iJRASET
International Journal For Research in Applied Science and Engineering Technology

INTERNATIONAL JOURNAL FOR RESEARCH

IN APPLIED SCIENCE & ENGINEERING TECHNOLOGY

Volume: 13 **Issue:** IV **Month of publication:** April 2025

DOI: https://doi.org/10.22214/ijraset.2025.69748

www.ijraset.com

Call: 08813907089 | E-mail ID: ijraset@gmail.com

International Journal for Research in Applied Science & Engineering Technology (IJRASET)
ISSN: 2321-9653; IC Value: 45.98; SJ Impact Factor: 7.538
Volume 13 Issue IV Apr 2025- Available at www.ijraset.com

Nutraceuticals used in Management of Type 2 Diabetes

Miss. Srushti Santosh Ingale[1], Miss. Rekha C. Kolape[2], Mr. Nitin Gawai[3], Miss. Harshada Gaikwad[4]
B. Pharmacy Department, Mahadev Kanchan College of Pharmaceutical Education and Research, Uruli Kanchan, Pune, Maharashtra, India

Abstract: ***The rising incidence and severe effects, type 2 diabetes mellitus (T2DM) is a worldwide health emergency. Because of their capacity to enhance insulin sensitivity, lower inflammation, and avert problems associated with diabetes, nutraceuticals have become a viable adjunct or alternative therapy option, even if traditional medicines continue to be the mainstay of management. The function of many nutraceuticals in the management of type 2 diabetes is examined in this review, including fatty acids, vitamins, minerals, and herbal extracts. These substances' potential to enhance glycaemic management and general metabolic health is highlighted, along with the processes by which they work. Issues like safety and standardisation are discussed, and the future direction of this field's research is highlighted, especially with regard to clinical validation and the best ways to dose medications.***

Keywords: Type 2 Diabetes, Nutraceuticals, Insulin Sensitivity, Herbal Medicine, Glucose Control, Metabolic Health, Chronic Inflammation, Clinical Trials, Bioactive Compounds, Supplementation.

I. INTRODUCTION

The multifactorial metabolic disease known as type 2 diabetes mellitus (T2DM) is typified by insulin resistance, decreased insulin production, and persistent hyperglycemia. It now affects millions of individuals worldwide and is one of the most common non-communicable illnesses, putting a heavy strain on healthcare systems. Obesity, poor food habits, genetic susceptibility, and physical inactivity are commonly linked to type 2 diabetes. Serious side effects such cardiovascular disorders, neuropathy, nephropathy, and retinopathy can develop from type 2 diabetes over time[1-2].

The utilization of nutraceuticals, which are bioactive substances obtained from food sources that offer health advantages beyond basic nutrition, is one of the innovative treatment techniques being sought after as a result of the rising incidence of type 2 diabetes[3-4].

For the treatment of type 2 diabetes, nutraceuticals have shown promise as an adjuvant or substitute for traditional pharmaceutical treatments. A variety of biological processes involved in the pathophysiology of diabetes can be modulated by these substances, which include vitamins, minerals, herbs, amino acids, fatty acids, and phytochemicals. They could lessen the chance of T2DM problems, raise insulin sensitivity, and lower blood glucose levels. Because of their natural nature, reduced cost, less side effects, and potential for long-term usage, nutraceuticals are especially attractive for the management of type 2 diabetes[5-6].

II. EPIDEMIOLOGY AND PATHOPHYSIOLOGY OF TYPE 2 DIABETES

The pathophysiology of T2DM involves two major defects: insulin resistance and β-cell dysfunction. Insulin resistance occurs when the body's cells, particularly muscle, liver, and adipose tissue, become less responsive to insulin, leading to increased blood glucose levels. To compensate for this resistance, the pancreas initially produces more insulin, but over time, the β-cells in the pancreas become impaired, reducing insulin secretion[7-8].

