



Herbal Safety & Breastfeeding



Table 1. Herbs & Breastfeeding Research Review

Latin Name	Common Name	Research Review
<i>Aesculus hippocastanum</i>	Horse chestnut	According to Mills & Bone (2013) is compatible with breastfeeding, however caution should be observed.
<i>Agropyron/Elymus repens</i>	Couch Grass	No information on the safety of this herb has been identified in the scientific or traditional literature.
<i>Albizia lebbek</i>	Albizia	No information on the safety of this herb has been identified in the scientific or traditional literature.
<i>Allium sativum</i>	Garlic	Traditional or historical use as a galactagogue establishes that consumption in reasonable quantities is generally safe. Ingestion by nursing mothers has been shown to change the odor of breast milk & increase nursing[1], and has been associated with colic in some breastfeeding infants[2].
<i>Althea officinalis</i>	Marshmallow	No information on the safety of this herb has been identified in the scientific or traditional literature.

<i>Andrographis paniculata</i>	Andrographis	No information on the safety of this herb has been identified in the scientific or traditional literature.
<i>Angelica sinensis</i>	Dong Quai	According to Mills & Bone (2013) is considered compatible with breastfeeding. One case report has attributed adverse effects (rash and high blood pressure)[3, 4].
<i>Apium graveolens</i>	Celery seed	No information on the safety of this herb has been identified in the scientific or traditional literature.
<i>Arctium lappa</i>	Burdock	No information on the safety of this herb has been identified in the scientific or traditional literature.
<i>Arctostaphylos uva-ursi</i>	Bearberry/ Uva Ursi	No information on the safety of this herb has been identified in the scientific or traditional literature. The transfer of plant constituents (arbutin or hydroquinone) to breast milk is not advisable, and therefore the herb should be avoided in lactation[5].
<i>Artemisia absinthium</i>	Wormwood	No information on the safety of this herb has been identified in the scientific or traditional literature, however due to ethnobotanical surveys and/or the presence of potentially toxic constituents use in lactation should be avoided.
<i>Asparagus racemosus</i>	Shatavari	Traditional or historical use as a galactagogue establishes that consumption in reasonable quantities is generally safe.
<i>Astragalus membranaceus</i>	Astragalus	No information on the safety of this herb has been identified in the scientific or traditional literature.
<i>Avena sativa</i>	Oats	No information on the safety of this herb has been identified in the scientific or traditional literature.

<i>Bacopa monnieri</i>	Bacopa/Brahmi	No information on the safety of this herb has been identified in the scientific or traditional literature.
<i>Berberis aquifolium/vulgaris</i>	Oregon Grape	Safety has not been conclusively established. Adverse effects associated to berberine-containing plants have been reported in the literature and berberine has been shown to be present in the breast milk of women who have taken berberine-containing plants [6].
<i>Boswellia serrata</i>	Boswellia/ Frankincense	According to Mills & Bone (2013) is likely to be compatible with breastfeeding.
<i>Bupleurum falcatum</i>	Bupleurum/ Chai hu	According to Mills & Bone (2013) is considered compatible with breastfeeding. No adverse reactions have been reported in animal models [7].
<i>Calendula officinalis</i>	Calendula/ Marigold	No information on the safety of this herb has been identified in the scientific or traditional literature.
<i>Camellia sinensis</i>	Green Tea	Safety has not been conclusively established. Caffeine is known to be present in the breastmilk and may cause irritability and poor sleeping patterns in nursing infants. Nursing women are advised to limit of caffeinated products to less than 300 mg/day [8].
<i>Capsicum frutescens/annuum</i>	Cayenne	No information on the safety of this herb has been identified in the scientific or traditional literature.
<i>Centella asiatica</i>	Gotu kola	According to Mills & Bone (2013) is considered compatible with breastfeeding.
<i>Chionanthus virginicus</i>	Fringetree	No information on the safety of this herb has been identified in the scientific or traditional literature.

