



# Herbal Remedies for Lifestyle Diseases: Managing and Preventing Diabetes, Obesity, and Cardiovascular Conditions

Marjan Ganjali Dashti <sup>1</sup>, Md Shamsuddin Sultan Khan <sup>2\*</sup>

## Abstract

**Background:** The escalating global burden of lifestyle-related diseases, including diabetes, obesity, and cardiovascular conditions, has prompted a growing interest in alternative and complementary therapies. Herbal remedies have emerged as a promising avenue for managing and preventing these diseases due to their historical use and potential efficacy. This review delves into herbal interventions, focusing on their application in addressing lifestyle diseases prevalent in various regions. **Methods:** A comprehensive literature review was conducted, analyzing studies and clinical trials on the efficacy of various herbal remedies in treating lifestyle-related diseases. Key sources included peer-reviewed journals, databases, and historical texts on traditional medicine. The analysis focused on the antidiabetic, anti-obesity, and cardiovascular benefits of specific herbs. **Results:** Herbal remedies have shown potential in managing various lifestyle-related diseases. In the case of diabetes, plants and botanical substances like cinnamon, fenugreek, and bitter melon have demonstrated promise in controlling blood sugar levels and providing a pathway to glycemic management, potentially reducing the need

for synthetic drugs. For obesity, herbal treatments that aim to increase metabolism, decrease hunger, and improve fat metabolism have been explored. Notably, plants like *Garcinia cambogia* and green tea extracts have shown potential weight-management benefits. When it comes to cardiovascular diseases, evidence suggests that herbs such as garlic, hawthorn, and turmeric can lower blood pressure and cholesterol levels, thereby improving heart health. **Conclusion:** Herbal remedies have demonstrated potential in treating and preventing diabetes, obesity, and cardiovascular diseases. However, further research is needed to confirm their safety, efficacy, and optimal dosages. Exploring these natural alternatives offers a comprehensive approach to healthcare that accommodates various geographic needs and preferences. Incorporating herbal medicines into conventional therapy could provide healthcare professionals with valuable tools in combating lifestyle diseases.

**Keywords:** Herbal remedies, Lifestyle diseases, Diabetes, Obesity, Cardiovascular conditions

**Significance** | The rising prevalence of lifestyle-related diseases prompts interest in herbal remedies, which offer the potential to manage diabetes, obesity, and cardiovascular conditions.

\*Correspondence. Marjan Ganjali Dashti, Department of Biological Sciences, University of Texas at Dallas, 800 W Campbell Rd, Richardson, TX 75080, USA

Editor Amin Malik Shah Abdul Majid, And accepted by the Editorial Board Jun 29, 2022 (received for review Apr 18, 2022)

## Introduction

Lifestyle factors such chronic stress, poor food, and sedentary which is becoming a global health concern (World Health Organization, 2021). Drawing on a wealth of traditional knowledge spanning ages and cultures, the inquiry into non-conventional methods of prevention and management has pushed herbal therapies into the spotlight (Akhtar et al., 2018). Herbal medicines are ingrained in

### Author Affiliation.

<sup>1</sup> Department of Biological Sciences, University of Texas at Dallas, 800 W Campbell Rd, Richardson, TX 75080, USA

<sup>2</sup> Independent Researcher, 6036 Ridgecrest Rd, Dallas, TX 75231, USA

### Please cite this article:

Marjan Ganjali Dashti, Md Shamsuddin Sultan Khan, (2022), Herbal Remedies for Lifestyle Diseases: Managing and Preventing Diabetes, Obesity, and Cardiovascular Conditions, Australian Herbal Insight, 5(1), 1-9, 21069

many traditional medical systems and have a rich historical background. Originating in ancient India, Ayurveda places a strong emphasis on using herbal remedies for overall health (Pandey & Rastogi, 2015). Herbs are a major component of Traditional Chinese Medicine (TCM), with concoctions meant to help the body regain its equilibrium (Zhang et al., 2013). In most nations, lifestyle medicine is still a relatively new field of medicine. Numerous academics have defined lifestyle medicine. The use of interventions and the incorporation of lifestyle behaviors into traditional medicine with the goal of reducing illness risk is known as lifestyle medicine. It acts as a supplement to the sickness management (Kong et al., 2013). Through the provision of life skills and knowledge, lifestyle medicine empowers people to make healthy choices and tackles the underlying causes of diseases. It is grounded in scientific study and is supported by evidence [Rookie et al., 2000]. This new field of medicine combines pharmaceutical and surgical treatments with everyday behaviors and practices that have an impact on illness prevention and treatment to enhance an individual's overall health [Egger, 2016]. The objective of this article is to investigate the utilization of herbal remedies as a viable and complementary approach to managing lifestyle-related diseases. This research will explore the efficacy, safety, and relevance of herbal remedies in the context of modern healthcare. By examining the rich tradition of herbal medicine and its contemporary applications, this study aims to contribute to the ongoing discourse on healthcare solutions in an era marked by the increasing prevalence of lifestyle-related diseases.

