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Adulteration and Controversial Herbal Drugs: Implications for Safety, Efficacy, and Regulatory Challenges

Dr. Arvind Kumar[1], Dr. Vikas Kumar Baletiya[2]
[1]*PG Scholar P.G. Department of Rachana Sharir, Dr. Sarvepalli Radhakrishnan Rajasthan Ayurved University, Jodhpur, Rajasthan, India*
[2]*PG Scholar, P.G. Department of Rasa Shastra Evam Bhaishajya Kalpana, Dr. Sarvepalli Radhakrishnan Rajasthan Ayurved University, Jodhpur, Rajasthan, India*

Abstract: Introduction: Herbal medicines are widely used across the world due to their perceived safety, affordability, and therapeutic potential. However, adulteration and the presence of controversial herbal drugs have emerged as serious concerns affecting their safety, efficacy, and public trust. Adulteration may occur intentionally for economic gain or unintentionally through misidentification, contamination, or substitution. Moreover, certain herbs classified as controversial raise ethical and regulatory dilemmas due to toxicity, endangered status, or unclear pharmacological profiles.
Methods: This review synthesizes findings from recent scientific studies, pharmacovigilance reports, and regulatory documents related to adulteration and controversial herbal formulations. Data were analyzed to assess patterns of adulteration, reported adverse effects, and the effectiveness of existing quality control and regulatory frameworks. Results: Evidence indicates that adulteration is prevalent in herbal markets globally, involving the substitution of authentic herbs with cheaper or morphologically similar species, addition of synthetic drugs, and contamination with heavy metals or pesticides. Controversial herbs such as Aconitum, Ephedra, and Cannabis exhibit both therapeutic and toxic potential, necessitating strict dosage and preparation control. The lack of standardized identification methods, weak regulatory enforcement, and inadequate labeling practices further compromise product safety and therapeutic reliability. Discussion: The findings highlight the urgent need for advanced analytical authentication tools (HPTLC, DNA barcoding, LC-MS), improved cultivation and sourcing practices, and harmonization of global regulatory policies. Educational initiatives for practitioners and consumers are also essential to minimize misuse and enhance pharmacovigilance.
Conclusion: Adulteration and controversial herbal drugs pose significant safety and efficacy challenges. Strengthening quality assurance systems and implementing robust, science-based regulations are crucial for ensuring the safe and effective use of herbal medicines in modern healthcare.
Keywords: Herbal adulteration, Contaminated herbal medicine, Controversial herbs, Pharmacovigilance in Ayurveda.

I. INTRODUCTION

Herbal medicines have been an integral part of traditional healthcare systems across the globe for centuries. Systems such as Ayurveda, Traditional Chinese Medicine (TCM), Unani, and African herbalism have relied on medicinal plants to treat a wide spectrum of diseases. In recent decades, the popularity of herbal remedies has surged worldwide due to growing awareness of natural and holistic approaches to health, increasing distrust of synthetic pharmaceuticals, and the perception that herbal products are inherently safe, affordable, and effective.[1] According to the World Health Organization (WHO), approximately 80% of the global population relies on herbal medicines for primary healthcare needs. However, this increasing demand has brought forth significant challenges regarding quality, safety, and efficacy. Among these, adulteration and the use of controversial herbal drugs have emerged as serious global concerns. Adulteration refers to the substitution or addition of inferior, substandard, or harmful materials in herbal formulations. This may occur intentionally, for economic gain or to meet supply shortages, or unintentionally, due to misidentification, improper harvesting, contamination, or poor storage conditions.[2] Such adulteration not only reduces therapeutic efficacy but also introduces serious health risks, including toxicity, organ damage, or drug–herb interactions. The second major issue, controversial herbal drugs, pertains to plants or formulations whose safety, legality, or pharmacological effects are disputed.[3]

Herbs like Aconitum, Ephedra, Cannabis, and Aristolochia are often cited in this context. While these plants possess potent therapeutic constituents, improper preparation or misuse can lead to severe toxicity or death. Moreover, some herbs face regulatory bans due to their potential for abuse or ecological endangerment, posing complex ethical and policy challenges. Given the increasing global market for herbal medicines—valued at over USD 150 billion and projected to continue growing—it is imperative to address these issues systematically.[4] This article reviews current scientific evidence, regulatory frameworks, and safety data to assess the extent of adulteration and controversies surrounding herbal drugs, their implications for consumer safety, and strategies to ensure quality assurance in the herbal industry.

