



Aloe

Revised: April 15, 2024.

CASRN: 8001-97-6

Drug Levels and Effects

Summary of Use during Lactation

Aloe vera gel consists of the clear gel from the center of fresh leaves of *Aloe vera* and related aloes. Active ingredients include mono- and polysaccharides (e.g., acemannan, glucomannan), allantoin, enzymes (e.g., cyclooxygenase, amylase, lipase, alkaline phosphatase, carboxypeptidase), and salicylic acid. It should not be confused with *Aloe* latex which comes from the inner portion of the skin and contains potent anthraquinone laxatives. *Aloe* latex should not be used during breastfeeding.[1]

Aloe vera gel has been used topically on the nipples during nursing to help heal cracked nipples. A meta-analysis of studies on nipple pain and irritation concluded that *Aloe vera* can be considered a choice for relieving breast pain or irritation in lactating women compared with routine care or another treatment.[2] *Aloe* outperformed olive oil, lanolin and breastmilk.[3-6] Topical *aloe* has also been combined with a cactus leaf preparation and massage to treat engorgement.[7] *Aloe arborescens* gel from leaves applied as a poultice to the nipples of nursing mothers reduced the redness of the nipples compared to a control group.[8] If *Aloe* is applied to the nipples, it should be washed off before nursing the infant because the taste might adversely affect nursing or cause diarrhea in the infant.[9,10] *Aloe vera* gel has caused itching, burning, and allergic contact dermatitis, possibly from contamination with the irritating latex from the leaves.[11,12]

Dietary supplements do not require extensive pre-marketing approval from the U.S. Food and Drug Administration. Manufacturers are responsible to ensure the safety, but do not need to *prove* the safety and effectiveness of dietary supplements before they are marketed. Dietary supplements may contain multiple ingredients, and differences are often found between labeled and actual ingredients or their amounts. A manufacturer may contract with an independent organization to verify the quality of a product or its ingredients, but that does *not* certify the safety or effectiveness of a product. Because of the above issues, clinical testing results on one product may not be applicable to other products. More detailed information [about dietary supplements](#) is available elsewhere on the LactMed Web site.

Disclaimer: Information presented in this database is not meant as a substitute for professional judgment. You should consult your healthcare provider for breastfeeding advice related to your particular situation. The U.S. government does not warrant or assume any liability or responsibility for the accuracy or completeness of the information on this Site.

Attribution Statement: LactMed is a registered trademark of the U.S. Department of Health and Human Services.

Drug Levels

Maternal Levels. Relevant published information was not found as of the revision date.

Infant Levels. Relevant published information was not found as of the revision date.

Effects in Breastfed Infants

Relevant published information was not found as of the revision date.

Effects on Lactation and Breastmilk

Relevant published information was not found as of the revision date.

References

1. Kopec K. Herbal medications and breastfeeding. *J Hum Lact* 1999;15:157-61. PubMed PMID: 10578793.
2. Maleki A, Youseflu S. The effectiveness of *Aloe vera* on relief of irritation and nipple pain in lactating women: Systematic review and meta-analysis. *Obstet Gynecol Int* 2022;2022:7430581. PubMed PMID: 36388847.
3. Saeidi R, Tafazoli M, Gholami M, Mazloom R. New treatment for nipple soreness in breastfeeding mothers: A clinical trial study. *Iran J Neonatol* 2015;6:48-51. Available at: http://ijn.mums.ac.ir/issue_626_671_Volume+6%2C+Issue+2%2C+Spring+2015.html
4. Eshgizade M, Moghaddam MB, Moghaddam HM, et al. A comparison of the efficacy of olive oil, aloe vera extract and breast milk on healing breast fissure in the breastfeeding women. *Avicenna J Phytomedicine* 2015;5:86-7.
5. Alamolhoda SH, Mirabi P, Mojab F. Effects of both aloe vera gel and breast milk on the improvement of nipple soreness in lactating women? A randomized controlled trial. *J Herb Medicine* 2020;21:100327. doi:10.1016/j.hermed.2019.100327
6. Wang RH, Gong JY, Liu PC, et al. Effects of aloe gel on lactating women with nipple trauma. *Breastfeed Med* 2024.
7. Meng S, Deng Q, Feng C, et al. Effects of massage treatment combined with topical cactus and aloe on puerperal milk stasis. *Breast Dis* 2015;35:173-8. PubMed PMID: 25881639.
8. Tateoka Y. Effectiveness of aloe fomentation for nipple-related complications during the early puerperium period: a randomized, controlled, interventional study. *BMC Res Notes* 2022;15:94. PubMed PMID: 35255973.
9. Yarnell E. Botanical medicine in pregnancy and lactation. *Altern Complement Ther* 1997;3 (April):93-100.
10. Larimore WL, Petrie KA. Drug use during pregnancy and lactation. *Prim Care* 2000;27:35-53. PubMed PMID: 10739456.
11. Barankin B, Gross MS. Nipple and areolar eczema in the breastfeeding woman. *J Cutan Med Surg* 2004;8:126-30. PubMed PMID: 15129318.
12. De Smet PA. Health risks of herbal remedies: An update. *Clin Pharmacol Ther* 2004;76:1-17. PubMed PMID: 15229459.

Substance Identification

Substance Name

Aloe

Scientific Name

Aloe vera

CAS Registry Number

8001-97-6

Drug Class

Breast Feeding

Lactation

Milk, Human

Complementary Therapies

Phytotherapy

Plants, Medicinal