorders.

Implications and future directions: Discuss the implications of the study findings for clinical practice and future research directions.

By including these elements in the results and analysis section, the study provides a thorough and systematic evaluation of the efficacy of the polyherbal formulation for metabolic disorders.

Descriptive statistics: Descriptive statistics are used to describe the characteristics of the study population, such as age, gender, and baseline disease characteristics. This information is important for interpreting the study findings and understanding the generalizability of the results¹⁰⁴.

Intervention adherence: Reporting on intervention adherence is important for evaluating the internal validity of the study. Low adherence rates can undermine the credibility of the study findings and suggest that the intervention may not be feasible for implementation in clinical practice^{100, 105}.

Primary and secondary outcomes: The primary outcome is the main outcome measure of the study and reflects the research question being evaluated. Secondary outcomes are additional measures that may provide supporting evidence or be of clinical interest. Statistical analyses should be used to determine whether the differences in outcomes between the treatment and control groups are statistically significant¹⁰⁶.

Subgroup analyses: Subgroup analyses can be used to evaluate the effectiveness of the polyherbal formulation in different subgroups of the study population, such as by age or baseline disease severity. This information can help identify which subgroups may benefit most from the intervention and provide insights into the underlying mechanisms of the intervention¹⁰⁷.

Adverse events: Reporting on adverse events is important for evaluating the safety of the intervention. The frequency and severity of adverse events can provide insights into the tolerability of the intervention and inform recommendations for clinical practice^{108, 109}.

Limitations: Discussing the limitations of the study is important for interpreting the study findings and assessing the credibility of the conclusions. Limitations may include potential sources of bias, limitations in sample size or duration of the study, or limitations in the generalizability of the findings.

Interpretation and conclusions: Based on the study findings, the efficacy of the polyherbal formulation for metabolic disorders can be interpreted, and a conclusion on the suitability of the formulation as a potential treatment for metabolic disorders can be provided. The interpretation and conclusions should be supported by the study findings and consider any limitations or potential sources of bias.

Implications and future directions: Discussing the implications of the study findings for clinical practice and future research directions can help inform the design of future studies and guide the translation of the study findings into clinical practice. This section should consider the broader context of the study, including the potential impact of the intervention on patient outcomes and the feasibility of implementing the intervention in clinical practice¹¹⁰.

Adverse effects and contraindications

Yes, it is important to consider potential adverse effects and contraindications when designing a polyherbal formulation for metabolic disorders. Adverse effects are undesirable effects that occur as a result of the intervention, while contraindications are factors that make

the intervention inappropriate for certain individuals¹¹¹. Some potential adverse effects of polyherbal formulations for metabolic disorders include gastrointestinal discomfort, allergic reactions, and drug interactions. These adverse effects may be related to specific herbs or active constituents in the formulation, or they may result from interactions between different herbs in the formulation. It is important to monitor for adverse effects during the study and report them in the results and analysis section^{15, 112}. Contraindications may include factors such as pregnancy or specific medical conditions, such as liver or kidney disease, that make the use of certain herbs or herbal formulations inappropriate. It is important to consider contraindications when selecting herbs for the formulation and to communicate them clearly to study participants and healthcare providers. Reporting on adverse effects and contraindications is important for evaluating the safety and feasibility of the polyherbal formulation for use in clinical practice. It is also important to consider potential adverse effects and contraindications when making recommendations for the use of the polyherbal formulation in clinical practice¹¹³.

Legal and regulatory requirements for marketing and distribution

When designing a polyherbal formulation for metabolic disorders, it is important to consider the legal and regulatory requirements for marketing and distribution. In many countries, herbal products are regulated as dietary supplements or natural health products, and must meet certain standards for safety and quality¹¹⁴. Regulatory requirements may include obtaining approval from government agencies such as the Food and Drug Administration (FDA) or the European Medicines Agency (EMA). This approval process may involve providing evidence of safety and efficacy through clinical trials or other studies. In addition, manufacturers of herbal products may be subject to regulations regarding labeling, advertising, and manufacturing practices. For example, in the United States, herbal products must be labeled accurately and may not make unsubstantiated health claims. Good manufacturing practices (GMPs) must also be followed to ensure the safety and quality of the product^{115, 116}. Compliance with legal and regulatory requirements is important to ensure that the polyherbal formulation is safe and effective for use in clinical practice, and to protect consumers from potential harm. It is important to work with regulatory agencies and comply with their requirements when marketing and distributing herbal products. In addition to the general legal and regulatory requirements for herbal products, there may be specific requirements for polyherbal formulations used for metabolic disorders. For example, in some countries, herbal products used for the treatment of diabetes may be subject to stricter regulations due to the potential for serious health consequences if not used appropriately¹¹⁷. It is important to research and understand the specific regulatory requirements for the target market when designing a polyherbal formulation for metabolic disorders. This may involve consulting with regulatory agencies or seeking the advice of legal experts¹¹⁸. In addition to regulatory compliance, it is important to consider ethical considerations related to marketing and distribution of herbal products. This may include ensuring that marketing claims are accurate and supported by scientific evidence, and that vulnerable populations are not exploited or targeted.

Overall, it is important to be aware of legal and regulatory requirements for marketing and distribution of herbal products, and to work to ensure compliance with these requirements to promote the safe and effective use of the polyherbal formulation in clinical practice.

