

# We are IntechOpen, the world's leading publisher of Open Access books Built by scientists, for scientists

6,900

Open access books available

186,000

International authors and editors

200M

Downloads

Our authors are among the

154

Countries delivered to

TOP 1%

most cited scientists

12.2%

Contributors from top 500 universities



WEB OF SCIENCE™

Selection of our books indexed in the Book Citation Index  
in Web of Science™ Core Collection (BKCI)

Interested in publishing with us?  
Contact [book.department@intechopen.com](mailto:book.department@intechopen.com)

Numbers displayed above are based on latest data collected.  
For more information visit [www.intechopen.com](http://www.intechopen.com)



---

# Introductory Chapter: Caffeine, a Major Component of Nectar of the Gods and Favourite Beverage of Kings, Popes, Artists and Revolutionists, a Drug or a Poison?

---

Magdalena Latosińska and  
Jolanta Natalia Latosińska

Additional information is available at the end of the chapter

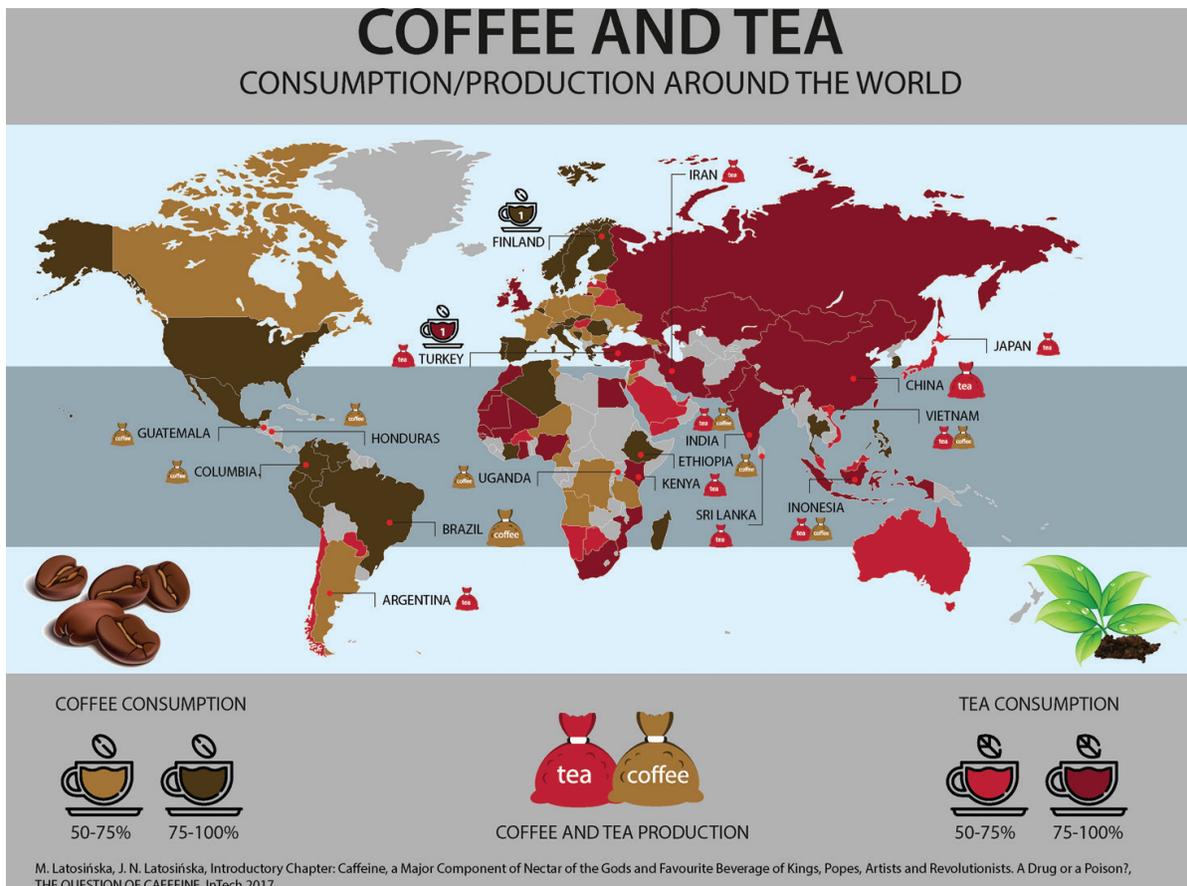
<http://dx.doi.org/10.5772/intechopen.69693>

---

## 1. Caffeine consumption around the World

Global caffeine consumption is estimated to be around 120,000 tonnes per year, which corresponded to one cup of coffee per day for every human on the planet. Based on the statistics, the top tea-producing countries in the world are: China, India, Kenya, Sri Lanka, Turkey, Indonesia, Vietnam, Japan, Iran and Argentina. Main producers and exporters of coffee are: Brazil, Vietnam, Colombia, Indonesia, Ethiopia, India, Honduras, Uganda, Mexico and Guatemala, **Figure 1**.

Caffeine consumption is the highest in tonnes in the United States (971), followed by Brazil (969), Germany (425), Italy (211) and France (202). About 79% of total consumed caffeine comes from coffee, 15% from tea, only 3% from mate and 4% from cocoa [1]. In general, people in the west drink more coffee, while the eastern world drinks more tea, **Figure 1**. Tea consumption per capita predominates in Turkey, Russia, Iran, Mauritania, Syria and China. In Paraguay, Argentina and Brazil, the consumption of mate is dominant. The rest of the world prefers coffee. Europeans are the world's biggest coffee drinkers. Coffee consumption in Europe varies from around 10 kg per capita per year in the Nordic countries (Finland, Norway) to around 3 kg per capita per year in the United Kingdom and most Eastern Europe countries. Annual consumption over 5 kg per capita per year in Brazil is exceptionally high among over 60 coffee exporters. The largest cocoa consumption is noted in Switzerland, Germany, Ireland, the United Kingdom and Norway. The world's biggest Coca-Cola drinkers are in Mexico, Chile, the United States, Panama and Argentina. Energy drinks containing caffeine like Red Bull, Monster, Suntory, Rockstar have experienced a considerable growth in popularity in the last 25 years, but still represents only 1% of the overall non-alcoholic beverages market. Austria led the global per capita consumption and is followed by Ireland, the United Kingdom, Switzerland, the United States and Australia. Caffeine, in any form, is consumed



**Figure 1.** Coffee and tea consumption/production around the world in 2015 (statistical data: Food and Agriculture Organization of the United Nations and Euromonitor).

daily by about 90% of adults, which makes this psychoactive, but legal substance the world's most widely used drug.

Despite caffeine huge popularity and its countless studies, there is still much confusion, inconsistencies and contradictions in the results, poorly known side effects and unknown applications.

## 2. Historical aspects

Caffeine-containing species from *Camellia*, *Coffea*, *Cola*, *Ilex*, *Paullinia*, *Theobroma* and *Citrus* genus have been known from ancient times, but phylogenetic studies indicated that they are not closely related [2]. However, most of them grow in tropical or sub-tropical zones. *Camellia* originates from Asia, *Coffea* and *Cola* from Africa, *Ilex*, *Paullinia* and *Theobroma* from America, *Citrus* from Australia and Oceania. Tea (*Camellia sinensis* (L.) Kuntze), coffee (*Coffea arabica* (L.), *Coffea canephora* var. *Robusta*, (Pierre ex A. Froehner), *Coffea liberica* (Bull ex Hiern)), cacao (*Theobroma cacao* (L.)) and citruses (*Poncirus* (L.) Raf., *Fortunella* (Swingle), *Microcitrus* (Swingle)) have been used as medicinal products, stimulating food, dietary supplement or fragrant plants, while cola (*Cola nitida* (Vent.) Shott and Endl.), mate (*Ilex paraguariensis* (A.St.-Hil.)) and guaraná

(*Paullinia guarana* (Kunth) or *Paullinia cupana* (Kunth), *Paullinia sorbilis*, (Mart)) as ritual plants. Almost each country has got its own legends on finding natural source of caffeine.

According to Cha Jing by Lu Yu, a mythical ruler of prehistoric China Shen Nong (also known as Wugushen or Wuguxiandi), reigning 3000 BC, discovered tea, when a few leaves of the nearby tree *Camellia sinensis* (L.) fell into the boiling water [3]. In the times of the Chinese Shang dynasty, tea was used as a medicinal drink, but later, during the Chinese Tang dynasty, it was popularized in East Asia as a recreational drink [4]. The etymology of the word tea goes back to the Chinese 茶 (*tê*, *chá* and *chai*), which also indicates the region of its origin. The first unambiguous reference to tea treated as a beverage is dated to 59 BC (Western Han dynasty era) [5]. In 805 AD, the seeds of tea were brought to Japan by the Buddhist saint Saichō (Dengyo Daishi). Soon after that, the cultivation of tea in the five provinces surrounding the capital of the country, Kyoto, was ordered by the enthusiastic 52<sup>nd</sup> Japan emperor Saga. Exactly who first brought tea to Europe in the seventeenth century remains a mystery, but it is known, that the oriental goods including tea have been imported by the Portuguese since 1517 and by the Dutch since 1610. The seventeenth-century apothecaries added tea to other luxury items like sugar, ginger and spices and sold them next to the medicines. In 1658, Katherine Braganza, Portuguese wife of Charles II Stuart, brought tea to England [6]. It is known that French ruler Louis XIV (the Sun King) drunk tea for health reasons starting from 1665 [7]. By 1675, tea was in general use throughout Holland and started to being sold in grocery stores. To Russia, tea was brought from China as a gift to Russian tsars. For the first time, about 1630—it was a gift to Russian tsar Michael I (Romanov) from a Mongol Khan Sholoi [8] and for the second time, in 1680—it was presented to tsar Alexis I from the Chinese ambassador to Moscow [9]. European tea merchants of eighteenth century recognized only three growing markets: Holland, England and Russia. But the fourth one was the young market in British American colony. The Tea Act, legislative manoeuvre by Lord North, passed by the Parliament of the United Kingdom on 10 May 1773, granted the British East India Company Tea a monopoly on tea sales [10]. On 16 December 1773, the Patriot group ‘Sons of Liberty’ destroyed a shipment of tea in Boston Harbour. This event that became known as the Boston Tea Party was the signal to American War of Independence [10]. Almost 100 years later, in mid-1800, tea was successfully harvested in South Carolina. Although *Camellia sinensis* (L.) originates from East Asia, the Indian Subcontinent and Southeast Asia, but nowadays, it is cultivated in most tropical and subtropical regions of the world.

