Kratom Science Is Accelerating. Fast.

The claim that the field has stood still is objectively untenable. Here's what the evidence now shows.

The evidentiary record did not begin in 2016. Natural kratom leaf has a documented history of traditional use in Southeast Asia dating to at least 1836, real-world context that concentrated synthetic 7-OH and other novel synthetic alkaloids targeted by the DEA simply do not have. That history doesn't prove every modern product is safe. But it, along with the accelerating research record, makes one thing clear: The science is anything but static.[1]

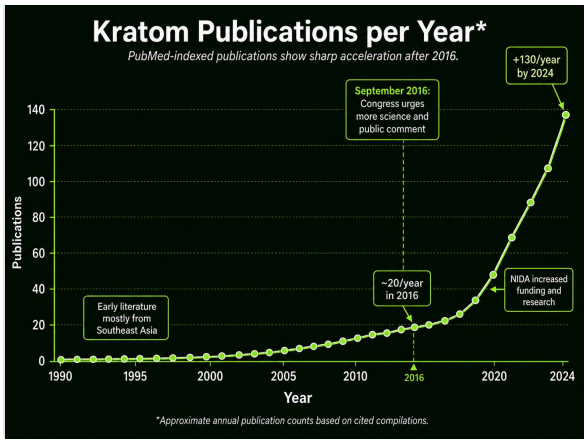

Figure 1. PubMed-indexed kratom publications accelerated sharply after 2016, from roughly 20 in 2016 to more than 130 per year by 2024.[3]

A RAPIDLY GROWING RECORD

Publication volume alone doesn't prove safety or efficacy, but it does dismantle the claim that the field hasn't moved:

- **300+** kratom-related publications since January 2022, per a 2026 update.[3]
- **1,000+** peer-reviewed papers now cataloged by KratomIndex.[2]
- **18** peer-reviewed human studies in GKC's compilation: controlled clinical trials, pharmacokinetic and drug-interaction studies, and observational clinical assessments.[2]
- **$100M+** in cumulative NIDA-supported kratom and mitragynine research (portfolio estimate; exact total depends on search terms and multi-aim awards).[2]

THE HUMAN EVIDENCE IS INCREASINGLY SPECIFIC

- An **FDA-led, placebo-controlled study** administered a characterized botanical leaf product at 1, 3, 8, 10, and 12 grams. No deaths or serious adverse events occurred, and the product was well tolerated under controlled study conditions.[4]
- A separate **randomized, double-blind, placebo-controlled study of 116 healthy adults** evaluated single and 15 consecutive daily doses (0.5 to 4 grams of dried leaf powder): no deaths or serious adverse events, and no meaningful abuse-potential or clinically significant withdrawal signal at the doses tested.[5]
- Human **pharmacokinetic work** has characterized mitragynine and metabolically formed natural 7-OH, and a controlled interaction study identified a measurable intestinal CYP3A interaction, supporting concrete medication-interaction warnings.[5]

FEDERAL CLINICAL DEVELOPMENT IS UNDERWAY

On June 1, 2026, NIH announced that FDA allowed its IND for purified mitragynine to take effect, clearing the way for a Phase I randomized, double-blind, placebo-controlled study of MG001 as a potential treatment for opioid use disorder. That step required NIH to submit pharmacology and toxicology evidence supporting a conclusion that the proposed human investigation was reasonably safe; FDA could have placed the study on clinical hold if the evidence was insufficient to assess risk or subjects would face an unreasonable and significant risk. An IND is not approval and does not establish efficacy. But it is unmistakable evidence of active federal clinical development.[6]

THE BOTTOM LINE: The science on natural kratom leaf is growing, specific, and federally active. Policy should follow that evidence, targeting lab-made substances like concentrated synthetic 7-OH, mitragynine pseudoindoxyl, MGM-15, and MGM-16 — while preserving responsible access to natural kratom leaf.

SOURCES

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3. Henningfield, Beyer & Raffa, eds., *Kratom: History, Science and Therapeutic Potential* (Academic Press 2025); Henningfield et al., *The Abuse Potential of Kratom and 7-Hydroxymitragynine Under the 8 Factors of the CSA* 17–18 (Jan. 24, 2026) (≈20 publications in 2016, 130+/yr by 2024, 300+ since Jan. 1, 2022).
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5. Huestis et al., *Safety and Tolerability of Single and Multiple Daily Oral Doses of Dried Kratom Leaf Powder*, Ther. Drug Monit. (2026), doi:10.1097/FTD.0000000000001427; Coe et al., *Assessment of Abuse Potential-Related Effects*, Drug Test. Anal. 18:922–932 (2026), doi:10.1002/dta.70089; Tanna et al., *Clinical Assessment of the Drug Interaction Potential*, Clin. Pharmacol. Ther. 113:1315–1325 (2023), doi:10.1002/cpt.2891; Huestis et al., *Human Mitragynine and 7-Hydroxymitragynine Pharmacokinetics*, Molecules 29:984 (2024), doi:10.3390/molecules29050984.
6. NIDA, *NIH Research Clears Way for Study of Experimental Treatment for Opioid Use Disorder* (June 1, 2026); ClinicalTrials.gov, *Phase 1 Study of Oral MG001*, NCT07204171.