

Journal of Biochemicals and Phytomedicine



Check for updates

eISSN: 2958-8561

Drug Interactions of Medicinal Plants with Chemical Antidiabetic Drugs

Roberto Acevedo^{1,2}, Zohre Eftekhari³*

- ¹ Professor in Chemistry, University of Virginia, Santiago, Chile
- ² Facultad de Ingeniería, Arquitectura y Diseño (FIAD), Bellavista 7. 8420524, Santiago Chile
- ³ Biotechnology Department, Pasteur Institute of Iran, Tehran, Iran

ARTICLE INFO

Article Type: Letter to Editor

Article History:

Recived: 28 April 2023 Revised: 24 Sep 2023 Accepted: 26 Sep 2023 Available online: 25 Dec 2023

Keywords:

Drug interactions, Herbal drugs, Medicinal plants, Chemical drugs, Side effects

*Corresponding authors:

E-mail: z_eftekhari@pasteur.ac.ir

ABSTRACT

Drug interactions can occur when a drug is used concurrently with other drugs, foods, drinks, or herbs. These interactions can alter the drug's effect on the body, making it either more or less effective than expected, or causing unexpected side effects. In this context, we examined the significant interactions between antidiabetic drugs and medicinal plants. Various herbs can affect blood glucose levels and may interact with antidiabetic medications. These include turmeric (Curcuma longa), anise (Pimpinella anisum), artichoke (Cynara cardunculus var. scolymus), garlic (Allium sativum), oregano (Mentha pulegium), fenugreek (Trigonella foenum-graecum), barberry (Berberis vulgaris), sour tea (Hibiscus sabdariffa), ginger (Zingiber officinale), saffron (Crocus sativus), chicory (Cichorium intybus), cloves (Dianthus spp.), dill (Anethum graveolens), Aloe Vera, red pepper (Capsicum annuum), and dandelion (Taraxacum officinale). These herbs have the potential to lower blood glucose levels. Therefore, combining these herbal remedies with antidiabetic drugs may lead to a drastic decrease in blood sugar levels, presenting a potential risk.

Please cite this paper as:

Acevedo R, Eftekhari Z. Drug interactions of medicinal plants with chemical antidiabetic drugs. Journal of Biochemicals and Phytomedicine. 2023; 2(2): 88–90. doi: 10.34172/jbp.2023.18.

Dear Editor,

Herbal medicines are plant extracts used with minimal or no industrial processing to ameliorate diseases in local medical and therapeutic activities (Farzaneh et al., 2015). Plants have been used as medicine by humans since ancient times (Barrett, 1999). Due to the side effects of some chemical drugs, many patients desire to be treated with herbal drugs (Malík and Tlustoš, 2022). The usual ineffectiveness of conventional medicine, adverse side effects of chemical drugs, widespread access to medicinal plants even in the form of food supplements, exaggeration about their effectiveness, and finally the reasonable cost compared to common drugs are the reasons for using medicinal plants instead of chemical drugs (Liang et al., 2020). Although many herbal medicines used traditionally are useful; it should

be noted that the careless and uninformed use of these plants may cause risks to people's health due to the possibility of the presence of carcinogenic compounds and other toxic substances. Additionally, the use of these compounds with synthetic drugs may generate the conditions for drug interactions (Alkhamaiseh and Aljofan, 2020). Using such products without proper consideration may lead to delayed medical care, lack of focus on symptoms, and prolonged recovery (Gouws and Hamman, 2020).

Interference occurs when the effect of a drug is altered in the presence of another substance, such as herbal, food, drink, or chemical (Shahkib et al. 2020; Rao et al. 2021). This interaction can significantly increase the drug's toxicity or alter its effectiveness. Predicting interactions related to medicinal plants is complex due to differences in individual characteristics of consumers, including age, sex, weight, race, underlying diseases, genetic factors, vital organ function, and nutritional status, as well as the great variety and unpredictable differences of medicinal plants in relation to each other (Izzo et al., 2001).

Glimepiride (Amaryl), glyburide (Diabeta, Glinase Prestab, Micronase), insulin, metformin (Glucophage), glibenclamide, pioglitazone (Actos), and rosiglitazone (Avandia) are some of the most important anti-diabetic drugs (Chaudhury et al. 2017; Ben Sahra et al. 2010). Turmeric (Curcuma longa), anise (Pimpinella anisum), artichoke (Cynara cardunculus var. scolymus), garlic (Allium sativum), oregano (Mentha pulegium), fenugreek (Trigonella foenum-graecum), barberry (Berberis vulgaris), sour tea (Hibiscus sabdariffa), ginger (Zingiber officinale), saffron (Crocus sativus), chicory (Cichorium intybus), cloves (Dianthus spp.), dill (Anethum graveolens), aloe vera (Aloe vera), red pepper (Capsicum annuum), and dandelion (Taraxacum officinale) reduce the blood glucose level, so the consumption of the mentioned medicinal plants together with antidiabetic drugs may cause excessive reduction of blood glucose, which is actual harmful (Nishiyama et al., 2005; Saikat et al., 2021; Ranade et al., 2017; Hajzadeh et al., 2011; Huang et al., 2019; Yaribeygi et al., 2019; Draz et al., 2010; Mohan et al., 2019; Oshaghi et al., 2015; Manjunath et al., 2016; Iddrisu et al., 2015; Kwon et al., 2007).

