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# Complementary, Holistic, and Integrative Medicine: Chamomile

Paula Gardiner, MD\*

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## Definition and Description

Chamomile is a common flowering plant and a member of the daisy family. There are two primary types: German chamomile (*Matricaria recutita*) and Roman chamomile (*Anthemis nobilis*). Most research has focused on German chamomile. Chamomile is one of the most widely used herbs in the world, especially in children. (1)(2) It is used topically for rashes, eczema, and hemorrhoids or orally as a mild sedative or for indigestion, diarrhea, and colic. (3)(4)(5)(6)

## Evidence of Efficacy in Pediatrics

### Colic

Only two clinical trials have evaluated the efficacy of chamomile for the treatment of colic in children, and both combined chamomile with other herbs. In a prospective, randomized, double-blind, placebo-controlled study, 68 healthy term infants who had colic (2 to 8 weeks old) received either herbal tea (German chamomile, vervain, licorice, fennel, balm mint) or placebo tea (glucose, flavoring). (7) Each infant was offered treatment with every bout of colic, up to 150 mL/dose, no more than three times a day. After 7 days of treatment, parents reported that the tea eliminated the colic in 57% of the infants, whereas placebo was helpful in only 26% ( $P<0.01$ ). No adverse effects were noted in either group.

A randomized, double-blind, placebo-controlled trial of 93 breastfed colicky infants compared a standardized extract of chamomile (*M recutita*), fennel (*Foeniculum vulgare*), and lemon balm (*Melissa officinalis*) with placebo twice a day for 1 week. (8) Crying time was reduced in 85.4% of the chamomile/fennel/lemon balm group and in 48.9% of the placebo group ( $P<0.005$ ). No adverse effects were reported.

### Dyspepsia

Chamomile often is combined with peppermint, anise, fennel, and other carminative herbs to treat stomachaches, gas, indigestion, and bloating. German chamomile has anti-inflammatory and spasmolytic effects on the stomach and duodenum. (9) No single product studies of chamomile as a treatment for upper gastrointestinal (GI) symptoms in children have been published.

### Diarrhea

Although oral rehydration therapy remains the mainstay of treatment for diarrhea in children, a few clinical trials have evaluated the efficacy of chamomile. In a prospective, double-blind, randomized, controlled multicenter study, 79 children from the ages of 6 months to 5.5 years who had acute, noncomplicated diarrhea were given either a liquid preparation containing apple pectin and chamomile fluid extract standardized to 2.5 g/100 g of chamazulene or placebo for 3 days. (10) Both groups received standard medical treatment of hydration and electrolyte repletion. The chamomile and apple pectin combination decreased the diarrhea more frequently than did the placebo ( $P=0.05$ ). There was a nonsignificant trend in satisfaction of parents in the apple pectin/chamomile group.

A follow-up multicenter, randomized, double-blind, placebo-controlled parallel study of 255 children who had acute diarrhea demonstrated that the chamomile and apple pectin combination was superior to placebo in significantly reducing stool frequency. (3) Treatment was well tolerated, with the incidence of adverse effects similar to that of placebo.

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## Dermatologic Conditions

Chamomile has been used to treat conditions other than diaper rash. Clinical studies have consistently shown positive results in the treatment of atopic dermatitis, acute weeping skin disorders, decubitus ulcers, and radiation- and chemotherapy-induced oral mucositis. (11)(12)(13)(14)(15)(16) Most of the studies are small and of poor quality. Therefore, more research is needed to assess the efficacy of chamomile for the treatment of skin conditions. Clinical trials and systematic reviews did not find that chamomile was effective in preventing acute radiation dermatitis. (17)(18)

## Safety

### Adverse Events

A few case reports have documented atopic and contact dermatitis with the use of chamomile. (19)(20)(21)(22) Some individuals allergic to other members of the aster family (ragweed, asters, chrysanthemums) are allergic to chamomile. (19) There are case reports of chamomile eyewashes causing allergic conjunctivitis. There have been rare cases of anaphylaxis to chamomile. (4)(23)(24)(25)(26) No long-term problems have been identified from taking chamomile.

### Drug Interactions

Three cases of chamomile interacting with cyclosporine in patients who have had renal transplants have been reported. (27) The mechanism is inhibition of the activity of P450 CYP1A2 and 3A4. (28)(29) Potential interactions with warfarin have been reported, theoretically through the same mechanism of inhibition of P450. (30)(31) There is a theoretical additive effect with other sedative and anxiolytic medications.