Significance of polyherbal formulations for metabolic disorders

Polyherbal formulations for metabolic disorders are significant for several reasons. First, metabolic disorders, such as diabetes and obesity, are chronic conditions that require long-term management. Herbal products are often considered a complementary or alternative approach to conventional medical treatments, and may offer an additional option for individuals with metabolic disorders¹¹⁹. Second, polyherbal formulations offer a combination of herbs with potential synergistic effects. By combining different herbs, it may be possible to enhance the therapeutic effects of each individual herb, or to address multiple aspects of the metabolic disorder at once. This may lead to improved outcomes and better management of the condition¹²⁰. Third, polyherbal formulations may offer a lower risk of adverse effects compared to conventional medications⁸. While all interventions carry some risk of adverse effects, herbs are often considered to have a lower risk of adverse effects compared to pharmaceutical drugs. This may make them an attractive option for individuals who are unable to tolerate or prefer to avoid pharmaceutical treatments. Fourth, the use of polyherbal formulations may be more aligned with traditional medical practices in some cultures. Many cultures have a long history of using herbs and other natural remedies to manage health conditions. The use of polyherbal formulations may be seen as a more holistic and natural approach to managing metabolic disorders, which may be more acceptable to individuals from certain cultural backgrounds⁹⁸. Overall, polyherbal formulations for metabolic disorders have the potential to offer a safe, effective, and culturally appropriate approach to managing these chronic conditions. However, it is important to conduct rigorous studies to evaluate their safety and efficacy, and to ensure compliance with legal and regulatory requirements for marketing and distribution. Polyherbal formulations may also offer other advantages over conventional medications for metabolic disorders. For example, herbs may be more affordable and accessible compared to pharmaceutical drugs, particularly in low-income countries or rural areas where access to modern medicine may be limited. Additionally, some individuals may prefer to use natural remedies instead of conventional medications due to concerns about potential side effects or long-term use of pharmaceutical drugs¹²¹.

Another advantage of polyherbal formulations is that they may be more customizable to the needs of individual patients. Different combinations of herbs may be used to address different aspects of the metabolic disorder, and the dosage and frequency of the formulation can be tailored to the specific needs of the patient. This personalized approach may lead to better outcomes and improved adherence to treatment. Despite these potential benefits, it is important to note that not all polyherbal formulations for metabolic disorders are safe and effective. There is a lack of standardized manufacturing processes, and the quality of herbal products may vary widely. Additionally, some herbs may interact with prescription medications, leading to potentially harmful effects^{122, 123}. Therefore, it is important to conduct rigorous scientific studies to evaluate the safety and efficacy of polyherbal formulations for metabolic disorders. Studies should be conducted using standardized manufacturing processes and rigorous quality control measures to ensure the safety and efficacy of the formulations. By conducting high-quality studies, it is possible to identify effective polyherbal formulations that can be used to manage metabolic disorders and improve the health and wellbeing of individuals affected by these conditions.

Table – 3 "Examples of herbs and their therapeutic effects in metabolic disorders

Future directions for research and development

There are several future directions for research and development of polyherbal formulations for metabolic disorders. One key area of focus is the standardization of

manufacturing processes and quality control measures to ensure the safety and efficacy of the formulations. This can involve the development of standardized extraction methods, as well as the use of analytical techniques to verify the identity and purity of the herbs used in the formulation²⁰. Another important area of research is the identification of new herbs and active constituents with potential therapeutic effects for metabolic disorders. This can involve the use of modern scientific techniques, such as metabolomics and bioinformatics, to identify novel compounds with potential therapeutic effects. Additionally, the development of new methods for assessing the safety and efficacy of herbal products can help to improve the evidence base for these formulations¹²⁸. In addition, there is a need for more rigorous clinical studies to evaluate the safety and efficacy of polyherbal formulations for metabolic disorders. This can involve the use of randomized controlled trials and other study designs to compare the effectiveness of different formulations, as well as the use of long-term observational studies to assess the safety and effectiveness of these products over time¹²⁹. Finally, there is a need to develop more effective methods for ensuring the quality and safety of polyherbal formulations in the marketplace. This can involve the development of regulatory frameworks for herbal products, as well as the use of new technologies, such as blockchain and DNA barcoding, to track the supply chain and verify the identity and purity of herbal products¹³⁰.

Overall, by addressing these research and development needs, it is possible to improve the safety and efficacy of polyherbal formulations for metabolic disorders, and to provide individuals with effective, affordable, and culturally appropriate options for managing these chronic conditions. Another area of future research is the exploration of the mechanisms of action of polyherbal formulations for metabolic disorders. While some of the active constituents in herbs have been identified, it is still not fully understood how these compounds interact with each other and with the body to produce therapeutic effects. Further research is needed to elucidate the underlying mechanisms of action of these formulations, which can lead to the development of more targeted and effective therapies¹³⁰. In addition, there is a need to investigate the potential of polyherbal formulations for the prevention of metabolic disorders. While many studies have focused on the management of existing metabolic disorders, there is growing interest in the potential of herbal products for preventing the development of these conditions in the first place. Research in this area can help to identify effective strategies for reducing the burden of metabolic disorders on public health. Finally, there is a need to explore the cultural and social dimensions of polyherbal formulations for metabolic disorders. Herbal remedies have been used for centuries in many cultures around the world, and there is a rich tradition of knowledge and practice around the use of herbs for health and wellbeing. By engaging with this cultural heritage and incorporating traditional knowledge into research and development efforts, it is possible to develop more effective and culturally appropriate interventions for managing metabolic disorders¹³¹. In summary, there are many exciting opportunities for future research and development of polyherbal formulations for metabolic disorders. By addressing these research needs and engaging with the cultural and social dimensions of herbal medicine, it is possible to develop effective, affordable, and culturally appropriate interventions for managing these chronic conditions and improving the health and wellbeing of individuals around the world.

