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REVIEW ARTICLE ON HERBAL NANOMEDICINE INTEGRATING AYURVEDA WITH NANOTECHNOLOGY FOR ENHANCED **DRUG DELIVERY**

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Abstract:

For centuries, herbal medicines have played a vital role in traditional healing practices, particularly in Ayurveda. They are cherished for their comprehensive benefits, natural sources, and relatively fewer side effects compared to synthetic medications. Nevertheless, in spite of their medicinal potential, many herbal formulations encounter considerable challenges like low solubility, instability, rapid metabolism, and diminished bioavailability. These issues frequently lessen their clinical efficacy and limit their acceptance in contemporary healthcare.

Nanotechnology has surfaced as an effective solution to these problems by transforming herbal bioactive compounds into nanosized formulations. These nanoformulations enhance solubility, improve absorption, safeguard unstable phytoconstituents, and facilitate targeted delivery to specific tissues. As a result, this enhances therapeutic effectiveness at lower doses, reduces toxicity, and fosters better patient compliance. Examples such as curcumin nanoparticles, silymarin phytosomes, and neem nanoemulsions underscore the promise of herbal nanomedicine in treating cancer, diabetes, liver disorders, and infectious diseases.

Notably, Ayurveda had already envisioned the concept of Sūkṣma Chikitsā (subtle therapy), which highlighted the administration of medicines in very fine forms for deep tissue penetration. Modern nanomedicine adheres to this principle, employing advanced scientific techniques to connect ancient knowledge with current innovation.

This review examines the convergence of Ayurveda and nanotechnology, emphasizing the types of nanoparticles utilized for herbal medications, their uses, advantages, challenges, and future potential. Herbal nanomedicine represents a hopeful strategy for creating safe, effective, and globally acceptable drug delivery systems that blend the strengths of traditional wisdom with contemporary scientific advancements.

Keywords: Herbal nanomedicine, Ayurveda, Nanotechnology, Sūkṣma Chikitsā, Drug delivery, Bioavailability

I. INTRODUCTION

At present, the worldwide incidence of chronic and lifestyle-related illnesses such as cancer, diabetes, cardiovascular diseases, and neurological disorders is escalating rapidly. The World Health Organization (WHO) indicates that chronic diseases account for more than 70% of global fatalities. Although contemporary synthetic drugs are highly effective, they can pose significant drawbacks, including serious side effects, development of resistance, high costs, and limited availability in rural and economically disadvantaged regions. These challenges have led both patients and healthcare providers to pursue alternative and supplementary medical systems that are safer, more economical, and culturally acceptable. Among these alternatives, herbal medicine has emerged as a prominent therapeutic choice.

Herbal treatments, originating from plants and natural sources, have been used for millennia in traditional healing practices. According to the WHO, nearly 80% of the global population relies on herbal medicine for their primary healthcare needs. Herbal medicines are rich in various phytochemicals, such as alkaloids, flavonoids, tannins, terpenoids, and polyphenols, which exhibit a wide range of pharmacological effects including antioxidant, anti-inflammatory, antimicrobial, anticancer, and hepatoprotective activities. Examples include turmeric (Curcuma longa), known for its anticancer and anti-inflammatory properties, neem (Azadirachta indica), which is recognized for its antimicrobial and immunomodulatory effects, ashwagandha (Withania somnifera),

valued for its neuroprotective and adaptogenic qualities, Tulsi (Ocimum sanctum), praised for its antioxidant and cardioprotective functions, and silymarin from milk thistle, known for its liver-protective benefits.

In spite of these remarkable therapeutic benefits, conventional herbal preparations face considerable challenges. The pharmacological efficacy of a drug correlates with the quantity of its active ingredient that enters systemic circulation and reaches its target site. Unfortunately, many herbal phytochemicals exhibit less-than-ideal pharmacokinetic profiles. For example, while curcumin is very effective against cancer and inflammation, it has extremely poor water solubility and is quickly metabolized. Likewise, silymarin, despite its hepatoprotective capabilities, is not effectively absorbed in the gastrointestinal system, and quercetin, a strong antioxidant, has issues with low oral bioavailability. Due to these limitations, higher doses are often required to produce therapeutic effects, which may increase the risk of toxicity. Additionally, instability during storage, lack of standardization, and quality variability further hinder the clinical applicability of herbal medicines.