The history of coffee has its beginnings in the sixth-century Ethiopia [11], however, Ethiopian Galla tribe ground up coffee beans (actually the pit of the berry), mixed them with animal fat and consumed as an energy food, much earlier. The famous legend attributes it to the shepherd of Caldas from Abyssinia, who in 525 AD noticed that the goats that had grazed among the bushes became excited and sleep-deprived. After sampling the fruit from the bushes growing there, he experienced a similar surge of strength. Arab traders brought coffee to Yemen [12]. The oldest written references to coffee (*‘bunchum’*) were found in Kitab al-Hawi—a comprehensive book on medicine by Abu Bakr Muhammad ibn Zakariyya ar-Razi (the ninth-century Persian polymath, physician, alchemist and philosopher) [13]. By 1414, coffee was known in Mecca and spread to Egypt from Al Mucha (Mocha), the Yemeni port, then to Syria and Istanbul, the capital of the vast Ottoman Turkish Empire [14]. The first

coffee shop, Kiva Han, was opened in Constantinople in 1475. In the fifteenth century, the Sufis of Yemen routinely used coffee to stay awake during prayers. There was an attempt to ban coffee in 1511 in Mecca, because religious leaders accounted it for stimulation of the radical thinking, but sultan of Cairo overruled the idea and the ban was lifted. By 1630, over one thousand coffee houses were operated in Cairo. In the end of the sixteenth century, coffee spread throughout the middle East. Coffee arrived to Europe by two routes—from the Ottoman Empire, and by sea—from the original coffee port of Mocha. The German botanic Léonard Rauwolf for the first time described coffee in 1576 in *Viertes Kreutterbuech—darein vil schoene und frembde Kreutter* [15]. In the seventeenth century, coffee was known in Europe as ‘Arabian wine’ or ‘Muslim drink’ and thus unpopular. Coffee enthusiast pope Clement VIII ‘baptized’ it around 1600 [14]. The coffee name comes from the original Arabic *quhwah* through Turkish form *kahveh* translated to Italian as *caffè* or Danish as *kaffe*. Shortly after the first ‘cafes’ in Venice, Oxford, London were established. When Turkish siege of Vienna in 1683 was broken, the European victor Johan III Sobieski allowed Jerzy Franciszek Kulczycki, as coat of arms, to choose as a reward anything from the Turkish camp. Amazingly, Kulczycki opted for 300 bags containing the ‘strange seed’ (huge coffee supplies). The legend says that Kulczycki opened the first coffee house *Hof zur Blauen Flasche* in Vienna in 1683 [16]. Cafes quickly gained popularity throughout the whole western Europe playing a significant role in shaping social relations. In 1650, Jacobs, a Lebanese Jew, opened the first coffee house in Oxford, England [11]. Shortly thereafter, cafes where people could buy coffee for 1 penny and carry on intellectual conversations, called ‘penny universities’, began to emerge. Famous *Café Procope* in Paris, a gathering place of many French notables, actors, writers, philosophers and musicians, was opened in 1689 by Francois Procope, a Sicilian who came from Florence [17]. The parts of the furniture of this café were Voltaire, Denis Diderot, Pierre Beaumarchais, Honoré Balzac, Victor Hugo, Paul Verlaine, Jean-Jacques Rousseau, fathers of French revolution: Jean-Paul Marat, Maximilien de Robespierre, Georges Danton and young Napoleon Bonaparte, later France emperor. By 1843, the number of cafes in Paris increased to as many as 3000. The first coffee houses in Germany were opened in Regensburg and Leipzig. Johann Sebastian Bach, Leipziger, the most heavy coffee drinker ever, wrote the Coffee Cantata in its honour. The first and the oldest to date café in Salzburg was *Café Tomaselli* founded in 1700. Frequent cafes guests were Wolfgang Amadeus Mozart, Michael Haydn, Hugo von Hofmannsthal and Max Reinhardt. In Russia, historically, the tradition of coffee-drinking was introduced by Peter the Great, who brought it from his travel to the Netherlands [18] and was fostered by Empress Catherine II the Great [19]. It must be said that in those days not all were coffee lovers. King Frederick II of Prussia even issued a manifesto claiming beer’s superiority over coffee and charged a heavy tax on coffee commercialization in 1777 [20]. Coffee reached New Amsterdam (New York) in mid-seventeenth century and then the New World. It immediately obtained a status of one of the most popular drinks. As the demand steadily grew, there was strong competition to cultivate coffee outside of Arabia. The first attempts to plant coffee by the Dutch failed in India, but were successful in Indonesia (Java, Sumatra and Celebes). In 1714, a young coffee plant was given by Gerrit Hooft, the Mayor of Amsterdam, to King Louis XIV of France as a gift [14]. It was carefully planted in the Royal Botanical Garden in Paris. Nine years later, a seedling stolen from this plantation by king’s doctor was transported

to Martinique by Gabriel de Clieu [14]. It was the nucleus of about 18 million trees plantation in Martinique 50 years later. This seedling was also a parent of all the coffee trees throughout the Caribbean, South and Central America. The Brazilian coffee trees also come from France, exactly from French Guiana. Francisco de Mello Palheta was a military responsible for the introduction of coffee cultivation in Brazil [21]. Despite many attempts, he was not able to get coffee plants officially, but in 1720, Marie-Claude de Vicq de Pontgibaud, the wife of the French governor Guiana Claude Guillouet d'Orvilliers, smashed the handful of seeds inside the bouquet of flowers—a farewell gift. Quickly the cultivation of coffee had been introduced in Dutch Guiana (1714), Jamaica (1718) and expanded to the tropical regions of South America. Throughout the nineteenth and the first decades of the twentieth century, Brazil was a monopolist on the coffee market, but later, Colombia, Guatemala and Indonesia started to cultivate coffee. European colonial regimes initiated the coffee cultivation and export in Kenya, Angola, Uganda and Ethiopia, where it all started. During the American Civil War (1861–1865), Union soldiers received from the government in Washington 36 pounds of coffee annually (about 16.3 kg), because without coffee soldiers did not exist. The status of coffee had changed from the scarce elixir into a public beverage.

Another source of caffeine is cocoa (*Theobroma cacao* (L.)) nuts [22], used by pre-Olmec cultures in Mexico as early as 1900 BC. Olmec, Mayan, Toltec and Aztec civilizations used chocolate as an invigorating drink, stimulating mystical and spiritual qualities [23]. In the New World, chocolate was consumed in the form of a bitter and sharp drink called xocoatl, containing a bit of vanilla, chilli peppers and achiote. Cocoa seeds in pre-Columbian Mesoamerica were luxury goods and used as a means of payment (currency). In 1517, the Spanish conquistador Don Hernán Cortés [23] was treated to xocoatl by the Aztec emperor Montezuma. Eleven years later, he brought xocoatl to Spain, where it became a popular drink on the Spanish royal court. The name of this drink comes from the Nahuatl words *xocoatl* (xoco 'bitter' and atl 'water') and *cacahuatl* (cacao) translated to Spanish as *chocolate*. Spain kept chocolate secret for nearly a century, but when Anne of Austria, the daughter of Spanish king Philip III wed the French king Louis XIII in 1615 [24], chocolate spread across Europe. In 1689, Hans Sloane invented a sweet milky version of this drink, which was originally prepared by local apothecaries until 1897, when the Cadbury brothers acquired the exclusive right to manufacture it [25]. As demand for cocoa increased, its plantations were established in the West Indies (Caribbean Basin), Philippines, Asia and Africa. Due to the technological improvement—cocoa press—invented by the Dutch Casparus van Houten Sr., chocolate-making process was revolutionized [26]. Since then pulverization of cocoa into cocoa powder became a basic step in production of all chocolate products. In 1847, British company J.S. Fry & Sons produced first chocolate bar using cocoa butter, cocoa powder and sugar [27]. Shortly after that bars of chocolate flood the whole Europe. In 1879, in Berne, Switzerland, Rodolphe Lindt invented the conching machine, which gives chocolate a velvety texture and superior taste [26]. A chocolate boom which started in the late 1800s and early 1900s still has not slowed down. During the Second World War, bars of chocolate were the emergency store of each Swiss or US army soldier.

Kola (*Cola acuminata* and *Cola nitida* Schott & Endl.) [28], a tree native to the tropical Africa known from at least the fourteenth century is a natural source of caffeine. The etymology of the

word *kola* derives it from the Latinized form of a West African name of the tree. The kola nuts were chewed in many West African cultures to restore vitality and as appetite suppressant able to alleviate the feeling of hunger [29]. African exports to England and the United States started only in the mid-nineteenth century. The worldwide career of kola began in 1886 when John Pemberton from Atlanta, Georgia, created a recipe of 'Coca-Cola' [30]—an extract based on mixed kola and cocaine, used as a headache and hangover remedy [31].

Another old, but much less popular source of caffeine are the leaves and stalks of three species of holly tree genus *Ilex vomitoria* (Sol. ex Aiton) (*Saint Yaupon*), *Ilex paraguariensis* (A.St.-Hil.) (*Yerba Mate*) and *Ilex guayusa* (Loes.). *Ilex vomitoria* (Sol. ex Aiton) has been used by the North American Indians to brew tea called Asi (black tea) from the archaic era. It contains up to six times more caffeine than strong coffee and provokes vomiting for cleansing the body and soul. In South America (Argentina, Uruguay and Paraguay), a drink called yerba mate was made of *Ilex paraguariensis* (A.St.-Hil.). The Brazilian name is Chimarrão (Erva Mate chimarrão). Yerba Mate name comes from the Spanish *yerba* and *mati*, which in Quechua means *gourd*. Legend tells that when Yari, the moon and Araí, the pinkish cloud of dusk, came to visit the Earth, a jaguar attacked them. They were rescued by an old Indian, who received in a reward this new kind of plant. People of the indigenous cultures in Argentina, Brazil, Paraguay and Uruguay who have survived periods of drought by drinking yerba mate called it 'Drink of the Gods'. This source of natural caffeine was popularized in Europe as an alternative to Asian tea by Jesuit missionaries who arrived to the Parish basin in the mid-seventeenth century and appreciated the advantages of a beverage made from powdered leaves and shoots. *Ilex guayusa* (Loes.) Amazon tree comes from tropical rainforest of Ecuador but is grown in Peru and Columbia. It is a completely unpopular, but rich source of caffeine, similar to coffee. In contradiction to the other caffeine containing beverages, drink made of its leaves is not only stimulant but also energizing, relaxing, calming and can cause conscious dreams. A great lover of yerba mate is pope Francis, native Argentinean. An exclusive drinking yerba mate kit was a present for pope Francis from the Argentine President Cristina Fernandez de Kirchner during her first audience in Vatican. Che Guevara, Lula da Silva, Jorge Luis Borges, Julio Cortázar, Barack Obama, Hillary Clinton and Madonna are all well-known yerba mate drinkers.

