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## **Valerian**

Revised: December 3, 2018.

CASRN: 8008-88-6; 8057-49-6

# **Drug Levels and Effects**

## **Summary of Use during Lactation**

Valerian (Valeriana officinalis) root contains mono- and sesquiterpenes, and iridoid triesters (valepotriates). Preparations are sometimes standardized on valerenic acid content. Valerian has no specific uses in nursing mothers, but is most commonly used to treat anxiety and sleep disturbances, and occasionally for self-treatment of postpartum blues or depression.[1][2] No data exist on the safety and efficacy of valerian in nursing mothers or infants. In general, valerian is well tolerated, with side effects such as dizziness, hangover or headache reported occasionally. Valerian is "generally recognized as safe" (GRAS) for use in food by the U.S. Food and Drug Administration. Valerian is often not recommended during lactation because of the theoretical concerns over its valepotriates and baldrinals which have been shown to be cytotoxic and mutagenic in vitro. Because there is no published experience with valerian during breastfeeding, an alternate therapy may be preferred, especially while nursing a newborn or preterm infant.

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 .

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

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

## **Alternate Drugs to Consider**

(Anxiety) Lorazepam, Oxazepam; (Depression) Nortriptyline, Paroxetine, Sertraline; (Insomnia) Zaleplon, Zolpidem

#### References

- 1. Allaire AD, Moos MK, Wells SR. Complementary and alternative medicine in pregnancy: a survey of North Carolina certified nurse-midwives. Obstet Gynecol. 2000;95:19-23. PubMed PMID: 10636495.
- 2. Tesch BJ. Herbs commonly used by women: an evidence-based review. Am J Obstet Gynecol. 2003;188 (5 Suppl):S44-55. PubMed PMID: 12748451.

## **Substance Identification**

## **Substance Name**

Valerian

### **Scientific Name**

Valeriana officinalis

# **CAS Registry Number**

8008-88-6; 8057-49-6

## **Drug Class**

**Breast Feeding** 

Lactation

**Complementary Therapies** 

Phytotherapy

Plants, Medicinal