This dual defect results in chronic hyperglycemia, which damages various organs and tissues in the body. Inflammation, oxidative stress, and adiposity are important contributing factors to the development and progression of insulin resistance and β-cell dysfunction.Insulin resistance and β-cell dysfunction are two important abnormalities in the pathogenesis of type 2 diabetes[9-10].

Blood glucose levels rise as a result of insulin resistance, which happens when the body's cells—especially those in the liver, muscles, and adipose tissue—become less sensitive to insulin. The pancreas first makes more insulin to make up for this resistance, but as time passes and the β-cells of the pancreas deteriorate, less insulin is secreted. Chronic hyperglycemia brought on by this twofold deficiency harms the body's tissues and organs. Adiposity, oxidative stress, and inflammation are significant contributors to the onset and advancement of β-cell dysfunction and insulin resistance[11-12].

©IJRASET: All Rights are Reserved

III. TRADITIONAL TREATMENT APPROACHES FOR TYPE 2 DIABETES

Along with medication, lifestyle changes including diet and exercise are the mainstays of managing type 2 diabetes. Insulin, thiazolidinediones, sulfonylureas, and metformin are examples of conventional medications for type 2 diabetes. These medications boost insulin production, enhance insulin sensitivity, or decrease blood glucose levels through a variety of ways. Despite their effectiveness, these drugs frequently have negative side effects, including weight gain, gastrointestinal issues, and the possibility of hypoglycemia, especially when used with
Insulin or sulfonylureas[13-14].

A trend towards personalized medicine has emerged in recent years, in which treatment plans are customized according to each patient's unique characteristics, including age, comorbidities, lifestyle, and genetics.Although there are many pharmacological medicines available, the increasing prevalence of type 2 diabetes and the negative side effects of traditional medications have prompted research into complementary and alternative therapies, including nutraceuticals[15-16].

IV. NUTRACEUTICALS IN THE MANAGEMENT OF TYPE 2 DIABETES

The potential of nutraceuticals to treat type 2 diabetes, either by themselves or in conjunction with traditional treatments, has drawn a lot of interest. Based on their chemical makeup and biological activity, they may be divided into a number of groups, such as fatty acids, vitamins and minerals, plant-based chemicals, and other bioactive substances[17]. An outline of some of the most researched nutraceuticals for the treatment of type 2 diabetes is provided below:

1) Plant-Based and Herbal Compounds

Cinnamomum verum, or cinnamon: One of the plants that has been researched the most for blood sugar regulation is cinnamon. Cinnamaldehyde, one of its active ingredients, is believed to enhance insulin sensitivity and cell absorption of glucose. Supplementing with cinnamon has been shown in several clinical studies to lower fasting blood glucose levels and improve lipid profiles in people with type 2 diabetes[18].

Bitter Melon (Momordicacharantia): For generations, traditional medicine has utilised bitter melon to treat diabetes. Its bioactive ingredients, including momordicin and charantin, have been demonstrated to have actions similar to those of insulin, lowering blood glucose levels via improving glucose utilisation.

The soluble fiber included in fenugreek (Trigonella foenum-graecum) seeds can help control blood sugar levels by delaying the absorption of carbohydrates. Supplementing with fenugreek has been found to help individuals with type 2 diabetes improve their glycaemic control and insulin sensitivity[19-20]

The key ingredient in turmeric (Curcuma longa), curcumin, has antioxidant and anti-inflammatory qualities that may help lower insulin resistance. Supplementing with curcumin may increase insulin sensitivity, lower inflammation, and prevent complications from diabetes, according to many studies[21].

Berberine: This compound, which is present in a variety of plants, including Berberis vulgaris, has been demonstrated to improve lipid profiles, lower blood glucose levels, and increase insulin sensitivity. It functions by triggering AMP-activated protein kinase (AMPK), a crucial modulator of energy consumption within cells[22-23].

