Berberine HCl

Berberine HCl 500 mg with milk thistle and turmeric extracts · 60 vegetarian capsules

INDICATION

Adults who need support for blood glucose and lipids, including women with PCOS/PMOS and insulin resistance, alongside diet, exercise and any prescribed treatment.

-0.73
HbA1c points vs control, across 46 trials (1)

-0.50
mmol/L LDL cholesterol vs placebo (3)

48.6%
IVF live births in PCOS/PMOS; 20.6% on placebo (7)

1 cap
twice daily, after food

01 COMPOSITION AND DOSE

Berberine hydrochloride	**500 mg**
Milk thistle (*Silybum marianum*) extract	**150 mg**
Turmeric (*Curcuma longa*) extract	**150 mg**

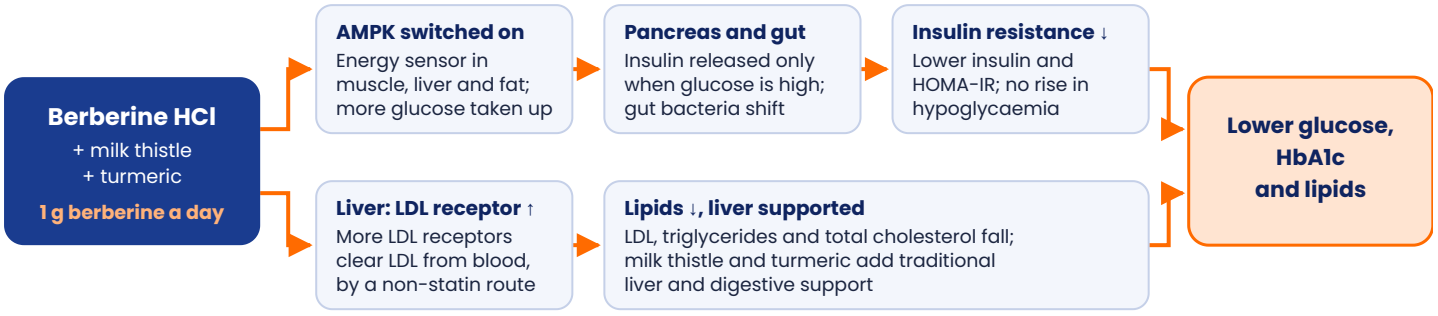
Amounts are per capsule; vegetarian (HPMC) capsule shell. **Dose:** 1 capsule twice daily, after food (berberine HCl 1 g a day); 60 capsules last 30 days. **Label use:** supports glucose metabolism, promotes liver health and provides antioxidant protection.

HOW IT WORKS

Berberine switches on AMPK, the cell's energy sensor, so muscle, liver and fat take up more glucose and respond better to insulin (3, 11).

It releases insulin only when glucose is high (13), so hypoglycaemia did not rise in trials (2), and it shifts the gut bacteria (14). In the liver it raises LDL receptors by a route different from statins, so more LDL is cleared from the blood (12).

Milk thistle and turmeric add traditional liver and digestive support (9, 10).



02 EVIDENCE, WITH REFERENCES

Study	Design and people	Intervention	Main result
Guo 2021 (1)	Meta-analysis, 46 RCTs, 4,158 adults with diabetes	Berberine alone or added, vs control	HbA1c 0.73 points and glucose 0.86 mmol/L lower; HOMA-IR down 0.71; triglycerides 0.50 mmol/L lower, HDL up
Xie 2022 (2)	Meta-analysis, 37 RCTs, 3,048 adults with diabetes	Berberine vs control	HbA1c 0.63 points lower (0.79 if 9% or more); fewer adverse events (RR 0.73); no rise in hypoglycaemia
Liu 2025 (3)	Meta-analysis, 12 RCTs, 889 adults with metabolic risk	Berberine 0.3 to 1.5 g/day vs placebo	LDL 0.50, total cholesterol 0.45, triglycerides 0.37 and glucose 0.52 mmol/L lower; waist 3.3 cm smaller; side effects as on placebo
Wang 2024 (4)	Meta-analysis, 50 RCTs, 4,150 adults with diabetes	Berberine vs or added to metformin	Matched metformin for HbA1c and glucose; added to it, HbA1c a further 0.79 points and glucose 1.19 mmol/L lower
Yin 2008a (5)	RCT, 36 adults with newly diagnosed type 2 diabetes	Berberine 0.5 g three times daily vs metformin, 3 months	HbA1c 9.5% to 7.5% and fasting glucose 10.6 to 6.9 mmol/L, similar to metformin; triglycerides lower
Yin 2008b (5)	Trial, 48 adults, poorly controlled diabetes	Berberine added to treatment, 3 months	HbA1c 8.1% to 7.3%; fasting insulin down 28%, HOMA-IR down 45%; no liver or kidney damage
Wei 2012 (6)	RCT, 89 women with PCOS and insulin resistance	Berberine 1.5 g/day vs metformin vs placebo, 3 months, with the pill	Insulin resistance improved as on metformin; waist, LDL and triglycerides fell more than on metformin; SHBG rose more
An 2014 (7)	RCT, 150 women with PCOS before IVF	Berberine vs metformin vs placebo, 3 months before stimulation	Live births 48.6% vs 36.8% (metformin) and 20.6% (placebo); severe OHSS 5.4% vs 17.6% on placebo
Xie 2019 (8)	Meta-analysis, 12 RCTs, 1,544 women with PCOS	Berberine vs placebo or metformin	Vs placebo: testosterone and waist-to-hip ratio lower, SHBG up 13.7 nmol/L; vs metformin: LDL 0.34 mmol/L lower

Guideline: EU herbal monographs recognise traditional use of turmeric and milk thistle for digestive complaints, and of milk thistle to support liver function (9, 10). **Evidence base:** most trials lasted up to six months and were done in China; this combination has not itself been trialled; for ovulation induction letrozole remains first line (8).