Also guaraná (*Paullinia guarana* (Kunth), *Paullinia cupana* (Kunth) and *Paullinia sorbilis* (Mart)) seeds, named after the Guarani Indian tribes, have been used for centuries by the inhabitants of the Amazon basin to restore lost forces. In the early eighteenth century, guaraná has been discovered and classified by the German botanist C.F. Paulini. Commercial use of guaraná began to spread after 1958, because it became an indispensable ingredient in many brewed beverages produced in Brazil and the United States.

*Citrus* (L.) (all true citrus trees including *Poncirus* (L.), *Fortunella* (Swingle) and *Microcitrus* (Swingle)), the weakest source of caffeine, originates from Australia, New Caledonia, New Guinea [32] and probably Southeast Asia bordered by India, Myanmar and China. The etymology of the word *citrus* derives it from the genus name in modern Latin. Although *Citrus* species leaves and flowers contain caffeine [33], they have been cultivated since ancient times mainly for fruits, in which caffeine is not present. However, citron leaves

in sugar or honey or Korean honey citron tea (Yuja Cha) made of boiled leaves have also been highly popularized [34]. The fragrances, flavours and oils made of citrus have been known and desirable for many centuries in medicine and perfumery. The oldest traces of citrus in Europe date back to thirteenth-century BC Cyprus. The earliest fragrances (e.g. Eau de *Cologne* 1709 by Farina, Imperial 1850 and Eau de Imperiale 1861 by Guerlain, Jicky 1889 by Coty) contained bergamot, lemon, lime, mandarin and orange blossom oil [35]. Since then the popularity of citrus-spirit type of perfume or eau de toilette has not decreased. Small quantities of caffeine contain some types of honey (e.g. Greek orange honey), because citrus and coffee plants attract bees using caffeine as a part of rewarding system [36, 37].

### 3. Health considerations

For a long time, it has been a dilemma if coffee and tea are non-toxic and which is better for health—tea or coffee. From among all natural sources of caffeine, only tea started a career as a medicine and became a beverage in the course of time. In the eighteenth century, the Swedish king Gustav III, proposed the twin brothers who were sentenced to death for murder, a death row pardon in exchange for their participation in the scientific experiment [38]. One of the twins had to drink four cups of coffee a day, the other four cups of tea a day. A group of professors from Swedish Kings Academy of Sciences examined them to check the influence of these beverages on their organisms. The twins drank and drank, in the meantime, the king was murdered, the professors died. The first died the tea-drinking brother, while the compulsory coffee fun lived several years longer. But the tea drinker died at the age of 84, which at the time when the average life span was about 40, was considered as unbelievable achievement. What about the final verdict? No doubt by this simple long-lasting experiment, both dietary habits were considered as an important factor positively influencing human health. But the question remained which turned out better for health, tea or coffee, and first of all what factors were responsible for it.

Although all these natural sources of caffeine have been used for a long time as a beverage or drug, the fact that caffeine is the main factor responsible for their effect remained a mystery. Only in 1819, at the personal request of Johann Wolfgang von Goethe, the relatively pure chemical form of caffeine was isolated by Friedrich Ferdinand Runge [11], who called it '*Kaffebase*'. Eight years later, in 1827, M. Oudry obtained '*theine*' from tea [39]. In 1838, Mulder [40] and Jobst [41] showed that theine was actually caffeine. Thus, taking into account caffeine input both tea and coffee should be similarly health-promoting, which would not be a surprising result today, as we know main chemical component. The molecular structure of caffeine (1,3,7-trimethylxanthine; 1,3,7-trimethyl-1*H*-purine-2,6-(3*H*,7*H*)-dione) was described in 1882 by Hermann Emil Fischer, who also made its first complete synthesis, for which he was awarded the 1902 Nobel Prize [42]. He showed that caffeine found in coffee is equivalent to those in tea and cacao. Nowadays, caffeine is still rarely obtained by total chemical synthesis or semi-synthetic processes, which are economically inefficient. Instead, it is extracted from plants often as a by-product in the manufacture of decaffeinated coffee, **Table 1**.

Caffeine source	Origin	Plant	Plant part	Caffeine concentration per milligram (%)	No. of all chemical compounds
Tea	natural	<i>Camellia sinensis</i> (L.)	Leaf or shoot	4.8–9.3*	771
Coffee	natural	<i>Coffea arabica</i> (L.)	Bean or fruit	0.06–3.2*	154
Cacao	natural	<i>Theobroma cacao</i> (L.)	Seed	0.062–1.29*	261
Mate	natural	<i>Ilex paraguariensis</i> (A.St.-Hil.)	Leaf	0.2–2.0*	39
Guarana	natural	<i>Paullinia cupana</i> (Kunth.)	Seed or fruit	0.9–7.6*	23
Kola	natural	<i>Cola acuminata</i> (Schott & Endl.)	Seed	1.5–2.5*	9
Citrus	natural	<i>Poncirus</i> (L.), <i>Fortunella</i> (Swingle), <i>Microcitrus</i> (Swingle)	Leaf or flower	0–0.008*	495
Caffeine anhydrous	synthetic	-	-	>98.5	1
Dicaffeine malate	synthetic	-	-	65–70	2
Caffeine citrate	synthetic	-	-	45–55	3

\*from Dr. Duke's Phytochemical and Ethnobotanical Databases (<https://phytochem.nal.usda.gov/>).

**Table 1.** Naturally occurring in plants and synthetic caffeine doses.

When it seemed that everything was known about the structure of caffeine, it turned out that the matter was much more complicated—an untypical polymorphism of caffeine was discovered [43]. An anhydrous caffeine exists in two enantiotropically related polymorphic forms: stable (phase II or  $\beta$ -form) which melts at 508K and metastable (phase I or  $\alpha$ -form) melting at 512K [44] and each form displays different physicochemical properties [45].

Some authors consider the existence of phase III [46], while the others a mixture of two phases I and II [47]. The phenomenon of polymorphism further complicates the co-existence of structural and dynamical disorder. A number of experimental techniques (e.g. X-ray [47–49], synchrotron X-ray diffraction [50] mid-infrared (MIR), near-infrared (NIR) Raman spectroscopies [51, 52], dielectric measurements [46], NMR-NQR spectroscopy [53, 54]) have been applied to clarify the matter but still new doubts arise. Screening of polymorphs is of importance due to the differences in solubility, long-term stability, dissolution rate and bioavailability. Many novel beverages like soda or energy drinks [55] as well as drugs contain pure caffeine, thus there is considerable public health interest in its effects on humans.

Because caffeine is the most widely used stimulant, its metabolism and effect on the human body have been intensively studied. Caffeine is known to stimulate the central nervous system (affects sleep, arousal, cognition, learning and memory), as well as muscular, respiratory and circular systems [56–59]. But it is supposed that a broad spectrum of caffeine effects is a result of action of its metabolites. Caffeine demethylation yields to about 4–5.4% of theophylline, 10.8–12% of theobromine and 81.5–84% of paraxanthine [60]. While caffeine, theophylline and

theobromine naturally occur in about 80 green plants species, paraxanthine does not, because it is not accumulated in plants due to the very slow N1-methylation of 7-methylxanthine [61, 62]. But, paraxanthine discovered in human urine by Solmon [61] results from demethylation of caffeine at the 3-position through the catalytic action of polymorphic cytochrome P450 subtypes 1A2 (90%) and 1A1, 2E1, 3A4 and 2D6 (10%) [63, 64]. It was discovered that caffeine and its metabolites belong to the pharmacological group of adenosine A-receptor ( $A_{1}$ ,  $A_{2A}$ ,  $A_{2B}$  and  $A_{3}$ ) antagonists [65]. The  $A_{1}$  and  $A_{2}$  receptors bind caffeine at low doses and the  $A_{2B}$  receptor at high doses. The  $A_{3}$  is caffeine insensitive. Caffeine and its metabolites theophylline and theobromine act primarily as non-selective antagonists at  $A_{1}$  and  $A_{2A}$  receptors in both human central nervous system and heart. Surprisingly, only paraxanthine acts similarly to caffeine [66], theobromine acts as vasodilator, diuretic and heart stimulant [67], theophylline relaxes smooth muscles of the bronchi and is effective in chronic obstructive pulmonary disease and asthma [68]. Theobromine is a weaker antagonist of adenosine receptors and therefore has a lesser impact on central nervous system, but stronger on heart. Most caffeine activity has been attributed to this antagonism and raised attention to it as potential parent compound in designing dual-target-directed drugs that simultaneously inhibit monoamine oxidase B (MAO-B) and antagonize adenosine  $A_{2A}$  receptors ( $AA_{2A}R$ ) in the brain [69]. But caffeine also acts by the inhibition of non-adenosine receptor  $GABA_{A}$ , an ionotropic receptor, responsible for most of the physiological activities of GABA in the central nervous system [70], while paraxanthine by the inhibition of cyclic guanosine monophosphate (cGMP), which is a key-factor for anti-inflammatory and psychostimulant effects [71].

It is known that caffeine has the ability to reduce the physical, cellular and molecular damage caused by spinal cord injury (SCI), stroke or neurodegenerative chronic diseases of Parkinson [72–74] and Alzheimer's [75–78]. But it has been reported that paraxanthine, rather than caffeine itself, reduces the risk of developing Parkinson's disease [79, 80] and contrary to caffeine it is strongly protective against neurodegeneration and loss of synaptic function [71]. Besides, caffeine exhibits inhibitory activity against diabetes II, gallstones and cirrhosis of the liver [81]. It acts as diuretic [82, 83] and stimulate tear secretion [84] which makes it helpful in the dry eye syndrome treatment [85]. Antioxidant properties of caffeine and scavenging abilities of reactive oxygen species (ROS) are associated with its ability to reduce the risk of liver, kidney, basal, colorectal and endometrial cancers [86–90]. Only recently caffeine-based gold compound has been discovered as a potential anti-cancer drug selective for ovarian cancer [91]. Caffeine mitigates the adverse mutagenic effect of ultraviolet radiation [92–95] or anti-cancer drugs [96–98]. It is difficult to study pure caffeine effect on health because it is consumed with many different additional chemical compounds (tea up to 771, coffee up 154, cacao up to 261, mate up to 39, guarana up to 23, kola up to 9 and citrus up to 495), **Table 1**. The problem is further complicated by the presence of metabolites of caffeine in their composition.