The chronic metabolic disease known as type 2 diabetes mellitus (T2DM) is typified by a relative lack of insulin production and insulin resistance. More than 90% of diabetes cases worldwide are caused by it. The growth in T2DM is ascribed to sedentary lifestyles, poor dietary patterns, and growing obesity. Insulin therapy, oral hypoglycemic medications, and lifestyle changes are currently used treatments. However, side effects and efficacy limits are frequently linked to long-term medication. The use of nutraceuticals—naturally occurring bioactive substances with health benefits—has drawn more attention in recent years as a means of managing type 2 diabetes. By modifying glucose metabolism, enhancing insulin sensitivity, lowering oxidative stress, and affecting gut microbiota, these compounds have therapeutic promise.

A common metabolic disease called type 2 diabetes mellitus (T2DM) is typified by persistently high blood sugar levels brought on by insulin resistance and decreased insulin production. Obesity, bad eating habits, sedentary lifestyles, and genetic predispositions are some of the reasons contributing to this growing public health crisis. Long-term pharmacological use frequently results in negative effects, decreased efficacy, and high costs, even though standard therapies include insulin therapy and oral hypoglycemic medications. Nutraceuticals, which are bioactive substances obtained from food sources, have therefore become supplementary or alternative approaches to the treatment of type 2 diabetes. Through a variety of methods, these organic compounds are thought to enhance glycaemic management and provide further advantages like anti-inflammatory and antioxidant properties.

Nutraceuticals have a major impact on how the underlying pathophysiology of type 2 diabetes is modulated. They may decrease systemic inflammation, limit the absorption of carbohydrates, increase insulin sensitivity, and promote insulin production.

For example, substances like berberine mimic the effects of metformin by activating AMP-activated protein kinase (AMPK), while turmeric's curcumin lowers oxidative stress and promotes the activity of pancreatic beta-cells. Likewise, omega-3 fatty acids improve lipid profiles and reduce inflammation, whereas chromium picolinate enhances insulin receptor activation. Compared to synthetic drugs, these acts help improve blood glucose management and frequently have fewer negative effects.

Numerous nutraceuticals have shown encouraging outcomes in preclinical and clinical research. Among the most researched are aloe vera, fenugreek, bitter melon, cinnamon, berberine, and curcumin. Known for its antioxidant and anti-inflammatory qualities, curcumin has been demonstrated to lower HbA1c and fasting blood sugar levels. Berberine hypoglycemic effects are on par with those of other oral antidiabetic medications. While fenugreek inhibits the absorption of carbohydrates because of its high fibre content, cinnamon enhances insulin sensitivity and glucose metabolism. Aloe vera and bitter melon improve glucose absorption and insulin secretion. These medicines can greatly aid in the control of type 2 diabetes when taken appropriately.

A growing amount of research supports the use of nutraceuticals in the management of type 2 diabetes. Positive results have been reported in a number of clinical trials. One study, for example, found that taking supplements of curcumin reduced the risk of developing diabetes in people with prediabetes. Berberine was shown in another trial to have a similar effect to metformin in lowering blood glucose and cholesterol levels. Consuming cinnamon has been linked to better insulin sensitivity and fasting glucose levels. These results suggest that nutraceuticals can provide diabetic patients with notable metabolic improvements, either on their own or in conjunction with other therapies.

Notwithstanding their advantages, nutraceuticals have a number of drawbacks, such as inconsistent product formulation, a lack of standards, and lax regulation. Their clinical efficacy and bioavailability may be impacted by variations in dosage, formulation, and extraction techniques. Furthermore, even though they are usually regarded as safe, some nutraceuticals have the potential to have negative side effects or interact with prescription medications, which highlights the necessity of medical supervision. Countries have different regulatory frameworks for nutraceuticals, and more standardized clinical research is needed to guarantee safety, therapeutic consistency, and quality control.

Future prospects for the incorporation of nutraceuticals into standard diabetic care seem bright, especially in light of developments in gut microbiome research, nanotechnology, and personalised medicine. Creating customized nutraceutical formulations with better delivery methods may increase patient compliance and efficacy. Furthermore, a synergistic approach to glycaemic management may be provided by combining conventional medication with nutraceuticals. In summary, when taken properly, nutraceuticals offer safe, natural, and effective alternatives for long-term disease control, making them an important part of the holistic care of type 2 diabetes.