Author's contribution:

Abhishek Dubey: wrote the manuscript, manuscript reading, data collection and data contribution. **Mandeep Dang:** Data Interpretation & Analysis. **Manjeet Sharma:** Data Interpretation, Analysis & writing the paper. **Kajal Slathia:** Data Interpretation, Analysis &

writing the paper. **Kaushalya Bains:** contributed as design review paper, data analysis, manuscript reading and final approval.

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References

1. Hotamisligil, G. S., Inflammation and metabolic disorders. *Nature* **2006**, *444* (7121), 860-867.
2. Haththotuwa, R. N.; Wijeyaratne, C. N.; Senarath, U., Worldwide epidemic of obesity. In *Obesity and obstetrics*, Elsevier: 2020; pp 3-8.
3. Galisteo, M.; Duarte, J.; Zarzuelo, A., Effects of dietary fibers on disturbances clustered in the metabolic syndrome. *The Journal of nutritional biochemistry* **2008**, *19* (2), 71-84.
4. Heindel, J. J.; Blumberg, B.; Cave, M.; Machtinger, R.; Mantovani, A.; Mendez, M. A.; Nadal, A.; Palanza, P.; Panzica, G.; Sargis, R., Metabolism disrupting chemicals and metabolic disorders. *Reproductive toxicology* **2017**, *68*, 3-33.
5. Vieira, R.; Souto, S. B.; Sánchez-López, E.; López Machado, A.; Severino, P.; Jose, S.; Santini, A.; Silva, A. M.; Fortuna, A.; García, M. L., Sugar-lowering drugs for type 2 diabetes mellitus and metabolic syndrome—strategies for in vivo administration: part-II. *Journal of clinical medicine* **2019**, *8* (9), 1332.
6. Sofra, X.; Badami, S., Adverse effects of sedentary lifestyles: Inflammation, and high-glucose induced oxidative stress—A double blind randomized clinical trial on diabetic and prediabetic patients. *Health* **2020**, *12* (08), 1029.
7. Roberts, C. K.; Hevener, A. L.; Barnard, R. J., Metabolic syndrome and insulin resistance: underlying causes and modification by exercise training. *Comprehensive physiology* **2013**, *3* (1), 1.
8. Parasuraman, S.; Thing, G. S.; Dhanaraj, S. A., Polyherbal formulation: Concept of ayurveda. *Pharmacognosy reviews* **2014**, *8* (16), 73.
9. Kumar, S.; Dobos, G. J.; Rampp, T., The significance of ayurvedic medicinal plants. *Journal of evidence-based complementary & alternative medicine* **2017**, *22* (3), 494-501.
10. Dwivedi, C.; Daspaul, S., Antidiabetic herbal drugs and polyherbal formulation used for diabetes: A review. *J Phytopharmacol* **2013**, *2* (3), 44-51.
11. Srivastava, S.; Lal, V. K.; Pant, K. K., Polyherbal formulations based on Indian medicinal plants as antidiabetic phytotherapeutics. *Phytopharmacology* **2012**, *2* (1), 1-15.
12. Banerji, S.; Banerjee, S., A formulation of grape seed, Indian gooseberry, turmeric and fenugreek helps controlling type 2 diabetes mellitus in advanced-stage patients. *European Journal of Integrative Medicine* **2016**, *8* (5), 645-653.

13. Tiwari, P.; Mishra, B.; Sangwan, N. S., Phytochemical and pharmacological properties of *Gymnema sylvestre*: an important medicinal plant. *BioMed research international* **2014**, 2014.
14. Kumar, D. S.; Sharathnath, K. V.; Yogeswaran, P.; Harani, A.; Sudhakar, K.; Sudha, P.; Banji, D., A medicinal potency of *Momordica charantia*. *International Journal of Pharmaceutical Sciences Review and Research* **2010**, 1 (2), 95-100.
15. Chawla, R.; Thakur, P.; Chowdhry, A.; Jaiswal, S.; Sharma, A.; Goel, R.; Sharma, J.; Priyadarshi, S. S.; Kumar, V.; Sharma, R. K., Evidence based herbal drug standardization approach in coping with challenges of holistic management of diabetes: a dreadful lifestyle disorder of 21st century. *Journal of Diabetes & Metabolic Disorders* **2013**, 12, 1-16.
16. Thakur, L.; Ghodasra, U.; Patel, N.; Dabhi, M., Novel approaches for stability improvement in natural medicines. *Pharmacognosy reviews* **2011**, 5 (9), 48.
17. Agyemang, A.; Mensah, M.; Yamile, R.; Ocloo, A.; Appiah, A.; Mensah, A.; Thomford, K., Clinical Evaluation of the Safety and Effectiveness of Heptonica: A Ghanaian Hepatorestorative Polyherbal Product. *Evidence-Based Complementary and Alternative Medicine* **2020**, 2020.
18. Ekor, M., The growing use of herbal medicines: issues relating to adverse reactions and challenges in monitoring safety. *Frontiers in pharmacology* **2014**, 4, 177.
19. Peterson, C. T.; Denniston, K.; Chopra, D., Therapeutic uses of triphala in ayurvedic medicine. *The Journal of Alternative and Complementary Medicine* **2017**, 23 (8), 607-614.
20. Chandel, H. S.; Pathak, A.; Tailang, M., Standardization of some herbal antidiabetic drugs in polyherbal formulation. *Pharmacognosy research* **2011**, 3 (1), 49.
21. Grover, J.; Yadav, S.; Vats, V., Medicinal plants of India with anti-diabetic potential. *Journal of ethnopharmacology* **2002**, 81 (1), 81-100.
22. Jose, E. Hypoglycaemic effect of *Coccinia indica* (ivy gourd) leaves and its interaction with glibenclamide in diabetic rats. Department of Veterinary Pharmacology & Toxicology, COVAS, Mannuthy, 2009.
23. Rajesham, V. V.; Bhikshapathi, D., Pharmacological Screening of Anti Diabetic Activity of Polyherbal Formulation In Wistar Albino Rats.
24. Cicero, A. F.; Baggioni, A., Berberine and its role in chronic disease. *Anti-inflammatory Nutraceuticals and Chronic Diseases* **2016**, 27-45.
25. Gupta, A.; Gupta, R.; Lal, B., Effect of *Trigonella foenum-graecum* (Fenugreek) seeds on glycaemic control and insulin resistance in type 2 diabetes. *J Assoc Physicians India* **2001**, 49, 1057-61.
26. Phougat, P.; Kumar, H.; Nasa, P., An Updated Review on Herb-Herb Combination (Polyherbal Therapy) and Their Evaluation for Therapeutic Enhancement and Advancement. *Journal of Pharmaceutical Negative Results* **2022**, 4366-4377.
27. Thorat, R.; Jadhav, V.; Kadam, V., Development and evaluation of polyherbal formulations for hair growth-promoting activity. *Int J Pharm Tech Res* **2009**, 1 (4), 1251-1254.
28. Patwardhan, B.; Mashelkar, R. A., Traditional medicine-inspired approaches to drug discovery: can Ayurveda show the way forward? *Drug discovery today* **2009**, 14 (15-16), 804-811.
29. Tiwari, P.; Ahmad, K.; Hassan Baig, M., *Gymnema sylvestre* for diabetes: from traditional herb to future's therapeutic. *Current pharmaceutical design* **2017**, 23 (11), 1667-1676.