The potential for drug interactions between herbal and chemical medicines is a significant factor that makes the indiscriminate use of herbal medicines dangerous (Fleming et al., 2000; Corponter et al., 2001; Brent, 2002). While some interactions may not be very significant, others can be hazardous. The beneficial and sometimes unique effects of medicinal plants for treating certain diseases cannot be unnoticed, but the use of traditional forms of herbal medicines carries risks due to the aforementioned issues. Avoiding the use of herbal medicines is one way to prevent the many undesirable side effects resulting from their unscientific production. preparation and Additionally, mechanism of action of many medicinal plants is not well understood, so the exact mechanism of plant-drug interaction remains unclear (Kuhn, 2002).

In this article, we assessed the significant interaction between antidiabetic medications and medicinal plants. Various herbs can have varying effects on blood glucose and may interact with antidiabetic drugs. Therefore, individuals using these medications must use medicinal plants cautiously and adhere to medical instructions to prevent adverse effects and undesired side effects. If a physician approves the use of herbal supplements alongside prescription chemical drugs, it is essential to ensure that the supplements are taken strictly in accordance with the provided instructions. Vigilance is necessary for symptoms arising from the interaction of these drugs with medicinal plants, including excessive reduction of blood glucose. Elderly individuals, who often take various pharmaceutical drugs and have debilitated liver and kidney function, are particularly at risk of antidiabetic drug interactions with medicinal

herbs. Similarly, children are susceptible to side effects from drug interactions due to their lower body mass and insufficiently developed liver and kidney function.

Subsequently, it is significant to continuously search for therapeutic counsel and follow the doctor's informational and suggestions concerning the use of therapeutic plants and solutions.

Conflict of interest

There are no conflicts of interest.

Acknowledgement

Author would like to thank all the contributors to the field of obesity for their continuous effort in demonstrating the causes, consequences and possible solutions to this complex condition.

Consent for publications

The author approved the manuscript for publication.

Funding/support

None.

Authors' contributions

RA and ZE had the same contribution for writing the letter.

Ethical considerations

Ethical issues (including plagiarism, misconduct, data fabrication, falsification, double publication or submission, redundancy) have been completely observed by the author.

References

Alkhamaiseh SI, Aljofan M. Prevalence of use and reported side effects of herbal medicine among adults in Saudi Arabia. Complementary Therapies in Medicine. 2020; 48:102255. doi: 10.1016/j.ctim.2019.102255.

Barrett B, Kiefer D, Rabago D. Assessing the risks and benefits of herbal medicine: an overview of scientific evidence. Alternative Therapies in Health and Medicine. 1999;5(4): 40.

Ben Sahra I, Le Marchand-Brustel Y, Tanti JF, Bost F. Metformin in cancer therapy: a new perspective for an old antidiabetic drug?. Molecular Cancer therapeutics. 2010;9(5):1092-9. doi: 10.1158/1535-7163.MCT-09-1186.

Brent J. Herbal drug interaction chart. http://www.sdh.sk.ca/rxfiles. July 2002.

Chaudhury A, Duvoor C, Reddy Dendi VS, Kraleti S, Chada A, Ravilla R, et al. Clinical review of antidiabetic drugs: implications for type 2 diabetes mellitus management. Frontiers in endocrinology. 2017;8:6. doi:10.3389/fendo.2017.00006

Corponter, DO. Nursing herbal medicine Handbook. springhouse corporation, springhouse. Pennsylvania; 2001; 483 – 8.

Draz SN, Abo-Zid MM, Ally AF, El-Debas AA. Hypoglycemic and hypolipidemic effect of chicory (Cichorium intybus L.) herb in diabetic rats. Minufiya Journal of Agriculture Research 2010;35(4):1.

