

## Antidiabetic Effect of Curcumin

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**Annotation:** Curcumin is a bioactive molecule present in the rhizome of the *Curcuma longa* plant, also known as turmeric. Curcumin, as a member of the curcuminoids, is a natural non-flavonoid phenol. Curcumin has various pharmacological and biological effects that have been described by in vitro and in vivo studies, and include antioxidant, cardioprotective, anti-inflammatory, antimicrobial, nephroprotective, antitumor, hepatoprotective, immunomodulatory, hypoglycemic and antirheumatic effects.

**Key words:** Curcumin, *Curcuma longa*, hypoglycemic, type 2 diabetes mellitus.

**Introduction.** Type 2 diabetes mellitus (T2DM) is a collection of metabolic diseases that have reached pandemic proportions worldwide. The multifactorial nature of the pathology makes patient management extremely difficult, including lifelong drug therapy and lifestyle modification. It is well known that type 2 diabetes is a preventable disease, so reducing the incidence of new cases of type 2 diabetes may be a key strategy to reduce the global impact of diabetes. Currently, more and more data are emerging on the effectiveness of using medicinal plant supplements for the prevention and treatment of type 2 diabetes. Among these medicinal plants, curcumin is of growing interest in the scientific community [1,2,3].

Curcumin is a bioactive molecule present in the rhizome of the *Curcuma longa* plant, also known as turmeric. Curcumin, as a member of the curcuminoids, is a natural non-flavonoid phenol. Curcuminoids are a combination of curcumin, chemically diferuloylmethane (1,7-bis[4-hydroxy-3-methoxyphenyl]hepta-1,6-diene-3,5-dione) with two of its components, demethoxy-curcumin (4-hydroxycinnamoyl- [4-hydroxy-3-methoxycinnamoyl]methane) and bis-demethoxycurcumin (bis-[4-hydroxycinnamoyl]methane) [8]. Curcumin has various pharmacological and biological effects that have been described by in vitro and in vivo studies, and include antioxidant, cardioprotective, anti-inflammatory, antimicrobial, nephroprotective, antitumor, hepatoprotective, immunomodulatory, hypoglycemic and antirheumatic effects. In animal models, curcumin extract delays the development of diabetes, improves  $\beta$ -cell function, prevents  $\beta$ -cell death, and reduces insulin resistance [1]. The turmeric plant, widely used in cooking as a spice (also present in curry powder) and in the scientific community, is known as *Curcuma longa*. This plant species is characterized by orange tuberous rhizomes and is widely cultivated in Southeast Asia, where it has been used since ancient times as a natural remedy for various pathological conditions. The particular characteristics that have attracted the attention of scientists to curcumin as a nutraceutical are the following: antioxidant and anti-inflammatory activity, as well as the safety of its pharmacological profile [4,5,6]. Moreover, various mechanisms of action by which this plant overcomes multiple sclerosis have been presented. According to research, turmeric and its bioactive component curcumin, due to its anti-inflammatory and antioxidant properties, have anti-diabetic effects by increasing insulin release, anti-hyperlipidemic effects by increasing fatty acid absorption, anti-obesity effects by reducing lipogenesis and anti-hypertensive effects by increasing nitric oxide. According to several in vivo, in vitro and human studies, it can be concluded that turmeric or curcumin has important value as an adjunctive therapy in multiple sclerosis [7].

*Curcuma longa*, a rooted plant in the ginger family, has become the first choice for alternative medicine due to its anti-inflammatory, antioxidant and digestive properties. Its main ingredient,

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curcumin, is also a natural active oxygen scavenger and active nitrogen provider, and has been proven to be effective in treating pain caused by arthritis and OA [12]. The main mechanism may be related to the protection of IL-1B-induced apoptotic chondrocytes, improvement of early degenerative changes of articular cartilage, inhibition of the production of cytoplasmic phospholipase A2 (cPLA2), cyclooxygenase 2 (COX-2), 5-lipoxygenase (5-LOX) etc. [12,13]. Recent clinical studies have also shown that curcumin can improve many indicators of OA. A recent meta-analysis showed that curcumin can effectively treat patients with OA, improve The Western Ontario and McMaster Universities (WOMAC) score and visual analog scale (VAS) score, and its side effects are not higher than that of ibuprofen, but only five randomized controlled trials (RCTs) were included, which severely limited its applicability of evidence [14]. Another meta-analysis found that curcumin and frankincense formula can relieve symptoms while reducing safety risks. It may be supplementary evidence for the treatment of knee OA, but the quality of the included RCTs is limited, and the number is too small to make it impossible for definite clinical practice recommendations [15]. With the gradual increase in RCTs [16–20] and the accumulation of evidence, there is an urgent need to update the systematic review and meta-analysis. Therefore, this article will conduct a systematic review and meta-analysis on the efficacy and safety of curcumin intervention in OA based on the latest updated evidence.

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