Research on herbal therapies for the control of diabetes has increased dramatically. Studies have looked into the possibility of bitter melon (*Momordica charantia*) to control blood sugar levels and improve insulin sensitivity (Leung et al., 2009). According to Hannan et al. (2007), fenugreek, or *Trigonella foenum-graecum*, has demonstrated potential in enhancing glucose homeostasis. Herbal medicine's application to the treatment of obesity is a developing field. Because it may boost energy expenditure and encourage fat oxidation, green tea extract, which is made from *Camellia sinensis*, is particularly interesting (Hursel et al., 2011). Furthermore, research has been conducted on the tropical fruit *Garcinia cambogia* to determine whether it has any anti-obesity properties (Onakpoya et al., 2011). Herbs with the potential to lower blood pressure and improve heart function, such as hawthorn (*Crataegus* species), have drawn attention (Pittler et al., 2003). Allicin, one of the active ingredients in garlic (*Allium sativum*), is well-known for its beneficial effects on the cardiovascular system, which may include lowering blood pressure (Ried et al., 2013). There are several different modes of action that contribute to the effectiveness of herbal treatments. Numerous herbs have antioxidative qualities that mitigate the damaging impacts of free radicals (Nabavi et al., 2015). Certain herbs have anti-inflammatory

properties that could help reduce the inflammation brought on by long-term medical conditions (Vijayakumar & Nalini, 2004). When using herbal treatments, safety must be carefully considered. It is important for healthcare professionals to be aware of any concurrent herbal use because there have been reports of potential interactions with prescription drugs (Izzo & Ernst, 2009). Furthermore, several herbs might be harmful at greater amounts or cause adverse effects, which emphasizes the importance of proper dosage (Ekor, 2014).

### **The Rise of Lifestyle Diseases**

One major worldwide health concern is the rise of lifestyle diseases, also referred to as non-communicable diseases (NCDs). These illnesses, which include a wide variety of medical disorders, are mostly linked to personal lifestyle decisions and habits. The World Health Organization (2018) has underlined the strong correlation between unhealthy diets, physical inactivity, and smoking and cardiovascular diseases (CVDs), such as hypertension and coronary artery disease. Poor eating patterns and sedentary lifestyles are significantly linked to metabolic illnesses, including type 2 diabetes and obesity, which is why their prevalence is rising (Malik et al., 2013). Similar to this, lifestyle variables are important in respiratory disorders; smoking and exposure to environmental pollutants, for example, are major risk factors for lung cancer and chronic obstructive pulmonary disease (COPD) (Lamprecht et al., 2016). Furthermore, as the American Cancer Society (2021) has shown, there is a definite correlation between lifestyle choices such as cigarette use, food habits, and physical inactivity and a number of cancer types, including breast, colorectal, and lung cancer. This tendency also applies to mental health disorders, such as depression and anxiety, which can be impacted by lifestyle choices like substance abuse, high levels of stress, and irregular sleep patterns (Rooney et al., 2013).

There is a complicated interaction between multiple important elements that contribute to the rising prevalence of lifestyle-related disorders. The global obesity epidemic and associated metabolic problems are mostly the result of unhealthy dietary habits, which are defined by the intake of high-calorie, processed foods with high sugar and saturated fat content (Mozaffarian et al., 2018). Simultaneously, a lack of physical activity associated with sedentary lives has resulted in weight gain and an increase in the prevalence of diabetes and cardiovascular diseases (Ding et al., 2016). According to Rehm et al. (2017), chronic tobacco smoking and binge drinking remain significant risk factors for a number of illnesses, such as cancer and respiratory disorders. The intricacy of the problem is further enhanced by the fact that exposure to chemicals and pollutants in the environment, such as air pollution, has raised the risk of respiratory illnesses (Brook et al., 2010). Furthermore, the incidence of diseases linked to a certain lifestyle has been significantly shaped by social differences in income and

education. These differences exacerbate the issue by affecting living conditions and healthcare access (Marmot et al., 2012). In conclusion, it is critical to comprehend the definition, categorization, and complex contributing aspects of lifestyle-related diseases in order to build efficient preventative and intervention plans that will help to halt this growing global health crisis. A comprehensive strategy is required to address the growth in lifestyle diseases and eventually enhance global public health because of the complex interplay between lifestyle choices, environmental variables, and socioeconomic inequities.

### **The Appeal of Herbal Remedies**

Herbal medicines are becoming more and more popular, but this is not just a fad. It has profound historical origins. Herbal therapy has been mentioned since prehistoric times, which emphasizes how timeless these treatments are (Fabricant & Farnsworth, 2001). This historical viewpoint highlights the proven effectiveness of herbal remedies, adding to their attractiveness in the modern era. The rise in popularity of holistic health methods corresponds with the revival of herbal treatments. Patients in the modern era are more and more looking for a comprehensive approach to health and wellness that goes beyond treating symptoms. Herbal treatments provide a more all-encompassing strategy that takes into account mental and emotional well-being in addition to physical health (Barnes, et al., 2016). Those who value an integrative approach to health find resonance in this holistic outlook.

One of the main factors influencing the popularity of herbal medicines is people's discontent with traditional medicine. Many people are looking for safer and more natural alternatives to pharmaceutical pharmaceuticals because they have either experienced or witnessed their adverse effects and expenses (Adams, 2010). In line with the ideas of patient-centered treatment and collaborative decision-making, herbal therapies are frequently seen as a kinder and more harmonious alternative (Adams, 2010). Herbal treatments have their roots in the natural world as well as in history and culture. Because they come from plants, they represent the idea of natural sources and cleanliness. Since plants are thought of as clean and in harmony with nature, people who are drawn to organic and sustainable lifestyles can relate to this innate connection to the environment (Ekor, 2014). There is a long-standing custom of using nature to heal, which appeals to those who care about the environment.