- Farzaneh V, Carvalho IS. A review of the health benefit potentials of herbal plant infusions and their mechanism of actions. Industrial Crops and Products. 2015;65:247-58. doi:10.1016/j.indcrop.2014.10.057
- Fleming T. PDR for Herbal Medicine. Second Edition; Medical economics Co. Montvale New Jersey, 2000.
- Gouws C, Hamman JH. What are the dangers of drug interactions with herbal medicines?. Expert Opinion on Drug Metabolism & Toxicology. 2020;16(3):165-7. doi: 10.1080/17425255.2020.1733969.
- Hajzadeh MA, Rajaei Z, Shafiee S, Alavinejhad A, Samarghandian S, Ahmadi M. Effect of barberry fruit (Berberis vulgaris) o serum glucose ad lipids i streptozotocidiabetic rats. Pharmacology Online. 2011; 1:809-17.
- Huang FY, Deng T, Meng LX, Ma XL. Dietary ginger as a traditional therapy for blood sugar control in patients with type 2 diabetes mellitus: A systematic review and meta-analysis. Medicine. 2019;98(13). doi: 10.1097/MD.0000000000015054.
- Iddrisu I, Oduro I, Tandoh MA, Annan RA. Anti-diabetic effect of dandelion leaves and roots in type two diabetic patients: A systematic review. Nutrition & Food Science. 2015;45(3):479-92. doi:10.1108/NFS-01-2015-0001.
- Izzo AA, Ernst E. Interactions between herbal medicines and prescribed drugs: a systematic review. Drugs. 2001; 61:2163-75. doi: 10.2165/00003495-200161150-00002.
- Kuhn MA. Herbal Remedies: Drug HerbInteractions. Critical Care Nurse. 2002; 22: 22 -32.
- Kwon YI, Apostolidis E, Shetty K. Evaluation of pepper (Capsicum annuum) for management of diabetes and hypertension. Journal of Food Biochemistry. 2007;31(3):370-85. doi:10.1111/j.1745-4514.2007.00120.x
- Liang H, Chen L, Zhao X, Zhang X. Prediction of drug side effects with a refined negative sample selection strategy. Computational and Mathematical Methods in Medicine. 2020;2020:1-6. https://doi.org/10.1155/2020/1573543.
- Malík M, Tlustoš P. Nootropics as cognitive enhancers: types, dosage and side effects of smart drugs. Nutrients. 2022;14(16):3367. doi: 10.3390/nu14163367.

- Manjunath K, Subash KR, Tadvi NA, Manikanta M, Rao U. Effect of Aloe vera leaf extract on blood glucose levels in alloxan induced diabetic rats. National Journal of Physiology, Pharmacy and Pharmacology. 2016;6(5):471. doi:10.5455/njppp.2016.6.0718613072016.
- Mohan R, Jose S, Mulakkal J, Karpinsky-Semper D, Swick AG, Krishnakumar IM. Water-soluble polyphenolrich clove extract lowers pre-and post-prandial blood glucose levels in healthy and prediabetic volunteers: an open label pilot study. BMC Complementary and Alternative Medicine. 2019; 19:1-9.
- Nishiyama T, Mae T, Kishida H, Tsukagawa M, Mimaki Y, Kuroda M, et al. Curcuminoids and sesquiterpenoids in turmeric (Curcuma longa L.) suppress an increase in blood glucose level in type 2 diabetic KK-Ay mice. Journal of Agricultural and Food Chemistry. 2005;53(4):959-63. doi: 10.1021/jf0483873.
- Oshaghi EA, Tavilani H, Khodadadi I, Goodarzi MT. Dill tablet: a potential antioxidant and anti-diabetic medicine. Asian Pacific Journal of Tropical Biomedicine. 2015;5(9):720-7. doi:10.1016/j.apjtb.2015.06.012
- Ranade M, Mudgalkar N. A simple dietary addition of fenugreek seed leads to the reduction in blood glucose levels: A parallel group, randomized single-blind trial. Ayu. 2017;38(1-2):24. doi: 10.4103/ayu.AYU_209_15.
- Rao USM. Drug Interaction of Matricaria Recutita with Routine Chemical Drugs. Plant Biotechnology Persa. 2021; 3 (2):54-55. doi: 10.52547/pbp.3.2.54
- Saikat AS, Hossain R, Mina FB, Das S, Khan IN, Mubarak MS, Islam MT. Antidiabetic effect of garlic. Revista Brasileira de Farmacognosia. 2021:1-1.
- Shahkib P, Bahmani M, Parsaee P. Drug Interaction of Glycyrrhiza glabra L. with Chemical Drugs: A mini review article. Plant Biotechnology Persa. 2020; 2 (2):28-30. doi: 10.52547/pbp.2.2.28
- Yaribeygi H, Zare V, Butler AE, Barreto GE, Sahebkar A. Antidiabetic potential of saffron and its active constituents. Journal of Cellular Physiology. 2019;234(6):8610-7. doi: 10.1002/jcp.27843.