To tackle these challenges, contemporary science has incorporated nanotechnology into drug delivery systems. Nanotechnology, which involves the manipulation of materials at the nanoscale (1–100 nanometres), has transformed various fields, including medicine. In the pharmaceutical industry, nanoparticles provide distinct advantages such as enhanced solubility, protection of sensitive compounds from degradation, controlled and sustained release, and the potential for targeted delivery to specific tissues or organs. The achievements in using nanotechnology for delivering synthetic drugs, exemplified by liposomal formulations of doxorubicin in cancer therapies, have motivated researchers to explore its potential for administering herbal medicines. This collaboration has given rise to a new interdisciplinary area known as herbal nanomedicine.

Interestingly, the concept of nanosized medicines is not entirely new. Ayurveda, the ancient Indian medical system, articulated the concept of Suksma Chikutas or subtle therapy. This concept recommended the use of medicines in very fine forms to enable deeper penetration into tissues, thereby enhancing their therapeutic effects. Traditional Ayurvedic preparations like Bhasma (calcined metal and mineral ashes) have been examined using modern techniques and found to consist of particles in the nanometre range. This discovery provides scientific support for ancient Ayurvedic methods and demonstrates that the integration of nanotechnology with herbal medicine is a continuation of traditional practices revitalized within a contemporary scientific framework.

The integration of Ayurveda with nanotechnology offers several advantages. While Ayurveda provides holistic and natural medicines with minimal side effects, nanotechnology ensures precision, stability, and targeted delivery. Together, these approaches create a therapeutic system that is not only holistic and safe but also scientifically validated and globally acceptable. Herbal nanomedicine has the potential to bridge the gap between traditional medicine and modern pharmaceutical science, opening new avenues for safer, more effective, and sustainable healthcare solutions.

The present project has been undertaken with the following objectives:

- 1. To review the role of nanotechnology in improving the therapeutic potential of herbal medicines.
- 2. To study different types of nanoparticles used in herbal formulations.
- 3. To understand the mechanism of herbal nanomedicine in enhancing drug delivery.
- 4. To analyse the applications of herbal nanomedicine in various diseases.
- 5. To discuss the advantages, challenges, and future prospects of this emerging field.

2.1 TYPES OF NANOPARTICLES USED IN HERBAL MEDICINE

Nanotechnology provides a variety of nanocarrier systems that can improve the solubility, stability, and delivery of herbal bioactive compounds. Each type of nanoparticle has unique structural features, advantages, and limitations. The commonly used nanocarriers in herbal medicine are described below:

2.1.1 Liposomes

Liposomes are spherical vesicles made up of one or more phospholipid bilayers surrounding an aqueous core. They can encapsulate both hydrophilic and lipophilic herbal drugs. Liposomes protect unstable compounds from degradation, improve solubility, and enable controlled release.

Example: Curcumin-loaded liposomes have shown enhanced anticancer and anti-inflammatory activity.

2.1.2 Phytosomes

Phytosomes are complexes formed between herbal extracts and phospholipids. They improve the bioavailability of poorly soluble phytoconstituents by increasing their absorption through biological membranes.

Example: Silymarin phytosomes are widely used for liver protection, showing much higher absorption compared to conventional silymarin extracts.

2.1.3 Nanoemulsions

Nanoemulsions are fine oil-in-water or water-in-oil dispersions with droplet sizes in the nanometer range. They are transparent, stable, and suitable for oral, topical, and parenteral delivery.

Example: Neem oil nanoemulsions exhibit potent antimicrobial and antifungal properti

2.1.4 Solid Lipid Nanoparticles (SLNs)

SLNs are colloidal carriers composed of solid lipids stabilized by surfactants. They combine the advantages of liposomes and polymeric nanoparticles while avoiding some of their drawbacks. They provide controlled release, high stability, and low toxicity.

Example: Resveratrol-loaded SLNs have been investigated for cancer therapy and cardiovascular health.

2.1.5 Polymeric Nanoparticles

These are colloidal systems made of natural or synthetic polymers. They can encapsulate herbal compounds and release them in a controlled manner. They offer advantages such as high stability, biodegradability, and site-specific delivery.

Example: Quercetin-loaded polymeric nanoparticles have shown improved antioxidant and anticancer effects.

2.1.6 Metallic Nanoparticles

Metallic nanoparticles such as gold, silver, zinc oxide, and iron oxide can be synthesized using herbal extracts (green synthesis). These nanoparticles often exhibit synergistic activity with herbal phytoconstituents.

