

Peppermint Oil

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Am Fam Physician. 2007 Apr 1;75(7):1027-1030.

Peppermint leaf and peppermint oil have a long history of use for digestive disorders. Recent evidence suggests that enteric-coated peppermint oil may be effective in relieving some of the symptoms of irritable bowel syndrome. A combination product including peppermint oil and caraway oil seems to be moderately effective in the treatment of non-ulcer dyspepsia. Topical application of peppermint oil may be effective in the treatment of tension headache. Because of its relaxing effects on smooth muscle, peppermint oil given via enema has been modestly effective for relief of colonic spasm in patients undergoing barium enemas. Peppermint oil is well tolerated at the commonly recommended dosage, but it may cause significant adverse effects at higher dosages.

Peppermint (*Mentha x piperita*) is a perennial flowering member of the mint family, which grows widely in Europe and North America. The medicinal use of peppermint and other mint plants probably dates back to the herbal pharmacopoeia of ancient Greece, where peppermint leaf traditionally was used internally as a digestive aid and for management of gallbladder disease; it also was used in inhaled form for upper respiratory symptoms and cough. Peppermint oil, which is extracted from the stem, leaves, and flowers of the plant, has become popular as a treatment for a variety of conditions, including irritable bowel syndrome (IBS), headache, and non-ulcer dyspepsia ([Table 1](#)). Extracts of peppermint are widely used as flavoring (rather than for their medicinal properties) in many products, including toothpastes, mouthwashes, and over-the-counter gastrointestinal (GI) products. Menthol, which is extracted from peppermint, is a common ingredient in over-the-counter topical products used for respiratory congestion, headache, and muscle pain.

[View/Print Table](#)

SORT: KEY RECOMMENDATIONS FOR PRACTICE

CLINICAL RECOMMENDATION	EVIDENCE RATING	REFERENCES
Peppermint oil seems to be a safe alternative for reducing symptoms of irritable bowel syndrome, although the evidence supporting this use is unclear.	B	4,9

CLINICAL RECOMMENDATION	EVIDENCE RATING	REFERENCES
Peppermint oil given via enema can be used for reducing colonic spasm in patients undergoing barium enema.	B	<u>10,11</u>
In combination with caraway oil, peppermint oil can be used for reducing symptoms of non-ulcer dyspepsia.	B	<u>12,13</u>
Peppermint oil can be applied topically to relieve headache.	B	<u>15,16</u>
<p><i>A = consistent, good-quality patient-oriented evidence; B = inconsistent or limited-quality patient-oriented evidence; C = consensus, disease-oriented evidence, usual practice, expert opinion, or case series. For information about the SORT evidence rating system, see page957 or https://www.aafp.org/afpsort.xml (https://www.aafp.org/afpsort.xml).</i></p>		

View/Print Table

Table 1

Key Points About Peppermint Oil

Effectiveness	Irritable bowel syndrome symptoms: probably effective
	Non-ulcer dyspepsia: probably effective
	Reducing spasm during gastrointestinal procedures: probably effective
	Tension headache: probably effective
Adverse effects	Common: allergic reactions, heartburn, perianal burning, blurred vision, nausea, and vomiting
	Rare: interstitial nephritis, acute renal failure
Interactions	May inhibit the cytochrome P450 1A2 system