Such a broad spectrum of its action has stimulated a significant interest in studies of caffeine at much more sophisticated level, which should explain the differences in the individual reactions to caffeine. How we react to caffeine varies between individuals because it is largely dependent on individual genome. The earliest studies on the possible link between genes and coffee consumption date back to the 1960s [99]. Although a number of further twin experiments provided some evidence for the heritability factor in response to caffeine [100], the genetic contribution to caffeine consumption strongly depends on sex and decreases with

age. Thus, true importance of individual genetic variability has been testified in larger diverse populations and focused on caffeine rich diet-disease studies at molecular level [101, 102]. According to them, five genes *CYP1A2*, *AHR*, *ADORA2A*, *COMT* and *PDSS2* are known to be related to the caffeine sensitivity. Gene '*CYP1A2*' releases the liver *CYP1A2* enzyme, which breaks down caffeine [103, 104]. '*COMT*' controls the breakdown of catecholamines, '*AHR*' controls the state on/off of *CYP1A2* [105, 106], '*PDSS2*' regulates the production of *CYP1A2* [80] and '*ADORA2A*' is responsible for the variation of A2A to which caffeine binds and controls caffeine sensitivity [107].

Although coffee intake has been supposed to be a risk factor for heart disease, it was not related to genes. The enzyme catechol-O-methyl transferase (*COMT*) is known to break down catecholamines, which in high concentrations can induce a heart attack. Due to variability of the '*COMT*' gene, the *COMT* enzyme has a number of variants. For example, the *COMT* rs4680 variant is accompanied with low level of *COMT* enzyme. But in the presence of caffeine, the release of catecholamines strongly increases and thus a risk of a heart attack also increases [108]. The gene '*CYP1A2*' releases the key enzyme that breaks down caffeine. Two variations of this gene (*CYP1A2\*1A*—high activity and *CYP1A2\*1F*—low activity, differing in nucleotide and marked by A->C substitution at position 734) help metabolize caffeine: one faster and the other one slower [103, 104, 109]. Because every person has two copies of this gene inherited from each parent, a particular combination is responsible for the speed of one's own metabolism (fast in the case of fast + fast, and slow in the case of fast + slow/slow + slow combinations) [103, 104, 110]. Fast metabolism is of course beneficial as it is related to much (22%) lower risk of heart attack and higher fertility. But *CYP1A2* is also a key enzyme in the activation of carcinogenic heterocyclic aromatic compounds [101]. Thus, caffeine consumption has been associated with ovarian cancer risk, which strongly depends on the variations in *CYP1A2* genotype (high-inducibility A/A and low C). A similar study has shown that caffeine consumption protects only women with a *BRCA1* mutation against breast cancer [102]. A genome-wide association study on two populations in Italy and the Netherland allowed identification of a *PDSS2* gene that regulates the production of proteins metabolizing caffeine in the human body. The higher levels of this gene result in a slower caffeine metabolism and necessity to drink less amounts of coffee [80]. It has been found that a common variation in *ADORAA2A* is also associated with caffeine sensitivity. Two copies of C allele of *ADORA2A* induce sleep disturbances caused by intake of caffeine [107, 105] while two copies of the T allele of *ADORA2A* result in an increase of anxiety level after caffeine [104]. These observations are helpful in explanation of the habitual coffee consumption [110] as well as in the understanding of differences in the individual reaction to caffeine. Although not all caffeine consumers suffer caffeine withdrawal symptoms, but it is so common that in 2013, it was added by the American Psychiatric Association to the Diagnostic and Statistical Manual of Mental Disorders. A particular combination of the variants of five genes mentioned above may significantly increase or decrease a risk of disease or poor tolerance. Thus, the intake of caffeine can have both positive and negative health effects. The International Agency for Research on Cancer only recently, in 2016, revised its classification from 1991 and moved coffee from Group 2b ('Possibly carcinogenic to humans') to Group 3 ('Not classifiable as to carcinogenicity'). This category is used for compounds for which the statistical evidence of carcinogenicity is inadequate in humans or limited in experimental animals. But that does not mean that its safety is not deceptive. It just indicates explicitly that our knowledge is still incomplete.

One more aspect related to the individual caffeine sensitivity should be mentioned—the difficulties in estimation of caffeine lethal dose (LD50), which is about 150–200 mg/kg [111, 112] i.e. 80–100 cups of coffee. When we compare a case of death after ingestion of 6.5 g/person and a case of survival after ingestion of 24 g/person [113, 114], the range of tolerance/intolerance makes an impression and is a warning. Too much caffeine in a few cans of energy drink had killed a 19-year-old Austrian football player, 33-year-old Brooklyn construction’s worker or three Swedish teenagers. The statistical data of victims of caffeine overdosing collected by National Poison Data System in the United States indicate that 67% of all 6309 cases of poisoning affect children and adolescents under 20. How much caffeine was in the caps of coffee which Honoré de Balzac, true coffee lover, drank in 60 coffee cups per/day? Caffeine content in popular drinks is collected in **Table 2**. The US Food and Drug Administration,

	Caffeine drink	Size in oz (ml)	Caffeine (mg)
<b>Coffee</b>	Brewed	8 (237)	95–165
	Brewed, decaffeinated	8 (237)	2–5
	Espresso	1 (30)	47–64
	Espresso, decaffeinated	1 (30)	0
	Instant	8 (237)	63
	Instant, decaffeinated	8 (237)	2
	Latte or mocha	8 (237)	63–126
<b>Tea</b>	Brewed black	8 (237)	25–48
	Brewed black, decaffeinated	8 (237)	2–5
	Brewed green	8 (237)	25–29
	Instant	8 (237)	40
	Ready-to-drink, bottled	8 (237)	5–40
	Green tea	8 (237)	25
	White tea	8 (237)	28
	Yerba mate	8 (237)	85
	Guayusa	8 (237)	66
<b>Soda</b>	Coca Cola	8 (237)	24–46
	Pepsi Cola	8 (237)	25
<b>Energy drinks</b>	Energy drink	8 (237)	27–164
	Energy shot	1 (30)	40–100
<b>Shots</b>	Liquid caffeine	1 (30)	500
	NoDoz	1.89 (56)	115
<b>Chemicals</b>	Pure anhydrous caffeine	1 teaspoon (5 g)	4706

**Table 2.** Caffeine content in popular drinks.

FDA, recently issued warnings due to risk to consumers for overdosing caffeinated products containing pure powdered caffeine. A single teaspoon of pure anhydrous caffeine (5 g) is roughly equivalent to the amount in 28 cups of brewed coffee or in 6 energy shots, **Table 2**.

Similarly to humans, the individual sensitivity and additionally breed/division diversity have also been observed in animals. A poor ability to metabolize caffeine which makes it toxic to dogs, cats [115–118] and birds [119, 120] is quite well documented in domestic animals. The toxic doses are so small that single chocolate bar can kill our beloved pet. But ‘Creme Puff’ cat, the ‘oldest cat ever’, listed in the *Guinness Book of World Records* for living 38 years, was served coffee with cream every day by its owner [121]. Caffeine is also known to be harmful to wild organisms like molluscs [122], insects [123] and spiders [124], thus making a part of the natural defence of plants against herbivores, larvae of mealworms, mosquitoes [123], tobacco hornworms, snugs and snails [122]. However, there are awesome exceptions like coffee berry borer, which can reduce a crop yield by 80% and survive the dose equal to 500 shots of espresso/person [125].

#### 4. Final remarks

Caffeine is a chemical component of the oldest known food plants (about 5000 years), the most widely consumed (not counting water) and the most extensively studied (1,468 books, 39,551 journal articles, 2,211 dissertations) component of diet. The seeds or seedlings of plants containing caffeine were stolen, smuggled, hated and desired, accused of demonic or radical influence—banned and baptized. The wars for plantations/colonies were fought and fortunes gained and lost. Caffeine drinks were used in religious asceticism and creative amok, behind closed doors of the cafes were written operas, manifestos and revolutions started. After all coffee seeds were used as a currency and reward, tea and chocolate were sipped by emperors, kings and tsars, coffee was loved by artists, writers, musicians, philosophers, students, popes, revolutionists and belt down by soldiers, mate is preferred by actual pope, a few presidents, writers and celebrities, and energy-drinks containing pure caffeine are nowadays trendy and desired by teens and adolescents. Caffeine under the pretence of tea or coffee changed social manners and war results—coffee has been considered the ‘*soldiers drink*’ since Napoleon. Energy drinks like Coca-Cola, Pepsi, Dr. Enuf, Power Horse or Red Bull containing large amount of pure caffeine fight physical fatigue, increase vigilance and reaction speed and allow people to function almost without sleep, but sometimes they are deadly.

Day by day we are coming into contact with caffeine—in drinks (coffee, tea, soft-drinks as Coca-Cola, soda, chocolate, energy drinks), drugs (above 50 different drugs contain *Coffeinum*, *Coffeinum Natrium benzoicum*, *Coffeinum Natrium salicylicum*, *Coffeinum citricum*, *Phenazonum Coffeinum citricum*), cosmetics and personal care products, bath (e.g. giant caffeine spa in Japan), even fuels (e.g. ‘car-puccino’). We deliver it to inside and outside of our bodies in large amounts but as a matter of fact, we still do not know much about it, because it jealously protects its secrets. The ubiquity of caffeine in both natural and synthetic forms has been a cause of a lot of concerns among researchers and public health defenders.

Researchers have shown that caffeine increases memory [126], improves reaction time and logical reasoning, helps in periods of sleep restriction related to job and reduces drivers or pilots errors [127] and reduces risk of suicide [128] and depression [129]. It may protect against Parkinson's and Alzheimer's diseases [130]. Caffeine increases stamina during exercise [131], relieves post-workout muscle pain (cut the pain) [132] and may prevent weight gain [133]. Caffeine is beneficial in age-related chronic inflammation [134], which leads to high blood pressure, hardening of the arteries and heart diseases. It may protect against eyelid spasm [135], cataracts [136] and retinal degeneration [137], leading to blindness, against different kinds of cancer including skin cancer [138] and may prevent tinnitus (ringing in the ears) [139]. Caffeine is shown to be useful in asthma [140], lowering blood pressure [141], detoxication of the liver and the colon [142], reduction of fatty liver in non-alcoholic-related diseases [143], reduction of the liver fibrosis risk in hepatitis C [144], reduction of kidney stones risk and gout prevention [145]. It increases quality of semen in men [146] and acts as hair stimulant used in balding of men and women [147].

