OBJECTIVE

Herbo-mineral formulations are gaining popularity worldwide due to its ethno-nano medicine form, better bioavailability, less side effect, stable over longer period of time and require less dosage as compare to other herbal formulations. Herbo-mineral formulation contains extracts of herbs and metals for curing many diseases like anemia, arthritis, tuberculosis, diabetes, brain and nerve disorders, ulcers, cirrhosis, flatulence, fever, asthma etc. It is a unique Ayurvedic formulation which converts original metals to its non-toxic oxide form.

The use of metals in Ayurvedic medicine is very common and is a matter of concern as many of the bhasma contains highly toxic inorganic elements such as arsenic, mercury lead etc. This issue has raised a question of safety, efficacy and quality of herbo-mineral formulation as their production many not match contemporary GMPs and do not comply with modern scientific validation. It has become more sensitive when it comes to the export of these products to international markets.

The review of literature reveals the non-toxic nature of Bhasma and wide applicability in various disorders. Therefore, Standardization of bhasma is extreme necessary to confirm identity and to determine quality and purity of the product. It will also make sure the safety, effectiveness and acceptability of the product. The most important challenges faced by herbo-mineral formulations are the lack of complete standardization by physicochemical, microbiological and analytical evaluation. The attempt was made to develop various analytical methods for standardization of herbo-mineral formulation and to prove its efficacy by conducting clinical trials.
Navayasalohachurna – a herbo mineral compound, is a classical formulation from the time of Samhita period and widely used as a hematinic agent (Namrata Joshi 2009). It is mainly used for the treatment of PanduRoga (anemia), as well as in Kushta (Skin disorders), Kamala (Jaundice), Halimaka (Chlorosis), Shotha (Swelling), Prameha (metabolic disorder) Pidika (Carbuncle), Samgrahni (Malabsorption syndrome). Prescribed dose of churn is 2 gram daily in divided doses. It contains 9 herbs (Sunthi, Marica, Pippali, Haritaki, Bibhitaka, Amlaki, Musta, Vidang, Citraka) each of in one part and loha bhasma in 9 parts. (The Ayurvedic Pharmacopeia of India, 2000).

Iron deficiency is the most common cause of anemia in the world, affecting 30% of the world population equivalent to 500 million people. Panduroga can be co-related to Iron deficiency anemia. It has more resemblance in the aspects of etiology, etiopathology, clinical manifestation and management. The modern management of iron deficiency is to find out and treat the underlying cause, and to give iron to correct the anemia and replace iron stores. The best preparation of oral iron is ferrous sulphate 200mg once daily on empty stomach. But this has side effects like nausea, vomiting, epigastric pain, eructation, pyrosis, meteorism, borborygami, colic pain, flatulence, constipation, black feces, and diarrhea. Hence it is the need of the hour to search some alternative from other systems of medicine like Ayurveda. Navayasaloha can be a better alternative from Ayurveda. Till date, no scientific comprehensive review has been done on Navayasaloha for its hematinic activity. So, the effort has been made to take up the standardization of these formulations and clinical evaluation of its hematinic activity.