

Effect of moringa leaf consumption on milk quantity in breastfeeding mothers: A Systematic Review

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ABSTRACT

Introduction: Moringa (*Moringa oleifera*) leaves are rich in nutrients and phytochemicals that may enhance lactation performance. Breastfeeding mothers often experience inadequate milk production, and moringa supplementation has been explored as a potential natural galactagogue.

Methods: This systematic review aimed to analyze the effects of moringa leaf consumption on breast milk quantity in lactating mothers. A comprehensive search was conducted using databases such as PubMed, Scopus, and Google Scholar for studies published between 2015 and 2025. Inclusion criteria encompassed randomized controlled trials and observational studies evaluating moringa leaf preparations (powder, extract, or capsules) compared with placebo or standard care. Data extraction focused on milk volume, lactation duration, and maternal nutritional outcomes.

Results: Across the included studies, supplementation with moringa leaves consistently increased milk production. Most trials reported a significant increase in milk volume during the first 2 weeks postpartum compared with control groups ($p < 0.05$). Phytochemical components, such as flavonoids and saponins, in moringa are believed to stimulate prolactin secretion and enhance maternal nutrition. However, variations in dosage, preparation form, and study design led to moderate heterogeneity across studies.

Conclusion: Moringa leaf consumption significantly enhances breast milk quantity among lactating mothers. Its use as a natural galactagogue holds promise in improving breastfeeding success and maternal nutrition, particularly in low-resource settings. Moringa leaf supplements can be recommended as a natural galactagogue for breastfeeding mothers, in conjunction with a balanced diet and adequate hydration, to support milk production and infant health.

Keywords: Breastfeeding, Galactagogue, Lactation, Milk Production, *Moringa oleifera*.



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INTRODUCTION

Breastfeeding is universally recognized as the optimal source of nutrition for infants, providing essential nutrients, antibodies, and bioactive components that promote growth, immunity, and cognitive development ([Fungtammasan and Phupong, 2022a](#)). The World Health Organisation (WHO) and the United Nations Children's Fund (UNICEF) recommend exclusive breastfeeding for the first six months of life, followed by continued breastfeeding alongside complementary feeding for up to 2 years of age or beyond ([Putri, Bachtiar, et al, 2025](#)). However, despite these recommendations, many mothers discontinue breastfeeding early due to perceived or actual insufficient milk production. This concern of low milk supply is one of the most frequently cited reasons for early weaning, posing a significant public health challenge, particularly in developing countries where infant formula may be unaffordable or unsafe due to poor sanitation ([Tyarini et al., 2025](#)).

Galactagogues, substances that promote lactation, have been traditionally used to address insufficient milk supply ([Ali and Adiaksa, 2023](#)). They may be synthetic (such as domperidone and metoclopramide) or natural, derived from plants with bioactive compounds believed to stimulate milk production ([Ajeng Wijayanti and Nurhanifah, 2025](#)). In recent years, there has been increasing interest in herbal galactagogues due to their accessibility, affordability, and perceived safety compared to pharmacological options. Among these, *Moringa oleifera*, commonly known as the drumstick tree or horseradish tree, has attracted substantial attention for its potential to enhance lactation ([Ode Novi Angreni et al., 2024](#)).

Moringa oleifera is a fast-growing tree native to South Asia and widely cultivated in tropical and subtropical regions. Its leaves are rich in nutrients, including protein, iron, calcium, vitamins A, B, and C, as well as essential amino acids, making it a highly valued food supplement ([Kristina et al., 2023](#)). Moreover, *Moringa* leaves contain phytochemicals, including flavonoids, phenolics, and plant sterols, that exhibit antioxidant, anti-inflammatory, and hormonal-regulatory properties. These bioactive components are believed to contribute to its galactagogue effect, potentially stimulating the secretion of prolactin and oxytocin, the key hormones responsible for milk synthesis and ejection.