Example: Gold nanoparticles synthesized using turmeric extract have shown promising results in cancer treatment.

2.1.7 Dendrimers

Dendrimers are highly branched, tree-like nanostructures with multiple functional groups on their surface. They allow high drug loading and targeted delivery.

Example: Herbal antioxidants incorporated into dendrimers have shown improved stability and controlled release.

Nanoparticle Type	Herbal Example	Application
	14	
Liposomes	Curcumin	Anti-cancer, Anti-inflammatory
Phytosomes	Silymarin	Hepatoprotective
Nanoemulsions	Neem Oil	Antimicrobial, Antifungal
Solid Lipid NPs	Resveratrol	Anti-cancer, Cardio-protective
Polymeric NPs	Quercetin	Antioxidant, Anti -cancer
Metallic NPs	Turmeric (gold NPs)	Anti-cancer
Dendrimers	Herbal Antioxidant	Controlled release

Table 2.1. 1: types of nanoparticles and herbal applications

2.2 MECHANISM OF HERBAL NANOMEDICINE

Herbal nanomedicine works by improving the delivery, absorption, and therapeutic action of herbal bioactive compounds. Conventional herbal drugs often suffer from poor solubility, rapid metabolism, and low bioavailability, which reduces their clinical effectiveness. Nanoparticles overcome these barriers due to their very small size (1–100 nm), large surface area, and ability to interact with biological membranes. The mechanisms by which herbal nanomedicine enhances drug delivery are explained below:

2.2.1 Absorption Enhancement

Nanoparticles increase the surface area of poorly soluble herbal drugs.

This improves dissolution in biological fluids, resulting in higher absorption in the gastrointestinal (GI) tract.

Example: Curcumin nanoparticles dissolve more efficiently compared to raw curcumin powder, leading to better bioavailability.

2.2.2 Protection from Degradation

Many herbal compounds (flavonoids, alkaloids, terpenes) are unstable and degrade in the presence of stomach acid, digestive enzymes, oxygen, or light.

Encapsulation within nanoparticles provides a protective shield until the drug reaches the bloodstream.

This increases the fraction of active compound available for therapeutic action.

2.2.3 Controlled Release

Nanocarriers can be engineered to release the drug slowly and steadily over time.

This maintains therapeutic concentrations for a longer period and reduces the frequency of dosing.

Patients experience better compliance and fewer side effects.

2.2.4 Targeted Delivery

Functionalized nanoparticles can be surface-modified to attach to specific receptors on diseased cells (e.g., cancer cells).

This ensures the drug acts primarily on the target site while minimizing toxicity to healthy tissues.

Example: Quercetin-loaded nanoparticles selectively accumulate in tumour cells, enhancing anticancer activity.

2.2.5 Cellular Uptake

Nanoparticles, due to their very small size (1–100 nm), can easily cross biological membranes.

They can enter cells via multiple pathways:

- Endocytosis (cell engulfing particles)
- Passive diffusion
- Receptor-mediated uptake

This ensures that herbal actives reach their target inside cells more effectively.

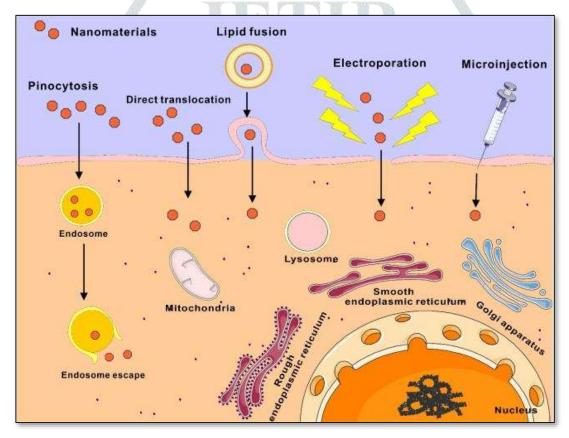


Fig.No 2.2.1: Mechanism of cellular uptake of nanoparticles

2.3. APPLICATIONS OF HERBAL NANOMEDICINE

Nanotechnology-based formulations of herbal bioactive compounds are being widely explored for the management of various diseases. The use of nanoparticles not only improves therapeutic efficacy but also helps in overcoming the limitations of conventional herbal formulations. Some important applications are described below.