II. METHODS

Studies and reports were selected based on the following criteria: Relevance to adulteration or controversial herbs. Inclusion of pharmacological or toxicological data. Coverage of regulatory or analytical quality control aspects. The data were synthesized to identify recurring patterns in adulteration practices, adverse effect profiles, and the strengths and limitations of existing regulatory mechanisms in major herbal markets, including India, China, Europe, and North America.

III. RESULTS

A. *Nature and Types of Adulteration*

The review revealed that adulteration is widespread across both raw materials and finished herbal products.
Common types include:

1) Substitution: Replacing the authentic herb with morphologically similar but pharmacologically inferior species. For example, *Withania somnifera* (*Ashwagandha*) is sometimes substituted with *Physalis somnifera*, which lacks equivalent bioactive compounds.[5]
2) Addition of synthetic drugs: Some weight-loss or sexual enhancement supplements marketed as “herbal” were found to contain undeclared pharmaceuticals such as sildenafil, corticosteroids, or sibutramine.[6]
3) Contamination: Presence of heavy metals (lead, mercury, arsenic), pesticide residues, mycotoxins, and microbial contamination due to poor agricultural and manufacturing practices.
4) Dilution and mixing: Genuine herbs are often mixed with inert materials, fillers, or exhausted plant residues to increase volume and profit. These practices are most prevalent in unregulated markets or among products lacking proper certification or traceability.[7]

B. *Prevalence and Global Incidence*

WHO surveys estimate that up to 30% of herbal preparations in developing countries are adulterated or misidentified. In India, the AYUSH Pharmacovigilance Program has documented numerous cases of heavy metal poisoning linked to improperly prepared *Rasaushadhi* and spurious herbal powders. Similarly, in Western countries, investigations have found mislabeled or contaminated herbal supplements sold through online platforms, often imported from regions with weaker regulatory oversight.[8]

C. Controversial Herbal Drugs

Some herbs are considered *controversial* due to safety concerns, toxicity, or socio-legal restrictions:

1) *Aconitum* (*Vatsanabha*): Contains aconitine alkaloids, which are potent neurotoxins. While Ayurveda uses detoxified forms for pain and neurological conditions, improper processing can cause cardiac arrhythmias, paralysis, or death.[9]
2) *Ephedra* (Ma Huang): Once popular in weight loss and energy supplements, it was banned by the U.S. FDA due to cardiovascular adverse events. Yet, traditional Chinese medicine still uses controlled doses for asthma and bronchitis.[10]
3) *Cannabis Sativa*: Traditionally used for pain, anxiety, and neurological disorders, it remains controversial due to psychoactive effects and legal restrictions in many countries.[11]
4) *Aristolochia* species: Found in some traditional formulations but known to cause nephrotoxicity and carcinogenesis due to aristolochic acid.[12]
5) *Nux Vomica (Kuchla)*: Contains strychnine, a potent neurotoxin, and requires precise detoxification before therapeutic use.[13]

D. *Gaps in Regulatory and Quality Control Mechanisms*

Despite existing frameworks such as the WHO-GMP guidelines, AYUSH standards in India, and FDA’s Dietary Supplement Health and Education Act (DSHEA) in the U.S., enforcement remains inconsistent. Major gaps include: Lack of mandatory authentication of raw materials.