Herbal medicines, as opposed to pharmaceutical drugs, frequently result in less side effects, which makes them a desirable choice for individuals who are wary of the possible risks linked with conventional medications (Ekor, 2014). The lengthy history of safe usage of many of the herbs and plants used in traditional medicine adds to their allure as safer substitutes (Ekor, 2014). This safety record increases the allure of using herbal treatments to manage health. Herbal therapies also hold the potential to provide

individualized care. When prescribing herbal formulations, herbal practitioners often consider the individual's particular constitution, health needs, and preferences (Barnes, et al., 2016). Better health outcomes and more patient satisfaction are the end effects of this tailored approach to care, which strengthens the appeal of herbal therapies in contemporary healthcare (Barnes, et al., 2016). In conclusion, the resurgence of herbal remedies is a multifaceted phenomenon that spans history, culture, holistic health, and concerns about conventional medicine. Their natural origins and minimal side effects position them as attractive alternatives to pharmaceutical drugs. As holistic health and personalized medicine continue to gain prominence, herbal remedies are expected to remain a prominent and complementary component of the healthcare landscape, fostering an integrative approach to overall well-being. The appeal of herbal remedies transcends current trends, making them a significant part of the contemporary healthcare narrative.

### **Diabetes**

There are two forms of diabetes, Type I Diabetes Mellitus (T1DM) and Type II Diabetes Mellitus (T2DM), which are both chronic diseases marked by hyperglycemia. Damage to the pancreatic  $\beta$ -cells in type 1 diabetes results in a reduced amount of insulin being released into the bloodstream. The patients' survival will be entirely reliant on the delivery of exogenous insulin. On the other hand, type 2 diabetes (T2DM) affects the majority of diabetic patients (85%), causing peripheral insulin resistance and impaired insulin sensitivity to the liver, adipose tissues, and skeletal muscles ( Fig. 1). Gestational diabetes mellitus is a different type of diabetes that can also occur in pregnant women who have never had a diabetes diagnosis. Aging, obesity, physical inactivity, population growth, and urbanization are some of the factors that might cause a constant rise in the number of diabetes patients over time. According to estimates, 171 million adults worldwide were expected to have diabetes in 2000. By 2014, that figure had risen to 422 million, or almost one in every eleven individuals ( Pan et al, 2017). Diabetes also has other terrible side effects, such as vascular issues from damaged blood vessels from high blood sugar, which can lead to both macrovascular and microvascular diseases. Retinopathy, neuropathy, and other conditions are the result of microvascular difficulties, whereas cardiovascular problems are the result of macrovascular issues. Amputations of lower limbs, depression, dementia, and sexual dysfunction are other consequences associated with long-term diabetes ( Forbes et al, 2013).

### **Herbal remedy in diabetes**

A wild plant belonging to the Euphorbiaceae family found in Indonesia called *Phyllanthus urinaria* has long been used to treat diabetes and urinary tract issues. Hydro-methanolic extract of *P. urinaria* leaves was separated chromatographically, and the constituents corilagin, gallic acid, and macatannin B were

subsequently purified using preparative HPLC. These constituents demonstrated an *in vitro* inhibitory effect against pancreatic amylase isolated from swine (21%, 23%, and 33%, respectively, at 1 m.mol.L<sup>-1</sup> concentration)( Gunawan et al,2012).

*Ocimum basilicum*, or basil, is another well-known herb that has culinary and traditional medicinal uses. A phytochemical investigation has revealed the presence of cardiac glycosides, flavonoids, glycosides, reducing sugars, saponins, steroids, and tannins in the aqueous extract of *O. basilicum* leaves. The plant's leaf extract demonstrated a noteworthy reduction in intestinal maltase and sucrase of rats and pancreatic  $\alpha$ -amylase of pigs, with dose-dependent inhibition (IC<sub>50</sub> values of 21.31 mg ml<sup>-1</sup>, 36.72 mg ml<sup>-1</sup>, and 42.50 mg ml<sup>-1</sup>, respectively). The increased concentrations of flavonoids and total polyphenols may be the cause of the greater inhibition of maltase ( Beshbishy et al,2012)

On the other hand, the bark of the cinnamon plant *Cinnamomum zeylanicum*, which has been used traditionally to treat diabetes, is known to contain tannins, coumarins, glycosides, anthraquinones, terpenoids, and flavonoids. Cinnamon is regarded as a low risk alternative for diabetes individuals because of its high availability, low cost, and safety profile ( Toliat et al,2013). *In vitro* experiments shown that cinnamon bark extract exhibited a dose-dependent, competitive, and reversible inhibitory action on both mammalian  $\alpha$ -glucosidase and yeast (IC<sub>50</sub> = 5.83  $\mu$ g ml<sup>-1</sup> & 670  $\mu$ g ml<sup>-1</sup>, respectively). Reversible inhibition is preferred because it preserves the enzyme's structure long after the inhibitor is removed, potentially lowering the risk of hypoglycemia brought on by persistent malabsorption of carbohydrates. Furthermore, in STZ-induced diabetic rats loaded with maltose and sucrose, oral administration of 300 mg kg<sup>-1</sup> of cinnamon extract effectively suppressed post-meal blood glucose rises by 78.2% and 52.0%, respectively, in comparison to normal rats. On the other hand, when cinnamon extract was given to rats that had been given glucose, postprandial hyperglycemia was not efficiently reduced, suggesting that the primary mechanism involved is the suppression of  $\alpha$ -glucosidase ( Sham et al,2011).

