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Community herbal monograph on *Capsicum annuum* L. var. *minimum* (Miller) Heiser and small fruited varieties of *Capsicum frutescens* L., fructus

Draft

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	established medicinal use; traditional use; Capsicum annuum L. var. minimum
	(Miller) Heiser and small fruited varieties of Capsicum frutescens L., fructus;
	Capsici fructus; Capsicum

BG (bulgarski): Люти пиперки, плод	LT (lietuvių kalba): Paprikų vaisiai
CS (čeština): paprikový plod	LV (latviešu valoda): Paprikas augļi
DA (dansk): Cayennepeber	MT (Malti): Bżar
DE (Deutsch): Cayennepfeffer	NL (Nederlands): Spaanse peper
EL (elliniká): Καψικού καρπός	PL (polski): Owoc pieprzowca
EN (English): Capsicum	PT (português): Pimento de Caiena
ES (español): Cápsico, fruto de	RO (română):
ET (eesti keel): kajenni paprika	SK (slovenčina): Paprikový plod
FI (suomi): espanjanpippuri	SL (slovenščina): plod paprike
FR (français): Piment de Cayenne (fruit de)	SV (svenska): Spanskpeppar
HR (hrvatski): paprikin plod	IS (íslenska):
HU (magyar): Paprikatermés	NO (norsk): Spansk pepper
IT (italiano): Peperoncino frutto	

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1. Name of the medicinal product

To be specified for the individual finished product.

2. Qualitative and quantitative composition^{1,2}

Well-established use ³	Traditional use
With regard to the marketing authorisation application of Article 10(a) of Directive 2001/83/EC as amended	
Capsicum annuum L. var. minimum (Miller) Heiser and small fruited varieties of Capsicum frutescens L., fructus (Capsicum)	
i) Herbal substance	
Not applicable.	
ii) Herbal preparations	
 a) Soft extract (DER 4-7:1), standardised to 2.0-2.78% total capsaicinoids, extraction solvent ethanol 80% (V/V) 	
 b) Soft extract (DER 1.5–2.5:1), extraction solvent ethanol 96% (V/V) 	
c) Soft extract (DER 11-30:1), extraction solvent propan-2-ol	

3. Pharmaceutical form

Well-established use	Traditional use
Herbal preparation in a medicated plaster or in semi-solid dosage forms for cutaneous use.	
The pharmaceutical form should be described by the European Pharmacopoeia full standard term.	

¹ The material complies with the Ph. Eur. monograph (ref.: 01/2014:1859).

² The declaration of the active substance(s) for an individual finished product should be in accordance with relevant herbal quality guidance.

³ Contact with the national agencies before starting an application procedure is advised in order to address the need to provide equivalence data (National Scientific Advice).

4. Clinical particulars

4.1. Therapeutic indications

Well-established use	Traditional use
Herbal medicinal product for the relief of muscle pain such as lower back pain.	

4.2. Posology and method of administration

Well-established use	Traditional use
Posology	
Herbal preparation a)	
Medicated plaster	
Adolescents, adults, and elderly 1 medicated plaster (22 x 14 cm) containing 390- 552 mg of soft extract of Capsici fructus, corresponding to 11 mg capsaicinoids expressed as capsaicin (= $35 \mu g / cm^2$).	
1 medicated plaster (12 x 18 cm) containing 171-240 mg of soft extract of Capsici fructus, corresponding to 4.8 mg capsaicinoids expressed as capsaicin (= 22 μ g / cm ²).	
Daily dosage: A maximum of 1 plaster per day should be applied on the affected area for at least 4 and up to 12 hours. There should be an interval of at least 12 hours before a new plaster is applied at the same application area.	
The use in children under 12 years of age is not recommended (see section 4.4 'Special warnings and precautions for use').	
Semi-solid dosage forms	
Adults and elderly	
Semi-solid dosage forms containing 0.6-1.9 g soft extract corresponding to 40-53 mg capsaicinoids / 100 g.	
Apply 2-4 times daily. To be applied in a thin layer on the affected area.	
The use in children and adolescents under 18 years of age is not recommended (see section 4.4 'Special warnings and precautions for use').	

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Well-established use	Traditional use
Herbal preparation b)	
Adults and elderly	
Semi-solid dosage forms containing 0.9-2.9 g soft extract corresponding to 50 mg capsaicinoids / 100 g.	
Apply 2-4 times daily. To be applied in a thin layer on the affected area.	
The use in children and adolescents under 18 years of age is not recommended (see section 4.4 'Special warnings and precautions for use').	
Herbal preparation c)	
Adults and elderly	
Semi-solid dosage forms containing 0.24-1.02 g soft extract corresponding to 53 mg capsaicinoids / 100 g.	
Apply 2-4 times daily. To be applied in a thin layer on the affected area.	
The use in children and adolescents under 18 years of age is not recommended (see section 4.4 'Special warnings and precautions for use').	
Duration of use	
If the symptoms persist during the use of the medicinal product, a doctor or a pharmacist should be consulted. The medication should be continued until relief of pain is achieved, if necessary up to 3 weeks. After 3 weeks of use a break of at least 2 weeks is required.	
Method of administration	
Cutaneous use.	

4.3. Contraindications

Well-established use	Traditional use
Hypersensitivity to the active substance or to other sources of capsaicinoids (e.g. paprika plants or chili).	
Broken skin or wounds.	