### Use in Pregnancy and Lactation

No studies have reported the safety of using chamomile for women who are pregnant or breastfeeding, although chamomile is widely consumed during pregnancy as a beverage to treat morning sickness. (32)(33)

## Pharmacologic Action

A total of 120 chemical constituents have been identified in chamomile, including terpenoids (chamazulene), flavonoids (apigenin and luteolin), and coumarins (umbelliferone, alpha-bisabolol). (34)(35) The flavonoids apigenin and luteolin possess anti-inflammatory, carminative, and antispasmodic properties. (34) The anti-inflammatory, wound-healing, and antimicrobial effects of German chamomile are attributed to a blue essential

oil that contains sesquiterpene alcohol, alpha-bisabolol, chamazulene, and flavonoids. (36)(37)(38)

## Administration/Dosage Forms

Adult doses of chamomile usually are one cup of tea or 1 to 4 mL of tincture (1:1 in 45% alcohol), three times daily by mouth. The pediatric dose of flower head is 2 g three times daily and for a single dose of fluid extract (ethanol 45% to 60%) is 0.6 mL to 2 mL. (39)

## Summary

As part of any medication history, pediatricians always should ask a child's caregiver about the child's use of over-the-counter remedies and herbal products. Chamomile is used widely to treat children who have GI disorders such as colic, dyspepsia, and diarrhea and to treat skin conditions such as dermatitis. Clinical studies have demonstrated that chamomile may have a positive effect in the treatment of atopic dermatitis, colic, and diarrhea. There are few adverse effects in children. However, children who are allergic to ragweed, asters, and chrysanthemums should use chamomile with caution.

## References

1. Lohse B, Stotts JL, Priebe JR. Survey of herbal use by Kansas and Wisconsin WIC participants reveals moderate, appropriate use and identifies herbal education needs. *J Am Diet Assoc.* 2006;106:227-237
2. Noonan K, Arensman RM, Hoover JD. Herbal medication use in the pediatric surgical patient. *J Pediatr Surg.* 2004;39:500-503
3. Becker B, Kuhn U, Hardewig-Budny B. Double-blind, randomized evaluation of clinical efficacy and tolerability of an apple pectin-chamomile extract in children with unspecified diarrhea. *Arzneimittelforschung.* 2006;56:387-393
4. Blumenthal M. *The ABC Clinical Guide to Herbs.* Austin, Tex: The American Botanical Council; 2003
5. Gardiner P. *Chamomile (Matricaria recutita, Anthemis nobilis): Clinician Information Summary.* Boston, Mass: The Longwood Herbal Task Force, The Center for Holistic Pediatric Education and Research; 2000. Available at: <http://www.longwoodherbal.org/chamomile/chamomile.cis.pdf>
6. Blumenthal M, ed. *The Complete German Commission E Monographs: Therapeutic Guide to Herbal Medicines.* Austin, Tex: American Botanical Council; 1998
7. Weizman Z, Alkrinawi S, Goldfarb D, Bitran C. Efficacy of herbal tea preparation in infantile colic. *J Pediatr.* 1993;122:650-652
8. Savino F, Cresi F, Castagno E, Silvestro L, Oggero R. A randomized double-blind placebo-controlled trial of a standardized extract of *Matricariae recutita*, *Foeniculum vulgare* and *Melissa officinalis* (ColiMil) in the treatment of breastfed colicky infants. *Phytother Res.* 2005;19:335-340
9. Mann C, Staba E. The chemistry, pharmacology, and commercial formulations of chamomile. *Herbs, Spices and Medicinal Plants.* 1986;1:235-280

