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Suspected black cohosh hepatotoxicity: no evidence by meta-analysis of randomized controlled clinical trials for isopropanolic black cohosh extract.

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Abstract

OBJECTIVE: Black cohosh, a popular herbal treatment for menopausal symptoms, has been implicated in a number of **hepatotoxicity** case reports. The purpose of this investigation was to analyze data gained from **clinical trials** on the effect of **black cohosh** on liver function.

METHODS: A **meta-analysis** of **randomized**, double-blind, and **controlled clinical trials** was conducted. These studies primarily evaluated the efficacy and safety of the **isopropanolic black cohosh extract** (iCR) in perimenopausal and postmenopausal women. Raw data on liver function values of aspartate aminotransferase, alanine aminotransferase, and γ -glutamyltranspeptidase were considered in this analysis, if these data at baseline and after 3 to 6 months of treatment were available. Standard methods of descriptive statistics were used in this analysis.

RESULTS: Five studies involving a total of 1,117 women were included in the meta-analyses. A total of 1,020 women (test population=517 and reference population=503) completed the studies. Perimenopausal and postmenopausal women (40-60 y) were treated daily with iCR (corresponding to 40-128 mg drug) for 3 to 6 months. The meta-analyses of the standardized mean differences in the "test" versus "reference" showed no significant effects and no differences between double-blind, placebo-**controlled** and other **trials**. The overall fixed effect \pm SEM was 0.055 ± 0.062 ($P=0.37$) for aspartate aminotransferase and 0.063 ± 0.062 ($P=0.31$) for alanine aminotransferase. The nonsignificant effects concerned the overall analyses of all included studies as well as the proportion of placebo-**controlled** studies.

CONCLUSIONS: The results of this **meta-analysis** of five **randomized**, double-blind, and **controlled clinical trials** showed no **evidence** that iCR has any adverse effect on liver function.

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[Black cohosh...more data, please!](#) [Menopause. 2011]

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