<i>Cinnamomum zeylanicum/verum</i>	Cinnamon	No information on the safety of this herb has been identified in the scientific or traditional literature.
<i>Coleus forskolii</i>	Coleus	No information on the safety of this herb has been identified in the scientific or traditional literature.
<i>Commiphora molmol (myrrha)</i>	Myrrh	According to Mills & Bone (2013) is compatible with breastfeeding, however caution should be exercised due to the potential for allergy.
<i>Corydalis ambigua</i>	Corydalis	No information on the safety of this herb has been identified in the scientific or traditional literature.
<i>Crataegus oxycantha</i>	Hawthorn	According to Mills & Bone (2013) is considered compatible with breastfeeding.
<i>Crocus sativus</i>	Saffron	No information on the safety of this herb has been identified in the scientific or traditional literature.
<i>Curcuma longa</i>	Turmeric	According to Mills & Bone (2013) is considered compatible with breastfeeding. Traditional or historical use as a galactagogue establishes that consumption in reasonable quantities is generally safe. Curcumin and its metabolites have been shown to cross into breast milk in animal models [9, 10].
<i>Cynara scolymus</i>	Globe Artichoke	According to Mills & Bone (2013) is considered compatible with breastfeeding.
<i>Dioscorea villosa</i>	Wild Yam	No information on the safety of this herb has been identified in the scientific or traditional literature.

<i>Echinacea angustifolia/purpurea</i>	Echinacea	According to Mills & Bone (2013) is considered compatible with breastfeeding. Small quantities of alkylamides are known to be present in the breastmilk and passed to the infant during feeding , however these may in fact confer health benefits [11].
<i>Eleutherococcus senticosus</i>	Eleuthero (Siberian Ginseng)	According to Mills & Bone (2013) is considered compatible with breastfeeding.
<i>Equisetum arvense</i>	Horsetail	No information on the safety of this herb has been identified in the scientific or traditional literature.
<i>Eschscholzia californica</i>	California Poppy	No information on the safety of this herb has been identified in the scientific or traditional literature, however due to ethnobotanical surveys and/or the presence of potentially toxic constituents use in lactation should be avoided.
<i>Euphrasia officinalis</i>	Eyebright	According to Mills & Bone (2013) is considered compatible with breastfeeding.
<i>Filipendula ulmaria</i>	Meadowsweet	According to Mills & Bone (2013) is compatible with breastfeeding, however caution should be exercised as salicylates excreted into breastmilk have been reported to cause macular rashes in breast-fed babies.
<i>Foeniculum vulgare</i>	Fenugreek	Traditional or historical use as a galactagogue establishes that consumption in reasonable quantities is generally safe. Has been found to increase milk volume, fat content, and infant weight gain. The phytoestrogen anethole is known to be present in the breastmilk, however amounts are likely not to be harmful with usual maternal doses, and tea or food form is preferred [12, 13].
<i>Ganoderma lucidum</i>	Reishi	No information on the safety of this herb has been identified in the scientific or traditional literature.
<i>Gentiana lutea</i>	Gentian	No information on the safety of this herb has been identified in the scientific or traditional literature.

<i>Ginkgo biloba</i>	Ginkgo	No information on the safety of this herb has been identified in breastfeeding mothers. Small quantities of constituents (flavonol glycosides and terpene lactones) accumulate in the serum and the serum half-life of terpenes is relatively short, which would reduce the amount available to enter the breast milk and possibility of accumulation in the infant [14]
<i>Glycyrrhiza glabra</i>	Licorice	According to Mills & Bone (2013) is considered compatible with breastfeeding. Traditional use as a galactagogue establishes that consumption in reasonable quantities is generally safe. Glycyrrhizin is detectable in the breastmilk [15].
<i>Grindelia robusta</i>	Gumweed	No information on the safety of this herb has been identified in the scientific or traditional literature.
<i>Gymnema sylvestre</i>	Gymnema	No information on the safety of this herb has been identified in the scientific or traditional literature.
<i>Hydrastis canadensis</i>	Goldenseal	Safety has not been conclusively established. Adverse effects associated to berberine-containing plants have been reported in the literature and berberine has been shown to be present in the breast milk of women who have taken berberine-containing plants [16].
<i>Hypericum perforatum</i>	St. John's Wort	According to Mills & Bone (2013) is compatible with breastfeeding, however caution should be exercised due to potential side effects of colic, drowsiness, and lethargy. Findings of clinical studies support relative safety during breastfeeding, however results are conflicting. Some animal and human studies have identified side effects while others showed no side effects in mother or infant. Constituents appears to penetrate the breast milk compartment poorly, with Hyperforin, but not hypericin being detected in the breast milk [17, 18, 19].
<i>Juglans nigra</i>	Black Walnut	No information on the safety of this herb has been identified in the scientific or traditional literature.
<i>Lentinus edodes</i>	Shitake	No information on the safety of this herb has been identified in the scientific or traditional literature.
<i>Leonurus cardiaca</i>	Motherwort	No information on the safety of this herb has been identified in the scientific or traditional literature.