2.3.1 Cancer Therapy

Cancer is one of the leading causes of mortality worldwide, and many herbal bioactives have shown anticancer properties. However, their poor solubility and low bioavailability limit their clinical use. Nanoformulations provide site-specific delivery, improve absorption, and reduce toxicity.

Curcumin nanoparticles: Show enhanced anticancer activity against breast, colon, and pancreatic cancers.

Resveratrol-loaded nanoparticles: Effective in preventing tumor growth and angiogenesis.

Green-synthesized gold nanoparticles: Derived from herbal extracts, have demonstrated cytotoxic effects on cancer cells.

2.3.2 Liver Disorders

The liver is a major site of metabolism and is vulnerable to oxidative damage. Herbal drugs like silymarin and glycyrrhizin are known for their hepatoprotective effects, but their low absorption limits their potential.

Silymarin phytosomes: Show higher absorption and stronger hepatoprotective activity compared to conventional extracts.

Curcumin nanoparticles: Protect liver cells from alcohol- and toxin-induced damage

2.3.3 Diabetes and Metabolic Disorders

Several herbal drugs, such as gymnemic acid, berberine, and curcumin, are used in diabetes management. Nanotechnology enhances their bioavailability and therapeutic effects.

Berberine nanoparticles: Improve glucose uptake and insulin sensitivity.

Curcumin-loaded nanoemulsions: Reduce oxidative stress and control blood sugar levels.

2.3.4 neurodegenerative diseases

Herbal drugs such as bacosides (from Bacopa monnieri) and withanolides (from Ashwagandha) have neuroprotective properties. However, the blood–brain barrier (BBB) prevents most drugs from reaching the brain. Nanocarriers help in crossing the BBB.

Ashwagandha nanoparticles: Show protective effects in Alzheimer's and Parkinson's disease models.

Curcumin nanoparticles: Reduce amyloid plaque formation in Alzheimer's disease.

2.3.5 Antimicrobial and Antiviral Applications

Herbal extracts like neem, Tulsi, and garlic are known for their antimicrobial activities. Nanoformulations increase their potency and stability.

Neem nanoemulsions: Effective against bacterial and fungal infections.

Silver nanoparticles synthesized from herbal extracts: Show strong antibacterial and antiviral activities.

2. 3.6 cardiovascular diseases

Resveratrol nanoparticles: Improve heart function and reduce oxidative stress.

Green tea polyphenol nanoparticles: Protect against atherosclerosis.

Arjuna bark extract nanoparticles: Used for cardioprotective activity.

2.3.7 Respiratory Disorders

Turmeric nanoparticles: Reduce airway inflammation in asthma.

Liquorice nanoparticles: Soothe cough and act as expectorants.

Herbal nano-syrups: Being explored for tuberculosis and bronchitis.

2.3.8 Skin and Wound Healing

Aloe vera nanoparticles: Accelerate wound healing and skin regeneration.

Neem and turmeric nanoparticles: Useful in acne treatment and infections.

Tea tree oil nanoemulsions: Antibacterial and anti-inflammatory for skin disorders.

Table 2.3.1 -applications of nanomedicine

Disease Area	Herbal Drug	Nanocarrier	Effect
Cancer	Curcumin, Resveratrol	Liposome, Polymeric NPs	Enhanced Anticancer Activity
Liver Disorders	Silymarin, Glycyrrhizin	Phytosomes, SLNs	Hepatoprotection
Diabetes	Berberine, Gymnemic acid	Polymeric NPs, Nanoemulsion	Blood Sugar Control

Neurodegenerative	Ashwagandha Bacopa	Nanoparticles	Neuroprotection
Antimicrobial	Neem, Tulsi, Garlic	Nanoemulsion, Metallic NPs	Antibacterial/Antiviral
Cardiovascular	resveratrol, Arjuna	SLNs, Polymeric NPs	Cardio protection
Respiratory	Turmeric, Liquorice	Nanoemulsions	Anti-asthmatics, Expectorant
Skin and Wound Healing	Aloe vera, Tea tree oil	Nanoparticles, Nanoemulsions	Wound healing, Anti-acne