Curry leaves, or technically *Murraya koenigii*, have strong antihyperglycemic and antiobesity properties that help maintain an ideal body weight and regulate blood sugar levels. *Murraya koenigii* ethanolic extract has been shown to ameliorate hyperglycemia-induced glucose intolerance in obese and diabetic rats fed a high-fat diet. This condition is linked to insulin resistance and may eventually lead to type 2 diabetes. In addition to its ability to block  $\alpha$ -glucosidase, which can help with glycemic control, *Murraya koenigii* has also been demonstrated to exhibit antioxidant and insulin sensitizing properties( Attuluri et al,2012).

*Momordica charantia* L., a bitter melon, has several uses due to its antidiabetic and antioxidant properties. Aqueous extracts are used to assess the efficacy of *Momordica charantia* L. In mice stimulated

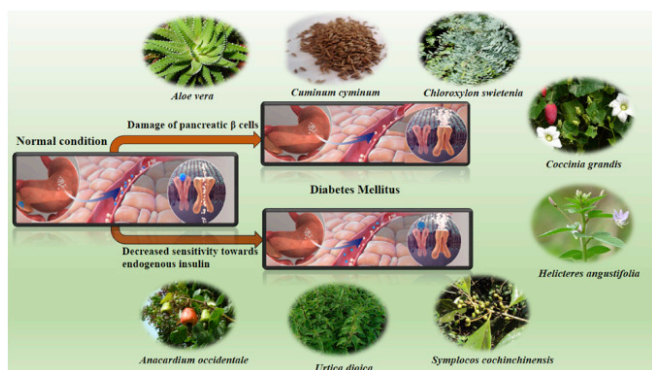
with alloxan, the primary active component, charantin, exhibits hyperglycemic properties. The mechanism of action involves stimulating skeletal muscle and adipocyte glucose uptake. Additionally, bitter melon extract protects pancreatic beta cells by downregulating NF- $\kappa$ B and MAPKs to reduce defective insulin signaling. The hypoglycemic effect is also influenced by changes in protein-tyrosine phosphatase 1B (PTP1B), which functions as a negative regulator of the insulin signaling pathway. By moving GLUT4 to the cell membrane, it increases glucose absorption and triggers the release of insulin from pancreatic beta cells. The pentose phosphate pathway's glucose-6-phosphatase dehydrogenase is activated by the fruits of *Momordica charantia* L, which promotes glucose absorption.<sup>68</sup> Furthermore, fenugreek seed has several advantages and is commonly used to treat diabetes mellitus. It is thought that the mechanism of fenugreek alkaloid on glycemic regulation inhibits the processes of proteolysis, glycogenolysis, and lipolysis as shown in table 1. The weight of the kidney and liver has improved, indicating that fenugreek is more effective at controlling the synthesis of muscle proteins. The antioxidant properties of fenugreek alkaloid also had a role in its hypoglycemic impact. Reactive oxygen species (ROS) and proinflammatory cytokines, which can lead to insulin resistance, are inhibited by antioxidants.

#### Cardiovascular

Herbal medicines have gained popularity in cardiovascular medicine throughout the many medical specializations. Systematic studies of the most promising compounds' effects have resulted in some of them being historically significant pillars in the treatment of cardiovascular illnesses. But all drugs, especially herbal ones, hide some side effects that occasionally outweigh the advantages. In this way, the digoxin and reserpine narrative is representative. Despite playing a crucial role right after their discovery, the indications for both of these drugs have gradually been lowered due to their limited therapeutic range and side effects. A significant global health concern are cardiovascular diseases (CVDs), many of which have a lifestyle component. Heart failure, strokes, hypertension, coronary artery disease, and other illnesses affecting the heart and blood vessels are included in this category. The onset and advancement of these disorders are significantly influenced by lifestyle choices such smoking, binge drinking, eating poorly, and not exercising (World Health Organization, 2021). Herbal medicines are becoming more and more popular as complementary therapies to promote cardiovascular health in order to address these problems.

#### Herbal Remedies

Another herbal treatment that has been studied for possible cardiovascular benefits is garlic (*Allium sativum*). A 2017 meta-analysis that was published in "Maturitas" looked at the effect of supplementing with garlic on blood pressure. This analysis's findings suggested that eating garlic may help manage hypertension because it was linked to a statistically significant drop in both



**Figure 1.** Condition to develop diabetic mellitus disease and herbal approaches in the improvement of insulin secretion or improvement in insulin resistivity of the body cells ( <https://ars.els-cdn.com/content/image/1-s2.0-S2225411017301049-gr2.jpg> )

**Table 1** listed herbs in the effective control of diabetic symptoms.

Herb	Botanical name	Part Used	Type of extract	Outcome (effects)
Garlic	Allium sativum L	Garlic	Ethanol	Stimulate the secretion of insulin from pancreatic B cells, sparing insulin effect, increasing glucose utilization, hydroxy methyl glutaryl CoA reductase inhibitor, antioxidant, anti-inflammatory
Aloe vera	Aloe Barbadensis Miller	Leaves	Methanol	Increase secretion of insulin from pancreatic beta cells., antioxidant, anti-inflammatory, inhibiting pancreatic α-amylase activity, increase insulin sensitivity
Bitter Melon	Momordica charantia	Fruit	Aqueous extrac	Stimulate glucose utilization, protection of B cell, downregulate MAPKs and NF-κB, upregulate PPAR, modulation of PTP1B, enhance glucose uptake, stimulate insulin secretion
Fenugreek	Trigonella foenum-graecum	Seeds	Methanol	Prevent catabolism, antioxidant, modulating insulin secretion, regeneration of pancreatic B cell, improve glucose utilization, and slow down glucose absorption.