But due to the differences in individual sensitivity, caffeine can be easily overdosed, which may result in death—more than four cups of coffee are linked to premature death. Caffeine consumption may raise blood pressure [148], increase a risk of heart attacks among young adults [149] and gout attacks in the case of scarce caffeine overdosing [150]. It can reduce fertility [151], increase the risk of miscarriage [152], worsen the menopausal symptoms [153] and it may be a cause of breast tissue cysts in women [154]. Increased anxiety [155], depression [156], insomnia [157] and prolonged sleep deprivation problems, migraine headaches [158] are common side effects of its use. Adverse effects like incontinence [159], indigestion [160] forceful heart contractions, allergies, risk of bone fractures [161], impairment of hearing loss recovery [162], inhibition of the collagen production in the skin [163], even obesity and diabetes [164] are also on the list of potential negative effects. Recently, a large population study in the United States showed that an increase in caffeine consumption results in decrease in telomere length, which signifies accelerated ageing [165].

Many above observations, results, conclusions are mutually contradictory, which proves that despite of many years of scientific research, there are still unrevealed mysteries concerning caffeine chemical structure, physicochemical properties, its impact on living organisms, etc. Caffeine's role in producing beneficial and harmful effects is still poorly understood and definitely requires more extensive investigation.

## Author details

Magdalena Latosińska and Jolanta Natalia Latosińska\*

\*Address all correspondence to: [Jolanta.Latosinska@amu.edu.pl](mailto:Jolanta.Latosinska@amu.edu.pl)

Faculty of Physics, Adam Mickiewicz University, Umultowska, Poznań, Poland

## References

- [1] Fredholm BB, Bättig K, Holmén J, Nehlig A, Zvartau EE. Actions of caffeine in the brain with special reference to factors that contribute to its widespread use. *Pharmacological Reviews*. 1999;**51**(1):83-133
- [2] *Plants, Health and Healing. On the Interface of Ethnobotany and Medical Anthropology*. Hsu E, Harris S, Editors. New York, Oxford: Berghahn Books; 2010. ISBN 978-0-85745-633-5
- [3] Harbowy ME, Balentine DA, Davies AP, Cai Y. Tea chemistry. *Critical Reviews in Plant Sciences*. 1997;**16**(5):415-480. DOI: 10.1080/07352689709701956
- [4] Heiss ML, Heiss RJ. *The Story of Tea: A Cultural History and Drinking Guide*. Berkeley, Calif.: Ten Speed Press; 2007. ISBN 9781580087452
- [5] Lu H, Zhang J, Yang Y, Yang X, Xu B, Yang W, et al. Earliest tea as evidence for one branch of the Silk Road across the Tibetan Plateau. *Scientific Reports*. 2016;**6**:18955. doi: 10.1038/srep18955
- [6] Forrest DM. *Tea for the British: The Social and Economic History of a Famous Trade*. London: Chatto & Windus; 1973. ISBN 0701119217
- [7] Donaldson B. *The Everything Healthy Tea Book: Discover the Healing Benefits of Tea*. Avon, Massachusetts: Adams Media; 2014. ISBN 978-1440574597
- [8] Epstein FT. *Great Soviet Encyclopedia: A Translation of the Third Edition*. Vol. 35: Association for Slavic, East European, and Eurasian Studies; 1976. ISBN 00376779
- [9] *Russian Tea: A Tradition Three Centuries Old*. *Soviet Life*. 1971;**177**(6):22-23
- [10] Ketchum RM. *Divided Loyalties: How the American Revolution Came to New York*. New York: Holt, Henry & Company, Inc; 2002. ISBN 978-0-8050-6119-2
- [11] Weinberg BA, Bealer BK. *The World of Caffeine: The Science and Culture of the World's Most Popular Drug*. New York: Routledge; 2002. ISBN 9780203011799
- [12] Caton SC. *Yemen*. Santa Barbara, Calif.: ABC-CLIO; 2013. ISBN 9781598849271
- [13] Tibi S. Al-Razi and Islamic medicine in the 9th century. *Journal of the Royal Society of Medicine*. . 2006;**99**(4):206-207. DOI: 10.1258/jrsm.99.4.206
- [14] Ukers WH. *All about Coffee*. Avon, Massachusetts: F+W Media; 2012. ISBN 9781440556326
- [15] Dannenfeldt KH. *Leonhard Rauwolf: Sixteenth-century Physician, Botanist, and Traveler*. Bridgewater, NJ: Replica Books; 2000. ISBN 9780735102453
- [16] Schwaner B, Westermann K-M. *Das Wiener Kaffeehaus Legende, Kultur, Atmosphäre*. Wien: Pichler; 2007. ISBN 9783854314356
- [17] Doyle W. *Old Regime France, 1648-1788*. Oxford: Oxford Univ. Press; 2007. ISBN 978019 8731306

- [18] Massie RK. *Peter the Great: His Life and World*. New York: Random House Inc; 2013. ISBN 9781781851289
- [19] Dixon S. *Catherine the Great*. New York: Ecco; 2009. ISBN 9780060786274
- [20] Vallee BL. Alcohol in the western world. *Scientific American*. 1998;**278**(6):80-85
- [21] Fausto B, Fausto Sr, Brakel A. *A concise history of Brazil*. New York: Cambridge University Press; 2014. ISBN 9781107635241
- [22] Li S., Hartland S. A new industrial process for extracting cocoa butter and xanthines with supercritical carbon dioxide. *Journal of the American Oil Chemists' Society*; **73**(4):423-429. doi: 10.1007/bf02523913
- [23] Dillinger TL, Barriga P, Escarcega S, Jimenez M, Salazar Lowe D, Grivetti LE. Food of the gods: Cure for humanity? A cultural history of the medicinal and ritual use of chocolate. *Journal of Nutrition*. 2000;**130**(8S Suppl):2057s-2072s
- [24] Swinnen J, Squicciarini MP. *Economics of Chocolate: E-Content Generic Vendor*; 2015. ISBN 9780191793264
- [25] Hawkins SA. Sir Hans Sloane (1660-1735): His Life and Legacy. *The Ulster Medical Journal*. 2010;**79**(1):25-29
- [26] Grivetti LE, Shapiro H-Y. *Chocolate: History, Culture and Heritage*. Hoboken, N.J.: A John Wiley & Sons; 2009. ISBN 9780470121658 0470121653
- [27] *The Oxford Companion to Sugar and Sweets*. Oxford: Oxford University Press; 2015. ISBN 9780199313396
- [28] Burdock GA, Carabin IG, Crincoli CM. Safety assessment of kola nut extract as a food ingredient. *Food and Chemical Toxicology*. 2009;**47**(8):1725-1732. DOI: 10.1016/j.fct.2009.04.019
- [29] Bibra E, Ott J. *Plant Intoxicants: A Classic Text on the Use of Mind-Altering Plants*. Rochester, Vt.: Healing Arts Press; 1995. ISBN 9780892814985
- [30] Pendergrast M. *For God, Country, and Coca-Cola*. New York: Basic Books; 2013. ISBN 9780465046997
- [31] Kiple KF, Ornelas KC. *The Cambridge World History of Food*. Cambridge, U.K.: Cambridge University Press; 2001. ISBN 9780521402149
- [32] Liu Y, Heying E, Tanumihardjo SA. History, global distribution, and nutritional importance of citrus fruits. *Comprehensive Reviews in Food Science and Food Safety*. 2012;**11**(6):530-545. DOI: 10.1111/j.1541-4337.2012.00201.x
- [33] Stewart I. Identification of caffeine in citrus flowers and leaves. *Journal of Agricultural and Food Chemistry*. 1985;**33**(6):1163-1165. DOI: 10.1021/jf00066a035
- [34] Yoon E, Kim J, Lee J. The U.S. consumers' acceptability and emotion measures when consuming novel Korean traditional non-alcoholic beverages. *Journal of Sensory Studies*. 2016;**31**(3):256-271. DOI: 10.1111/joss.12209

- [35] Pybus DH, Sell CS. The chemistry of fragrances. Cambridge, UK: Royal Society of Chemistry; 1999. ISBN 9780854045280
- [36] Waller GR, Macvean CD, Suzuki T. High production of caffeine and related enzyme activities in callus cultures of *Coffea arabica* L. *Plant Cell Reports*;2(3):109-112. doi: 10.1007/bf00269330
- [37] Wright GA, Baker DD, Palmer MJ, Stabler D, Mustard JA, Power EF, et al. Caffeine in floral nectar enhances a pollinator's memory of reward. *Science*. 2013;**339**(6124):1202-1204. doi: 10.1126/science.1228806
- [38] Crozier A, Ashihara H, Tomas-Barberan FA. Teas, cocoa and coffee: Plant secondary metabolites and health. Chichester, West Sussex; Hoboken, NJ: Wiley-Blackwell; 2012. ISBN 9781444347067
- [39] Oudry M. Note sur la théine. *Nouvelle Bibliothèque Médicale*; 1827;1:477-479
- [40] Mulder GJ. Ueber Thein und Caffein. *Journal für Praktische Chemie*. 1838;**15**(1):280-284. DOI: 10.1002/prac.18380150124
- [41] Jobst C. Thein identisch mit Caffein. *Annalen der Pharmacie*. 1838;**25**(1):63-66. DOI: 10.1002/jlac.18380250106
- [42] Théel H. Presentation Speech by Professor Hj. Théel, President of the Swedish Royal Academy of Sciences on December 10, 1902; 1902
- [43] Carlucci L, Gavezzotti A. Molecular recognition and crystal energy landscapes: An X-ray and computational study of caffeine and other methylxanthines. *Chemistry*. 2004;**11**(1):271-279. DOI: 10.1002/chem.200400499
- [44] Bothe H, Cammenga HK. Phase transitions and thermodynamic properties of anhydrous caffeine. *Journal of Thermal Analysis*. 1979;**16**(2):267-275. DOI: 10.1007/BF01910688
- [45] Latosińska JN, Latosińska M. Towards understanding drugs on the molecular level to design drugs with desirable profiles. In I. M. Kapetanovic (Ed.), *Drug Discovery and Development - Present and Future*. Rieka, Croatia: Intech; 2011. pp. 231-274. ISBN 9789533076157
- [46] Descamps M, Decroix AA. Polymorphism and disorder in caffeine: Dielectric investigation of molecular mobilities. *Journal of Molecular Structure*. 2014;**1078**:165-173. DOI: 10.1016/j.molstruc.2014.04.042
- [47] Enright GD, Terskikh VV, Brouwer DH, Ripmeester JA. The structure of two anhydrous polymorphs of caffeine from single-crystal diffraction and ultrahigh-field solid-state <sup>13</sup>C NMR spectroscopy. *Crystal Growth & Design*. 2007;**7**(8):1406-1410. doi: 10.1021/cg070291o
- [48] Lehmann CW, Stowasser F. The crystal structure of anhydrous beta-caffeine as determined from X-ray powder-diffraction data. *Chemistry*. 2007;**13**(10):2908-2911. doi: 10.1002/chem.200600973