Inadequate testing infrastructure for small manufacturers. Absence of global harmonization in labeling and safety requirements. Limited pharmacovigilance systems to track adverse reactions from herbal products.[14]

E. Analytical and Authentication Advances

Modern analytical techniques such as High-Performance Thin Layer Chromatography (HPTLC), Liquid Chromatography–Mass Spectrometry (LC-MS), DNA barcoding, and Fourier Transform Infrared (FTIR) spectroscopy have revolutionized herbal authentication. DNA barcoding, in particular, offers precise identification of plant species even in powdered form, helping prevent substitution. However, these technologies are costly and not yet widely implemented in developing nations.[15]

IV. DISCUSSION

The persistence of adulteration and the controversy surrounding certain herbal drugs highlight the complex intersection of tradition, commerce, and regulation. Herbal medicine occupies a unique position between food and pharmaceuticals, often escaping the stringent scrutiny applied to synthetic drugs. This regulatory ambiguity allows adulteration and poor-quality control to persist, especially in regions where demand outpaces the capacity for rigorous testing.

A. Public Health Implications

Adulterated or controversial herbal products can lead to significant public health crises. Cases of lead and mercury poisoning have been documented in patients using traditional Ayurvedic or Chinese formulations. Synthetic adulterants have caused liver and kidney injuries. Moreover, the use of controversial herbs without detoxification protocols can result in severe toxicity, undermining the credibility of traditional systems of medicine.

B. Efficacy and Therapeutic Reliability

Adulteration compromises not only safety but also efficacy. The pharmacological activity of an herbal drug depends on its phytochemical profile, which can vary with species, geographical source, and processing. Substitution or contamination alters this balance, leading to unpredictable therapeutic outcomes and diminished clinical reliability.

C. Regulatory and Ethical Dimensions

From an ethical standpoint, adulteration constitutes fraud and exploitation of consumer trust. Regulatory agencies worldwide struggle to define herbal products consistently—whether as drugs, dietary supplements, or traditional medicines—resulting in fragmented oversight. Harmonization under frameworks like WHO's Traditional Medicine Strategy (2014–2023) is essential to bridge these disparities. Countries such as India, China, and Japan have made progress by codifying pharmacopeial standards and enforcing Good Manufacturing Practices (GMP). However, the enforcement of these standards, particularly among small-scale producers and online vendors, remains inconsistent.[16]

D. The Role of Analytical Science

Analytical advancements offer promising solutions to these challenges. HPTLC fingerprinting helps authenticate botanical identity, while LC-MS quantifies active phytoconstituents. DNA barcoding can identify plant species even in multi-herb mixtures, making it invaluable for regulatory verification. Integrating these techniques into routine quality control can substantially reduce adulteration incidents.[17]

E. Educational and Awareness Strategies

Consumer education is a crucial but often neglected component of safety assurance. Users frequently assume that "natural" equals "safe," overlooking potential interactions with conventional medicines or the need for professional supervision. Practitioners of Ayurveda and other traditional systems must receive updated training in pharmacovigilance, toxicology, and modern analytical methods to ensure responsible prescribing and formulation practices.