10. De La Motte S, Bose-O'Reilly S, Heinisch M, Harrison F. Double-blind comparison of a preparation of pectin/chamomile extract and placebo in children with diarrhea. [German]. *Arzneimittelforschung*. 1997;47:1247–1249
11. Aertgeerts P, Albring M, Klaschka F, et al. Comparison of Kamilloso<sup>TM</sup> cream (2 g ethanolic extract from chamomile flowers in 100 g cream) versus steroidal (0.25% hydrocortisone, 0.75% fluocortin butyl ester) and non-steroidal (5% bufexamac) dermatics in the maintenance therapy of eczema. *Zeitschrift fur Hautkrankheiten*. 1985;60:270–277
12. Fidler P, Loprinzi CL, O'Fallon JR, et al. Prospective evaluation of a chamomile mouthwash for prevention of 5-FU-induced oral mucositis. *Cancer*. 1996;77:522–525
13. Schulz V, Hansel R, Tyler VE. *Rational Phytotherapy: A Physicians' Guide to Herbal Medicine*. 3rd ed. Berlin, Germany: Springer; 1997
14. Patzelt-Wenzler R, Ponce-Poschl E. Proof of efficacy of Kamilloso<sup>®</sup> cream in atopic eczema. *Eur J Med Res*. 2000;5:171–175
15. Glowania HJ, Raulin C, Swoboda M. The effect of chamomile on wound healing: a controlled clinical-experimental double-blind trial. *Zeitschrift fur Hautkrankheiten*. 1987;62:1262–1271
16. Carl W, Emrich LS. Management of oral mucositis during local radiation and systemic chemotherapy: a study of 98 patients. *J Prosthet Dent*. 1991;66:361–369
17. Wickline MM. Prevention and treatment of acute radiation dermatitis: a literature review. *Oncol Nurs Forum*. 2004;31:237–247
18. Maiche AG, Grohn P, Maki-Hokkonen H. Effect of chamomile cream and almond ointment on acute radiation skin reaction. *Acta Oncol*. 1991;30:395–396
19. Paulsen E. Contact sensitization from Compositae-containing herbal remedies and cosmetics. *Contact Derm*. 2002;47:189–198
20. Rycroft RJ. Recurrent facial dermatitis from chamomile tea. *Contact Derm*. 2003;48:229
21. Pereira F, Santos R, Pereira A. Contact dermatitis from chamomile tea. *Contact Derm*. 1997;36:307
22. Rodriguez-Serna M, Sanchez-Motilla JM, Ramon R, Aliaga A. Allergic and systemic contact dermatitis from Matricaria chamomilla tea. *Contact Derm*. 1998;39:192–193
23. Subiza J, Subiza JL, Hinojosa M, et al. Anaphylactic reaction after the ingestion of chamomile tea: a study of cross-reactivity with other composite pollens. *J Allergy Clin Immunol*. 1989;84:353–358
24. Thien FC. Chamomile tea enema anaphylaxis. *Med J Aust*. 2001;175:54
25. Reider N, Sepp N, Fritsch P, Weinlich G, Jensen-Jarolim E. Anaphylaxis to camomile: clinical features and allergen cross-reactivity. *Clin Exp Allergy*. 2000;30:1436–1443
26. Hausen BM. A 6-year experience with compositae mix. *Am J Contact Dermat*. 1996;7:94–99
27. Nowack R, Nowak B. Herbal teas interfere with cyclosporin levels in renal transplant patients. *Nephrol Dial Transplant*. 2005;20:2554–2556
28. Maliakal PP, Wanwimolruk S. Effect of herbal teas on hepatic drug metabolizing enzymes in rats. *J Pharm Pharmacol*. 2001;53:1323–1329
29. Budzinski JW, Foster BC, Vandenhoeck S, Arnason JT. An in vitro evaluation of human cytochrome P450 3A4 inhibition by selected commercial herbal extracts and tinctures. *Phytomedicine*. 2000;7:273–282
30. Heck AM, DeWitt BA, Lukes AL. Potential interactions between alternative therapies and warfarin. *Am J Health Syst Pharm*. 2000;57:1221–1227
31. Segal R, Pilote L. Warfarin interaction with Matricaria chamomilla. *CMAJ*. 2006;174:1281–1282
32. Forster DA, Denning A, Wills G, Bolger M, McCarthy E. Herbal medicine use during pregnancy in a group of Australian women. *BMC Pregnancy Childbirth*. 2006;6:21
33. Nordeng H, Havnen GC. Use of herbal drugs in pregnancy: a survey among 400 Norwegian women. *Pharmacoepidemiol Drug Saf*. 2004;13:371–380
34. Salamon I. Chamomile, a medicinal plant. *The Herb, Spice, and Medicinal Plant Digest*. 1992;10:1–4
35. McKenna D. *Botanical Medicines. The Desk Reference of Major Herbal Supplements*. New York, NY: The Haworth Herbal Press; 2002
36. Soliman KM, Badea RI. Effect of oil extracted from some medicinal plants on different mycotoxigenic fungi. *Food Chem Toxicol*. 2002;40:1669–1675
37. Liu ZH, Nakano H. Antibacterial activity of spice extracts against food-related bacteria. *Journal of the Faculty of Applied Biological Science, Hiroshima University*. 1996;35:181–190
38. Aggag ME, Yousef RT. Study of antimicrobial activity of chamomile oil. *Planta Med*. 1972;22:140–144
39. Mahady GB, Fong HH, Farnsworth N. *Flos chamomillae. WHO Monographs on Selected Medicinal Plants*. Geneva, Switzerland: World Health Organization Publications; 1999

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