- [49] Derollez P, Correia NT, Danède F, Capet F, Affouard F, Lefebvre J, Descamps M. Ab initio structure determination of the high-temperature phase of anhydrous caffeine by X-ray powder diffraction. *Acta Crystallographica B*. 2005;**61**(3):329-334. doi: 10.1107/s010876810500546x
- [50] Leiterer J, Emmerling F, Panne U, Christen W, Rademann K. Tracing coffee tabletop traces. *Langmuir*. 2008;**24**(15):7970-7978. DOI: 10.1021/la800768v
- [51] Hedoux A, Decroix AA, Guinet Y, Paccou L, Derollez P, Descamps M. Low- and high-frequency Raman investigations on caffeine: Polymorphism, disorder and phase transformation. *The Journal of Physical Chemistry B*. 2011;**115**(19):5746-5753. DOI: 10.1021/jp112074w
- [52] Larkin PJ, Dabros M, Sarsfield B, Chan E, Carriere JT, Smith BC. Polymorph characterization of active pharmaceutical ingredients (APIs) using low-frequency Raman spectroscopy. *Applied Spectroscopy*. 2014;**68**(7):758-776. DOI: 10.1366/13-07329
- [53] Seliger J, Žagar V, Apih T, Gregorovic A, Latosińska M, Olejniczak GA, Latosińska JN. Polymorphism and disorder in natural active ingredients. Low and high-temperature phases of anhydrous caffeine: Spectroscopic ((1)H-(14)N NMR-NQR/(14)N NQR) and solid-state computational modelling (DFT/QTAIM/RDS) study. *European Journal of Pharmaceutical Sciences*. 2016;**85**:18-30. DOI: 10.1016/j.ejps.2016.01.025
- [54] Latosińska JN, Latosińska M, Olejniczak GA, Seliger J, Žagar V. Topology of the interactions pattern in pharmaceutically relevant polymorphs of methylxanthines (caffeine, theobromine, and theophiline): Combined experimental ((1)H-(1)4)N nuclear quadrupole double resonance) and computational (DFT and Hirshfeld-based) study. *Journal of Chemical Information and Modeling*. 2014;**54**(9):2570-2584. DOI: 10.1021/ci5004224
- [55] Fulgoni VL 3rd, Keast DR, Lieberman HR. Trends in intake and sources of caffeine in the diets of US adults: 2001-2010. *The American Journal of Clinical Nutrition*. 2015;**101**(5):1081-1087. DOI: 10.3945/ajcn.113.080077
- [56] Grobbee DE, Rimm EB, Giovannucci E, Colditz G, Stampfer M, Willett W. Coffee, caffeine, and cardiovascular disease in men. *The New England Journal of Medicine*. 1990;**323**(15):1026-1032. doi: 10.1056/nejm199010113231504
- [57] Jee SH, He, J, Whelton PK, Suh I, Klag MJ. The effect of chronic coffee drinking on blood pressure: A meta-analysis of controlled clinical trials. *Hypertension*. 1999;**33**(2):647-652. doi: 10.1161/01.hyp.33.2.647
- [58] Robertson D, Hollister AS, Kincaid D, Workman R, Goldberg MR, Tung CS, Smith B. Caffeine and hypertension. *The American Journal of Medicine*. 1984;**77**(1):54-60. doi: 10.1016/0002-9343(84)90435-2
- [59] Nurminen M-L, Niittynen L, Korpela R, Vapaatalo H. Coffee, caffeine and blood pressure: a critical review. *European Journal of Clinical Nutrition*. 1999;**53**(11):831-839. doi: 10.1038/sj.ejcn.1600899

- [60] Arnaud MJ. The pharmacology of caffeine. *Progress in Drug Research*. 1987;**31**:273-313
- [61] Berthou F, Guillois B, Riche C, Dreano Y, Jacqz-Aigrain E, Beaune PH. Interspecies variations in caffeine metabolism related to cytochrome P4501A enzymes. *Xenobiotica*. 1992;**22**(6):671-680. DOI: 10.3109/00498259209053129
- [62] Ashihara H, Sano H, Crozier A. Caffeine and related purine alkaloids: biosynthesis, catabolism, function and genetic engineering. *Phytochemistry*. 2008;**69**(4):841-856. DOI: 10.1016/j.phytochem.2007.10.029
- [63] Caffeine. (1991/01/01 ed. Vol. 51). Lyon: IARC; 1991. ISBN 1017-1606.
- [64] Tassaneeyakul W, Birkett DJ, McManus ME, Tassaneeyakul W, Veronese ME, Andersson T, Miners JO. Caffeine metabolism by human hepatic cytochromes P450: contributions of 1A2, 2E1 and 3A isoforms. *Biochemical Pharmacology*. 1994;**47**(10):1767-1776. DOI: 10.1016/0006-2952(94)90304-2
- [65] Smith BD, Gupta U, Gupta BS. Caffeine and activation theory: Effects on health and behavior. Boca Raton: CRC Press; 2007. ISBN 0-8493-7102-3
- [66] Orru M, Guitart X, Karcz-Kubicha M, Solinas M, Justinova Z, Barodia SK, et al. Psychostimulant pharmacological profile of paraxanthine, the main metabolite of caffeine in humans. *Neuropharmacology*. 2013;**67**:476-484. DOI: 10.1016/j.neuropharm.2012.11.029
- [67] Smit HJ. Theobromine and the pharmacology of cocoa. *The Handbook of Experimental Pharmacology*(200); 2011:201-234. DOI: 10.1007/978-3-642-13443-2\_7
- [68] Dubuis E, Wortley MA, Grace MS, Maher SA, Adcock JJ, Birrell MA, Belvisi MG. Theophylline inhibits the cough reflex through a novel mechanism of action. *Journal of Allergy and Clinical Immunology*. 2014;**133**(6):1588-1598. DOI: 10.1016/j.jaci.2013.11.017
- [69] Petzer JP, Castagnoli N, Schwarzschild MA, Chen J-F, Van der Schyf CJ. Dual-target-directed drugs that block monoamine oxidase B and adenosine A(2A) receptors for Parkinson's disease. *Neurotherapeutics*. 2009;**6**(1):141-151. doi: 10.1016/j.nurt.2008.10.035
- [70] Lopez F, Miller LG, Greenblatt DJ, Kaplan GB, Shader RI. Interaction of caffeine with the GABAA receptor complex: alterations in receptor function but not ligand binding. *The European Journal of Pharmacology*. 1989;**172**(6):453-459. DOI: 10.1016/0922-4106(89)90028-X
- [71] Ferre S, Orru M, Guitart X. Paraxanthine: Connecting caffeine to nitric oxide neurotransmission. *Journal of Caffeine Research*. 2013;**3**(2):72-78. DOI: 10.1089/jcr.2013.0006
- [72] Ross GW, Abbott RD, Petrovitch H, Morens DM, Grandinetti A, Tung KH, et al. Association of coffee and caffeine intake with the risk of Parkinson disease. *Journal of the American Medical Association*. 2000;**283**(20):2674-2679. DOI: 10.1001/jama.283.20.2674

- [73] Postuma RB, Lang AE, Munhoz RP, Charland K, Pelletier A, Moscovich M, et al. Caffeine for treatment of Parkinson disease: A randomized controlled trial. *Neurology*. 2012;**79**(7):651-658. doi: 10.1212/WNL.0b013e318263570d
- [74] Popat RA, Van Den Eeden SK, Tanner CM, Kamel F, Umbach DM, Marder K, et al. Coffee, ADORA2A, and CYP1A2: the caffeine connection in Parkinson's disease. *European Journal of Neurology*. 2011;**18**(5):756-765. doi: 10.1111/j.1468-1331.2011.03353.x
- [75] Eskelinen MH, Kivipelto M. Caffeine as a protective factor in dementia and Alzheimer's disease. *Journal of Alzheimer's Disease*. 2010;**20**:167-174. DOI: 10.3233/jad-2010-1404
- [76] Maia L, Mendonca A. Does caffeine intake protect from Alzheimer's disease? *European Journal of Neurology*. 2002;**9**(4):377-382. doi: 10.1046/j.1468-1331.2002.00421.x
- [77] Biessels GJ. Caffeine, diabetes, cognition, and dementia. *Journal of Alzheimer's Disease*. 2010;**20**:143-150. DOI: 10.3233/jad-2010-091228
- [78] Chen J-F, Chern Y. Impacts of methylxanthines and adenosine receptors on neurodegeneration: Human and experimental studies. *The Handbook of Experimental Pharmacology*(200). 2011:267-310. doi: 10.1007/978-3-642-13443-2\_10
- [79] Guerreiro S, Toulorge D, Hirsch E, Marien M, Sokoloff P, Michel PP. Paraxanthine, the primary metabolite of caffeine, provides protection against dopaminergic cell death via stimulation of ryanodine receptor channels. *Molecular Pharmacology*. 2008;**74**(4):980-989. DOI: 10.1124/mol.108.048207
- [80] Costentin J. Main neurotropic and psychotropic effects of methylxanthines (caffeine, theophylline, theobromine, paraxanthine). *Psychiatrie Sciences Humaines Neurosciences*. 2010;**8**(4):182-186. DOI: 10.1007/s11836-010-0141-z
- [81] Dórea JG, da Costa THM. Is coffee a functional food? *British Journal of Nutrition*. 2005;**93**(06):773-782. DOI: 10.1079/bjn20051370
- [82] Nechay BR. Potentiation of diuretic effects of methyl xanthines and pyrimidines by carbonic anhydrase inhibitors. *Journal of Pharmacology and Experimental Therapeutics*. 1964;**144**:276-283
- [83] Dorfman LJ, Jarvik ME. Comparative stimulant and diuretic actions of caffeine and theobromine in man. *Clinical Pharmacology & Therapeutics*. 1970;**11**:869-872. DOI: 10.1002/cpt1970116869
- [84] Osei KA, Ovenseri-Ogbomo G, Kyei S, Ntodie M. The effect of caffeine on tear secretion. *Optometry and Vision Science*. 2014;**91**:171-177. DOI: 10.1097/OPX.0000000000000129
- [85] Moss SE, Klein R, Klein BE. Prevalence of and risk factors for dry eye syndrome. *Archives of Ophthalmology*. 2000;**118**:1264-1268. DOI: 10.1001/archophth.118.9.1264
- [86] Nkondjock A. Coffee consumption and the risk of cancer: An overview. *Cancer Letters*. 2009;**277**(2):121-125. doi: 10.1016/j.canlet.2008.08.022

