

# Kawakawa extracts demonstrate anti-inflammatory activity

## Introduction

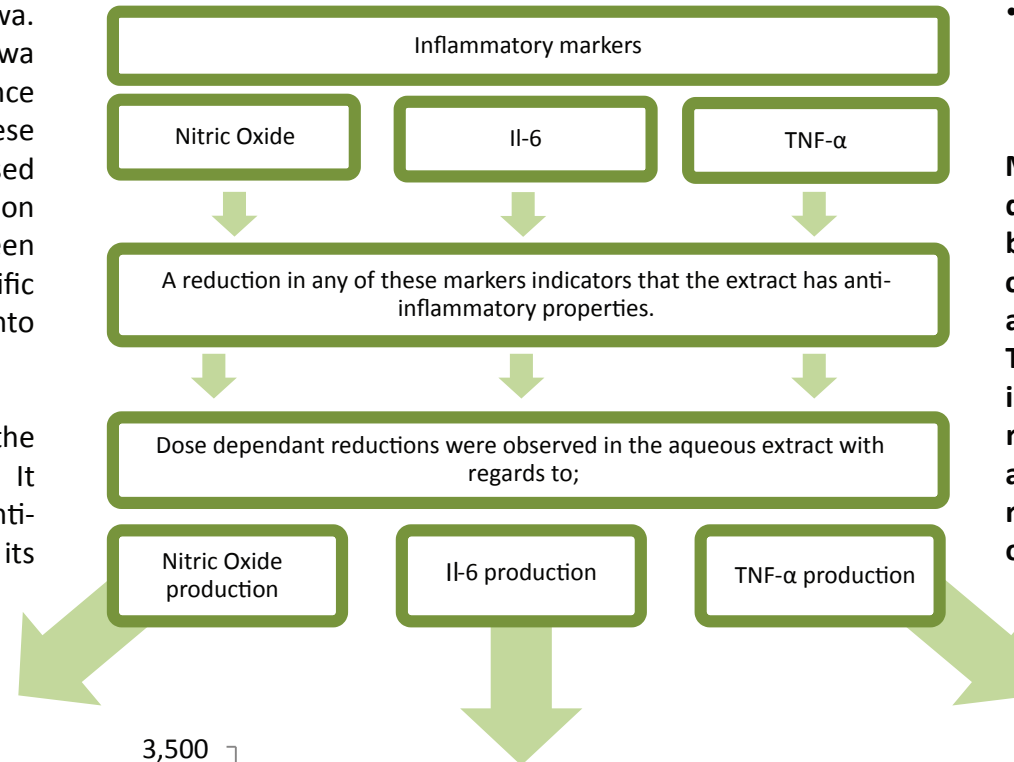
In traditional Māori medicine (rongoā) Kawakawa (*Macropiper excelsum*) is used to treat a wide variety of ailments. It is considered to be one of the most potent medicinal herbs in rongoā<sup>1</sup>. Rongoā is a holistic medicine system which includes both physical (massage), and spiritual (karakia (prayer/incantations))<sup>3</sup> healing techniques. An important part of rongoā is the use of plants<sup>3</sup>.

There has been very little previous research into Kawakawa. Previous screening studies have indicated that Kawakawa had little anti-bacterial and anti-viral activity<sup>1,2</sup>. Evidence suggests that the extraction methodologies used in these previous studies were not the most suitable, as both used organic solvents<sup>1,2</sup> whereas traditional Māori preparation used water<sup>3</sup>. This could account for the disparity between what was observed in rongoā and the previous scientific studies. There has been no previous research into Kawakawa's anti-inflammatory properties.

This study sought to investigate the disparity between the evidence in rongoā and the scientific evidence available. It was hypothesised that Kawakawa will have anti-inflammatory activity, providing scientific support for its use in rongoā.

## Results

A positive result is a reduction in the value compared to the control. A reduction in nitric oxide, TNF- $\alpha$  and IL-6 production would be indicative of anti-inflammatory activity. This was observed in the aqueous extract. \* Indicates statistical relevance (P <0.05). Statistical significance calculated using a T-test. 0  $\mu\text{g/mL}$  of Kawakawa extract was the control in all samples. Error bars show the standard error of the mean.