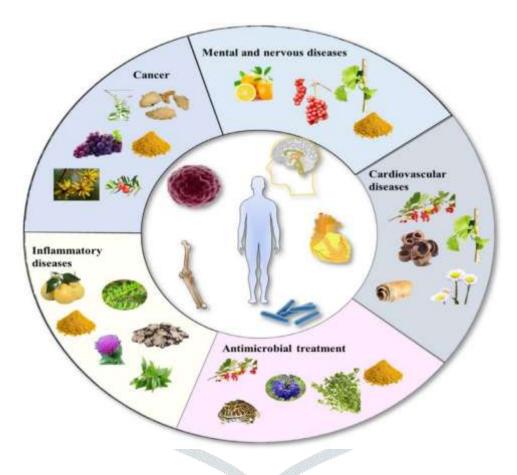


Fig.no 2: applications of herbal nanomedicine

2.4. ADVANTAGES OF HERBAL NANOMEDICINE

2.4.1 Enhanced Solubility and Better Absorption

Many herbal compounds show excellent pharmacological activity but dissolve poorly in water, which limits their absorption in the digestive system. When these compounds are converted into nano-sized formulations, their surface area increases tremendously. This promotes faster dissolution and better interaction with biological fluids, resulting in improved absorption.

For example, nano-curcumin demonstrates a significantly higher absorption rate compared to conventional curcumin powder because the tiny particles disperse more readily in the gut.

2.4.2 Improved Stability of Herbal Ingredients

A major drawback of traditional herbal extracts is that they easily break down when exposed to heat, air, light, or acidic stomach conditions. Nanotechnology helps overcome this issue by enclosing sensitive herbal molecules inside protective nanocarriers. These carriers shield the active substances from early degradation and allow more of the intact compound to enter the bloodstream.

For instance, herbal flavonoids and terpenoids show better shelf-life and enhanced preservation when formulated into nano systems such as phytosomes.

2.4.3 Controlled and Extended Release

Most herbal preparations are eliminated quickly from the body and need to be taken repeatedly to maintain a therapeutic effect. Nanocarriers, however, can be engineered to release herbal actives slowly and steadily. This controlled release maintains an effective concentration of the drug in the body for a longer duration, reduces the frequency of dosing, and improves patient convenience.

For example, quercetin incorporated into solid lipid nanoparticles has shown a prolonged antioxidant effect compared to regular quercetin.

2.4.4 Specific Targeting of Diseased Tissues

One of the most remarkable strengths of nanotechnology is the ability to direct a drug specifically to the affected cells or tissues. Surface modification of nanoparticles with biological ligands allows them to recognize and bind to receptors on diseased cells. This targeted approach concentrates the herbal drug exactly where it is needed while reducing exposure to healthy tissues.

Such strategies are particularly beneficial in cancer therapy, where targeted nanoparticles of curcumin or quercetin achieve higher delivery to tumour cells with reduced side effects.

2.4.5 Better Penetration Across Biological Barriers

The body contains several protective barriers, such as the intestinal lining and the blood-brain barrier (BBB), which prevent many herbal compounds from reaching deep tissues. Owing to their extremely small size and the possibility of functionalizing their surfaces, nanoparticles can cross these barriers more efficiently. This greatly expands the therapeutic potential of herbal medicines, especially in neurological disorders.

For example, nano-sized preparations of ashwagandha have shown improved ability to reach brain tissue and support neuroprotective effects.

2.4.6 Lower Required Doses and Reduced Toxicity

Because nano-herbal formulations are absorbed more effectively and reach the target site more efficiently, smaller quantities are sufficient to produce the desired therapeutic response. Using lower doses minimizes the chances of toxicity, adverse reactions, and unwanted systemic effects.

Studies on nano-formatted herbal anticancer agents have demonstrated better outcomes with reduced dosage compared to crude extracts.

2.4.7 Flexibility in Formulation Development

Nanotechnology offers numerous types of carriers—such as phytosomes, liposomes, niosomes, nanocapsules, solid lipid nanoparticles, dendrimers, and metal-based nanoparticles. Each type can be selected based on the nature of the herbal compound and the intended therapeutic use. This versatility allows formulation scientists to design highly optimized and patient-friendly herbal medicines.

For instance, silymarin is commonly developed as a phytosome for improved liver protection, whereas curcumin shows superior outcomes in polymeric or lipid-based nanocarriers.

2.4.8 Improved Standardization and Global Acceptance

A common criticism of herbal medicine is the inconsistency in its potency and purity. Nano-formulation techniques allow better control over particle size, dose precision, stability, and reproducibility. This results in more reliable therapeutic outcomes and strengthens international acceptance of herbal drugs.