- [87] Bøhn SK, Blomhoff R, Paur I. Coffee and cancer risk, epidemiological evidence, and molecular mechanisms. *Molecular Nutrition & Food Research*. 2014;**58**(5):915-930. doi: 10.1002/mnfr.201300526
- [88] Song F, Qureshi AA, Han J. Increased caffeine intake is associated with reduced risk of basal cell carcinoma of the skin. *Cancer Research*. 2012;**72**(13):3282-3289. doi: 10.1158/0008-5472.can-11-3511
- [89] Li G, Ma D, Zhang Y, Zheng W, Wang P. Coffee consumption and risk of colorectal cancer: a meta-analysis of observational studies. *Public Health Nutrition*. 2013;**16**(2):346-357. doi: 10.1017/s1368980012002601
- [90] Hashibe M, Galeone C, Buys SS, Gren L, Boffetta P, Zhang ZF, La Vecchia C. Coffee, tea, caffeine intake, and the risk of cancer in the PLCO cohort. *British Journal of Cancer*. 2015. doi: 10.1038/bjc.2015.276
- [91] Bertrand B, Stefan L, Pirrotta M, Monchaud D, Bodio E, Richard P, et al. Caffeine-based Gold(I) N-heterocyclic carbenes as possible anticancer agents: Synthesis and biological properties. *Inorganic Chemistry*. 2014;**53**(4):2296-2303. DOI: 10.1021/ic403011h
- [92] Kronschräger M, Löfgren S, Yu Z, Talebizadeh N, Varma SD, Söderberg P. Caffeine eye drops protect against UV-B cataract. *Experimental Eye Research*. 2013;**113**(0):26-31. DOI: 10.1016/j.exer.2013.04.015
- [93] Heffernan TP, Kawasumi M, Blasina A, Anderes K, Conney AH, Nghiem P. ATR-Chk1 pathway inhibition promotes apoptosis after UV treatment in primary human keratinocytes: Potential basis for the UV protective effects of caffeine. *The Journal of Investigative Dermatology*. 2009;**129**(7):1805-1815. doi: 10.1038/jid.2008.435
- [94] Kerzendorfer C, O'Driscoll M. UVB and caffeine: inhibiting the DNA damage response to protect against the adverse effects of UVB. *The Journal of Investigative Dermatology*. 2009;**129**(7):1611-1613. DOI: 10.1038/jid.2009.99
- [95] Lu Y-P, Lou Y-R, Xie J-G, Peng Q-Y, Liao J, Yang CS, et al. Topical applications of caffeine or (-)-epigallocatechin gallate (EGCG) inhibit carcinogenesis and selectively increase apoptosis in UVB-induced skin tumors in mice. *Proceedings of the National Academy of Sciences of the United States of America*. 2002;**99**(19):12455-12460. doi: 10.1073/pnas.182429899
- [96] Sabisz M, Skladanowski A. Modulation of cellular response to anticancer treatment by caffeine: Inhibition of cell cycle checkpoints, DNA repair and more. *Current Pharmaceutical Biotechnology*; **9**(4):325-336. doi: 10.2174/138920108785161497
- [97] Ohta A, Sitkovsky M. The adenosinergic immuno-modulatory drugs. *Current Opinion in Pharmacology*. 2009;**9**(4):501-506. DOI: 10.1016/j.coph.2009.05.005
- [98] Zigman S, Schultz J, Yulo T. Possible roles of near UV light in the cataractous process. *Experimental Eye Research*. 1973;**15**(2):201-208. DOI: 10.1016/0014-4835(73)90120-6

- [99] Conterio F, Chiarelli B. Study of the inheritance of some daily life habits. *Heredity* (Edinburgh). 1962;**17**:347-359. DOI: 10.1038/hdy.1962.36
- [100] Kendler KS, Prescott CA. Caffeine intake, tolerance, and withdrawal in women: A population-based twin study. *The American Journal of Psychiatry*. 1999;**156**(2):223-228. DOI: 10.1176/ajp.156.2.223
- [101] Goodman MT, Tung KH, McDuffie K, Wilkens LR, Donlon TA. Association of caffeine intake and CYP1A2 genotype with ovarian cancer. *Nutrition and Cancer*. 2003;**46**(1):23-29. DOI: 10.1207/s15327914nc4601\_03
- [102] Kotsopoulos J, Ghadirian P, El-Sohemy A, Lynch HT, Snyder C, Daly M, et al. The CYP1A2 genotype modifies the association between coffee consumption and breast cancer risk among BRCA1 mutation carriers. *Cancer Epidemiology, Biomarkers & Prevention*. 2007;**16**(5):912-916. DOI: 10.1158/1055-9965.epi-06-1074
- [103] Sachse C, Brockmoller J, Bauer S, Roots I. Functional significance of a C->A polymorphism in intron 1 of the cytochrome P450 CYP1A2 gene tested with caffeine. *British Journal of Clinical Pharmacology*. 1999;**47**(4):445-449. DOI: 10.1046/j.1365-2125.1999.00898.x
- [104] Yang A, Palmer AA, de Wit H. Genetics of caffeine consumption and responses to caffeine. *Psychopharmacology* (Berlin). 2010;**211**(3):245-257. DOI: 10.1007/s00213-010-1900-1
- [105] Cornelis MC, Monda KL, Yu K, Paynter N, Azzato EM, Bennett SN, et al. Genome-wide meta-analysis identifies regions on 7p21 (AHR) and 15q24 (CYP1A2) as determinants of habitual caffeine consumption. *PLOS Genetics*. 2011;**7**(4):e1002033. doi: 10.1371/journal.pgen.1002033
- [106] Josse AR, Da Costa LA, Campos H, El-Sohemy A. Associations between polymorphisms in the AHR and CYP1A1-CYP1A2 gene regions and habitual caffeine consumption. *The American Journal of Clinical Nutrition*. 2012;**96**(3):665-671. DOI: 10.3945/ajcn.112.038794
- [107] Retey JV, Adam M, Khatami R, Luhmann UF, Jung HH, Berger W, Landolt HP. A genetic variation in the adenosine A2A receptor gene (ADORA2A) contributes to individual sensitivity to caffeine effects on sleep. *Clinical Pharmacology & Therapeutics*. 2007;**81**(5):692-698. DOI: 10.1038/sj.clpt.6100102
- [108] Happonen P, Voutilainen S, Tuomainen T-P, Salonen JT. Catechol-O-methyltransferase gene polymorphism modifies the effect of coffee intake on incidence of acute coronary events. *PLOS ONE*. 2006;**1**(1):e117. doi: 10.1371/journal.pone.0000117
- [109] Kohlmeier M. *Nutrigenetics: Applying the Science of Personal Nutrition*: Academic Press; 2012. ISBN 9780123859013
- [110] Cornelis MC, El-Sohemy A, Campos H. Genetic polymorphism of the adenosine A2A receptor is associated with habitual caffeine consumption. *The American Journal of Clinical Nutrition*. 2007;**86**(1):240-244

- [111] Peters JM. Factors affecting caffeine toxicity: A review of the literature. *The Journal of Clinical Pharmacology and The Journal of New Drugs*. 1967;7(3):131-141. DOI: 10.1002/j.1552-4604.1967.tb00034.x
- [112] Nawrot P, Jordan S, Eastwood J, Rotstein J, Hugenholtz A, Feeley M. Effects of caffeine on human health. *Food Additives & Contaminants*. 2003;20(1):1-30. DOI: 10.1080/0265203021000007840
- [113] Stavric B. Methylxanthines: Toxicity to humans. 2. Caffeine. *Food and Chemical Toxicology*. 1988;26(7):645-662. DOI: 10.1016/0278-6915(88)90236-0
- [114] James JE. Caffeine and health. London: Academic Press; 1991. ISBN 9780123801050
- [115] Stidworthy MF, Bleakley JS, Cheeseman MT, Kelly DF. Chocolate poisoning in dogs. *Veterinary Record*. 1997;141(1):28
- [116] Sutton RH. Cocoa poisoning in a dog. *Veterinary Record*. 1981;109(25-26):563-564
- [117] Kovalkovičová N, Šutiaková I, Pisl J, Šutiak V. Some food toxic for pets. *Interdisciplinary Toxicology*. 2009;2(3):169-176. DOI: 10.2478/v10102-009-0012-4
- [118] Watson RR, Preedy VR, Zibadi S. *Chocolate in health and nutrition*: Springer; 2013. ISBN 9781617798030
- [119] Gartrell BD, Reid C. Death by chocolate: A fatal problem for an inquisitive wild parrot. *The New Zealand Veterinary Journal*. 2007;55(3):149-151. DOI: 10.1080/00480169.2007.36759
- [120] Lightfoot TL, Yeager JM. Pet bird toxicity and related environmental concerns. *Veterinary Clinics of North America: Exotic Animal Practice*. 2008;11(2):229-259. DOI: 10.1016/j.cvex.2008.01.006
- [121] Brandon DM, Bicket TL. *Hugs for cat lovers*. New York: Howard Books; 2014. ISBN 9781416560340
- [122] Hollingsworth RG, Armstrong JW, Campbell E. Caffeine as a repellent for slugs and snails. *Nature*. 2002;417(6892):915-916. DOI: 10.1038/417915a
- [123] Nathanson JA. Caffeine and related methylxanthines: possible naturally occurring pesticides. *Science*. 1984;226(4671):184-187. DOI: 10.1126/science.6207592
- [124] Noever DA, Cronise RJ, Relwani RA. Using spider-web patterns to determine toxicity. *NASA Technical Briefs*. 1995;19(4):82
- [125] Jaramillo J, Borgemeister C, Baker P. Coffee berry borer *Hypothenemus hampei* (Coleoptera: Curculionidae): searching for sustainable control strategies. *Bulletin of Entomological Research*. 2006;96(3):223-233. DOI: 10.1079/BER2006434
- [126] Borota D, Murray E, Keceli G, Chang A, Watabe JM, Ly M, et al. Post-study caffeine administration enhances memory consolidation in humans. *Nature Neuroscience*. 2014;17(2):201-203. DOI: 10.1038/nn.3623