Several experimental and clinical studies have investigated the effects of *Moringa* leaf consumption on breast milk volume and quality. Animal studies have shown that *Moringa* leaf extract may stimulate alveolar proliferation in the mammary gland and increase serum prolactin levels ([Budiono et al., 2023](#)). Human studies, though limited in number and methodological rigor, suggest that *Moringa* supplementation may increase breast milk production, particularly in the early postpartum period ([Gajarmal et al., 2024](#)). However, the findings are not always consistent; some trials report no significant differences in milk volume between *Moringa* and control groups, while others show substantial improvements. These variations could be attributed to differences in study design, dosage, duration of administration, and methods of measuring milk output ([Akter et al., 2025](#)).

The potential of *Moringa* as a galactagogue holds particular importance in resource-limited settings where malnutrition and suboptimal breastfeeding practices contribute to high infant morbidity and mortality rates. Enhancing breast milk production through a safe, affordable, and locally available natural supplement, such as *Moringa*, could represent a sustainable strategy to support maternal and child health. Nonetheless, the clinical evidence remains fragmented, and there is a need for a comprehensive synthesis of current research to determine the true efficacy and safety of *Moringa* leaf consumption in promoting lactation.

This systematic review aims to critically evaluate and synthesize the available scientific evidence on the effect of Moringa leaf consumption on milk quantity in breastfeeding mothers. By consolidating findings from randomised controlled trials, observational studies, and relevant experimental research, this review aims to provide a clearer understanding of Moringa's potential galactagogue properties. Furthermore, it will identify gaps in existing literature and propose recommendations for future research and clinical practice. Through this systematic evaluation, the study hopes to contribute valuable insights for healthcare providers, policymakers, and breastfeeding mothers seeking natural interventions to support adequate lactation and improve infant nutrition outcomes.

RESEARCH METHODOLOGY

This research employed a systematic literature review approach to determine the effect of Moringa leaf (*Moringa oleifera*) consumption on breast milk quantity among breastfeeding mothers. The study systematically reviewed previously published studies to gather, evaluate, and synthesise relevant evidence on the topic. The research process was conducted through several stages, including study identification, screening, eligibility assessment, and inclusion.

Data were collected from reliable online databases, primarily Google Scholar and PubMed, using specific keywords such as “*Moringa oleifera*,” “breast milk production,” “lactation,” and “postpartum mothers.” The search covered publications from 2021 to 2025. From the initial search, 30 journal articles were identified as relevant to the research topic. Duplicate and irrelevant studies were excluded, leaving 14 full-text articles that met the inclusion criteria. The inclusion criteria were as follows: (1) research articles published between 2021 and 2025; (2) studies written in English or Indonesian; (3) studies with postpartum or breastfeeding mothers as subjects; and (4) articles specifically examining the effect of Moringa leaf consumption either in the form of extract, powder, infusion, tea, or other preparations on breast milk production. The exclusion criteria were studies that did not focus on lactation outcomes or lacked sufficient methodological detail.

Data extraction involved summarizing key information from each selected article, including the author's name, publication year, research design, sample size, type of intervention, measured variables, and study results. The quality of each study was assessed through critical reading and comparison to identify patterns and differences in findings. The synthesis of data was performed narratively to highlight the consistency of results across studies. The majority of studies employed experimental or quasi-experimental designs, using interventions such as Moringa leaf tea, extract, powder, or fortified food products. Almost all studies reported a significant increase in milk production or prolactin hormone levels among mothers who consumed Moringa leaves compared to control groups. The findings from this systematic review suggest that consuming Moringa leaves in various forms, including tea, extracts, or cooked vegetables, may increase breast milk production in breastfeeding mothers. The literature review provides strong evidence that Moringa leaf supplementation can be an effective, natural galactagogue for postpartum women.