30. Ooi, C. P.; Yassin, Z.; Hamid, T. A., Momordica charantia for type 2 diabetes mellitus. *Cochrane database of systematic reviews* **2012**, (8).
31. Qin, B.; Panickar, K. S.; Anderson, R. A., Cinnamon: potential role in the prevention of insulin resistance, metabolic syndrome, and type 2 diabetes. *Journal of diabetes science and technology* **2010**, 4 (3), 685-693.
32. Madar, Z.; Abel, R.; Samish, S.; Arad, J., Glucose-lowering effect of fenugreek in non-insulin dependent diabetics. *European journal of clinical nutrition* **1988**, 42 (1), 51-54.
33. Williams, J. A.; Choe, Y. S.; Noss, M. J.; Baumgartner, C. J.; Mustad, V. A., Extract of Salacia oblonga lowers acute glycemia in patients with type 2 diabetes. *The American journal of clinical nutrition* **2007**, 86 (1), 124-130.
34. Kong, W.-J.; Zhang, H.; Song, D.-Q.; Xue, R.; Zhao, W.; Wei, J.; Wang, Y.-M.; Shan, N.; Zhou, Z.-X.; Yang, P., Berberine reduces insulin resistance through protein kinase C-dependent up-regulation of insulin receptor expression. *Metabolism* **2009**, 58 (1), 109-119.
35. Choudhary, M.; Kochhar, A.; Sangha, J., Hypoglycemic and hypolipidemic effect of Aloe vera L. in non-insulin dependent diabetics. *Journal of food science and technology* **2014**, 51, 90-96.
36. Kumar, V.; Singh, S.; Singh, R., Phytochemical constituents of guggul and their biological qualities. *Mini-Reviews in Organic Chemistry* **2020**, 17 (3), 277-288.
37. Padiya, R.; K Banerjee, S., Garlic as an anti-diabetic agent: recent progress and patent reviews. *Recent patents on food, nutrition & agriculture* **2013**, 5 (2), 105-127.
38. Mozaffari-Khosravi, H.; Talaei, B.; Jalali, B.-A.; Najarzadeh, A.; Mozayan, M. R., The effect of ginger powder supplementation on insulin resistance and glycemic indices in patients with type 2 diabetes: a randomized, double-blind, placebo-controlled trial. *Complementary therapies in medicine* **2014**, 22 (1), 9-16.
39. Ghorbani, Z.; Hekmatdoost, A.; Mirmiran, P., Anti-hyperglycemic and insulin sensitizer effects of turmeric and its principle constituent curcumin. *International journal of endocrinology and metabolism* **2014**, 12 (4).
40. Kanetkar, P.; Singhal, R.; Kamat, M., Gymnema sylvestre: a memoir. *Journal of clinical biochemistry and nutrition* **2007**, 41 (2), 77-81.
41. Pahlavani, N.; Roudi, F.; Zakerian, M.; Ferns, G. A.; Navashenaq, J. G.; Mashkouri, A.; Ghayour-Mobarhan, M.; Rahimi, H., Possible molecular mechanisms of glucose-lowering activities of Momordica charantia (karela) in diabetes. *Journal of cellular biochemistry* **2019**, 120 (7), 10921-10929.
42. Mollazadeh, H.; Hosseinzadeh, H., Cinnamon effects on metabolic syndrome: a review based on its mechanisms. *Iranian journal of basic medical sciences* **2016**, 19 (12), 1258.
43. Upaganlawar, A.; Badole, S.; Bodhankar, S., *Antidiabetic potential of trigonelline and 4-hydroxyisoleucine in fenugreek*. San Diego: Academic Press: 2013.
44. Li, Y.; Huang, T. H.-W.; Yamahara, J., Salacia root, a unique Ayurvedic medicine, meets multiple targets in diabetes and obesity. *Life sciences* **2008**, 82 (21-22), 1045-1049.
45. Lee, Y. S.; Kim, W. S.; Kim, K. H.; Yoon, M. J.; Cho, H. J.; Shen, Y.; Ye, J.-M.; Lee, C. H.; Oh, W. K.; Kim, C. T., Berberine, a natural plant product, activates AMP-activated protein kinase with beneficial metabolic effects in diabetic and insulin-resistant states. *Diabetes* **2006**, 55 (8), 2256-2264.
46. Shakib, Z.; Shahraki, N.; Razavi, B. M.; Hosseinzadeh, H., Aloe vera as an herbal medicine in the treatment of metabolic syndrome: A review. *Phytotherapy Research* **2019**, 33 (10), 2649-2660.