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Well-established use	Traditional use
Medicated plaster	
The use is not recommended in children below 12 years of age due to a lack of data on safety and efficacy.	
If the symptoms worsen during the use of the medicinal product, a doctor or a pharmacist should be consulted.	
The plaster should not be applied near the eyes or to mucous membranes. It is recommended not to scratch the application site to avoid damage to the skin. Application of additional sources of heat during treatment should be avoided. Treatment should be discontinued if excessive warmth is experienced. A physician should be consulted in those acute cases when the condition is accompanied by reddening, swelling or hyperthermia of joints, ongoing joint trouble or severe back pain radiating into the legs and/or are associated with neurological syndromes (e.g. numbness, tingling).	
Semi-solid dosage forms	
The use in children and adolescents under 18 years of age has not been established due to lack of data on safety and efficacy.	
The medicinal product should not be applied near the eyes or to mucous membranes.	
Application of additional sources of heat during treatment should be avoided.	
If the symptoms worsen during the use of the medicinal product, a doctor or a qualified health care practitioner should be consulted.	

4.4. Special warnings and precautions for use

4.5. Interactions with other medicinal products and other forms of interaction

Well-established use	Traditional use
None reported.	

Well-established use	Traditional use
Medicated plaster	
There are no data from the use of the plaster in pregnant women. Animal studies have shown reproductive toxicity after high subcutaneous doses of capsaicin. Capsaicin crosses the placenta and may pass into breast milk. Although, prenatal and neonatal effects of capsaicin occurred at doses in excess of the maximum clinical dose of plaster, the plaster should only be used during pregnancy and lactation after a careful risk-benefit assessment.	
No fertility data available.	
Semi-solid dosage forms	
Animal studies have shown reproductive toxicity after high subcutaneous doses of capsaicin. Capsaicin crosses the placenta and may pass into breast milk.	
Safety during pregnancy and lactation has not been established. In the absence of sufficient data, the use during pregnancy and lactation is not recommended.	
No fertility data available.	

4.6. Fertility, pregnancy and lactation

4.7. Effects on ability to drive and use machines

Well-established use	Traditional use
Not relevant.	

4.8. Undesirable effects

Well-established use	Traditional use
Medicated plaster	
The active ingredient causes increased local blood circulation with marked reddening of the skin and a sensation of warmth. This reaction is part of the normal pharmacological action of the preparation and subsides as a rule within a short time after removal of the plaster.	
In rare cases (~1 /1 0,000 to <1/1,000): Skin	

Well-established use	Traditional use
hypersensitivity and allergic reactions (e.g. urticaria, blisters or vesiculation at the application site) may occur. The treatment is to be stopped in such cases immediately. Especially during the first days of treatment a burning sensation or stinging or itching may occur. If, in individual cases, the side effects are experienced as excessive, treatment should be discontinued.	
Semi-solid dosage forms	
The active ingredient causes increased local blood circulation with marked reddening of the skin and a sensation of warmth. This reaction is part of the normal pharmacological action of the herbal preparation.	
Skin hypersensitivity and allergic reactions (e.g. urticaria, blisters or vesiculation at the application site) may occur. The frequency is not known.	
The treatment is to be stopped in such cases immediately.	
If, in individual cases, burning sensation or stinging or itching are experienced as excessive, treatment should be discontinued.	

4.9. Overdose

Well-established use	Traditional use
No case of overdose has been reported.	

5. Pharmacological properties

5.1. Pharmacodynamic properties

Well-established use	Traditional use
Pharmacotherapeutic group: Capsicum preparations and similar agents	
Proposed ATC code: M02AB	
Capsaicin is the primary pungent principle in the	
fruit of capsicum plants. The precise mechanism	
of action has not been fully elucidated. Topically	
applied capsaicin triggers local irritation, which	
manifests symptomatically as erythema and a	
burning, sometimes itchy, sensation. This is	

Well-established use	Traditional use
generally attributed to a neurogenic inflammatory process and explained by the release of the	
neurotransmitter substance P. The second stage	
of the capsaicin action is associated with antinociceptive effects, the duration of which	
ranges from hours to weeks. Substance P depletion of the neuron following repeated	
application leads to a long-term desensitisation to burning and pain.	

5.2. Pharmacokinetic properties

Well-established use	Traditional use
Capsaicin is absorbed percutaneously. The	
absorbed capsaicin is metabolised mainly in the	
liver and eliminated in the form of metabolites in	
the urine and faeces.	

5.3. Preclinical safety data

Well-established use	Traditional use
No data on acute toxicity of the herbal	
preparations are available. Adequate tests on	
reproductive toxicity, genotoxicity and	
carcinogenicity have not been performed with	
herbal preparations.	
Acute toxicity of capsaicin in mice was in the order	
intravenous > intraperitoneal> subcutaneous >	
oral> dermal indicating that systemic absorption	
and toxicity following dermal application were	
lower than after an oral dose. High subcutaneous	
doses of capsaicin were not teratogenic in rats.	
However, there was evidence that capsaicin	
crosses the placenta and exerts a toxic effect on	
the peripheral nerves of foetuses, provoking	
extensive depletion of substance P from	
immunoreactive nerve fiber from the dorsal horn of the spinal cord. Prenatal treatment of rats with	
high subcutaneous doses of capsaicin (50 mg/kg)	
caused functional neuronal defects; whereas	
neonatal treatment retarded body growth and	
sexual maturation, decreased mating frequency	
and reduced gestations.	
Published data on potential mutagenicity and	

Well-established use	Traditional use
carcinogenicity of capsaicin were inconclusive.	

6. Pharmaceutical particulars

Well-established use	Traditional use
Not applicable.	

7. Date of compilation/last revision

1 July 2014