AMERICAN BOTANICAL COUNCIL

Post Office Box 144345
Austin, Texas 78714-4345
Phone 512/926-4900
Fax 512/926-2345
Email: abc@herbalgram.org
www.herbalgram.org

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FILE: · **Kava (*Piper methysticum*)**
· **Anxiety**

DATE: March 8, 1999 HC 112081

RE: Review of Kava for Anxiety

Alschuler, Lise, N.D. December 1997. Kava Root: Herbal Treatment for Anxiety Conditions. *American Journal of Natural Medicine*, Vol. 4, No. 10, pp. 22-25.

Anxiety panic attacks, phobias, anxious depression, and recurrent and persistent generalized anxiety occurs in increasingly more individuals. Anxiolytic (anti-anxiety) treatments and other prescription treatments can effectively manage anxiety, but not without side effects. The author recommends kava root (*Piper methysticum*) as an alternative treatment to anxiolytic treatment for all types of non-psychotic forms of anxiety as well as for mild depression. In addition to anti-anxiety properties, kava root has been used as a tonic for the gastrointestinal tract, as an antispasmodic, analgesic, and for urinary tract infections. The author presents her findings in this monograph.

Kava is a perennial shrub native to the South Pacific. The root is the plant part that is used medicinally. It is whitish or grey-brown in color and thickens with the age. The author contends that an older root aged 3-5 years is medicinally stronger than the younger roots.

Kava root has been consumed in Polynesia since the earliest recorded history of that region. The root beverage has been drunk both ceremonially and also as a gift to and from visitors. The kava rhizome (subterranean plant stem) produces a fermented liquor, when it is chewed with saliva, then mixed with either water or coconut juice. Ingestion of the root prepared this way produces a numbing and astringent sensation in the mouth. This is followed by a relaxed and sociable state, relieving both anxiety and fatigue. Kava root is reported to have aphrodisiac qualities as well. The ritualistic use of this plant prevented individual abuse. Excessive, continual use of kava root can cause leprous ulcers with a scaling dermatitis, which reverses upon discontinuation of the herb. Kava root was exported to Europe and the United States in the 1800's for the treatment of urinary tract infections. The advent of antibiotics and other pharmacological substances in the 1900's reduced the use of kava for this treatment. Currently, kava is being researched as an anxiolytic.

The primary effect of kava is stimulation followed by sedation of the central nervous system. Small doses produce a sense of well-being, while larger doses produce extreme relaxation, lethargy, and eventually induce a deep sleep. Kava may have to be taken several times before its effect is noticeable. The total extract of the rhizome yields higher levels of kavalactones than when isolated kavalactones are used. Several studies indicate kava affects the limbic structures of the brain (those areas that produce and process emotions) similarly to sedative drugs but without the side effects of addiction or tolerance. Kava does not interfere with GABA or benzodiazepine-binding sites in the brain, two mechanisms of action of some of the commonly available sedatives. As an anxiolytic, kava reduces feelings of anxiety along with physical symptoms of anxiety as well. Unlike prescription treatments for anxiety, kava does not impair alertness or interact with moderate alcohol consumption.

The preferred forms of kava root are tinctures and capsules. For anti-anxiety treatment, a recommended dosage of the root with 50-70 mg kavalactones is taken three times daily. For sedation, a single dosage of 180-210 mg kavalactones is recommended. For the dried root, 1.5-3.0 grams per day of the root divided into doses is recommended. This method of consumption can be quite efective since saliva reportedly activates the kavalactones. A 1:2 tincture dosage is from 3-6 milliliters each day in divided dosages.

The safety of kava is indicated by several toxicology studies the author refers to. Human studies using kava at therapeutic dosages failed to indicate toxicity. However, prolonged use of dosage equivalent to 400 mg or more of kavalactones daily may produce skin lesions and scaling evident in kava toxicity. —*Suzie Epstein*

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