



UNIVERSITI PUTRA MALAYSIA

***RISK ASSESSMENT OF AFLATOXIN B1 IN HERBAL MEDICINES AND
PLANT FOOD SUPPLEMENTS MARKETED IN MALAYSIA THROUGH
MARGIN OF EXPOSURE APPROACH***

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By

SITI SOLEHA BINTI AB DULLAH

**Thesis Submitted to the School of Graduate Studies, Universiti Putra
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Science**

February 2022

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Abstract of thesis presented to the Senate of Universiti Putra Malaysia in fulfillment of the requirement for the degree of Master of Science

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Aflatoxin B1 (AFB1) is a mycotoxin produced by several species of *Aspergillus* fungi that can induce liver cancer in animals and humans upon ingestion of AFB1-contaminated food. This study aims to perform the risk assessment of AFB1 in herbal medicines and plant food supplements (PFS) marketed in Malaysia through the margin of exposure (MOE) approach. A total of 31 herbal medicines and PFS samples were purchased through online platforms and over-the-counter using targeted sampling method. Samples extracted with 70% methanol were subjected to immunoaffinity column filtration and quantified using ELISA assay. Next, the MOE was calculated using the benchmark dose lower level of 10 (BMDL₁₀) of 63.46 ng/kg bw/day derived from the animal carcinogenicity data, and the estimated daily intake (EDI) among Malaysian adults ranged from 0.006 to 10.456 ng/kg bw/day. MOE below 10,000 indicate the urgency for risk management actions. The estimated percentage of liver cancer attributable to AFB1 exposure was calculated by dividing the target population risk per year per 100,000 population by the age-standardised incidence rate for liver cancer. AFB1 was detected in 80.6% of samples analysed at a level ranging from 0.275 to 13.941 µg/kg. The calculated MOE ranged from 6.07 to 10227.35. In total, 24 (96%) out of 25 positive samples had MOE below 10,000. The risk of liver cancer ranged from 0 to 0.261 cancers per 100,000 population per year and the estimated percentage of liver cancer incidence ranged from 0.002% to 4.149%. This study found a moderate risk of liver cancer in Malaysian populations due to AFB1 from herbal medication and PFS, emphasising the need for risk management measures.

Abstrak tesis yang dikemukakan kepada Senat Universiti Putra Malaysia
sebagai memenuhi keperluan untuk ijazah Master Sains

**PENILAIAN RISIKO TERHADAP AFLATOKSIN B1 DI DALAM UBATAN
HERBA DAN MAKANAN TAMBAHAN BERASASKAN TUMBUHAN
DIPASARAN MALAYSIA MELALUI KAEDAH MARGIN PENDEDAHAN**

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Aflatoksin B1 (AFB1) adalah mikotoksin yang dihasilkan oleh beberapa spesies kulat *Aspergillus* yang boleh menyebabkan barah hati pada haiwan dan manusia akibat daripada pengambilan makanan yang dicemari oleh AFB1. Kajian ini bertujuan untuk melakukan penilaian risiko terhadap AFB1 di dalam ubatan herba dan makanan tambahan berasaskan tumbuhan dipasaran Malaysia melalui kaedah margin pendedahan. Sebanyak 31 sampel ubatan herba dan makanan tambahan berasaskan tumbuhan dibeli secara atas talian dan runcit menggunakan kaedah persampelan yang bersasar. Sampel diekstrak menggunakan metanol 70% dan menjalani penapisan lajur imunoafiniti dan dikuantifikasi menggunakan ujian imunosorben berkaitan dengan enzim. Seterusnya, margin pendedahan dikira berdasarkan penanda aras rendah tahap 10 (BMDL₁₀) yang diperolehi daripada data ujian karsinogenisiti haiwan iaitu 63.46 ng/kg berat badan/hari dan anggaran pengambilan harian ubatan herba atau makanan tambahan berasaskan tumbuhan oleh golongan dewasa di Malaysia dari 0.006 hingga 10.456 ng/kg berat badan/hari. MOE dibawah 10,000 menunjukkan keperluan untuk tindakan pengurusan risiko yang segera. Anggaran peratusan barah hati yang disebabkan oleh pendedahan terhadap AFB1 dihitung dengan membahagi risiko populasi sasaran per tahun per 100,000 populasi dengan kadar kejadian mengikut usia untuk barah hati. AFB1 dikesan pada 80.6% sampel yang telah dianalisis pada tahap 0.275 hingga 13.941 µg/kg. Margin pendedahan yang dikira adalah di antara 6.07 hingga 10227.35. Secara keseluruhan, 24 (96%) daripada 25 sampel mempunyai margin pendedahan di bawah 10,000. Risiko barah hati berkisar antara 0 hingga 0.261 barah per 100,000 populasi per tahun dan anggaran peratusan kejadian barah hati antara 0.002% hingga 4.149%. Kajian ini menunjukkan risiko barah hati yang sederhana dalam kalangan penduduk Malaysia disebabkan oleh AFB1 di dalam ubatan herba dan makanan tambahan berasaskan tumbuhan, dan menekankan perlunya langkah-langkah pengurusan risiko.