## Conclusions

Kawakawa has anti-inflammatory activity:

- Anti-inflammatory activity (a dose-dependent decrease in nitric oxide, TNF- $\alpha$  and IL-6 production) was only observed in the aqueous extract.
- Nitric oxide production (figure 1) was suppressed at concentrations of 1000  $\mu\text{g/mL}$  and 500  $\mu\text{g/mL}$ .
- Inhibition of IL-6 production (figure 2) was maximal at extract concentrations of 1000  $\mu\text{g/mL}$  and 500  $\mu\text{g/mL}$ .
- The inhibition of TNF- $\alpha$  production (figure 3) was maximal at extract concentrations of 250  $\mu\text{g/mL}$  and 125  $\mu\text{g/mL}$ .

Many of the traditional uses of Kawakawa could be linked directly to inflammation (e.g. toothache, irritation, serious bruises)<sup>3</sup>. The anti-inflammatory actions of Kawakawa could mask the symptoms of ailments not directly associated with inflammation (e.g. viral infections). There been no previous research into the anti-inflammatory properties of Kawakawa, nor has any other research provided a scientific basis that supports the actions of Kawakawa in rongoā. The uses of Kawakawa in rongoā are supported by the anti-inflammatory activity observed.

■ Aqueous Infusion ■ CMW (methanol water fraction)

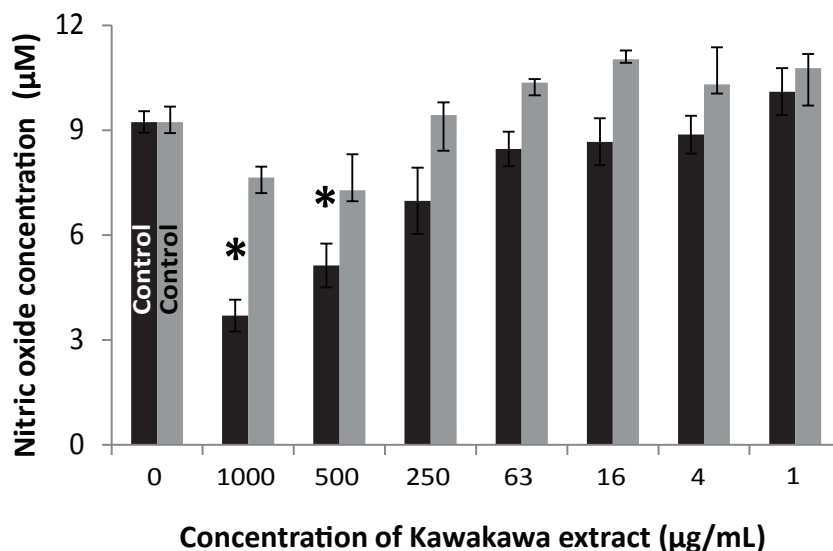


Figure 1: Nitric oxide produced in a variety of Kawakawa extracts: Reductions in the aqueous extract at the concentrations of 1000  $\mu\text{g/mL}$ , and 500  $\mu\text{g/mL}$ .

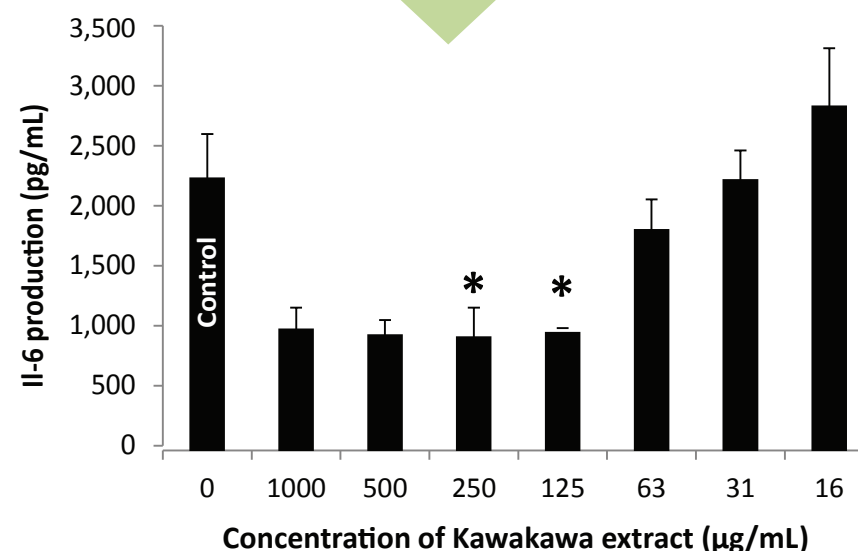


Figure 2: IL-6 production in cells exposed to the aqueous infusion extract: Reductions in the aqueous extract at the concentrations of 250  $\mu\text{g/mL}$  and 125  $\mu\text{g/mL}$ .