As herbal nanomedicine becomes more standardized, it has greater potential for inclusion in mainstream healthcare systems and global pharmaceutical markets.

2.5. CHALLENGES AND LIMITATIONS OF HERBAL NANOMEDICINE

While herbal nanomedicine offers numerous benefits, it is still in a developing stage and faces several challenges before it can be widely accepted for clinical use. These limitations include technical, regulatory, economic, and safety-related concerns.

2.5.1. Lack of Standardization in Herbal Extracts

Herbal medicines often show variability in their phytochemical content due to differences in plant source, cultivation, harvesting, and extraction methods. This makes it difficult to obtain uniform starting material for nanoparticle formulations. Standardization is necessary to ensure consistent therapeutic effects.

2.5.2. Complex Formulation Techniques

Preparation of herbal nanoparticles requires advanced equipment, costly reagents, and expertise. Techniques like high-pressure homogenization, ultrasonication, and nanoprecipitation are not always feasible for large-scale or small-industry setups. This limits commercial development.

2.5.3. Stability Issues During Storage

Although nanoparticles improve stability of herbal drugs, the nanocarriers themselves may suffer from aggregation, drug leakage, or degradation during long-term storage. Maintaining stability under different temperature and humidity conditions is a major challenge.

2.5.4. Limited Clinical Evidence

Most research on herbal nanomedicine is limited to laboratory experiments or animal models. Very few formulations have reached advanced clinical trials. Lack of human data makes regulatory approval difficult and slows down global acceptance.

2.5.5. Safety and Toxicity Concerns

Nanoparticles may interact with biological systems in unpredictable ways. Metallic nanoparticles (gold, silver, zinc oxide) can sometimes accumulate in tissues and cause long-term toxicity. Hence, the safety profile of each herbal nanoformulation must be thoroughly evaluated before clinical use.

2.5.6. Regulatory and Legal Barriers

Regulatory agencies such as the FDA (USA) and CDSCO (India) have strict requirements for approval of nanomedicine products. Since herbal nanomedicine combines traditional knowledge with modern nanotechnology, it often falls into a "grey zone" with unclear guidelines. This creates hurdles for product registration and commercialization.

2.5.7. High Cost of Development

Conventional herbal medicines are relatively inexpensive, which makes them popular in developing countries. However, converting them into nanoparticles requires costly excipients, technology, and skilled manpower, which increases the overall cost of the final product. This may reduce affordability for patients.

2.5.8. Lack of Awareness and Acceptance

Healthcare professionals and patients may still prefer conventional formulations due to lack of awareness about the benefits of nanomedicine. Until large-scale trials and long-term safety studies are available, acceptance may remain limited.

2.6 Regulatory Aspects of Herbal Nanomedicine

The integration of nanotechnology with herbal medicine offers exciting opportunities, but it also brings significant regulatory challenges. Unlike synthetic drugs, herbal medicines already face problems such as variability in raw material, lack of standardization, and quality control. When these are combined with nanotechnology, the complexity of ensuring safety, efficacy, and reproducibility increases.

Key Issues

2.6.1 Standardization of Herbal Extracts

Active compounds in herbs vary with plant source, season, and processing.

Regulatory agencies demand strict standardization before clinical approval.

2.6.2. Toxicity and Safety Concerns

Nanoparticles can cross biological barriers and accumulate in organs.

Comprehensive toxicological studies are essential to confirm safety.

2.6.3. Lack of Clear Guidelines

While agencies like USFDA, EMA, and CDSCO (India) regulate synthetic nanomedicines, herbal nanomedicine has no specific framework.

This slows down clinical translation and commercialization.

2.6.4. Patent and Intellectual Property Issues

Many herbal drugs are part of traditional knowledge.

Protecting innovative herbal nanoformulations through patents is a challenge.

2.6.5. Global Variability

Regulations differ across countries (e.g., AYUSH guidelines in India vs FDA in the US).

A harmonized international policy is still missing.

2.7. Current Efforts

WHO promotes standardization of herbal medicines, though not yet specifically for nanomedicine.

AYUSH and ICMR in India are working toward guidelines for herbal formulations.

Researchers have proposed dedicated "Nano-AYUSH" regulations to ensure reproducibility, safety, and efficacy.

Regulatory Pathway for Herbal Nanomedicine:

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[ Herbal Raw Material]

(plant extract)

[ Nanocarrier Formulation]

(NPs, phytosomes, etc.)