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This thesis was submitted to the Senate of Universiti Putra Malaysia and has been accepted as fulfilment of the requirement for the degree of Master of Science. The members of the Supervisory Committee were as follows:

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LIST OF ABBREVIATIONS

AFB1	Aflatoxin B1
ADR	Adverse drug reaction
AFB1-FAPy	AFB1-Formamidopyrimidine
AFB2	Aflatoxin B2
AFBO	AFB1- <i>exo</i> -8,9 epoxide
AFG1	Aflatoxin G1
AFG2	Aflatoxin G2
AFM1	Aflatoxin M1
AFM2	Aflatoxin M2
AP	Apurinic
BMD	Benchmark dose
BMDL ₁₀	Benchmark dose lower level of 10
BMDS	Benchmark dose software
BMR	Benchmark response
CYP450	Cytochrome P450
DCA	Drug Control Authority
DILI	Drug-induced liver injury
EDI	Estimated daily intake
ELISA	Enzyme-linked immunosorbent assay
EPA	Environment Protection Agency
FHF	Fulminant hepatic failure
HBV	Hepatitis B virus

HCC	Hepatocellular carcinoma
HDRM	Herbal drug raw material
HDS	Herbal dietary supplements
HILI	Herb-induced liver injury
IAC	Immunoaffinity column
LOAEL	Lowest observable adverse effect level
LOD	Limit of detection
LOQ	Limit of quantitation
MOE	Margin of exposure
NCI	National Cancer Institute
NOAEL	No observable adverse effect level
NTP	National Toxicology Program
PFS	Plant food supplement
POD	Point of departure
TCM	Traditional and complementary medicine
WHO	World Health Organisation

CHAPTER 1

INTRODUCTION

1.1 Background

Aflatoxin is a secondary metabolite produced by several species of *Aspergillus* fungi known as *A. flavus*, *A. parasiticus*, and *A. nomius*. The most common types of aflatoxin produced by these fungi are aflatoxin B1 (AFB1), aflatoxin B2 (AFB2), aflatoxin G1 (AFG1), and aflatoxin G2 (AFG2), with International Agency for Research on Cancer (IARC) classifying AFB1 as a class 1 carcinogen (IARC, 2002). *A. flavus* and *A. parasiticus* are predominantly found in food and feed due to poor storage and improper handling techniques (Mahato et al., 2019). The discovery of aflatoxins began in 1960, and it has been shown to cause aflatoxicosis and cancer in animals and humans (Pickova et al., 2021). The epoxidation mechanism by cytochrome p450 (CYP450) enzymes in the liver is responsible for the toxic, genotoxic, and carcinogenic effects of AFB1 through the formation of reactive AFB1-*exo*-8,9-epoxides metabolites (Marchese et al., 2018). These metabolites are highly unstable and can react with cellular macromolecules such as DNA, RNA, and protein albumin to form adducts that can affect gene expression and disrupt essential cellular functions (Marchese et al., 2018).

In 1960, aflatoxins were found to be the causative agent of the unknown disease called Turkey X disease, which caused thousands of poultry died and it was linked to the contamination of Brazilian peanuts used as a major ingredient in animal feed in the Cheshire region in London (Blount, 1961). In 1961, study had shown the association between toxic peanut meals containing AFB1 and the induction of primary liver tumor in rats, which was followed by sufficient studies supporting the evidence of carcinogenicity of aflatoxin in animals and humans (Awuchi et al., 2021; Hamid et al., 2013; Li et al., 2018). Globally, over 4 billion humans are exposed to dietary aflatoxins, which can result in hepatocellular carcinoma (HCC) (Liu et al., 2012). Considering there are approximately 520,000 new HCC cases reported each year in China, Southeast Asia, and sub-Saharan Africa, reducing aflatoxin in human diets to levels below detectable levels could prevent 72,800 to 98,800 cases of HCC every year in these regions (Liu et al., 2012).