2) Minerals and Vitamins

Vitamin D: A lack of vitamin D has been associated with a higher risk of type 2 diabetes. In people with reduced glucose tolerance, vitamin D supplementation has been demonstrated to increase insulin sensitivity and lower the riskof type 2 diabetes.

Chromium: Chromium is essential for glucose metabolism and insulin signalling. Chromium supplementation has been demonstrated in several trials to enhance insulin sensitivity and glycemic management, particularly in those With low chromium levels.

Magnesium: This element is involved in more than 300 enzymatic processes, including those that control the metabolism of glucose. Supplementing with magnesium has been demonstrated to increase insulin sensitivity and blood glucose management in individuals with type 2 diabetes, while magnesium deficiency has been associated with insulin resistance.

3) The Fatty Acids

The anti-inflammatory qualities of omega-3 fatty acids, especially those present in fish oil (EPA and DHA), may help lower insulin resistance. According to clinical research, taking omega-3 supplements can help people with type 2 diabetes improve their insulin sensitivity, lower their triglyceride levels, and minimize their risk of Cardiovascular disease.

Alpha-Lipoic Acid (ALA): This antioxidant has been researched for its ability to lower oxidative stress and enhance insulin sensitivity. According to clinical studies, ALA supplements can aid diabetic patients with their neuropathy symptoms and blood glucose levels.

4) Peptides and Amino Acids

L-arginine: Nitric oxide, which is a precursor to L-arginine, enhances insulin sensitivity and blood flow[24-25].

V. MECHANISMS OF ACTION OF NUTRACEUTICALS

The capacity of nutraceuticals to alter several processes related to insulin resistance and glucose metabolism is thought to be the reason for their positive benefits in the treatment of type 2 diabetes. These consist of:

Anti-inflammatory Effects: One of the main characteristics of type 2 diabetes is persistent low-grade inflammation. Turmeric and berberine are two examples of nutraceuticals with anti-inflammatory qualities that assist lower insulin resistance and enhance glucose homeostasis.

Enhancement of Beta-Cell Function: It has been demonstrated that some nutraceuticals, such as turmeric and berberine, shield β-cells from oxidative damage and increase insulin production, which improves glucose regulation.

Effects of Antioxidants: The onset and course of type 2 diabetes are significantly influenced by oxidative stress. Strong antioxidants found in nutraceuticals including alpha-lipoic acid, cinnamon, and turmeric help counteract

Free radicals, lesson oxidative damage, and enhance insulin action.

Regulation of Insulin Sensitivity: By altering cellular signalling pathways, such as the AMPK pathway, which promotes glucose absorption by cells, nutraceuticals including berberine, cinnamon, and omega-3 fatty acids increase insulin sensitivity [26-27].

Improving insulin sensitivity is one of the main ways that nutraceuticals aid in the management of Type 2 Diabetes Mellitus (T2DM). The pathophysiology of type 2 diabetes is mostly influenced by insulin resistance, which occurs when the body's cells are unable to react appropriately to insulin. Alpha-lipoic acid, omega-3 fatty acids, and chromium are examples of nutraceuticals that enhance the signalling pathways connected to insulin receptors. For example, chromium improves glucose transport into cells by increasing insulin receptor kinase activity. Likewise, omega-3 fatty acids improve insulin responsiveness in peripheral tissues including muscle and fat by modifying adipocyte metabolism and lowering pro-inflammatory cytokines.

The activation of pancreatic beta cells to secrete insulin is another important method. Bioactive substances found in nutraceuticals such as Gymnema sylvestre, fenugreek, and bitter melon either mimic or stimulate the release of insulin. Polypeptide-p, a plant-based insulin-like substance found in bitter melon, directly decreases blood sugar levels. Gymnemic acids found in Gymnema sylvestre promote insulin secretion and beta-cell regeneration. People with early-stage type 2 diabetes who still have some beta-cell function are most helped by these measures.