F. Toward Sustainable and Ethical Herbal Sourcing

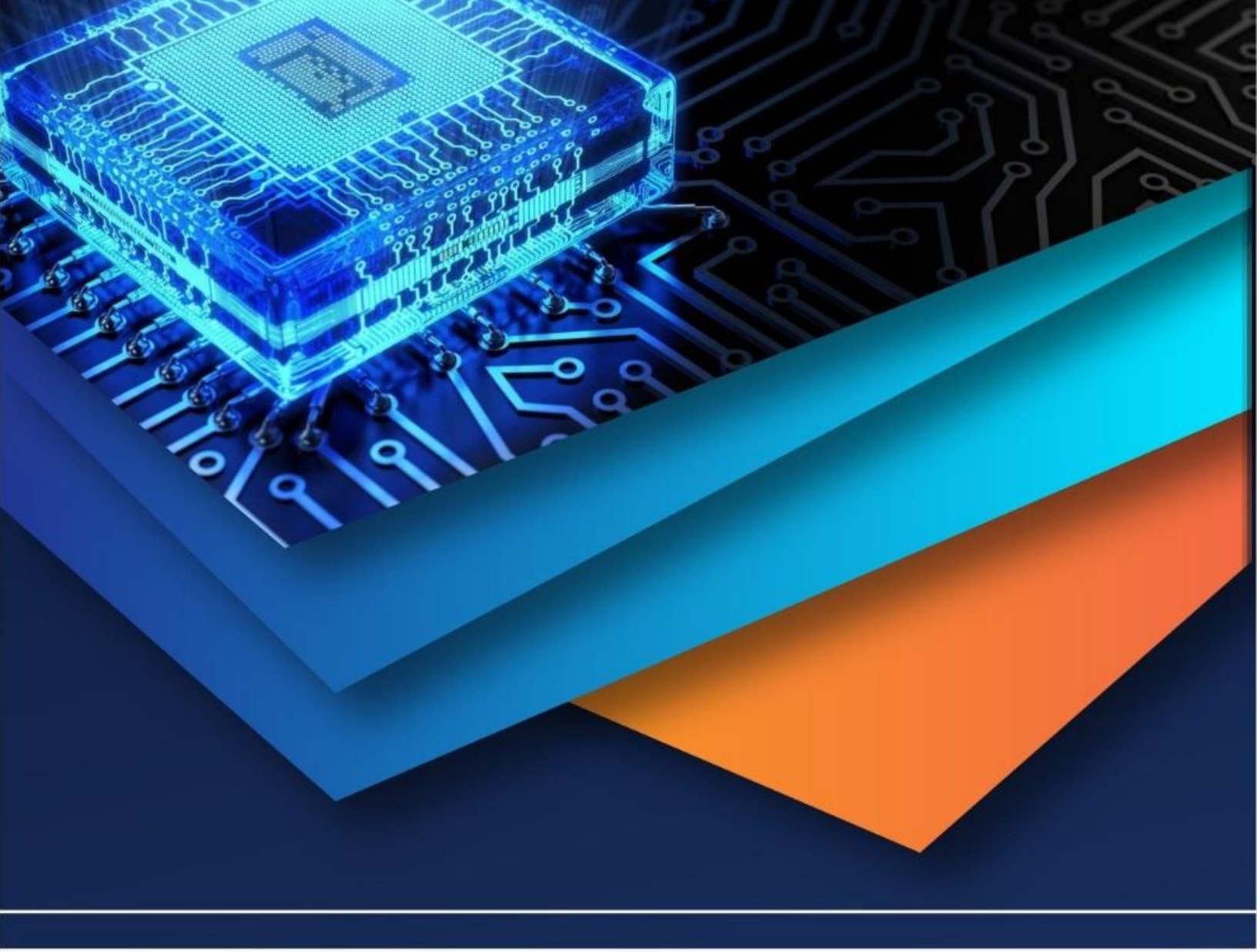
Another dimension is the ecological impact of overharvesting endangered or controversial plants. Species such as *Nardostachys jatamansi* and *Saussurea costus* face extinction pressures due to unregulated trade. Sustainable cultivation, traceability through blockchain or digital certification, and fair-trade practices are needed to ensure the ethical continuity of herbal traditions.

V. CONCLUSION

Adulteration and the use of controversial herbal drugs present multifaceted challenges that threaten the credibility, safety, and therapeutic integrity of traditional and modern herbal medicine. The issues stem from a combination of economic incentives, weak regulation, inadequate analytical control, and lack of public awareness. To safeguard consumer health and sustain the global herbal industry, a multilayered approach is required: Regulatory harmonization: Global standards for identification, labeling, and safety testing must be unified under WHO and regional frameworks. Advanced authentication technologies: Routine implementation of HPTLC, DNA barcoding, and LC-MS in both pre-market and post-market surveillance. Strengthened pharmacovigilance: Establishment of integrated reporting systems for herbal adverse effects. Education and transparency: Training of practitioners, manufacturers, and consumers on safe usage, dosage, and recognition of genuine products. Ethical and sustainable sourcing: Promotion of certified cultivation and conservation of medicinal plants. Herbal medicine represents a valuable therapeutic heritage that, if safeguarded with scientific rigor and ethical responsibility, can continue to serve humanity as a bridge between tradition and modern healthcare. Ensuring its purity, safety, and authenticity is not merely a regulatory obligation but a moral imperative for the preservation of public health and cultural legacy.