Malaysia is a tropical country with a "jungle of pharmacy", which refers to the tropical rainforest with great diversity of flora, fauna, and herbaceous plants with therapeutic properties (Abu Bakar et al., 2018). According to the World Health Organisation, herbal medicines have been defined as "herbs and/or herbal materials and/or herbal preparations and/or finished herbal products in a form suitable for administration to patients" (WHO, 2018b). Malaysians' demand for natural products has grown rapidly in recent years due to various factors, including the easy availability of herbs and the enjoyment of their "natural" taste

at a reasonable price (Tengku Mohamad et al., 2019). In addition, people's reliance on drug therapy has shifted to herbal medicines and herbal supplements, as they believe that these natural products are safer and more effective than conventional medicine and have fewer adverse effects (Ekor, 2014; Tengku Mohamad et al., 2019). In Malaysia, herbal products with therapeutic claims must undergo a similar rigorous process as other therapeutic drugs in terms of standardisation of the active compound within the extract and relevant supporting data from pre-clinical and clinical studies (Ahmad et al., 2015).

Despite many regulations to be followed by manufacturers, the lack of quality control to regulate herbal products can be seen in the number of cases involving adverse reactions to herbal products (Ekor, 2014). The interchangeable terms between herbal medicines and PFS causes many local manufacturers to register their products under the food category to avoid compliance with quality standards and adhere to less stringent legislation, the Food Act 1983 and Food Regulations 1985 under the Department of Food Safety & Quality, Ministry of Health Malaysia (Ismail et al., 2020). Hence, consuming herbal medicines or PFS without prior approval from a doctor or pharmacist could lead to many health problems as raw herbs and their finished products may contain contaminants such as AFB₁, which has been linked to human hepatotoxicity and liver cancer (Amadi & Orisakwe, 2018; Bunchorntavakul & Reddy, 2013; Maddukuri & Bonkovsky, 2014). Herbal medicines and PFS have been reported in Lee et al. (2020) as one of the most common causative agents for hepatic adverse drug reactions and most of the products involved were not registered with the Ministry of Health (Lee et al., 2020).

The uncontrolled use of herbal medicines is becoming a growing concern as some of in Malaysia, including imported products from Indonesia, have been found to contain AFB₁, AFB₂, and AFG₁ at concentrations of 0.02 to 1.00 µg/kg, 0.01 to 0.40 µg/kg and 0.02 to 0.22 µg/kg, respectively (Ali et al., 2005). AFB₁ was present in the majority of the 23 commercial "jamu" and "makjun" samples, followed by AFB₂ and AFG₁ (Ali et al., 2005). Although aflatoxin contamination in the herbal medicines discovered so far was relatively low, continuous intake of contaminated herbal medicines and supplements may increase the risk of HCC. Hence, the present study aims to evaluate the risk of AFB₁, one of the most potent genotoxic carcinogens found in herbal medicines and plant food supplements (PFS) sold in Malaysia through the margin of exposure (MOE) approach.

1.2 Problem statement

The International Food and Agriculture Organization (FAO) estimates that about 25% of the world's food is contaminated with mycotoxins, making aflatoxin contamination a global problem (Eskola et al., 2020). Therefore, some countries such as Korea, Germany, Italy, and European Pharmacopoeia have issued

regulations on the maximum allowable levels of aflatoxin in medicinal plants, which are 10 µg/kg and µg/kg, 2 µg/kg, 4 µg/kg, and 2 µg/kg for AFB1 in the respective countries (Lee et al., 2014). Unfortunately, Malaysia has not yet set a specific limit for AFB1 in herbal medicines and PFS. AFB1 contamination of herbal medicines and PFS products has been studied worldwide, including Brazil (Prado et al., 2012), Korea (Shim et al., 2012), and China (Zhang et al., 2020). The presence of AFB1 herbal medicines and PFS should be regarded as an important issue in food safety since they could lead to aflatoxicosis and liver cancer. In Malaysia, very few studies have been conducted, most of which do not include risk assessments. Considering that low levels of AFB1 were found in most of the “jamu” and “makjun” products available in Malaysia analysed by Ali et al. (2005), continuous exposure to low levels of aflatoxins could pose a serious health risk to consumers. Therefore, risk assessment is important in Malaysia to ensure the safe use of herbal medicine and PFS.

1.3 Objective

1.3.1 General objective

To perform the risk assessment of AFB1 in herbal medicines and PFS marketed in Malaysia through margin of exposure (MOE) approach.

1.3.2 Specific objectives

1. To quantify the AFB1 contamination level in herbal medicines and PFS samples using ELISA assay.
2. To characterise risk of AFB1 exposure to human based on qualitative margin of exposure (MOE) approach and quantitative liver cancer risk estimation.

1.4 Hypothesis

1. AFB1 contamination level is below than the European regulatory limit of 5 µg/kg for all herbal medicines and PFS samples.
2. The MOE value of AFB1 exposure is more than 10,000 indicating low priority for risk management.
3. There is a low percentage of risk attributable to AFB1 exposure through consumption of herbal medicines and PFS samples.

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