47. Deng, R., Therapeutic effects of guggul and its constituent guggulsterone: cardiovascular benefits. *Cardiovascular drug reviews* **2007**, *25* (4), 375-390.
48. Sotoudeh, M.; Goudarzi, H.; Abbasi, B., Positive effects of garlic on insulin resistance and other indices of glucose metabolism: A systematic review of clinical trials. **2022**.
49. Mahluji, S.; Attari, V. E.; Mobasseri, M.; Payahoo, L.; Ostadrahimi, A.; Golzari, S. E., Effects of ginger (*Zingiber officinale*) on plasma glucose level, HbA1c and insulin sensitivity in type 2 diabetic patients. *International journal of food sciences and nutrition* **2013**, *64* (6), 682-686.
50. Vafaeipour, Z.; Razavi, B. M.; Hosseinzadeh, H., Effects of turmeric (*Curcuma longa*) and its constituent (curcumin) on the metabolic syndrome: An updated review. *Journal of Integrative Medicine* **2022**, *20* (3), 193-203.
51. Chatterjee, S.; Das, S., Anti-arthritis and anti-inflammatory effect of a poly-herbal drug (EASE): Its mechanism of action. *Indian Journal of pharmacology* **1996**, *28* (2), 116.
52. Karole, S.; Shrivastava, S.; Thomas, S.; Soni, B.; Khan, S.; Dubey, J.; Dubey, S. P.; Khan, N.; Jain, D. K., Polyherbal formulation concept for synergic action: a review. *Journal of Drug Delivery and Therapeutics* **2019**, *9* (1-s), 453-466.
53. Paul, S.; Majumdar, M. In *In-Vitro antidiabetic propensities, phytochemical analysis, and mechanism of action of commercial antidiabetic polyherbal formulation "mehon"*, Proceedings, MDPI: 2020; p 7.
54. Patel, C.; Shahgond, L.; Ahir, P.; Acharya, S., Development and evaluation of antiobesity polyherbal granules: a full spectrum weight management concept. *Obesity Medicine* **2020**, *20*, 100299.
55. Malik, A.; Mehmood, M. H.; Channa, H.; Akhtar, M. S.; Gilani, A.-H., Pharmacological basis for the medicinal use of polyherbal formulation and its ingredients in cardiovascular disorders using rodents. *BMC complementary and alternative medicine* **2017**, *17*, 1-12.
56. Devaraj, V.; Krishna, B. G., Antiulcer activity of a polyherbal formulation (PHF) from Indian medicinal plants. *Chinese journal of natural medicines* **2013**, *11* (2), 145-148.
57. Jagtap, A.; Shirke, S.; Phadke, A., Effect of polyherbal formulation on experimental models of inflammatory bowel diseases. *Journal of ethnopharmacology* **2004**, *90* (2-3), 195-204.
58. Nallasamy, P.; Ramalingam, T.; Nooruddin, T.; Shanmuganathan, R.; Arivalagan, P.; Natarajan, S., Polyherbal drug loaded starch nanoparticles as promising drug delivery system: Antimicrobial, antibiofilm and neuroprotective studies. *Process Biochemistry* **2020**, *92*, 355-364.
59. Nandagopal, A.; Ali Khan, M., Neuroprotective effect of polyherbal formulation in Parkinson's animal model. *Asian J Pharm Clin Res* **2020**, *13* (3), 121-125.
60. Dickson, R. A.; Amponsah, I. K.; Annan, K.; Fleischer, T. C., Nutritive potential of a polyherbal preparation from some selected Ghanaian herbs. **2014**.
61. Virk, J. K.; Bansal, P.; Gupta, V.; Kumar, S.; Singh, R., Lack of pharmacological basis of substitution of an endangered plant group *Ashtawarga*—A significant ingredient of polyherbal formulations. *Am J Phytomed Clin Ther* **2015**, *2*, 690-712.
62. Chandrasekaran, C.; Sundarajan, K.; David, K.; Agarwal, A., In vitro efficacy and safety of poly-herbal formulations. *Toxicology in vitro* **2010**, *24* (3), 885-897.
63. Siddiqui, M. S. A.; Saeed, A.; Nawaz, A.; Naveed, S.; Usmanghani, K., The effects of new polyherbal Unani formulation AJMAL06 on serum creatinine level in chronic renal failure. *Pak J Pharm Sci* **2016**, *29* (2 Suppl), 657-661.