<i>Lycopus virginicus</i>	Bugleweed	The use of this herb is contraindicated due to theoretical passage of prolactin-reducing and anti-thyroid compounds through the breastmilk, as well as an animal study that showed decreased milk supply [20].
<i>Marrubium vulgare</i>	White Horehound	No information on the safety of this herb has been identified in the scientific or traditional literature.
<i>Matricaria recutita</i>	Chamomile	According to Mills & Bone (2013) is considered compatible with breastfeeding. Traditional use as a galactagogue establishes that consumption in reasonable quantities is generally safe [21].
<i>Ocimum tenuiflorum/sanctum</i>	Holy Basil	No information on the safety of this herb has been identified in the scientific or traditional literature.
<i>Oenothera biennis</i>	Evening Primrose Oil	According to Mills & Bone (2013) is considered compatible with breastfeeding. Findings of clinical studies support the relative safety during breastfeeding, with one placebo-controlled trial demonstrating raised EFA and total fat content of maternal breast milk [22].
<i>Origanum vulgare</i>	Oregano	No information on the safety of this herb has been identified in the scientific or traditional literature.
<i>Panax ginseng</i>	Asian Ginseng	According to Mills & Bone (2013) is considered compatible with breastfeeding. Traditional use as a galactagogue establishes that consumption in reasonable quantities is generally safe.
<i>Passiflora incarnata</i>	Passionflower	No information on the safety of this herb has been identified in the scientific or traditional literature.
<i>Peonia lactiflora</i>	White Peony	No information on the safety of this herb has been identified in the scientific or traditional literature.

<i>Phytolacca spp.</i>	Poke root	Internal use of this herb is contraindicated due to theoretical passage of toxic compounds.
<i>Piper methysticum</i>	Kava Kava	According to Mills & Bone (2013) use is considered probably compatible with breastfeeding but caution should be used due to the presence of kava lactones. Traditional use as a galactagogue establishes that consumption in reasonable quantities is generally safe when prepared as a traditional beverage [23].
<i>Piscidia erythrina</i>	Jamaican Dogwood	No information on the safety of this herb has been identified in the scientific or traditional literature.
<i>Rehmannia glutinosa</i>	Rehmannia	According to Mills & Bone (2013) is considered compatible with breastfeeding.
<i>Rhamnus purshiana/frangula</i>	Cascara	No information on the safety of this herb has been identified in the scientific or traditional literature.
<i>Rheum palmatum</i>	Turkey Rhubarb	No information on the safety of this herb has been identified in the scientific or traditional literature, however due to ethnobotanical surveys and/or the presence of potentially toxic constituents use in lactation should be avoided.
<i>Rhodiola rosea</i>	Rhodiola	No information on the safety of this herb has been identified in the scientific or traditional literature.
<i>Rosmarinus officinalis</i>	Rosemary	No information on the safety of this herb has been identified in the scientific or traditional literature.
<i>Rubus idaeus</i>	Red Raspberry leaf	Traditional use as a galactagogue establishes that consumption in reasonable quantities is generally safe. Case reports in humans and animals have not shown adverse effects [24, 25].