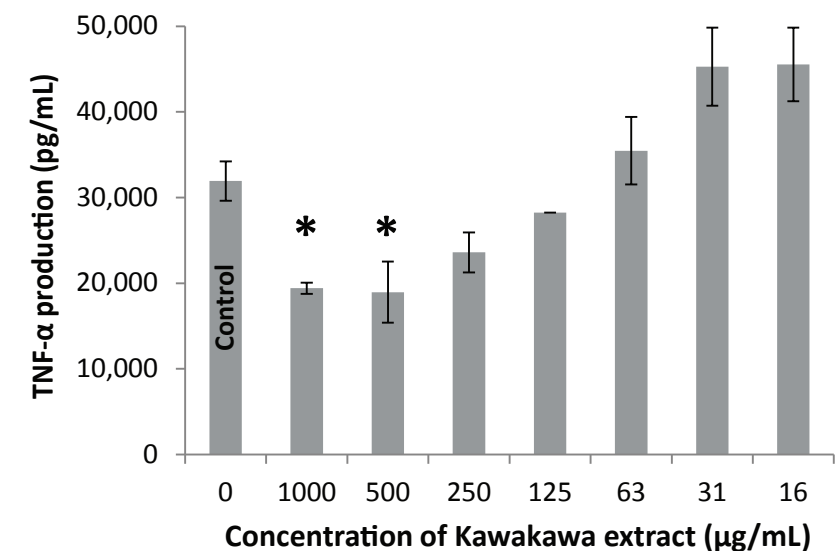
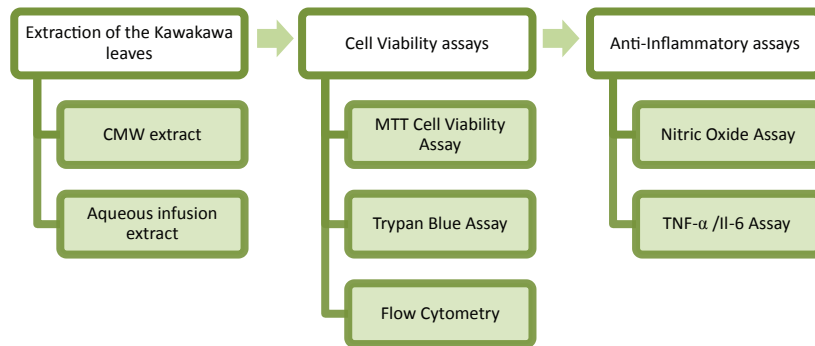


Figure 3: TNF- $\alpha$  production in cells exposed to the aqueous infusion extract: Reductions in the aqueous extract at the concentrations of 1000  $\mu\text{g/mL}$  and 500  $\mu\text{g/mL}$ .

# Methodology



Two different methods were used to extract the Kawakawa into a liquid form. The first was an aqueous infusion method (analogous to making a tea) and similar to methods used in rongoā. In the second, leaves were soaked in chloroform-methanol-water (1:2:1 volume to volume). The extract was tested for cytotoxicity in cell viability assays and then the non-toxic concentrations were used in the anti-inflammatory assays.

# References & Acknowledgments

**Funded by:** Ngā Pae o te Māramatanga  
**Many thanks to:** Dr John Taylor, Jacque Bay and the Liggins Institue, Daniel Patrick, Dr Daniel Hikaroa, Jennifer Kuehne, Dr Sarah Morgan, Dr Marilyn Brewin, Glen & Jane Ryan and Sally Barclay .