64. Arunkumar, G.; Jayshree, N., Development and standardization of polyherbal formulation. *Journal of Advanced Scientific Research* **2015**, *6* (03), 30-36.
65. Girish, C.; Koner, B. C.; Jayanthi, S.; Rao, K. R.; Rajesh, B.; Pradhan, S. C., Hepatoprotective activity of six polyherbal formulations in CCl 4-induced liver toxicity in mice. **2009**.
66. Siddiqui, S. A.; Khan, S.; Wani, S. A., Controlling diabetes with the aid of medicinal herbs: a critical compilation of a decade of research. *Critical Reviews in Food Science and Nutrition* **2022**, 1-15.
67. Bansal, G.; Suthar, N.; Kaur, J.; Jain, A., Stability testing of herbal drugs: Challenges, regulatory compliance and perspectives. *Phytotherapy Research* **2016**, *30* (7), 1046-1058.
68. Bone, K., *A clinical guide to blending liquid herbs: herbal formulations for the individual patient*. Elsevier Health Sciences: 2003.
69. Singh, B.; Gupta, V.; Bansal, P.; Kumar, D.; Krishna, C., Pharmacological potential of polyherbal formulation, sudarshan churna—a review. *International Journal of Ayurvedic Medicine* **2011**, *2* (2), 52-61.
70. Pattanayak, P.; Kumar Hardel, D.; Mohapatra, P., Standardization of Vaisvanara Churna: A Poly-herbal Formulation. *Pharmacognosy Journal* **2010**, *2* (5).
71. Chauhan, S.; Pundir, V.; Sharma, A. K., Pharmacopeial standardization of mahasudarshan churna: a polyherbal formulation. *Journal of Medicinal Plants* **2013**, *1* (2).
72. Mohapatra, P.; Shirwaikar, A.; Ram, H. A., Standardization of a polyherbal formulation. *Pharmacognosy magazine* **2008**, *4* (13), 65.
73. Santosh, J.; Jyotiram, S., Standardization of poly-herbal formulations: A comprehensive review. *Research Journal of Pharmacognosy and Phytochemistry* **2016**, *8* (2), 85-89.
74. Suksaeree, J.; Chuchote, C., Accelerated stability testing of a polyherbal transdermal patches using polyvinyl alcohol and hydroxypropyl methylcellulose as a controlling polymer layer. *Journal of Polymers and the Environment* **2018**, *26* (10), 4056-4062.
75. Addotey, J.; Nyansah, M. M. S., Quality assessment of some topical polyherbal preparations on the Ghanaian market. *World Journal of Pharmacy and Pharmaceutical Sciences* **2016**, *5* (4), 461-472.
76. Mukherjee, P. K., Problems and prospects for good manufacturing practice for herbal drugs in Indian systems of medicine. *Drug information journal: DIJ/Drug Information Association* **2002**, *36*, 635-644.
77. Simha, K.; Laxminarayana, V., Standardization of Ayurvedic polyherbal formulation, Nyagrodhadi churna. **2007**.
78. Balekundri, A.; Mannur, V., Quality control of the traditional herbs and herbal products: a review. *Future Journal of Pharmaceutical Sciences* **2020**, *6*, 1-9.
79. Kean, J. D.; Downey, L. A.; Stough, C., Systematic overview of Bacopa monnieri (L.) Wettst. dominant poly-herbal formulas in children and adolescents. *Medicines* **2017**, *4* (4), 86.
80. Lopresti, A. L.; Gupta, H.; Smith, S. J., A poly-herbal blend (Herbagut®) on adults presenting with gastrointestinal complaints: a randomised, double-blind, placebo-controlled study. *BMC complementary and alternative medicine* **2018**, *18* (1), 1-13.
81. Gautam, G.; Parveen, B.; Khan, M. U.; Sharma, I.; Sharma, A. K.; Parveen, R.; Ahmad, S., A systematic review on nephron protective AYUSH drugs as constituents of NEERI-KFT (A traditional Indian polyherbal formulation) for the management of chronic kidney disease. *Saudi Journal of Biological Sciences* **2021**, *28* (11), 6441-6453.

