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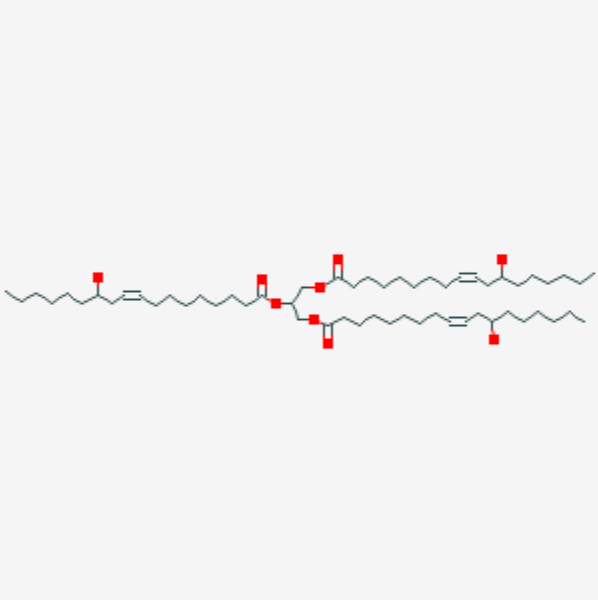
Castor

Revised: May 1, 2019.

CASRN: 8001-79-4



Drug Levels and Effects

Summary of Use during Lactation

Castor (Ricinus communis) beans contain triglycerides, mostly consisting of ricinoleic acid esters, and small amounts of the toxic ricin and ricine. Pressing of the beans produces castor oil and purification of the oil eliminates the ricin and ricine. Castor oil is a strong stimulant laxative. Castor beans as well as a homeopathic preparation of castor purportedly reduce milk flow,[1] but it is also reportedly used as a galactogogue.[2][3] A poultice of castor leaves is a purported galactogogue.[4][5] In some parts of India, castor oil is also reportedly applied to the breasts to stimulate lactation.[5] No scientifically valid clinical trials support either of these uses and some preparations may be toxic to the infant. Galactogogues should never replace evaluation and counseling on modifiable factors that affect milk production.[6] No data exist on the excretion of any components of the castor plant or castor oil into breastmilk or on their safety and efficacy in nursing mothers or

infants. However, little of the active ricinoleic acid is thought to be absorbed from the intestine. Because of a lack of information, other laxatives may be preferred in nursing mothers.

In traditional Indian culture, castor oil has been administered to newborn infants during the first 2 to 3 days of life, often resulting in adverse effects.[7][8] Administration of castor oil to newborns is dangerous and should be avoided.

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

In rural India, castor oil has been traditionally given to infants during the first 2 to 3 days of life to clear the intestine of meconium. This practice can result in paralytic ileus and aspiration pneumonia.[7] Severe hypoalbuminemia was also reported in a 1.5-month-old infant whose grandmother gave him castor oil daily from the fifth day of life, resulting in diarrhea and malnutrition.[8]

Effects on Lactation and Breastmilk

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

Alternate Drugs to Consider

(Cathartic) Bisacodyl, Magnesium Hydroxide, Senna

References

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Substance Identification

Substance Name

Castor

Scientific Name

Ricinus communis

CAS Registry Number

8001-79-4

Drug Class

Breast Feeding

Lactation

Cathartics

Complementary Therapies

Oils

Phytotherapy

Plants, Medicinal