By delaying the gastrointestinal tract's absorption and digestion of carbohydrates, a number of nutraceuticals reduce the risk of diabetes. This is accomplished by blocking the activity of enzymes that convert complex carbs into glucose, such as alpha-amylase and alpha-glucosidase. Strong inhibitory action on these enzymes has been demonstrated by polyphenols found in green tea, cinnamon, and legumes like fenugreek. These substances aid in reducing postprandial (after-meal) blood sugar increases by postponing the absorption of glucose, which is crucial for the management of type 2 diabetes.

The onset and advancement of insulin resistance and beta-cell dysfunction are significantly influenced by persistent low-grade inflammation. Nutraceuticals with potent anti-inflammatory qualities include resveratrol, curcumin, and omega-3 fatty acids. These substances suppress the production of inflammatory cytokines such as C-reactive protein (CRP), IL-6, and TNF-alpha. For example, curcumin inhibits the NF-κB signalling pathway, a key modulator of inflammation. These nutraceuticals help maintain pancreatic function and enhance insulin action by lowering systemic inflammation.

A major factor in the pathophysiology of type 2 diabetes is oxidative stress, which causes insulin resistance and cellular damage. By scavenging free radicals and boosting the activity of antioxidant enzymes like superoxide dismutase (SOD) and catalase, nutraceuticals with antioxidant qualities—such as vitamin C, vitamin E, flavonoids, and polyphenols from fruits and herbs—fight oxidative stress. Alpha-lipoic acid and resveratrol also help cells' mitochondrial function, which is necessary for energy production and glucose metabolism. In diabetes individuals, this antioxidant defence aids in preserving cellular integrity and function.

Recent studies have brought attention to the gut microbiota's significance in diabetes and metabolic health. By encouraging the growth of advantageous bacteria like Bifidobacterium and Lactobacillus, nutraceuticals like inulin, probiotics, and prebiotics can have a positive impact on the composition of gut microbiota. Short-chain fatty acids (SCFAs), which are produced by these bacteria, lower systemic inflammation, enhance insulin sensitivity, and control hunger and energy metabolism. Nutraceuticals that alter gut microbiota have metabolic advantages beyond glucose regulation, opening up new treatment options for diabetes.

VI. CHALLENGES & FUTURE SCOPE OF STUDY

Nutraceuticals have a lot of potential for treating Type 2 diabetes, but in order to optimize their clinical efficacy, a number of issues must be resolved. The absence of standardisation in the manufacturing of herbal and nutraceutical goods is one of the main obstacles.

Inconsistent treatment results may result from differences in the active substances' composition, concentration, and bioavailability. Furthermore, little is known about the intricate relationships that exist between nutraceuticals and traditional diabetic drugs, which may have negative effects or lessen the effectiveness of conventional therapies[28].

The paucity of well-conducted large-scale clinical studies evaluating the long-term safety and effectiveness of nutraceuticals is another significant problem.

Generalizing results to human populations is challenging since many studies are small, use animal models, or lack adequate control groups. Furthermore, nutraceuticals are sometimes subject to laxer regulatory scrutiny than pharmaceutical medications, raising questions regarding the safety and quality of the products[29].

More thorough clinical trials to confirm the effectiveness of nutraceuticals in the treatment of Type 2 diabetes are the focus of future research. Research should also concentrate on determining precise biomarkers for patient classification, the best dose, and the processes by which these bioactive substances work. Examining how nutraceuticals and traditional diabetic treatments work together might result in more successful, comprehensive treatment plans[30].

