2015

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Is Kava Safe to Be Used by the Public?

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The use of botanical products in the United States and European countries is extensive. While the original intention of the Dietary Supplements and Health Education Act of 1994 (DSHEA) by the US Congress was to use these products for the purpose of “supplementing” the diet, however many consumers use them for managing their disease states. Among the dietary supplements that have been popular among individuals who suffer from anxiety or insomnia is kava (Piper methysticum Frost F.) (The word “methysticum” is Greek for intoxicant, and “Piper” is for pepper. Taken together, kava is an “intoxicating pepper”) [1]. The herb is native to South Pacific region (Melanesia, Micronesia, Polynesia, and Hawaii) where it has been in use for centuries as a traditional beverage. The natives prepare kava drink by masticating the rhizomes which are further diluted with either coconut milk or water [2]. South Pacific islanders use the drink to connect to their gods and ancestors through religious and ceremonial gatherings, to alleviate fatigue, and as a relaxant [3]. The word kava when used by the natives refers to both the shrub itself and the psychoactive drink that is made from its rhizomes [2]. Kava beverage has a bitter and acrid taste which is known by the natives as ‘awa’ [2].

In 2002, kava’s import and use in Europe was greatly hindered by the health authorities citing toxicity concerns. In the same year, the US Food and Drug Administration (FDA) issued a consumer advisory (dated March 25, 2002) concerning the use of kava and its association with liver toxicity [4]. The FDA stated that “Kava-containing products have been associated with liver-related injuries – including hepatitis, cirrhosis, and liver failure -- in over 25 reports of adverse events in other countries. Four patients required liver transplants. In the U.S., FDA has received a report of a previously healthy young female who required liver transplantation, as well as several reports of liver-related injuries” [4].

In the same advisory, the FDA acknowledged the fact that “liver damage appears to be rare” and that “persons who have liver disease or liver problems, or persons who are taking drug products that can affect the liver, should consult a physician before using kava-containing supplements” [4]. The European decision and US FDA warning concerning kava had major economic implications on the nations that exported kava to the West. For example, the Pacific Island kava producers claimed an annual loss of US$ 200 million over kava restriction [5]. This ban was later reversed in many EU member countries including Germany and France. Poland remains the only country to ban kava entirely [5].

It appears that the hepatotoxicity of kava may be avoided if the product itself supplies GSH along with kavalactones. The possibility of the kava product being contaminated with the mold aflatoxin remains a worrisome issue at this junction until it is fully ruled out. Thus, regulatory agencies have the obligation to assure the public that kava products available on their market are free from any aflatoxin contamination and contain an adequate amount of GSH in their formula. Unless these two requirements are met, safety issues of kava persist.
preparations will continue to be a reality and caution must be exercised when recommending kava products for therapeutic use.

References

4. Consumer Advisory: Kava-Containing Dietary Supplements May be Associated with Severe Liver Injury. U.S. Food and Drug Administration; March 25, 2002