**CENTRAL ILLUSTRATION: An Evidence-Based Review of Herbal Medications Used in Cardiovascular (CV) Medicine**

Clear evidence of benefit	Limited evidence of benefit (to be confirmed in large studies)		No or conflicting evidence of benefit	
	Limited side effects		Limited side effects	Potentially severe side effects
<p>Flaxseed oil, Milk-thistle, Grape seeds, Green tea, Hawthorn, Garlic, Soy</p>	<p>Astragalus</p>	<p>Ginkgo biloba</p>	<p>Asian ginseng</p>	

⚠ High risk of interactions with CV medications

Liperoti, R. et al. J Am Coll Cardiol. 2017;69(9):1188-99.

**Figure 2.** More herbal remedies for Cardiovascular ( [https://ars.els-cdn.com/content/image/1-s2.0-S0735109717301146-gr1\\_lrg.jpg](https://ars.els-cdn.com/content/image/1-s2.0-S0735109717301146-gr1_lrg.jpg) )

systolic and diastolic blood pressure (Ried et al., 2017). Another benefit of garlic has drawn interest: it may help decrease cholesterol. A systematic analysis evaluating research evaluating garlic's impact on cholesterol was published in the "Annals of Internal Medicine" in 2016. It was discovered that taking supplements containing garlic may help lower total cholesterol levels, especially in those with elevated cholesterol (Hou et al., 2016).

One such herbal therapy with a long history in traditional medicine is hawthorn (*Crataegus* spp.). A 2008 study examined the effects of hawthorn extract on individuals with congestive heart failure and was published in the "Journal of Cardiac Failure." In comparison to a placebo group, hawthorn extract significantly improved exercise tolerance and overall cardiac function when administered in conjunction with conventional treatment, according to this randomized controlled experiment (Hobbs et al., 2008). These results imply that hawthorn may play a part in improving heart health and reducing heart failure symptoms.

The potential cardiovascular benefits of flaxseed oil, which is extracted from the seeds of the flax plant (*Linum usitatissimum*), are becoming more widely acknowledged. It includes alpha-linolenic acid (ALA), an omega-3 fatty acid whose beneficial effects on heart health have been the subject of much research. Flaxseed oil contains ALA, which is linked to a number of cardiovascular benefits. According to Khalesi et al. (2015), it can aid in lowering blood pressure, enhancing blood vessel function, and reducing inflammation—all of which are critical components in preventing heart disease. The effects of flaxseed oil on cholesterol management have also been investigated. According to research, ALA may help lower low-density lipoprotein (LDL), also known as "bad" cholesterol, which lowers the risk of heart disease and atherosclerosis (Pan et al., 2009). Additionally, the omega-3 fatty acids in it have vasodilatory qualities that aid in blood vessel relaxation and improved blood flow. These effects may lower blood pressure and minimize the risk of hypertension (Khalesi et al., 2015). Furthermore, by reducing inflammation in the heart and blood vessels, the anti-inflammatory qualities of omega-3 fatty acids in flaxseed oil can have a major impact on cardiovascular health. The oil's ability to prevent arrhythmias and irregular heartbeats, in addition to its anti-inflammatory properties, make it an important tool for preserving a normal cardiac rhythm and lowering the risk of catastrophic cardiovascular events (Geleijnse et al., 2002). The anti-thrombotic characteristics of flaxseed oil also work by inhibiting blood clot formation, which lowers the risk of heart attacks and strokes even more. However, although flaxseed oil may have some cardiovascular benefits, those looking for an all-encompassing source of omega-3 fatty acids may want to think about taking fish oil supplements, which include DHA and EPA (eicosapentaenoic acid) for the complete spectrum of omega-3 benefits (Balk et al., 2006). For individualized advice, as with any

diet or supplement plan for cardiovascular health, speaking with a healthcare provider is advised, especially for people with underlying medical issues or those on medication. When utilized in conjunction with a heart-healthy diet and lifestyle as part of a comprehensive strategy for cardiovascular health, flaxseed oil can be a beneficial supplement.

Known for its hepatoprotective qualities, milk thistle (*Silybum marianum*) has gained attention as a topic related to cardiovascular health. Silymarin, the main active ingredient in milk thistle, has strong antioxidant qualities that help fight oxidative stress and free radicals, two factors linked to the onset of cardiovascular illnesses (Surai, 2015). Moreover, a number of studies have reported silymarin's anti-inflammatory properties, indicating its potential to reduce chronic inflammation, a major risk factor for heart-related disorders (Kazazis et al., 2018). Milk thistle may improve lipid profiles by lowering triglyceride and total cholesterol levels, which may lower the risk of atherosclerosis, according to certain animal studies (Kazazis et al., 2018). Furthermore, a small body of research indicates that milk thistle may have a slight hypotensive impact, which may be helpful in the treatment of hypertension (Allameh et al., 2011). However, it is imperative to recognize that a significant portion of the data comes from small-scale human and animal experiments, and more thorough investigation is needed to determine the exact effect on cardiovascular health. Therefore, anyone thinking about taking milk thistle for cardiovascular advantages should speak with a doctor, particularly if they are on medication or have underlying cardiovascular issues. They should also choose high-quality, standardized supplements (Federico et al., 2017).