<i>Rumex acetosella</i>	Sorrel	No information on the safety of this herb has been identified in the scientific or traditional literature.
<i>Rumex crispus</i>	Yellow Dock	No information on the safety of this herb has been identified in the scientific or traditional literature.
<i>Ruscus aculeatus</i>	Butchers Broom	According to Mills & Bone (2013) is considered compatible with breastfeeding.
<i>Salix alba</i>	White willow	Use is not advisable due to the excretion of salicylates into the breastmilk and the possibility of hypersensitivity reactions to occur [26].
<i>Salvia officinalis</i>	Sage	No information on the safety of this herb has been identified in the scientific literature. Has traditionally been used to stop lactation and should be avoided in women wishing to continue to do so.
<i>Schisandra chinensis</i>	Schisandra	No information on the safety of this herb has been identified in the scientific or traditional literature.
<i>Scutellaria baicalensis</i>	Chinese Skullcap	No information on the safety of this herb has been identified in the scientific or traditional literature.
<i>Scutellaria laterifolia</i>	Skullcap	No information on the safety of this herb has been identified in the scientific or traditional literature.
<i>Serenoa repens</i>	Saw Palmetto	According to Mills & Bone (2013) use is considered probably compatible with breastfeeding.

<i>Silybum marianum</i>	Milk Thistle/St Mary's Thistle	Traditional use as a galactagogue establishes that consumption in reasonable quantities is generally safe, and according to Mills & Bone (2013) is considered compatible with breastfeeding. The use of silymarin in a clinical trial was shown to improve milk production in lactating women, and an animal study did not show any adverse effects [27, 28].
<i>Smilax officinalis</i>	Sarsaparilla	No information on the safety of this herb has been identified in the scientific or traditional literature.
<i>Solidago spp.</i>	Goldenrod	No information on the safety of this herb has been identified in the scientific or traditional literature.
<i>Syzgium aromaticum</i>	Clove	No information on the safety of this herb has been identified in the scientific or traditional literature.
<i>Tanacetum parthenium</i>	Feverfew	No information on the safety of this herb has been identified in the scientific or traditional literature.
<i>Taraxacum officinalis</i>	Dandelion	No information on the safety of this herb has been identified in the scientific or literature, however traditional use as a galactagogue establishes that consumption in reasonable quantities is generally safe [29].
<i>Thymus vulgaris</i>	Thyme	According to Mills & Bone (2013) is considered compatible with breastfeeding.
<i>Tribulus terrestris</i>	Tribulus	According to Mills & Bone (2013) is compatible with breastfeeding but caution should be observed.
<i>Trifolium pratense</i>	Red Clover	No information on the safety of this herb has been identified in the scientific or traditional literature, however consumption in animals does not appear to show adverse effects [30].

<i>Ulmus spp. (fulvus/rubra)</i>	Slippery Elm	No information on the safety of this herb has been identified in the scientific or traditional literature.
<i>Uncaria gambir</i>	Cat's Claw	No information on the safety of this herb has been identified in the scientific or traditional literature.
<i>Urtica dioica</i>	Nettle/ Stinging Nettle	According to Mills & Bone (2013) is considered compatible with breastfeeding.
<i>Vaccinium macrocarpon</i>	Cranberry	Traditional or historical use establishes that consumption in reasonable quantities is generally safe.
<i>Vaccinium myrtillus</i>	Bilberry	According to Mills & Bone (2013) is considered compatible with breastfeeding.
<i>Valeriana officinalis</i>	Valerian	According to Mills & Bone (2013) is compatible with breastfeeding but caution should be observed.
<i>Verbascum thapsus</i>	Mullein	No information on the safety of this herb has been identified in the scientific or traditional literature.
<i>Viburnum opulus</i>	Cramp bark	No information on the safety of this herb has been identified in the scientific or traditional literature.
<i>Vitex agnus-castus</i>	Chaste tree	According to Mills & Bone (2013) low doses are considered compatible with breastfeeding. Traditional use as a galactagogue establishes that consumption in reasonable quantities is generally safe, and clinical trials have demonstrated positive effects on milk production at low doses (Doses greater than 250 mg/day should be avoided). There are no reports in the scientific literature to suggest that compounds from this herb cross into the breast milk. According to Mills & Bone (2013) low doses are considered compatible with breastfeeding [31].