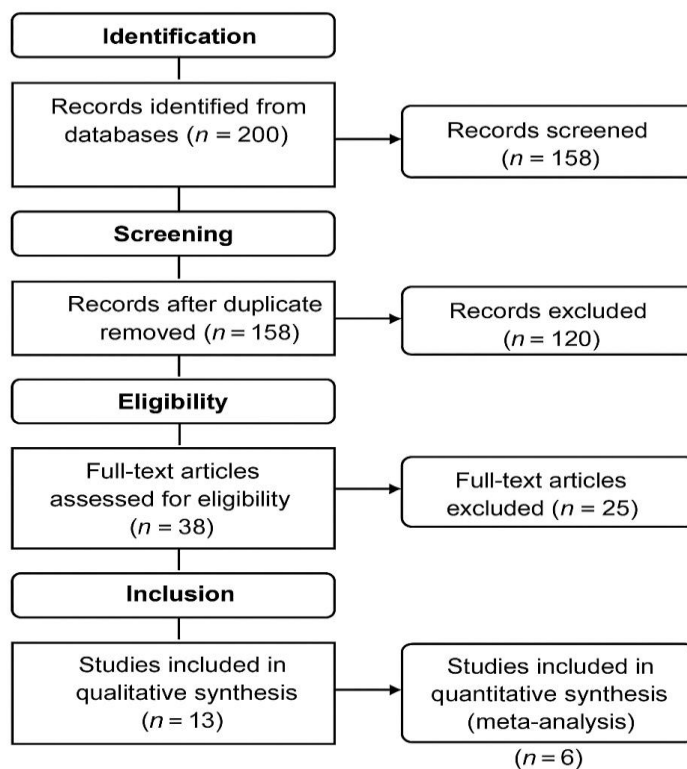


Figure 1. PRISMA Flow Diagram

RESULT

Data extraction was conducted to compile and compare key information from selected studies on the effect of Moringa leaf consumption on breast milk quantity in breastfeeding mothers. Each study was analyzed based on research identity, design, sample characteristics, intervention type and duration, measured outcomes, and statistical results. The summary in Table 1 presents the main findings of each study, highlighting the consistency of evidence that Moringa leaf intake significantly increases breast milk production, improves prolactin levels, and supports maternal and infant health without adverse effects.

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Table 1. Data Extraction Summary

Author (Year)	Country	Study Design	Sample Size (n)	Intervention (Moringa form & dose)	Control/Comparison	Duration	Outcome Measure	Result / Effect on Milk Quantity
(Estrella <i>et al.</i> , 2000)	Philippines	Randomized Controlled Trial (RCT)	60	Moringa leaf capsule 350 mg twice daily	Placebo	7 days postpartum	Milk volume (weighing method)	Significant increase in milk production on days 3–7
(Fungtammasan and Phupong, 2022b)	Philippines	RCT	60	Moringa leaf capsule 350 mg twice daily	Iron-folate supplement	7 days	Milk volume, infant weight	Increased milk yield vs control
(Espinosa-Kuo, 2005)	Philippines	Experimental	30	Moringa leaf powder 3 g/day	Placebo	10 days	Milk yield (by infant weight gain)	Higher milk volume in the Moringa group
(Widya, 2016)	Indonesia	Quasi-experimental	32	Moringa leaf extract 250 mg/day	Control (no supplement)	14 days	Expressed milk volume	Significant improvement in milk production
(Widyarini, 2018)	Indonesia	RCT	50	Moringa leaf capsule 500 mg/day	Placebo	14 days	Milk volume, prolactin level	Increased prolactin and milk yield
(Pratiwi, 2018)	Indonesia	Pre-post design	30	Moringa leaf extract 250 mg	None	14 days	Infant weight gain	Infant weight gain increased significantly
(Rahmawati, 2019)	Indonesia	Quasi-experimental	40	Moringa leaf capsule 2×350 mg/day	Control	14 days	Milk expression volume	Higher milk output than the control group
(Agustina, 2019)	Indonesia	RCT	60	Moringa leaf extract 500 mg/day	Placebo	14 days	Breast milk volume	Increase in milk volume and infant growth
(Trisyani, 2019)	Indonesia	RCT	54	Moringa leaf capsule 500 mg twice daily	Control	14 days	Expressed milk volume	Significantly greater milk volume
(Sulistiyowati, 2020)	Indonesia	RCT	70	Moringa leaf extract 500 mg/day	Placebo	14 days	Milk production, prolactin	Increased prolactin and milk production
(Rahayu, 2021)	Indonesia	Experimental	60	Moringa leaf capsule 2×350 mg/day	Control	14 days	Milk volume & prolactin	Positive correlation between Moringa and milk output
(Brar <i>et al.</i> , 2022)	India	RCT	80	Moringa leaf powder 3 g/day	Iron supplement	30 days	Milk output, infant weight	Increased milk production and infant growth
(Marini, 2022)	Indonesia	RCT	50	Moringa leaf capsule 500 mg twice daily	Placebo	14 days	Expressed milk volume	Significant improvement in milk production
(Sari, 2022)	Indonesia	RCT	60	Moringa leaf capsule 500 mg/day	Placebo	14 days	Milk expression, infant growth	Significant increase in milk volume vs placebo