VII. CONCLUSION

The potential advantages including increased insulin sensitivity, better glycaemic control, and fewer complications, nutraceuticals provide a novel and promising way to controlling Type 2 diabetes. The value of several herbs, vitamins, minerals, and bioactive substances in integrated care is highlighted by the increasing amount of research demonstrating their effectiveness in managing diabetes. However, before these medications can be broadly included into traditional therapy regimens, issues including safety, standardisation, and the requirement for extensive clinical studies must be resolved. Future studies should concentrate on maximizing the use of nutraceuticals, comprehending how they work, and developing precise protocols for integrating them into clinical practice

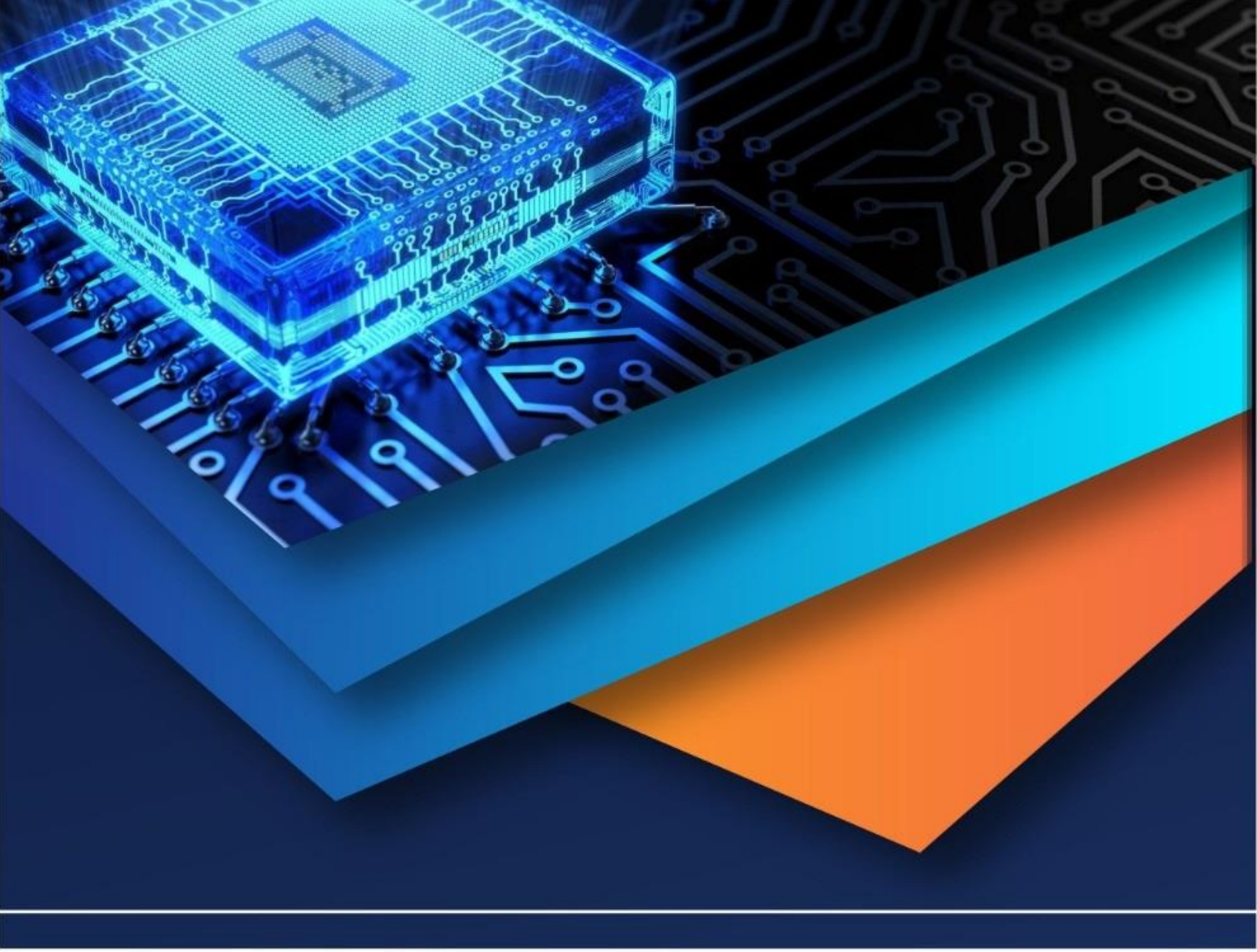
REFERENCES

[1] Ali F, Bakar MFA, Saari N. Nutraceuticals and functional foods for the management of Type 2 Diabetes Mellitus. Evid Based Complement Alternat Med. 2014;2014:1–14.
[2] Bailey CJ, Day C. Metformin: Its botanical background. Practical Diabetes Int. 2004;21(3):115–7.
[3] Ríos JL, Francini F, Schinella GR. Natural products for the treatment of Type 2 diabetes mellitus. Planta Med. 2015;81(12–13):975–94.
[4] Vinayagam R, Xu B. Antidiabetic properties of dietary flavonoids: A cellular mechanism review. Nutrition and Metabolic (Lond). 2015;12(1):60.
[5] Patel DK, Kumar R, Laloo D, Hemalatha S. Natural medicines from plant source used for therapy of diabetes mellitus: An overview of its pharmacological aspects. Asian Pac J Trop Dis. 2012;2(3):239–50.
[6] Anandharajan R, Jaiganesh S, Shankernarayan NP. Antihyperglycemic activity of Gymnema sylvestre leaf extract. Pharm Biol. 2006;44(8):574–9.
[7] Ghorbani A. Best herbs for managing diabetes: A review of clinical studies. Braz J Pharm Sci. 2013;49(3):413–22.
[8] Kumar S, Kumar V. A review on the role of nutraceuticals in the management of diabetes mellitus. World J Pharmacy and Pharmaceutical Sci. 2013;2(6):4686–701.
[9] Bhattacharya S. Phytotherapeutic approach to diabetes mellitus: An overview. Int J Pharm Sci Res. 2011;2(9):2331–9.
[10] Vuksan V, Sievenpiper JL. Herbal remedies in the management of diabetes: Lessons learned from the study of ginseng. Nutrition, Metabolism Cardiovasc Dis. 2005;15(3):149–60.
