Conclusion
India is a large store house of type 2 diabetes mellitus. Unfortunately the number of t2dm is increasing rapidly. Once it was believed to be the disease of high economic society. Now epidemiological data revealed that it affect all classes of population. Socioeconomically India still is a poor country. The rapid increase of t2dm in India is due to increasing age of the individual, neo food habit, ethnicity, reduced physical activity, obesity, genetic predisposition, low birth weight, lack of awareness regarding the disease and also less population oriented research work. Primary prevention of diabetes is far from expectation because Indian population is susceptible to t2dm due its genetic factor.

Management of t2dm stated with medical nutrition therapy (dietary management), increased physical activity, and exercise and life style modification. It has been observed that the adherence to the practice of life style changes is very very poor. Treatment by means of pharmacotherapy is still the mainstay in the management of t2dm.

Hyperglycemia of t2dm is associated with dyslipidemia. Poor glycemic control of t2dm cause increase incidence of cardiovascular events, microvascular and macrovascular complications and leads to increased mortality. There treatment is needed from the beginning. It is equally important to maintain the compliance of taking medication.
Compliance depends upon availability, low cost, affordability, acceptability and accessibility of the drug. The safety profile and tolerability should also be good. The number of drug is a factor for poor compliance. For longterm use of drug cost is a most important factor.

GBCM is one of the commonly used sulfonylurea and regulated use at low dose reduced the events of hypoglycemia. Co administration of insulin sensitizer further improve the effectivity and tolerability. Again metformin is a low cost antidiabetic agent. Other insulin sensitizer PIO is effective but as study per not so effective like that of metformin. even it is costly drug. Safety profile is not good when dyslipidemia is concern. It cause rise of LDL-c and reduce HDL-c and increase the incidence of cardiovascular events.

Therefore the combination of glibenclamide metformin effective in good glycemic control, lipid friendly, better safety profile and low cost. So the combination of glibenclamide and metformin is the logical, economic, safe, effective, safe choice for t2dm pts.