

**NLM Citation:** Drugs and Lactation Database (LactMed®) [Internet]. Bethesda (MD): National Institute of Child Health and Human Development; 2006-. Jasmine. [Updated 2021 May 17]. **Bookshelf URL:** https://www.ncbi.nlm.nih.gov/books/



## **Jasmine**

Revised: May 17, 2021.

CASRN: 8024-43-9

# **Drug Levels and Effects**

## **Summary of Use during Lactation**

Jasmine (*Jasminum* spp.) flowers contain a variety of chemicals, although none have been identified with specific pharmacologic activity. In India (ayurvedic medicine), jasmine has been used to suppress lactation, and one published study found that jasmine leaves applied to the breasts suppressed postpartum lactation as effectively as oral bromocriptine.[1-3] However, the study was not of high quality. No data exist on the excretion of any components of jasmine into breastmilk or on the safety and efficacy of jasmine in nursing mothers or infants. Jasmine is "generally recognized as safe" (GRAS) as a food ingredient by the U.S. Food and Drug Administration. Occasional allergic reactions to jasmine have been reported. It is unlikely typical jasmine intake, such as drinking small amounts of jasmine tea, would be harmful during nursing.

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.

### **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.

**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.

#### **Effects on Lactation and Breastmilk**

A randomized, crossover trial compared a compounded hydro-alcoholic extract of jasmine flowers (*Jasminum sambac*) to placebo, both as nasal drops. Subjects were nonlactating women who had elevated serum prolactin values caused by antipsychotic drug therapy. The trial was designed as double-blind trial, but participants could smell the difference between placebo and active preparations. The mean reduction in serum prolactin at the end of intervention in the jasmine extract group was 10.5 mcg/L, which was not statistically significant. Overall, 10 of 35 women responded with a drop of 25 mcg/L or greater in serum prolactin; nonresponders tended to be on higher doses of antipsychotics or on olanzapine.[4]

A nonrandomized, unblinded study compared the daily topical application of jasmine (*Jasminum sambac*) flowers to the breasts to oral bromocriptine 2.5 mg three times a day to suppress lactation in postpartum women in India. At the end of 72 hours, almost all women in both groups had their lactation suppressed, although the women in the bromocriptine group had lower serum prolactin levels than those in the jasmine group.[2] Because of the lack of a placebo group, it is not possible to tell if the jasmine flowers had any effect beyond merely the lack of nipple stimulation.

#### References

- 1. Acharya SR. Jasmine--the lactifuge. J Assoc Physicians India. 1987;35:543-4. PubMed PMID: 3429440.
- 2. Shrivastav P, George K, Balasubramaniam N, et al. Suppression of puerperal lactation using jasmine flowers (*Jasminum sambac*). Aust N Z J Obstet Gynaecol. 1988;28:68–71. PubMed PMID: 3214386.
- 3. Amuthavalluvan V, Devarapalli J. Indigenous knowledge and health seeking behavior among Kattunayakan: A tribe in transition. Glob J Human Soc Sci. 2011;11:19–23.
- 4. Finny P, Stephen C, Jacob R, et al. Jasmine flower extract lowers prolactin. Trop Doct. 2015;45:118–22. PubMed PMID: 25505191.

## **Substance Identification**

### **Substance Name**

Jasmine

### **Scientific Name**

Jasminum grandiflorum Jasminum officinale Jasminum sambac

# **CAS Registry Number**

8024-43-9

## **Drug Class**

**Breast Feeding** 

Lactation

Complementary Therapies

Phytotherapy

Plants, Medicinal