[11] Modak M, et al. Indian herbs and herbal drugs used for the treatment of diabetes. J Clin Biochemistry and Nutrition. 2007;40(3):163–73.
[12] Goyal RK, Kadam DS. Effect of long-term feeding of fenugreek seeds on glycemic control and metabolic parameters in Type 2 diabetic patients. Nutr Res. 2005;25(11):1111–5.
[13] Marles RJ, Farnsworth NR. Antidiabetic plants and their active constituents. Phytomedicine. 1995;2(2):137–89.
[14] Yeh GY, Eisenberg DM, Kaptchuk TJ, Phillips RS. Systematic review of herbs and dietary supplements for glycemic control in diabetes. Diabetes Care. 2003;26(4):1277–94.
[15] Kooti W, et al. Herbal, plant-derived and dietary supplements for the control of diabetes mellitus: A review. Evid Based Complement Alternat Med. 2016;2016:1–13.
[16] Gray AM, Flatt PR. Insulin-releasing and insulin-like activity of the traditional antidiabetic plant Coriandrum sativum (coriander). Br J Nutr. 1999;81(3):203–9.
[17] Sheela CG, Augusti KT. Antidiabetic effects of S-allyl cysteine sulphoxide isolated from garlic Allium sativum Linn. Indian J Exp Biol. 1992;30(6):523–6.
[18] Eidi A, Eidi M. Antidiabetic effects of sage (Salvia officinalis L.) leaves in normal and streptozotocin-induced diabetic rats. Diabetes Metabolic Syndr. 2009;3(1):40–4.
[19] Bhattacharya SK, Satyan KS. Experimental methods for evaluation of psychotropic agents in rodents: II. Antidepressants. Indian J Exp Biol. 1997;35(6):552–8.
[20] Asgary, S, et al. Effect of Nigella sativa on Type 2 diabetes mellitus: A systematic review. J Endocrinol Invest. 2014;37(7):635–42.
[21] Xu J, et al. Green tea polyphenols: Nutraceuticals with potential for the prevention and treatment of diabetes. Front Bioscience. 2013;18(5):1600–12.
[22] Basch E, et al. Bitter melon (Momordicacharantia): A review of efficacy and safety. Am J Health System Pharm. 2003;60(4):356–9.
[23] Grover JK, Yadav S, Vats V. Medicinal plants of India with antidiabetic potential. J Ethnopharmacology . 2002;81(1):81–100.
[24] Tiwari AK, Rao JM. Diabetes mellitus and multiple therapeutic approaches of phytochemicals: Present status and future prospects. Curr Sci. 2002;83(1):30–8.
[25] Prabhakar PK, Doble M. Interaction of phytochemicals with hypoglycemic drugs on glucose uptake in L6 myotubes. Phytomedicine. 2008;15(12):1050–7.