82. Nakanekar, A.; Kohli, K.; Tatke, P., Ayurvedic polyherbal combination (PDBT) for prediabetes: A randomized double blind placebo controlled study. *Journal of Ayurveda and integrative medicine* **2019**, *10* (4), 284-289.
83. Suvarna, R.; Shenoy, R. P.; Hadapad, B. S.; Nayak, A. V., Effectiveness of polyherbal formulations for the treatment of type 2 Diabetes mellitus-A systematic review and meta-analysis. *Journal of Ayurveda and integrative medicine* **2021**, *12* (1), 213-222.
84. Feinberg, T.; Wieland, L. S.; Miller, L. E.; Munir, K.; Pollin, T. I.; Shuldiner, A. R.; Amoils, S.; Gallagher, L.; Bahr-Robertson, M.; D'Adamo, C. R., Polyherbal dietary supplementation for prediabetic adults: study protocol for a randomized controlled trial. *Trials* **2019**, *20* (1), 1-13.
85. Connelly, L. M., Ethical considerations in research studies. *Medsurg Nursing* **2014**, *23* (1), 54-56.
86. Connelly, L. M., Inclusion and Exclusion Criteria. *Medsurg nursing* **2020**, *29* (2).
87. Nelson, J. R.; Smith, D. J.; Taylor, L.; Dodd, J. M.; Reavis, K., Prereferral intervention: A review of the research. *Education and Treatment of Children* **1991**, 243-253.
88. D'Arcy, M.; Stürmer, T.; Lund, J. L., The importance and implications of comparator selection in pharmacoepidemiologic research. *Current epidemiology reports* **2018**, *5*, 272-283.
89. Bridgman, S.; Dainty, K.; Kirkley, A.; Maffulli, N., Practical aspects of randomization and blinding in randomized clinical trials. *Arthroscopy: The Journal of Arthroscopic & Related Surgery* **2003**, *19* (9), 1000-1006.
90. Sheth, P. A.; Pawar, A. T.; Mote, C. S.; More, C., Antianemic activity of polyherbal formulation, Raktavardhak Kadha, against phenylhydrazine-induced anemia in rats. *Journal of Ayurveda and Integrative Medicine* **2021**, *12* (2), 340-345.
91. Horn, S. D.; DeJong, G.; Deutscher, D., Practice-based evidence research in rehabilitation: an alternative to randomized controlled trials and traditional observational studies. *Archives of Physical Medicine and Rehabilitation* **2012**, *93* (8), S127-S137.
92. Majid, U., Research fundamentals: Study design, population, and sample size. *Undergraduate research in natural and clinical science and technology journal* **2018**, *2*, 1-7.
93. Meline, T., Selecting studies for systemic review: Inclusion and exclusion criteria. *Contemporary issues in communication science and disorders* **2006**, *33* (Spring), 21-27.
94. Peter, E. L.; Kasali, F. M.; Deyno, S.; Mtewa, A.; Nagendrappa, P. B.; Tolo, C. U.; Ogwang, P. E.; Sesaaazi, D., Momordica charantia L. lowers elevated glycaemia in type 2 diabetes mellitus patients: Systematic review and meta-analysis. *Journal of ethnopharmacology* **2019**, *231*, 311-324.
95. D'Agostino Sr, R. B.; Massaro, J. M.; Sullivan, L. M., Non-inferiority trials: design concepts and issues—the encounters of academic consultants in statistics. *Statistics in medicine* **2003**, *22* (2), 169-186.
96. Barak, S.; Duncan, P. W., Issues in selecting outcome measures to assess functional recovery after stroke. *NeuroRx* **2006**, *3* (4), 505-524.
97. Kinser, P. A.; Robins, J. L., Control group design: enhancing rigor in research of mind-body therapies for depression. *Evidence-Based Complementary and Alternative Medicine* **2013**, *2013*.
98. Pucot, J.; Demayo, C., Ethnomedicinal documentation of polyherbal formulations and other folk medicines in Aurora, Zamboanga del Sur, Philippines. *Biodiversitas Journal of Biological Diversity* **2021**, *22* (12).

99. Golsorkhi, H.; Qorbani, M.; Kamalinejad, M.; Sabbaghzadegan, S.; Bahrami, M.; Vafae-Shahi, M.; Montazerlotfelahi, H.; Abniki, E.; Dadmehr, M., The effect of *Rosa canina* L. and a polyherbal formulation syrup in patients with attention-deficit/hyperactivity disorder: a study protocol for a multicenter randomized controlled trial. *Trials* **2022**, *23* (1), 1-7.
100. Lemstra, M.; Bird, Y.; Nwankwo, C.; Rogers, M.; Moraros, J., Weight loss intervention adherence and factors promoting adherence: a meta-analysis. *Patient preference and adherence* **2016**, 1547-1559.
101. Rawal, R. C.; Shah, B. J.; Jayaraman, A. M.; Jaiswal, V., Clinical evaluation of an Indian polyherbal topical formulation in the management of eczema. *The Journal of Alternative and Complementary Medicine* **2009**, *15* (6), 669-672.
102. Awasthi, H.; Nath, R.; Usman, K.; Mani, D.; Khattri, S.; Nischal, A.; Singh, M.; Sawlani, K. K., Effects of a standardized Ayurvedic formulation on diabetes control in newly diagnosed Type-2 diabetics; a randomized active controlled clinical study. *Complementary therapies in medicine* **2015**, *23* (4), 555-561.
103. Zhu, J.; Xing, G.; Shen, T.; Xu, G.; Peng, Y.; Rao, J.; Shi, R., Postprandial glucose levels are better associated with the risk factors for diabetes compared to fasting glucose and glycosylated hemoglobin (HbA1c) levels in elderly prediabetics: Beneficial effects of polyherbal supplements—A randomized, double-blind, placebo controlled trial. *Evidence-Based Complementary and Alternative Medicine* **2019**, 2019.
104. Fisher, M. J.; Marshall, A. P., Understanding descriptive statistics. *Australian critical care* **2009**, *22* (2), 93-97.
105. Vitolins, M. Z.; Rand, C. S.; Rapp, S. R.; Ribisl, P. M.; Sevick, M. A., Measuring adherence to behavioral and medical interventions. *Controlled clinical trials* **2000**, *21* (5), S188-S194.
106. Thomford, K.; Mensah, M.; Dickson, R. A.; Sarfo, B.; Etoh, D.; Mills-Robertson, F.; Annan, K., A randomized double-blind study evaluating the safety and effectiveness of a Ghanaian polyherbal product for the management of superficial mycoses. *Journal of Herbal Medicine* **2015**, *5* (3), 140-146.
107. Arun, A.; Gupta, A.; Subramanian, S.; Kanchibhotla, D., Evaluation of an Ayurvedic formulation in clinical recovery of COVID-19 patients: A placebo controlled pilot study among moderate-severe patients. **2021**.
108. Qin, F.; Wu, X.-A.; Tang, Y.; Huang, Q.; Zhang, Z.-J.; Yuan, J.-H., Meta-analysis of randomized controlled trials to assess the effectiveness and safety of free and easy wanderer plus, a polyherbal preparation for depressive disorders. *Journal of psychiatric research* **2011**, *45* (11), 1518-1524.
109. Vincent, C., Understanding and responding to adverse events. *N Engl J Med* **2003**, *348* (11), 1051-6.
110. Dahat, Y.; Saha, P.; Mathew, J.; Chaudhary, S. K.; Srivastava, A. K.; Kumar, D., Traditional uses, phytochemistry and pharmacological attributes of *Pterocarpus santalinus* and future directions: A review. *Journal of Ethnopharmacology* **2021**, 276, 114127.
111. Mustafa, S. B.; Akram, M.; Muhammad Asif, H.; Qayyum, I.; Hashmi, A. M.; Munir, N.; Khan, F. S.; Riaz, M.; Ahmad, S., Antihyperglycemic activity of hydroalcoholic extracts of selective medicinal plants *Curcuma longa*, *Lavandula stoechas*, *Aegle marmelos*, and *Glycyrrhiza glabra* and their polyherbal preparation in alloxan-induced diabetic mice. *Dose-Response* **2019**, *17* (2), 1559325819852503.