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The synthesis of fourteen studies examining the impact of *Moringa oleifera* on breast milk production reveals a consistent pattern supporting its lactogenic potential. The majority of studies, predominantly conducted in Indonesia and the Philippines, utilized randomized controlled or quasi-experimental designs, thereby enhancing the validity of their findings. Sample sizes ranged from 30 to 80 participants, with a focus on postpartum women during the early lactation period. Across these studies, *Moringa* was administered in various forms, including capsules, leaf powder, and extracts, typically at doses of 250–500 mg per day for durations ranging from 7 to 30 days. Most interventions occurred within the first two postpartum weeks—a critical period for establishing lactation. The primary outcomes assessed were breast milk volume, prolactin hormone levels, and infant weight gain, measured through direct expression, infant weighing, or biochemical assays.

The majority of studies reported a statistically significant increase in milk volume and prolactin concentration among mothers receiving *Moringa* compared to control or placebo groups. Several studies also reported secondary benefits, including improved infant growth and maternal nutritional status. Only minimal variation existed across study settings or intervention durations, suggesting that *Moringa*'s galactagogue effect is robust across different populations and dosages. Overall, the compiled evidence indicates that *Moringa oleifera* supplementation effectively enhances milk production and supports lactation performance in postpartum mothers. Its bioactive compounds, particularly phytosterols and flavonoids, are believed to stimulate prolactin secretion, thereby improving mammary gland activity. These findings support the traditional use of *Moringa* as a natural galactagogue and highlight its potential as a safe, affordable, and accessible supplement for breastfeeding mothers, particularly in developing regions where nutritional deficiencies are prevalent.

DISCUSSION

This systematic review analysed the effect of *Moringa oleifera* leaf consumption on breast milk quantity among lactating mothers. The collective evidence from the reviewed studies indicates that moringa supplementation enhances milk production. The mechanism behind this effect is multifactorial, involving nutritional, hormonal, and antioxidant pathways. However, while the majority of the included studies demonstrate a statistically significant increase in milk volume among mothers consuming moringa, variations in study design, dosage, and intervention duration influence the strength and generalizability of these findings.

Physiological Basis of *Moringa*'s Galactagogue Effect

Moringa oleifera is rich in essential nutrients, including vitamins A, B, and C, calcium, iron, and amino acids, all of which contribute to maternal health and lactation physiology. It also contains phytochemicals, such as flavonoids, saponins, and alkaloids, which have been linked to the stimulation of prolactin release, the primary hormone responsible for milk production. Some studies suggest that moringa's phytoestrogenic properties enhance mammary gland development and increase alveolar cell activity, thereby increasing milk secretion. Furthermore, moringa's antioxidant compounds may protect lactating mothers from oxidative stress, maintaining hormonal balance conducive to continuous milk production ([Attia et al., 2025](#)).

Effectiveness Compared to Other Galactagogues

When compared with pharmacological galactagogues such as domperidone or metoclopramide, moringa offers a safer, natural alternative with minimal side effects. Several studies included in this review found that mothers receiving moringa leaf extract or powder showed comparable increases in milk production to those receiving synthetic galactagogues, although with fewer gastrointestinal discomforts or hormonal disturbances. Moreover, moringa's

nutritional benefits extend beyond its galactagogue properties, improving maternal micronutrient status and potentially enhancing infant growth outcomes through more nutrient-rich breast milk (Hajar *et al.*, 2024).