**References:**

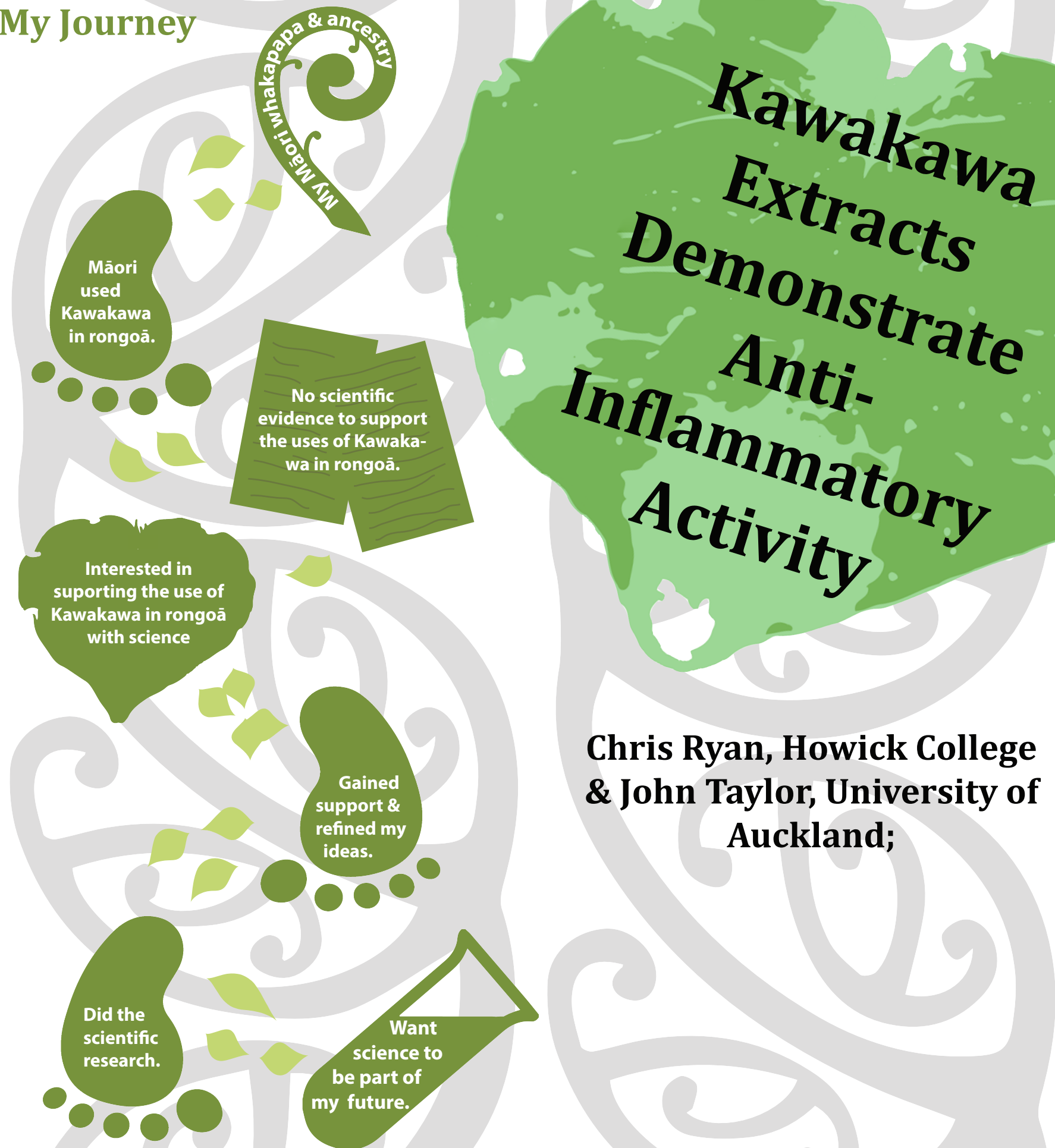
1. Bloor, S. J. (1995). A survey of extracts of New Zealand indigenous plants for biological activity. *New Zealand Journal of Botany*, 33, 523-540.
2. Calder, V. L., Cole, A. L., & Walker, J. R. (1986). Antibiotic compounds from New Zealand plants. III: A survey of some New Zealand plants for antibiotic substances. *Journal of the Royal Society of New Zealand*, 16(2), 169-181.
3. TeRito, J., & McPherson, M. (2012, 12). Kawakawa and its uses in rongoā. (C. Ryan, Interviewer)

# Contact

Chris Ryan  
[tryanhard@ihug.co.nz](mailto:tryanhard@ihug.co.nz)  
34 Sale Street, Howick, Auckland, New Zealand, 2014.

For more information go to: [Liggins Institute my Alumni profile address with poster, brochure & report links](#)

# My Journey



**Chris Ryan, Howick College & John Taylor, University of Auckland;**