

Researchers suggest kratom may have medical benefit as opioid alternative

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A delayed U.S. Drug Enforcement Administration ban on kratom would stifle scientific understanding of the herb's active chemical components and documented pharmacologic properties if implemented, according to a special report published today in *The Journal of the American Osteopathic Association*.

The report cited the pharmacologically active compounds in kratom, including mitragynine, 7-hydroxymitragynine, paynantheine, speciogynine and 20 other substances, as one basis for further study. It also emphasized the extensive amount of anecdotal evidence and current scientific research that indicates kratom may be safer and less addictive than current treatments for pain and opioid withdrawal.

"There's no question kratom compounds have complex and potential useful pharmacologic activities and they produce chemically different actions from opioids," said author Walter Prozialeck, chairman of the Department of Pharmacology at Midwestern University Chicago College of Osteopathic Medicine. "Kratom doesn't produce an intense euphoria and, even at very high doses, it doesn't depress respiration, which could make it safer for users."

Kratom (*Mitragyna speciosa*) is indigenous to Southeast Asia, where the plant was used for centuries to relieve fatigue, pain, cough and diarrhea and aid in opioid withdrawal. Currently sold in the United States as an herbal supplement, kratom drew DEA scrutiny after poison control centers noted 660 reports of adverse reactions to kratom products between January 2010 and December 2015.

"Many important medications, including the breast cancer treatment tamoxifen, were developed from plant research," said Prozialeck.

"While the DEA and physicians have valid safety

concerns, it is not at all clear that kratom is the culprit behind the adverse effects," said Anita Gupta, DO, PharmD and special advisor to the FDA.

Dr. Gupta, an osteopathic anesthesiologist, pain specialist and licensed pharmacist, has treated a number of patients who've used kratom. "Many of my patients are seeking non-pharmaceutical remedies to treat pain that lack the side effects, risk, and addiction potential of opioids," she said.

Kratom is currently banned in states including Alabama, Florida, Indiana, Arkansas, Wisconsin and Tennessee. The DEA is scheduled to decide whether to place kratom on its list of Schedule 1 drugs, a classification for compounds thought to have no known medical benefit. Marijuana, LSD and heroin are Schedule 1 drugs, which prevents the vast majority of U.S.-based researchers from studying those substances.

Provided by American Osteopathic Association

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