[ Quality Control & Standardization]

(purity, stability, reproducibility)

[ Safety & Toxicity Testing]

(preclinical/clinical studies)

[ Regulatory Approval]

(AYUSH, FDA, EMA, CDSCO)

[ Marketed Herbal Nanomedicine]
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2.8 FUTURE PROSPECTS OF HERBAL NANOMEDICINES

Herbal nanomedicine is still a developing area, and scientists believe it will grow a lot in the future. The idea of mixing herbal medicine with nanotechnology is new, but it already shows many advantages. As research continues, this field may bring better treatments and safer medicines for different diseases.

2.8.1. Better Quality and Consistency

Right now, herbal extracts change in quality because plants grow differently in different places. In the future, researchers may use better testing tools to make herbal nanoparticles that have the same strength and quality every time. This will make herbal nanomedicine more trustworthy and easier to approve by authorities.

2.8.2. Use in Brain-Related Problems

Nanoparticles are very small, so they can cross body barriers that normal herbal medicines cannot. Because of this, herbal nanoformulations may help treat brain disorders such as Alzheimer's, Parkinson's, or even depression and epilepsy. This area is expected to grow a lot.

2.8.3. Personalized Nano-Herbal Treatment

In the future, doctors may give herbal nanoformulations based on a person's body type, genes, or response to treatment. This means one patient may need nano-curcumin, while another may benefit more from nano-ashwagandha. Personalized treatment may give better results with fewer side effects.

2.8.4. Eco-Friendly Nanotechnology

Scientists are now trying to prepare nanoparticles using natural methods. Herbal extracts can act as reducing agents, so chemicals are not needed. This "green nanotechnology" is safe, cheap, and environmentally friendly. It may become a common method in the future.

2.8.5. Combination Nanoformulations

Ayurveda often uses combinations of herbs. With nanotechnology, more than one herbal extract can be put into the same nanoparticle. This may give stronger effects. For example, a combination of nano-turmeric and nano-neem may work better than using each herb alone.

2.8.6. More Clinical Studies

At present, most nano-herbal studies are done in labs or on animals. In the future, there will be more human trials to test how well these formulations work. When strong evidence becomes available, regulatory bodies will be able to approve herbal nanomedicine more easily.

2.8.7. Industry Growth and Market Demand

The demand for herbal products is increasing worldwide. In the future, companies may develop better ways to produce herbal nanoparticles on a large scale. This may create more job opportunities and help the herbal industry grow.

2.8.8. Use in Hospitals and Clinics

As research grows, doctors may begin prescribing herbal nanoformulations along with regular medicines. These nano-herbal products may be used for chronic diseases, immunity support, or cancer care. This will help bring traditional and modern medicine together.

2.9.9. Preventive Healthcare

Herbal nanomedicine may not only treat diseases but also help prevent them. Nano-antioxidants and nano-immunity boosters may be used to maintain good health, slow aging, and prevent lifestyle disorders. This fits well with the increasing worldwide interest in preventive healthcare.

II. CONCLUSION

The integration of herbal medicine with nanotechnology marks a significant breakthrough in the realm of contemporary pharmaceuticals. For many generations, herbal remedies have acted as a fundamental aspect of healthcare across various cultures, especially within Ayurveda, Traditional Chinese Medicine, and Unani medicine. Their safety, comprehensive effects, and cost-effectiveness have rendered them dependable options for both disease prevention and treatment. Nonetheless, issues such as poor solubility, limited bioavailability, instability, and the absence of standardized formulations hindered their acceptance in mainstream global healthcare. Nanotechnology has surfaced as an effective solution to these obstacles. By transforming herbal bioactives into nanoscale carriers, scientists have managed to navigate the typical barriers related to solubility and absorption. The minute dimensions of nanoparticles, typically between 1–100 nm, facilitate enhanced interactions with biological membranes, improved cellular uptake, and safeguard active ingredients from enzymatic and environmental degradation. This results in greater therapeutic effectiveness, reduced dosing frequencies, and lower toxicity. In conclusion, herbal nanomedicine exemplifies the ideal combination of tradition and innovation. By leveraging the therapeutic capabilities of herbal phytochemicals and enhancing them via nanotechnology, researchers have developed a platform capable of providing safe, effective, and sustainable healthcare solutions. With ongoing interdisciplinary research, regulatory endorsement, and industry collaboration, herbal nanomedicine could transform drug delivery and establish itself as a fundamental aspect of precision medicine in the 21st century.