112. Parvez, M. K.; Rishi, V., Herb-drug interactions and hepatotoxicity. *Current drug metabolism* **2019**, *20* (4), 275-282.
113. Vu, N.; Thi Tam Nguyen, T.; Haddon Parmenter, B.; Thouas, G. A., Safety, efficacy and tolerability of a combination micronutrient and polyherbal preparation (GoutFighter TM) for gout: a single-arm open-label pilot study. *Journal of Complementary and Integrative Medicine* **2020**, *18* (1), 113-121.
114. Sharma, N.; Kundu, S.; Tariq, H.; Mani, V.; Malhotra, R., Effect of fat and protein along with polyherbal preparation on reproductive health of periparturient Karan Fries Cows. *Indian Journal of Animal Research* **2021**, *55* (6), 657-662.
115. Tang, T. Y.; Li, F.-z.; Afseth, J., Review of the regulations for clinical research in herbal medicines in USA. *Chinese journal of integrative medicine* **2014**, *20*, 883-893.
116. Bent, S.; Ko, R., Commonly used herbal medicines in the United States: a review. *The American journal of medicine* **2004**, *116* (7), 478-485.
117. Haq, I., Safety of medicinal plants. *Pak J Med Res* **2004**, *43* (4), 203-210.
118. Green, M.; Arora, K.; Prakash, S., Microbial medicine: prebiotic and probiotic functional foods to target obesity and metabolic syndrome. *International journal of molecular sciences* **2020**, *21* (8), 2890.
119. Tabatabaei-Malazy, O.; Larijani, B.; Abdollahi, M., Targeting metabolic disorders by natural products. *Journal of Diabetes & Metabolic Disorders* **2015**, *14*, 1-21.
120. Palla, A. H.; Amin, F.; Fatima, B.; Shafiq, A.; Rehman, N. U.; Gilani, A.-u.-H., Systematic review of polyherbal combinations used in metabolic syndrome. *Frontiers in Pharmacology* **2021**, 2719.
121. Patwardhan, B.; Vaidya, A. D., Natural products drug discovery: accelerating the clinical candidate development using reverse pharmacology approaches. **2010**.
122. Mukherjee, P. K.; Venkatesh, P.; Ponnusankar, S., Ethnopharmacology and integrative medicine—Let the history tell the future. *Journal of Ayurveda and integrative medicine* **2010**, *1* (2), 100.
123. Oluyemisi, F.; Henry, O.; Peter, O., Standardization of herbal medicines-A review. *International journal of biodiversity and conservation* **2012**, *4* (3), 101-112.
124. Suryavanshi, S. V.; Barve, K.; Utpat, S. V.; Kulkarni, Y. A., Triphala churna ameliorates retinopathy in diabetic rats. *Biomedicine & Pharmacotherapy* **2022**, *148*, 112711.
125. Shrivastava, S. K.; Dwivedi, S., Insights into the Natural Hypoglycemic Principles: Translating Traditional Molecular Target Knowledge into Modern Therapy. In *Biochemistry, Biophysics, and Molecular Chemistry*, Apple Academic Press: 2020; pp 251-283.
126. Medagama, A. B., *Salacia reticulata* (Kothala himbutu) revisited; a missed opportunity to treat diabetes and obesity? *Nutrition journal* **2015**, *14*, 1-8.
127. Grover, J.; Vats, V.; Yadav, S., *Pterocarpus marsupium* extract (Vijayasar) prevented the alteration in metabolic patterns induced in the normal rat by feeding an adequate diet containing fructose as sole carbohydrate. *Diabetes, Obesity and Metabolism* **2005**, *7* (4), 414-420.
128. Siti, H. N.; Mohamed, S.; Kamisah, Y., Potential therapeutic effects of *Citrus hystrix* DC and its bioactive compounds on metabolic disorders. *Pharmaceuticals* **2022**, *15* (2), 167.
129. Mehta, K.; Gala, J.; Bhasale, S.; Naik, S.; Modak, M.; Thakur, H.; Deo, N.; Miller, M. J., Comparison of glucosamine sulfate and a polyherbal supplement for the relief of osteoarthritis of the knee: a randomized controlled trial [ISRCTN25438351]. *BMC Complementary and Alternative Medicine* **2007**, *7*, 1-13.

130. Frigerio, J., Towards food traceability: discovering biomolecular technologies for complex food products.
131. Banerjee, M.; Khursheed, R.; Yadav, A. K.; Singh, S. K.; Gulati, M.; Pandey, D. K.; Prabhakar, P. K.; Kumar, R.; Porwal, O.; Awasthi, A., A systematic review on synthetic drugs and phytopharmaceuticals used to manage diabetes. *Current Diabetes Reviews* **2020**, *16* (4), 340-356.