REFERENCES

[1] Chen et al. (2025) Comparative analysis of Chinese classical prescriptions and global traditional polyherbal formulationsJournal: Chinese Medicine, Volume 20, Article 169 Publisher: BioMed Central.
[2] WHO Global Report on Traditional and Complementary Medicine 2019 Publisher: World Health Organization (WHO), Geneva ISBN: 978-92-4-151543-6 Page Reference: Page 10 (Executive Summary).
[3] WHO Guidelines on Safety Monitoring of Herbal Medicines in Pharmacovigilance Systems Publisher: World Health Organization (WHO), Geneva Year: 2004 ISBN: 9241592214.Page Reference: Pages 13–22.
[4] Happy et al. (2025) The pharmacology, toxicology, and detoxification of Aconitum kusnezoffii: traditional and modern views Journal: Applied Biological Chemistry, Vol. 68, Article 8 Publisher: SpringerOpen.
[5] Neha Hande et al. (2025) Chromatographic Fingerprinting of Medicinal Plants: A Reliable Tool for Quality Control Journal: International Journal of Pharmaceutical Sciences Volume: 3, Issue 10 Pages: 538–553 Publisher: Shri Swami Samarth Institute of Pharmacy
[6] WHO Guidelines on Safety Monitoring of Herbal Medicines in Pharmacovigilance Systems Publisher: World Health Organization (WHO), Geneva Year: 2004 ISBN: 9241592214 Page Reference: Pages 17–22.
[7] Navale et al. (2024 Review on Adulterations in Herbal Formulation Journal: International Journal of Pharmacy and Herbal Technology, Vol. 2, Issue 1Pages: 758–772.
[8] WHO Guidelines on Safety Monitoring of Herbal Medicines in Pharmacovigilance Systems Publisher: World Health Organization (WHO), Geneva Year: 2004 ISBN: 9241592214 Page Reference: Pages 13–22
[9] Source: Awari et al. (2025) Vatsanabha (Aconitum Ferox): A Review of Its Toxicity and Therapeutic Potential in Ayurveda Journal: International Journal of Creative Research Thoughts (IJCRT) Volume: 13, Issue 9 Pages: 1–10.
[10] Source: FDA Final Ruling on Ephedra (2004) Federal Register, Vol. 69, No. 28 Pages: 6787–6854.
[11] Source: Simiyu et al. (2022) Understanding Cannabis sativa L.: Current Status of Propagation, Use, Legalization Journal: Plants, Vol. 11, Issue 9 Pages: Article 1236
[12] Source: Anger et al. (2020) Aristolochic Acid-Induced Nephrotoxicity: Molecular Mechanisms and Protective Approaches Journal: International Journal of Molecular Sciences, Vol. 21, Issue 3 Pages: Article 1157
[13] Source: Mishra & Patil (2024) Ayurvedic Toxicological Review of Kuchla (Strychnos nux-vomica) Journal: Journal of Pharmacognosy and Phytochemistry, Vol. 13, Issue 3 Pages: 86–88
[14] WHO-GMP Guidelines for Herbal Medicine Document: WHO Guidelines on Good Manufacturing Practices (GMP) for Herbal Medicines Publisher: World Health Organization (WHO), Geneva Year: 2007 ISBN: 9789241547161 Page Reference: Pages 5–12
[15] Hande et al. (2025) Chromatographic Fingerprinting of Medicinal Plants: A Reliable Tool for Quality Control Journal: International Journal of Pharmaceutical Sciences, Vol. 3, Issue 10 Pages: 538–553 Publisher: Shri Swami Samarth Institute of Pharmacy.
[16] WHO Traditional Medicine Strategy 2014–2023 Publisher: World Health Organization (WHO), Geneva ISBN: 978-92-4-150609-0 Page Reference: Pages 7–15
[17] Hande et al. (2025) Chromatographic Fingerprinting of Medicinal Plants: A Reliable Tool for Quality Control Journal: International Journal of Pharmaceutical Sciences, Vol. 3, Issue 10 Pages: 538–553.



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