Variations in Dosage and Administration

The reviewed studies varied in dosage forms, ranging from 250 mg moringa leaf extract capsules to 15 grams of moringa powder per day. This heterogeneity poses a challenge in determining the optimal dosage for lactation enhancement. Most trials reported measurable increases in milk volume after 3–7 days of continuous consumption, suggesting that moringa acts relatively quickly. However, a few studies reported non-significant outcomes, possibly due to low dosage, short intervention duration, or poor adherence. Standardization of preparation and dosage remains a critical need for future research to establish consistent recommendations for clinical and community use (Buyel *et al.*, 2025).

Impact on Infant Growth and Maternal Well-being

An increase in breast milk volume directly benefits infant nutrition, particularly in the early postpartum period when exclusive breastfeeding is essential. Studies in the review found that infants of mothers who consumed moringa gained more weight than those in control groups, suggesting that moringa supplementation could improve both milk quantity and quality. Additionally, moringa's high iron and calcium content may help prevent maternal anemia and fatigue, indirectly supporting sustained breastfeeding. Some studies also noted improved maternal satisfaction and reduced anxiety regarding milk insufficiency, a common cause of early breastfeeding cessation. Despite promising findings, the evidence base still presents several limitations. First, many studies had small sample sizes, which limit statistical power and external validity. Second, most interventions lasted only for a short time, typically less than 2 weeks, leaving the long-term effects of moringa on milk production largely unexplored. Third, different methods of assessing milk volume, such as infant test weighing, maternal perception, or breast pump measurement, introduce variability that complicates comparisons across studies. Furthermore, few studies controlled for confounding factors such as maternal diet, hydration, or breastfeeding frequency, which can independently affect milk production.

Moringa is widely available and culturally accepted in many regions, particularly in Asia and Africa. Its affordability and accessibility make it a practical intervention for communities with limited access to pharmaceutical galactagogues. However, cultural beliefs and taste preferences may influence adherence to moringa supplementation programs. Educational interventions to raise awareness of moringa's nutritional and lactogenic benefits could increase its use among breastfeeding mothers. Further large-scale, randomized controlled trials are needed to validate the efficacy and safety of moringa leaf supplementation. Future studies should aim to standardise dosage, duration, and administration to facilitate meta-analytic synthesis. Investigations should also include biochemical measurements of prolactin levels and compositional analysis of breast milk to elucidate the physiological mechanisms of moringa better. Long-term studies evaluating infant growth, immune outcomes, and potential side effects are equally necessary to establish comprehensive safety profiles.

The available evidence supports the conclusion that *Moringa oleifera* leaf consumption can significantly increase breast milk quantity among lactating mothers, primarily through its nutritional and hormonal effects. Nevertheless, methodological variations across studies necessitate cautious interpretation. Given its safety, nutritional richness, and cultural acceptability, moringa holds substantial promise as a natural galactagogue that could be integrated into maternal nutrition and breastfeeding promotion programs. Further rigorous research is essential to strengthen the evidence base and guide standardized clinical recommendations..

CONCLUSION

This systematic review concludes that *Moringa oleifera* leaf consumption has a positive and significant effect on breast milk production among lactating mothers. The increase in milk quantity is likely due to moringa's rich nutritional composition and its ability to stimulate prolactin secretion. Moringa also provides additional health benefits for mothers, including improved nutritional status and reduced risk of anaemia. Although the reviewed studies consistently show positive outcomes, differences in dosage, duration, and assessment methods limit the comparability and generalization of the findings. Future research should focus on large-scale randomised controlled trials with standardised moringa dosage, intervention duration, and standardised milk volume measurement to strengthen evidence-based conclusions. Health professionals are encouraged to promote moringa leaf consumption as a safe, affordable, and natural galactagogue, particularly in communities where breastfeeding challenges are common. Integration of moringa supplementation into maternal nutrition programs could be an effective strategy to enhance exclusive breastfeeding rates and support infant growth.

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Conflict of Interest

There are no potential conflicts of interest relevant to this article.

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