<i>Vitis vinifera</i> (seed)	Grape seed	No information on the safety of this herb has been identified in the scientific or traditional literature.
<i>Withania somnifera</i>	Ashwagandha	According to Mills & Bone (2013) is considered compatible with breastfeeding. Traditional use as a galactagogue establishes that consumption in reasonable quantities is generally safe, and animal studies have demonstrated positive effects on milk quality production [32].
<i>Zingiber officinalis</i>	Ginger	According to Mills & Bone (2013) is considered compatible with breastfeeding.
<i>Ziziphus jujuba</i>	Jujube	No information on the safety of this herb has been identified in the scientific or traditional literature.

Table 2. Traditionally Used Herbal Galactagogues
(consumption in reasonable quantities considered generally safe)



- Ashwagandha (*Withania somnifera*)
- Asian Ginseng (*Panax ginseng*)
- Chamomile (*Matricaria recutita*)
- Chaste tree (*Vitex agnus-castus*)
- Dandelion (*Taraxacum officinalis*)
- Fenugreek (*Foeniculum vulgare*)
- Garlic (*Allium sativum*)
- Licorice (*Glycyrrhiza glabra*)
- Milk Thistle (*Silybum marianum*)
- Red Raspberry leaf (*Rubus idaeus*)
- Shatavari (*Asparagus racemosus*)
- Turmeric (*Curcuma longa*)

Table 3. Herbs Compatible with Breastfeeding
(according to Mills & Bone, 2013)



- Asian Ginseng (*Panax ginseng*)
- Bilberry (*Vaccinium myrtillus*)
- Boswellia/Frankincense (*Boswellia serrata*)
- Bupleurum/Chai hu (*Bupleurum falcatum*)
- Butcher's Broom (*Ruscus aculeatus*)
- Chamomile (*Matricaria recutita*)
- Chaste tree (*Vitex agnus-castus*)*
- Dong Quai (*Angelica sinensis*)
- Echinacea (*Echinacea angustifolia/purpurea*)
- Eleuthero (Siberian Ginseng) (*Eleutherococcus senticosus*)
- Evening Primrose Oil (*Oenothera biennis*)
- Eyebright (*Euphrasia officinalis*)
- Fenugreek (*Foeniculum vulgare*)
- Garlic (*Allium sativum*)
- Ginger (*Zingiber officinalis*)
- Globe Artichoke (*Cynara scolymus*)
- Gotu kola (*Centella asiatica*)
- Green Tea (*Camellia sinensis*)*
- Hawthorn (*Crataegus oxycantha*)
- Horse Chestnut (*Aesculus hippocastanum*)*
- Milk Thistle (*Silybum marianum*)
- Rehmannia (*Rehmannia glutinosa*)
- Saw Palmetto (*Serenoa repens*)
- St. Johns Wort (*Hypericum perforatum*)*
- Thyme (*Thymus vulgaris*)
- Licorice (*Glycyrrhiza glabra*)
- Meadowsweet (*Filipendula ulmaria*)*
- Myrrh (*Commiphora molmol (myrrha)*)*
- Kava Kava (*Piper methysticum*)*
- Red Raspberry leaf (*Rubus ideaeus*)
- Shatavari (*Asparagus racemosus*)
- Tribulus (*Tribulus terrestris*)*
- Turmeric (*Curcuma longa*)
- Valerian (*Valeriana officinalis*)*

*Caution should be observed

Table 4. Herbs to Avoid in Breastfeeding
(due to potential for toxicity or adverse effects)



- Bearberry/Uva Ursi (*Arctostaphylos uva-ursi*)
- Bugleweed (*Lycopus virginicus*)
- California Poppy (*Eschscholzia californica*)
- Goldenseal (*Hydrastis canadensis*)
- Oregon grape (*Berberis aquifolium/vulgaris*)
- Poke root (*Phytolacca spp.*)
- Sage (*Salvia officinalis*)
- Turkey Rhubarb (*Rheum palmatum*)
- White Willow (*Salix alba*)
- Wormwood (*Artemisia absinthium*)

Table 5. No information on herbal safety has been identified in the scientific or traditional literature
(according to Mills & Bone, 2013)