For health professionals. This product is a food supplement and is not intended to diagnose, treat, cure or prevent any disease.

WHO BENEFITS MOST

Prediabetes or type 2 diabetes
Raised fasting glucose or HbA1c, on diet alone or on metformin.
Expect: lower glucose and HbA1c by 3 months

Raised LDL or triglycerides
Mild to moderate raised lipids, statin declined, or alongside a statin.
Expect: lower LDL and triglycerides at 3 months

PCOS/PMOS with insulin resistance
Central weight gain, raised insulin or lipids, with or without the pill.
Expect: smaller waist, better lipids at 3 months

PCOS/PMOS before IVF
Three months of berberine before stimulation gave more live births.
Start 3 months before stimulation

HOW TO USE IT IN PRACTICE

- **Starting:** 1 capsule twice daily, after breakfast and the evening meal. If the stomach is upset, start with 1 a day for a week.
- **Monitoring:** fasting glucose or HbA1c, lipid profile, weight and waist at the start; liver tests at the start and if symptoms appear. Repeat at 3 months.
- **Review:** at 3 months. HbA1c or LDL still above target: step up prescribed treatment and continue berberine alongside.
- **With prescribed treatment:** can be added to metformin (4); monitor glucose. With simvastatin or atorvastatin, watch for muscle pain, as berberine slows CYP3A4 (16).
- **With Draxer products:** GynoEssence for PCOS/PMOS cycles and insulin; Spearmint Tea for excess hair; Ubiquinone for statin users; Vitamin D3 + K2 when vitamin D is low.

SIDE EFFECTS AND SPECIAL GROUPS

Common	Diarrhoea, constipation, bloating, stomach discomfort or nausea, usually short-lived; about a third of patients on 1.5 g/day (5). Take after food.
Uncommon	Bitter taste (6). Allergic reactions to milk thistle, including anaphylaxis (10).
Turmeric	Liver injury, sometimes severe, reported with turmeric supplements, usually 1 to 4 months after starting (19). Stop if jaundice or dark urine.
Overdose	No specific data; expect stomach upset. Up to 1.5 g/day was used for 3 months with no liver or kidney damage (5).
Under 18	No data; the label excludes under 12s. Never give to newborns (18).
Kidney, liver	Avoid in liver disease or bile duct obstruction (9). Kidney disease: on the prescriber's advice.

03 INTERACTIONS AND CAUTIONS

- **Insulin, sulfonylureas and other glucose-lowering medicines:** added effect on glucose (1, 4); monitor when starting.
- **Ciclosporin and similar immunosuppressants:** ciclosporin levels rose by a third or more in kidney transplant recipients (15). Avoid unless the transplant team agrees.
- **Warfarin and other anticoagulants:** a marked rise in INR has been reported with turmeric (17). Avoid, or monitor INR closely.
- **Medicines cleared by CYP2D6, CYP2C9 or CYP3A4:** berberine reduced all three in volunteers (16). Review narrow-margin medicines.

04 PREGNANCY AND BREASTFEEDING

Pregnancy: do not use; stop when confirmed. Berberine displaces bilirubin from albumin, which could raise the newborn's risk of jaundice and kernicterus (18). Turmeric and milk thistle extracts: not established (9, 10).

Breastfeeding: do not use. The same newborn bilirubin concern applies, and safety is not established (9, 10, 18).

05 WHEN NOT TO RECOMMEND

- Pregnancy and breastfeeding; children under 12 years
- G6PD deficiency, as a precaution (20)
- Liver disease, gallstones or bile duct obstruction (9)
- Allergy to plants of the daisy family (Asteraceae) (10)
- Thirst, frequent urination or weight loss without a diagnosis: refer for testing

PATIENT COUNSELLING CHECKLIST

- ☐ 1 capsule twice a day, after meals
- ☐ Take it every day for at least 3 months
- ☐ Stomach upset usually settles in 1 to 2 weeks
- ☐ Keep taking your prescribed medicines
- ☐ On diabetes medicines? Check your sugar more often
- ☐ Tell your pharmacist about all your medicines
- ☐ Yellow eyes or dark urine: stop and get help
- ☐ Pregnant or breastfeeding? Do not take it

Product details. 60 vegetarian capsules (30 days). Store below 30°C in a dry place, away from direct light; keep the lid closed. Shelf life 24 months from manufacture; see pack for expiry. Food supplement made for Draxer Therapeutics by a partner manufacturer. Keep out of reach of children.

References

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