Arsenic Found in Morning Sickness Remedy

BY ELIZABETH MECHCAITIE

A product called Nzu that is used to treat morning sickness contains high levels of arsenic and lead and should not be used by pregnant or breastfeeding women, the Food and Drug Administration warned in a statement posted on the agency’s MedWatch site.

Nzu, a traditional remedy for morning sickness, is sold at African specialty stores and is also called Calabash clay. Calabash clay, also called claystone, Mable, Argile, and La Craie. “It generally resembles balls of clay or mud and is usually sold in small plastic bags with a handwritten label identifying it as ‘Nzu’ or ‘Salted Nzu,’” the statement said.

Lead exposure can harm the brain and nervous system of developing children. Long-term exposure to arsenic, a carcinogen, has been linked with bladder, lung, and skin cancer, according to the agency.

The high levels of arsenic and lead were detected in laboratory tests performed by the Texas Department of State Health Services (DSHS), which issued a warning about the potential health risks associated with these products. DSHS inspectors tested products at two African specialty stores, one in the Dallas area and one in Houston. A DSHS statement announcing the findings said that the products may be covered in a brown or white “dust.”

“This report supports the evidence that so-called natural remedies are not always safe or effective,” said Gerald G. Briggs, a medical professor of pharmacy at the University of California, San Francisco. “We can probably correct a significant portion of this problem by improving colonoscopy performance. First, everyone should use split-dose bowel preparations. There are now 10 randomized, controlled trials showing that splitting the prep—giving half of it on the day of the procedure—improves the preparation in the ascending colon. Second, we need all colonoscopists to photodocument the cecum. Finally, increased awareness and perhaps some tax breaks are needed to improve detection of flat and serrated polyps. We have a lot of information that adenoma detection is operator-dependent and varies dramatically between endoscopists. Colonoscopists should now be measuring their adenoma detection rates. We also need to figure out what serrated lesion detection rates should be over the next few years and institute quality indicators for this end point. We must reduce the operator dependency of colonoscopy. It’s a flaw in the strategy when a procedure that is so important for prevention of a common cancer is operator dependent.”