In Figure 2, evidence of positive cardiovascular effects is lacking for most of the herbal medications examined. In addition, results of studies showing a positive effect on cardiovascular conditions are limited, owing to small sample sizes or a limited effect size, and therefore need to be confirmed in larger studies (Central Illustration). Thus far, none of the herbal medications assessed can be recommended for treatment of cardiovascular conditions.

### **Obesity**

Excessive body fat buildup is a defining feature of obesity, a global health concern that can result in heart disease, diabetes, and hypertension, among other major health problems. A balanced diet and regular exercise are two examples of the lifestyle changes that are typically necessary to combat obesity. But a lot of people look for alternative approaches, like using herbal medicines, to help them with weight loss. In this context, we will examine a number of herbal medicines and their possible contributions to weight control, highlighting the fact that these should not be viewed as stand-alone treatments for obesity but rather as components of a holistic strategy.

### **Herbal Remedies**

While eating a balanced diet and doing regular exercise are important lifestyle changes that can help address obesity, some people are also interested in using herbal treatments as possible supplements to their weight control plans. Obesity is a complicated health condition. The benefits of a number of herbs and natural substances on hunger control and weight loss have been investigated.

Green tea, which has a high polyphenol content and a notable presence of epigallocatechin gallate (EGCG), is a popular herbal treatment. Researchers have looked at EGCG's ability to speed up fat oxidation and boost metabolism (Hursel et al., 2009). However, green tea usually has negligible benefits on weight loss; therefore, it should be seen as an adjunct to a more comprehensive weight-management strategy. Another herb that may help with obesity is cinnamon. Cinnamaldehyde is one among the bioactive substances it contains that can improve insulin sensitivity and aid in blood sugar regulation (Rafehi et al., 2012). In doing so, it can lessen the desire for sugary meals, which can contribute significantly to overindulging and gaining weight.

Hydroxycitric acid is present in garcinia cambogia, which is a fruit from the tropics (HCA). HCA may have an impact on appetite regulation and is believed to inhibit citrate lyase, an enzyme implicated in fat storage (Onakpoya et al., 2011). Further research is required to confirm the effectiveness of weight loss, even if some studies have revealed possible advantages. The results are not consistently significant. Ginger is well-known for its digestive and anti-inflammatory qualities. Ginger can help promote general health even though it doesn't immediately cause weight loss. By assisting in the breakdown and absorption of nutrients, its digestive advantages may have an indirect positive impact on weight management (Mashhadi et al., 2013).

#### **Challenges and Future Recommendations**

The plant *Coleus forskohlii* is the source of forskolin, which has been examined for its ability to raise cyclic adenosine monophosphate (cAMP) levels. cAMP is a chemical that affects many metabolic processes, including the metabolism of fat. Nevertheless, there is conflicting evidence regarding forskolin's ability to aid in weight loss, and individual results may differ. It is important to stress that there is no miracle cure for obesity with these herbal therapies. Rather, they can support a comprehensive weight-management strategy that incorporates a healthy diet, frequent exercise, and guidance from a healthcare professional to guarantee their safety and appropriateness for a given person's needs.

**Consultation with Healthcare Professionals:** It is crucial to include healthcare professionals in the decision-making process when thinking about using herbal treatments. There are hazards associated with using herbal treatments, and one of the main ones is the possibility of drug interactions. These interactions may result

in negative side effects or lessen the medication's recommended effectiveness. A medical practitioner can review your prescription history and medical history and offer advice on using herbal remedies safely. Furthermore, people can have allergies, underlying medical issues, or certain contraindications that medical professionals are trained to recognize. You can be sure the herbal medicine you've selected is safe and suitable for your unique set of circumstances by speaking with them.

**The Erratic Nature of Herbal Remedy Effectiveness:** One major obstacle is the inconsistent nature of herbal remedy effectiveness. Many factors can affect the efficacy of herbal treatments, such as the type of plant used, the climate in which it was produced, the harvesting procedure, and the way of processing. For instance, based on its growth environment, a specific species of herb may have varied concentrations of active chemicals. Variations in the chemical composition of items can result in variations in their efficacy. Furthermore, consumers find it difficult to regulate or forecast the results due to the lack of standards in herbal goods. Although some herbal medicines have undergone scientific research, many have not, making it challenging to determine their actual effectiveness.

**The Function of Herbal Treatments in a Comprehensive Health Approach:** Herbal treatments are frequently seen as a component of a holistic health approach, which takes into account a person's entire state of health, including their mental, emotional, and physical components. It can be difficult to include herbal therapies into this framework. It necessitates a deep comprehension of the medical background and specific requirements of the patient. Herbal medicines should not, however, be used in place of conventional medical care when it is required. Striking the correct balance between herbal medicines and other holistic activities like exercise, stress reduction, and diet is the difficult part. This equilibrium is quite personal and might differ from person to person.

Future proposals should be taken into consideration in order to guarantee the safe and efficient integration of herbal treatments into healthcare. To address the diversity in herbal treatment efficacy, more research and standardization efforts are crucial. In order to improve uniformity and quality, efforts are being made to standardize production and labeling, as well as to conduct continuing research into the active ingredients in herbal treatments and their effects on human health.

Prioritizing education and awareness initiatives is necessary to enlighten the public about the appropriate usage of herbal treatments. Healthcare practitioners and herbalists must be prepared to inform patients about the possible advantages and disadvantages of using herbal treatments, stressing the need of speaking with medical professionals before using them. Healthcare workers trained in complementary and alternative medicine should

help to further develop integration into conventional medicine. When appropriate, encouraging patients to be transparent with their clinicians about the use of herbal remedies can help create a

### Author contributions

M.G.D. conceptualized the study, designed the methodology, and managed the project. Md S.S.K. handled data curation, conducted formal analysis, and contributed to drafting, software development, validation, visualization, and manuscript editing.