- Albizia (*Albizia lebbbeck*)
- Andrographis (*Andrographis paniculata*)
- Astragalus (*Astragalus membranaceus*)
- Bacopa/Brahmi (*Bacopa monnieri*)
- Black Walnut (*Juglans nigra*)
- Burdock (*Arctium lappa*)
- Calendula/Marigold (*Calendula officinalis*)
- Cayenne (*Capsicum frutescens/annuum*)
- Cascara (*Rhamnus purshiana/frangula*)
- Cat's Claw (*Uncaria gambir*)
- Celery seed (*Apium graveolens*)
- Chinese Skullcap (*Scutellaria baicalensis*)
- Cinnamon (*Cinnamomum zeylanicum/verum*)
- Clove (*Syzygium aromaticum*)
- Coleus (*Coleus forskolii*)
- Corydalis (*Corydalis ambigua*)
- Couch grass (*Agropyron/Elymus repens*)
- Cramp bark (*Viburnum opulus*)
- Feverfew (*Tanacetum parthenium*)
- Gentian (*Gentiana lutea*)
- Ginkgo (*Gingko biloba*)
- Goldenrod (*Solidago spp.*)
- Gumweed (*Grindelia robusta*)
- Gymnema (*Gymnema sylvestre*)
- Holy Basil (*Ocimum tenuiflorum/sanctum*)
- Horsetail (*Equisetum arvense*)
- Jamaican Dogwood (*Piscidia erythrina*)
- Jujube (*Ziziphus jujuba*)
- Fringetree (*Chionanthus virginicus*)
- Marshmallow (*Althea officinalis*)
- Motherwort (*Leonurus cardiaca*)
- Mullein (*Verbascum thapsus*)
- Nettle/Stinging Nettle (*Urtica dioica*)
- Oats (*Avena sativa*)
- Oregano (*Origanum vulgare*)
- Passionflower (*Passiflora incarnata*)
- Reishi Mushroom (*Ganoderma lucidum*)
- Rhodiola (*Rhodiola rosea*)
- Rosemary (*Rosmarinus officinalis*)
- Saffron (*Crocus sativus*)
- Sarsaparilla (*Smilax officinalis*)
- Schisandra (*Schisandra chinensis*)
- Shitake (*Lentinus edodes*)
- Slippery Elm (*Ulmus spp. fulvus/rubra*)
- Skullcap (*Scutellaria laterifolia*)
- Sorrel (*Rumex acetosella*)
- Grape seed (*Vitis vinifera*)
- Wild Yam (*Dioscorea villosa*)
- White Horehound (*Marrubium vulgare*)
- White Peony (*Peonia lactiflora*)
- Yellow Dock (*Rumex crispus*)

Disclaimer:

The following information is meant for medical professionals only and is not a substitute for individualized medical care or be taken as specific advice for any patient. Limitations are inherent in any list of herbal safety while breastfeeding. The following table is an amalgamation compiled by authors with significant knowledge of botanical safety and obstetric botanical use, with emphasis on *Principles & Practices of Phytotherapy* by Mills & Bone, *The Botanical Safety Handbook* published by the American Herbal Products Association, and *Drugs and Lactation Database* (LactMed) from the National Library of Medicine. It should be noted that inconsistencies and contradictions exist between authors, and it is recommended that practitioners always consult the medical literature before making a decision about herb use while breastfeeding.

Note:

Safety information on herbs while breastfeeding is extremely limited and there is no herb wherein safety has been conclusively established. Before use, risk assessment should include risk to the infant, the mother, and lactation itself. Almost any chemical a breastfeeding mother ingests that gains entry into the bloodstream will enter her milk to some degree of variability (with medications the general assumption is 1% of the maternal dose entering the milk, and with some exceptions up to 10%). Factors that affect the impact of herb's taken during lactation include the dose ingested by the mother, the volume ingested by the child, serum levels attained by the child (oral availability & metabolism), age, weight, health status, and elimination capabilities. Most herbs which lack serious side effects when used appropriately would not be expected to be able to produce them in infants in tiny doses of phytoconstituents received in breast milk. However this is not to say that adverse effects cannot occur, and mothers' should be counselled on their appropriate use is, and what potential side effects should be watched for in the child of if any.

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