- [127] Horne JA, Reyner LA. Counteracting driver sleepiness: effects of napping, caffeine, and placebo. *Psychophysiology*. 1996;**33**(3):306-309. DOI: 10.1111/j.1469-8986.1996.tb00428.x
- [128] Lucas M, O'Reilly EJ, Pan A, Mirzaei F, Willett WC, Okereke OI, Ascherio A. Coffee, caffeine, and risk of completed suicide: Results from three prospective cohorts of American adults. *The World Journal of Biological Psychiatry*. 2014;**15**(5):377-386. DOI: 10.3109/15622975.2013.795243
- [129] Lucas M, Mirzaei F, Pan A, et al. Coffee, caffeine, and risk of depression among women. *Archives of Internal Medicine*. 2011;**171**(17):1571-1578. DOI: 10.1001/archinternmed.2011.393
- [130] Cao C, Cirrito JR, Lin X, Wang L, Verges DK, Dickson A, et al. Caffeine suppresses  $\beta$ -amyloid levels in plasma and brain of Alzheimer's transgenic mice. *Journal of Alzheimer's Disease*. 2009;**17**(3):681-697. DOI: 10.3233/JAD-2009-1071
- [131] Tauler P, Martínez S, Moreno C, Monjo M, Martínez P, Aguiló A. Effects of caffeine on the inflammatory response induced by a 15-km run competition. *Medicine and Science in Sports and Exercise*. 2013;**45**(7):1269-1276. DOI: 10.1249/mss.0b013e3182857c8a
- [132] Maridakis V, O'Connor PJ, Dudley GA, McCully KK. Caffeine attenuates delayed-onset muscle pain and force loss following eccentric exercise. *The Journal of Pain*; **8**(3):237-243. DOI: 10.1016/j.jpain.2006.08.006
- [133] Icken D, Feller S, Engeli S, Mayr A, Muller A, Hilbert A, de Zwaan M. Caffeine intake is related to successful weight loss maintenance. *European Journal of Clinical Nutrition*. 2016;**70**(4):532-534. DOI: 10.1038/ejcn.2015.183
- [134] Furman D, Chang J, Lartigue L, Bolen CR, Haddad F, Gaudilliere B, Faustin B. Expression of specific inflammasome gene modules stratifies older individuals into two extreme clinical and immunological states. *Nature Medicine*. 2017;**23**(2):174-184. DOI: 10.1038/nm.4267
- [135] Defazio G, Martino D, Abbruzzese G, Girlanda P, Tinazzi M, Fabbrini G, Berardelli A. Influence of coffee drinking and cigarette smoking on the risk of primary late onset blepharospasm: Evidence from a multicentre case control study. *Journal of Neurology, Neurosurgery, and Psychiatry*. 2007;**78**(8):877-879. DOI: 10.1136/jnnp.2007.119891
- [136] Varma SD, Kovtun S, Hegde K. Effectiveness of topical caffeine in cataract prevention: Studies with galactose cataract. *Molecular Vision*. 2010;**16**:2626-2633
- [137] Jang H, Ahn HR, Jo H, Kim K-A, Lee EH, Lee KW, et al. Chlorogenic acid and coffee prevent hypoxia-induced retinal degeneration. *Journal of Agricultural and Food Chemistry*. 2014;**62**(1):182-191. DOI: 10.1021/jf404285v
- [138] Loftfield E, Mayne S, Shebl F, Freedman N, Graubard B, Sinha R. Abstract LB-280: Prospective study of coffee drinking and risk of melanoma in the United States. *Cancer Research*. 2014;**74**(19):LB-280-LB-280. doi: 10.1158/1538-7445.am2014-lb-280

- [139] Glicksman JT, Curhan SG, Curhan GC. A prospective study of caffeine intake and risk of incident tinnitus. *The American Journal of Medicine*;127(8):739-743. DOI: 10.1016/j.amjmed.2014.02.033
- [140] Welsh EJ, Bara A, Barley E, Cates, CJ. Caffeine for asthma. *Cochrane Database of Systematic Reviews*. 2010;(1). doi: 10.1002/14651858.CD001112.pub2
- [141] Hodgson JM, Puddey IB, Burke V, Beilin LJ, Jordan N. Effects on blood pressure of drinking green and black tea. *Journal of Hypertension*. 1999;17(4):457-463. DOI: 10.1097/00004872-199917040-00002
- [142] Teekachunhatean S, Tosri N, Rojanasthien N, Srichairatanakool S, Sangdee C. Pharmacokinetics of caffeine following a single administration of coffee enema versus oral coffee consumption in healthy male subjects. *ISRN Pharmacology*. 2013;2013:147238. doi: 10.1155/2013/147238
- [143] Sinha RA, Farah BL, Singh BK, Siddique MM, Li Y, Wu Y, et al. Caffeine stimulates hepatic lipid metabolism by the autophagy-lysosomal pathway in mice. *Hepatology*. 2014;59(4):1366-1380. DOI: 10.1002/hep.26667
- [144] Khalaf N, White D, Kanwal F, Ramsey D, Mittal S, Tavakoli-Tabasi S, et al. Coffee and caffeine are associated with decreased risk of advanced hepatic fibrosis among patients with hepatitis C. *Clinical Gastroenterology and Hepatology*. 2015;13(8):1521-1531. e1523. doi: 10.1016/j.cgh.2015.01.030
- [145] Choi HK, Willett W, Curhan G. Coffee consumption and risk of incident gout in men: A prospective study. *Arthritis & Rheumatism*. 2007;56(6):2049-2055. DOI: 10.1002/art.22712
- [146] Karmon AE, Toth TL, Chiu YH, Gaskins AJ, Tanrikut C, Wright DL. Male caffeine and alcohol intake in relation to semen parameters and in vitro fertilization outcomes among fertility patients. *Andrology*. 2017;5(2):354-361. DOI: 10.1111/andr.12310
- [147] Fischer TW, Hipler UC, Elsner P. Effect of caffeine and testosterone on the proliferation of human hair follicles in vitro. *International Journal of Dermatology*. 2007;46(1):27-35. DOI: 10.1111/j.1365-4632.2007.03119.x
- [148] Vlachopoulos C, Hirata K, Stefanadis C, Toutouzas P, O'Rourke MF. Caffeine increases aortic stiffness in hypertensive patients. *American Journal of Hypertension*. 2003;16(1):63-66. DOI: 10.1016/S0895-7061(02)03155-2
- [149] Mos L, Fania C, Benetti E, Bratti P, Maraglino G, Mazzer A, et al. Coffee consumption is a predictor of cardiovascular events in young and middle aged hypertensive subjects. *Journal of Hypertension*. 2015;33:10. doi: 10.1097/01.hjh.0000467378.82732.55
- [150] Choi HK, Curhan G. Coffee consumption and risk of incident gout in women: The Nurses' Health Study. *The American Journal of Clinical Nutrition*. 2010;92(4):922-927. DOI: 10.3945/ajcn.2010.29565

- [151] Cao H, Ren J, Feng X, Yang G, Liu J. Is caffeine intake a risk factor leading to infertility? A protocol of an epidemiological systematic review of controlled clinical studies. *Systematic Reviews*. 2016;**5**:45. doi: 10.1186/s13643-016-0221-9
- [152] Hahn KA, Wise LA, Rothman KJ, Mikkelsen EM, Brogly SB, Sørensen HT, Hatch EE. Caffeine and caffeinated beverage consumption and risk of spontaneous abortion. *Human Reproduction*. 2015;**30**(5):1246-1255. DOI: 10.1093/humrep/dev063
- [153] Faubion SS, Sood R, Thielen JM, Shuster LT. Caffeine and menopausal symptoms: what is the association? *Menopause*. 2015;**22**(2):155-158. DOI: 10.1097/gme.0000000000000301
- [154] Boyle CA, Berkowitz GS, LiVolsi VA, Ort S, Merino MJ, White C, Kelsey JL. Caffeine consumption and fibrocystic breast disease: A case-control epidemiologic study. *Journal of the National Cancer Institute*. 1984;**72**(5):1015-1019. DOI: 10.1093/jnci/72.5.1015
- [155] Veleber DM, Templer DI. Effects of caffeine on anxiety and depression. *The Journal of Abnormal Psychology*. 1984;**93**(1):120-122. DOI: 10.1037/0021-843X.93.1.120
- [156] Richards G, Smith AP. A review of energy drinks and mental health, with a focus on stress, anxiety, and depression. *Journal of Caffeine Research*. 2016;**6**(2):49-63. DOI: 10.1089/jcr.2015.0033
- [157] Karacan I, Thornby JL, Anch M, Booth GH, Williams RL, Salis PJ. Dose-related sleep disturbances induced by coffee and caffeine. *Clinical Pharmacology and Therapeutics*. 1976;**20**(6):682-689. DOI: 10.1002/cpt1976206682
- [158] Scher AI, Stewart WF, Lipton RB. Caffeine as a risk factor for chronic daily headache: A population-based study. *Neurology*. 2004;**63**(11):2022-2027. DOI: 10.1046/j.1365-2125.1999.00898.x
- [159] Gleason JL, Richter HE, Redden DT, Goode PS, Burgio KL, Markland AD. Caffeine and urinary incontinence in US women. *International Urogynecology Journal*. 2013;**24**(2):295-302. DOI: 10.1007/s00192-012-1829-5
- [160] Shirlow MJ, Mathers CD. A study of caffeine consumption and symptoms; indigestion, palpitations, tremor, headache and insomnia. *International Journal of Epidemiology*. 1985;**14**(2):239-248. DOI: 10.1093/ije/14.2.239
- [161] Tomaszewski M, Olchowik G, Tomaszewska M, Dworzanski W, Burdan F. The influence of caffeine administered at 10 degrees C on bone tissue development. *The Annals of Agricultural and Environmental Medicine*. 2016;**23**(2):319-323. DOI: 10.5604/12321966.1203898
- [162] Zawawi F, Bezdjian A, Mujica-Mota M, Rappaport J, Daniel SJ. Association of caffeine and hearing recovery after acoustic overstimulation events in a guinea pig model. *Otolaryngology-Head & Neck Surgery*. 2016;**142**(4):383-388. DOI: 10.1001/jamaoto.2015.3938

- [163] Donejko M, Przyłipiak A, Rysiak E, Głuszuk K, Surazyński A. Influence of caffeine and hyaluronic acid on collagen biosynthesis in human skin fibroblasts. *Drug Design, Development and Therapy*. 2014;**8**:1923-1928. DOI: 10.2147/DDDT.S69791
- [164] Malik VS, Popkin BM, Bray GA, Després J-P, Willett WC, Hu FB. Sugar-sweetened beverages and risk of metabolic syndrome and type 2 diabetes: A meta-analysis. *Diabetes Care*. 2010;**33**(11):2477-2483. DOI: 10.2337/dc10-1079
- [165] Tucker LA. Caffeine consumption and telomere length in men and women of the National Health and Nutrition Examination Survey (NHANES). *Nutrition & Metabolism*. 2017;**14**(1):10. doi: 10.1186/s12986-017-0162-x