©IJRASET: All Rights are Reserved

[26] Achike FI, Kwan CY. Phytochemicals in the management of Type 2 diabetes: Panacea or illusion? Clin Exp Pharmacology Physiol. 2003;30(11):842–6.
[27] Singh R, et al. Herbal treatment for Type 2 diabetes in India: A review. J Diabetes MetabDisord. 2009;8(1):1–5.
[28] Jamshidi N, Cohen MM. The clinical efficacy and safety of herbal medicine in the treatment of Type 2 diabetes: A systematic review. Integrative Med Res. 2017;6(2):112–24.
[29] Bhutani J, Vishnoi R, Abdin MZ. Role of nutraceuticals in Type 2 diabetes mellitus: A review. J Diabetes Metabolic Disorder. 2020;19(2):961–71.
[30] Rasouli H, Hosseini-Ghazvini SM, Adibi H, Khodarahmi R. Nutraceuticals for the treatment of diabetes and its complications: A review of clinical evidence. Phytotherapy Res. 2017;31(10):1459–71.
[31] Kalra EK. Nutraceutical—definition and introduction. AAPS PharmSci. 2003;5(3):E25.
[32] Brower V. Nutraceuticals: poised for a healthy slice of the healthcare market? Nat Biotechnol. 1998;16(8):728–731.
[33] Gupta S, Chauhan D, Mehla K, Sood P, Nair A. An overview of nutraceuticals: current scenario. J Basic Clin Pharm. 2010;1(2):55–62.
[34] Wildman REC, editor. Handbook of Nutraceuticals and Functional Foods. 2nd ed. Boca Raton: CRC Press; 2006.
[35] Bagchi D. Nutraceutical and functional food regulations in the United States and around the world. 2nd ed. Amsterdam: Academic Press; 2014.
[36] Kaur IP, Kapoor S, Mahadik KR, Khar RK. Studies on formulation and in vitro evaluation of ophthalmic preparations of acetazolamide. Indian J Pharm Sci. 2000;62(5):383–387.
[37] Santini A, Cammarata SM, Capone G, Ianaro A, Tenore GC, Pani L, et al. Nutraceuticals: opening the debate for a regulatory framework. Br J ClinPharmacol. 2018;84(4):659–672.
[38] Martirosyan DM, Singh J. A new definition of functional food by FFC: what makes a new definition unique? Funct Foods Health Dis. 2015;5(6):209–223.
[39] Nasri H, Baradaran A, Shirzad H, Rafieian-Kopaei M. New concepts in nutraceuticals as alternative for pharmaceuticals. Int J Prev Med. 2014;5(12):1487–1499.
[40] Shahidi F. Nutraceuticals and functional foods: whole versus processed foods. Trends Food Sci Technol. 2009;20(9):376–387.

©IJRASET: All Rights are Reserved | SJ Impact Factor 7.538 | ISRA Journal Impact Factor 7.894 |



10.22214/IJRASET

45.98

IMPACT FACTOR: 7.129

IMPACT FACTOR: 7.429

INTERNATIONAL JOURNAL FOR RESEARCH

IN APPLIED SCIENCE & ENGINEERING TECHNOLOGY

Call : 08813907089 (24*7 Support on Whatsapp)