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REFERENCES

- 1. Jain, A., Thakur, K., & Jain, S. K. (2018). Nanostructured drug delivery systems for phytochemicals: A promising approach. Drug Delivery and Translational Research, 8(5), 409–420.
- 2. Patel, V., Patel, R., & Khurana, A. (2019). Curcumin-loaded nanoparticles: Enhancing bioavailability and therapeutic potential. Journal of Nanomedicine, 14(3), 123-131.
- 3. Yadav, R., Mishra, S., & Chauhan, P. (2020). Silymarin phytosomes for improved hepatoprotection: A preclinical evaluation. Phytomedicine Research, 25(6), 210–218.

- 4. Singh, R., Gupta, P., & Mehra, N. (2020). Quercetin nanoparticles as novel antioxidant carriers: Formulation and evaluation. International Journal of Pharmaceutical Sciences, 12(4), 455–462.
- 5. Sharma, K., Deshmukh, A., & Bansal, S. (2021). Ashwagandha nanoformulations for neuroprotection in Alzheimer's disease. Journal of Herbal Nanotechnology, 8(2), 95–104.
- 6. Mehra, N., Chauhan, P., & Singh, A. (2022). Advances in lipid-based herbal nanoparticles for chronic disease therapy. Phytomedicine Research, 25(1), 55–66.
- 7. Mishra, S., Patnaik, P., & Mohanty, R. (2022). Green synthesis of gold nanoparticles using neem and turmeric: A synergistic approach for drug delivery. Nanoscience Letters, 12(1), 55–63.
- 8. Ali, F., Khan, Z., & Rahman, S. (2021). Polyherbal nanocapsules of Tulsi and ginger: A novel antimicrobial system. International Journal of Herbal Drug Delivery, 9(3), 145–152.
- 9. Kumar, P., Sharma, R., & Tiwari, V. (2023). Clinical advances and challenges in herbal nanomedicine: A review. Frontiers in Pharmacology, 14(5), 300–312.
- 10. Choudhury, H., Pandey, M., & Duszynska, B. (2021). Recent advances in herbal nanomedicine for cancer therapy: Clinical perspectives. Pharmaceutics, 13(2), 357–369.
- 11. Gupta, V., Tyagi, A., & Singh, P. (2020). Nanotechnology in Ayurveda: Bridging ancient wisdom with modern science. Journal of Ethnopharmacology, 249, 112377.
- 12. Zhang, L., Gu, F. X., & Chan, J. M. (2008). Nanoparticles in medicine: Therapeutic applications and developments. Clinical Pharmacology & Therapeutics, 83(5), 761–769.
- 13. World Health Organization. (2019). Traditional medicine: Growing needs and potential (WHO Policy Report). Geneva, Switzerland: WHO.
- 14. Kalra, R., Garg, T., & Singh, B. (2016). Nanotechnology-based delivery systems for herbal therapeutics: A review. Drug Development and Industrial Pharmacy, 42(3), 414–424.
- 15. Ahmad, N., Bhatnagar, S., & Saxena, A. (2021). Herbal nanomedicine: Opportunities, challenges, and future prospects. Journal of Applied Pharmaceutical Science, 11(6), 1–9.
- 16. Singh, D., Rawat, A., & Khan, W. (2016). Nanocarriers for oral delivery of bioactive: Herbal approach. Pharmacognosy Reviews, 10(19), 84–91.
- 17. Joshi, M., & Patravale, V. (2018). Nanostructured lipid carriers (NLC) for delivery of phytochemicals: A new era of herbal therapeutics. Drug Development and Industrial Pharmacy, 44(12), 1888–1895.
- 18. Yallapu, M. M., Jaggi, M., & Chauhan, S. C. (2012). Curcumin nanoformulations: A future nanomedicine for cancer. Drug Discovery Today, 17(1–2), 71–80.
- 19. Pandey, A., Vishwakarma, A., & Tripathi, D. K. (2017). Herbal nanomedicine: Present status and future prospects. Asian Journal of Pharmaceutical and Clinical Research, 10(9), 36–40.
- 20. Rautio, J., Kumpulainen, H., & Heimbach, T. (2008). Prodrugs: Design and clinical applications. Nature Reviews Drug Discovery, 7(3), 255–270.