



**International
Standard**

ISO 21590

**Traditional Chinese medicine —
Crocus sativus stigma**

Médecine traditionnelle chinoise — Stigmate de Crocus sativus

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Contents

	Page
Foreword	iv
Introduction	v
1 Scope	1
2 Normative references	1
3 Terms and definitions	1
4 Descriptions	2
5 Requirements and recommendations	2
5.1 General characteristics.....	2
5.2 Morphological features.....	3
5.3 Microscopic identification.....	3
5.4 Thin-layer chromatogram (TLC) identification.....	4
5.5 Moisture.....	4
5.6 Total ash.....	4
5.7 Heavy metals.....	4
5.8 Pesticide residues.....	4
5.9 Artificial colorants.....	4
5.10 Marker compound(s).....	4
6 Sampling	4
7 Test methods	4
7.1 Morphological features.....	4
7.2 Microscopic identification.....	4
7.3 Thin-layer chromatogram identification.....	4
7.4 Determination of moisture.....	4
7.5 Determination of total ash.....	4
7.6 Determination of heavy metals.....	5
7.7 Determination of pesticide residues.....	5
7.8 Determination of artificial colouring.....	5
7.9 Determination of marker compound(s).....	5
8 Test report	5
9 Packaging, storage and transportation	5
10 Marking and labelling	5
Annex A (informative) Thin-layer chromatography (TLC) identification	7
Annex B (informative) Determination of marker compound(s) by HPLC-UV	8
Annex C (informative) Reference information of national and regional requirements	10
Bibliography	11

Foreword

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This document was prepared by Technical Committee ISO/TC 249, *Traditional medicine*, Subcommittee SC 1, *Traditional Chinese medicine*.

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Introduction

Crocus sativus stigma (Xihonghua) is originally native to Europe and was introduced in China via the Silk Road for application in traditional Chinese medicine. In China, *Crocus sativus* stigma was first recorded in Bencao Pinhui Jingyao [1] in 1505. The primary producers of *Crocus sativus* stigma include countries such as Iran, India, Spain, Afghanistan, Greece and Italy, with emerging countries like China gaining prominence. *Crocus sativus* stigma is utilized medicinally in over 100 countries, thereby facilitating its global trade and its significant role in pharmaceutical applications. However, no international standard exists to evaluate the quality of *Crocus sativus* stigma as a raw material of traditional Chinese medicine.

The main chemical constituents of *Crocus sativus* stigma include carotene and volatile oil. Modern pharmacological studies have shown that crocin-I and crocin-II in *Crocus sativus* stigma have definite benefits for neurodegenerative diseases, mental disorders, epilepsy, seizures and insomnia, as well as several cardiovascular system conditions including hypertension, hyperlipidemia and atherosclerosis.

China, Japan, South Korea, India and Europe have established standards for *Crocus sativus* stigma in their respective pharmacopoeias. But each pharmacopoeia's requirements are different. The *Crocus sativus* stigma standard has not been unified at the international level, and many countries have different regulation levels.

As national implementation can differ, national standards bodies are invited to modify the values given in [5.5](#) and [5.6](#) in their national standards. An example of national values is given in [Annex C](#).

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