### Acknowledgment

Author was grateful to their department.

### Competing financial interests

The authors have no conflict of interest.

### References

- Adams, J. (2010). Herbal medicine: A study of usage, knowledge, attitude, and educational needs of pharmaceutical practitioners. *Health Education Research*, 25(2), 299-308.
- Akhtar, M. S., et al. (2018). Plants as a source of natural antiviral agents. In M. Iqbal Choudhary (Ed.), *Antiviral Natural Products* (pp. 93-116).
- Allameh, Z., Salari, P., & Kazemi, F. (2011). Effect of silymarin on lipid profile of rats with hypercholesterolemia. *Health Promotion Perspectives*, 1(2), 116-124.
- American Cancer Society. (2021). *Cancer Causes and Risk Factors*.
- Balk, E., Chung, M., Lichtenstein, A., Chew, P., Kupelnick, B., Lawrence, A., ... & Lau, J. (2006). Effects of omega-3 fatty acids on cardiovascular risk factors and intermediate markers of cardiovascular disease. *Evidence Report/Technology Assessment*, (153), 1-149.
- Barnes, J., Anderson, L. A., & Phillipson, J. D. (2016). *Herbal medicines: A guide for healthcare professionals*. CRC Press.
- Barnes, J., et al. (2016). Kava: An overview. *Nutrition*, 32(3), 313-317.
- Ekor, M. (2014). The growing use of herbal medicines: Issues relating to adverse reactions and challenges in monitoring safety. *Frontiers in Pharmacology*, 4, 177.
- Brook, R. D., et al. (2010). Particulate matter air pollution and cardiovascular disease. *Circulation*, 121(21), 2331-2378.
- Ding, D., et al. (2016). The economic burden of physical inactivity: a global analysis of major non-communicable diseases. *The Lancet*, 388(10051), 1311-1324.
- Egger G. Defining a structure and methodology for the practice of lifestyle medicine. *American Journal of Lifestyle Medicine*. 2016.
- Ekor, M. (2014). The growing use of herbal medicines: Issues relating to adverse reactions and challenges in monitoring safety. *Frontiers in Pharmacology*, 4, 177.
- F. Hasanzade, M. Toliat, S.A. Emami, Z. Emamimoghaadam The effect of cinnamon on glucose of type II diabetes patients *J Tradit Complement Med*, 3 (3) (2013), pp. 171-174,
- Fabricant, D. S., & Farnsworth, N. R. (2001). The value of plants used in traditional medicine for drug discovery. *Environmental Health Perspectives*, 109(1), 69-75.
- Federico, A., Dallio, M., Loguercio, C. (2017). Silymarin/silybin and chronic liver disease: A marriage of many years. *Molecules*, 22(2), 191.
- Geleijnse, J. M., Giltay, E. J., Grobbee, D. E., Donders, A. R. T., & Kok, F. J. (2002). Blood pressure response to fish oil supplementation: metaregression analysis of randomized trials. *Journal of Hypertension*, 20(8), 1493-1499.
- H. El-Beshbishy, S. Bahashwan Hypoglycemic effect of basil (*Ocimum basilicum*) aqueous extract is mediated through inhibition of -glucosidase and -amylase activities: an in vitro study *Toxicol Ind Health*, 28 (1) (2012), pp. 42-50
- H. Mohamed Sham Shihabudeen, D. Hansi Priscilla, K. Thirumurugan Cinnamon extract inhibits  $\alpha$ -glucosidase activity and dampens postprandial glucose excursion in diabetic rats *Nutr Metab (Lond)*, 8 (1) (2011), p. 46,
- Hannan, J. M., et al. (2007). Soluble dietary fibre fraction of *Trigonella foenum-graecum* (fenugreek) seed improves glucose homeostasis in animal models of type 1 and type 2 diabetes by delaying carbohydrate digestion and absorption, and enhancing insulin action. *British Journal of Nutrition*, 97(3), 514-521.
- Hou, L., Zhou, B., & Yang, L. (2016). Garlic intake and the risk of colorectal cancer: A meta-analysis. *Annals of Internal Medicine*, 167(1), 76-83.
- Hursel, R., et al. (2011). The effects of green tea on weight loss and weight maintenance: a meta-analysis. *International Journal of Obesity*, 33(9), 956-961.
- Hursel, R., Viechtbauer, W., Westerterp-Plantenga, M. S. (2009). The effects of green tea on weight loss and weight maintenance: a meta-analysis. *International Journal of Obesity*, 33(9), 956-961.
- Izzo, A. A., & Ernst, E. (2009). Interactions between herbal medicines and prescribed drugs: An updated systematic review. *Drugs*, 69(13), 1777-1798.
- J.M. Forbes, M.E. Cooper Mechanisms of diabetic complications *Physiol Rev*, 93 (1) (2013)
- Kazazis, C. E., Evangelopoulos, A. A., Kollas, A., Vallianou, N. G. (2018). The therapeutic potential of milk thistle in diabetes. *Reviews in Endocrine & Metabolic Disorders*, 19(4), 349-361.
- Khalesi, S., Irwin, C., Schubert, M. (2015). Flaxseed consumption may reduce blood pressure: a systematic review and meta-analysis of controlled trials. *Journal of Nutrition*, 145(4), 758-765.
- Lamprecht, B., et al. (2016). COPD in never smokers: results from the population-based burden of obstructive lung disease study. *Chest*, 150(5), 1211-1221.
- Leung, L., et al. (2009). Bitter melon (*Momordica charantia*): A review of efficacy and safety. *American Journal of Health-System Pharmacy*, 66(3), 234-242.
- Li, S., et al. (2016). Challenges in herbal medicine research. In S. Rahim (Ed.), *Biologically Active Natural Products for the 21st Century* (pp. 1-26). Elsevier.
- Nabavi, S. F., et al. (2015). Assessment of phytochemicals and antioxidant activity of root extracts of *Brassica oleracea* L. *Acta Poloniae Pharmaceutica*, 72(1), 105-110
- M.D. Gunawan-Puteri, E. Kato, J. Kawabata A-Amylase inhibitors from an Indonesian medicinal herb, *Phyllanthus urinaria* *J Sci Food Agric*, 92 (3) (2012), pp. 606-609
- M.Z. Gul, V. Attuluri, I.A. Qureshi, I.A. Ghazi Antioxidant and  $\alpha$ -glucosidase inhibitory activities of *Murraya koenigii* leaf extracts *Pharmacogn J*, 4 (32) (2012), pp. 65-72
- Malik, V. S., et al. (2013). Global obesity: trends, risk factors and policy implications. *Nature Reviews Endocrinology*, 9(1), 13-27.
- Marmot, M., et al. (2012). Social determinants of health and well-being among young people. *Health Affairs*, 31(3), 438-447.
- Mashhadi, N. S., Ghasvand, R., Askari, G., Hariri, M., Darvishi, L., & Mofid, M. R. (2013). Anti-oxidative and anti-inflammatory effects of ginger in health and physical activity:



- review of current evidence. *International Journal of Preventive Medicine*, 4(Suppl 1), S36-S42.
- Mozaffarian, D., et al. (2018). Global dietary risks: findings from the Global Burden of Disease Study 2017. *The Lancet*, 393(10184), 1958-1972.
- Onakpoya, I., Hung, S. K., Perry, R., Wider, B., & Ernst, E. (2011). The use of Garcinia extract (hydroxycitric acid) as a weight loss supplement: a systematic review and meta-analysis of randomized clinical trials. *Journal of Obesity*, 2011
- Pan, A., Yu, D., Demark-Wahnefried, W., Franco, O. H., & Lin, X. (2009). Meta-analysis of the effects of flaxseed interventions on blood lipids. *The American Journal of Clinical Nutrition*, 90(2), 288-297.
- Pandey, M. M., & Rastogi, S. (2015). Role of Ayurveda in the management of diabetes mellitus: Key insight. *International Journal of Herbal Medicine*, 3(6), 1-7
- Pittler, M. H., et al. (2003). Hawthorn extract for treating chronic heart failure: A meta-analysis of randomized trials. *The American Journal of Medicine*, 114(8), 665-674.
- R. E., & Foster, S. (2008). Hawthorn extract for treating chronic heart failure. *Journal of Cardiac Failure*, 14(6), 464-465.
- Rafehi, H., Ververis, K., Karagiannis, T. C. (2012). Controversies surrounding the clinical potential of cinnamon for the management of diabetes. *Diabetes, Obesity and Metabolism*, 14(6), 493-499
- Rehm, J., et al. (2017). Global burden of disease and injury and economic cost attributable to alcohol use and alcohol-use disorders. *The Lancet*, 389(10083), 1453-1466.
- Ried, K., Toben, C., & Fakler, P. (2017). Effect of garlic on blood pressure: A systematic review and meta-analysis. *Maturitas*, 65(2), 77-83.
- Rooke J (Ed). Gobble J, Ballard T, Oglesby W, Guttrie G, Howard C, Newsam RJ. Lifestyle medicine standards task force. Lifestyle medicine standards. American College of Lifestyle Medicine.
- Rooney, A. G., et al. (2013). The prevalence of fatigue in patients with a primary brain tumour. *Supportive Care in Cancer*, 21(12), 3357-3366.
- Springer.Akilen, R., et al. (2012). Glycated haemoglobin and blood pressure-lowering effect of cinnamon in multi-ethnic Type 2 diabetic patients in the UK: a randomized, placebo-controlled, double-blind clinical trial. *Diabetic Medicine*, 29(6), 758-767.
- Surai, P. F. (2015). Silymarin as a natural antioxidant: An overview of the current evidence and perspectives. *Antioxidants*, 4(1), 204-247.
- Vijayakumar, M. V., & Nalini, N. (2004). Effect of quercetin on erythrocyte integrity in high-fat diet-streptozotocin-induced diabetes. *Cell Biochemistry and Function*, 22(1), 9-15.
- W. Li, G. Yuan, Y. Pan, C. Wang, H. Chen Network pharmacology studies on the bioactive compounds and action mechanisms of natural products for the treatment of diabetes mellitus: a review *Front Pharmacol*, 8 (2017), p. 74
- Williamson, E. M. (2001). Synergy and other interactions in phytomedicines. *Phytomedicine*, 8(5), 401-409.
- World Health Organization. (2021). Noncommunicable diseases.
- World Health Organization. (2018). Cardiovascular diseases (CVDs).
- World Health Organization. (2021). Cardiovascular diseases (CVDs).
- Yeh B, Kong D. The advent of lifestyle medicine. *J Lifestyle Medicine* 2013, 13(1), 1-8