



DOSSIER · SUBSTANCE

Moringa Oleifera (Horseradish Tree)

Moringa oleifera is a tree whose leaves are studied as food, powder, capsule or extract. The research is predominantly preclinical; in humans there are 36 controlled studies, mainly on metabolism, safety and cardiovascular system. Almost all measure markers such as blood glucose, blood pressure or immune indices, not disease progression.

1,028

STUDIES IN
TOTAL

83

IN HUMANS

36

OF WHICH
CONTROLLED

245

IN ANIMALS

169

IN THE LAB

Figures from the IHR study database · Last updated 2026-10-15

How to Read This Dossier

ESTABLISHED

measured in humans, with a comparison group

PLAUSIBLE

supported by mechanism, animal studies or observation

HYPOTHESIS

a likely connection that still needs to be tested

Moringa oleifera (Horseradish Tree) at a Glance

ORIGIN:

Moringa oleifera, known in German as horseradish tree, is a tree whose leaves are primarily investigated by research, alongside pods and seeds. The leaves serve as a vegetable and as an ingredient in foods, for example in baked goods; in studies they are used as leaf powder, as a capsule or as an aqueous extract. The substance is not a single molecule: there is no molecular formula and no fixed molecular mass.

EVIDENCE BASE:

1,028 evaluated papers · 36 controlled human studies · 47 observational studies · 69 review articles · 245 animal studies · 139 cell culture studies

STRONGEST EVIDENCE:

- Heart and circulation: A review on cardiometabolic endpoints pools randomised controlled trials with 341 participants; it is the most robust work on the list.
- Immune system: A double-blind randomised study tested leaf powder on immune status; further work comes from people with HIV under antiretroviral therapy and records immune indices and blood count changes.
- Metabolism: Controlled studies in prediabetes and type 2 diabetes examine blood glucose values; one study with 40 participants recorded blood glucose, blood pressure and lipid profile.
- Milk production: A double-blind randomised study in postpartum women recorded milk volume in the first days after birth; it is an indication and requires independent replication.
- Safety: A controlled study in people with type 2 diabetes and hypertension explicitly included safety; a narrative review evaluated human studies and case reports from 2015 to 2025.

LIMITATIONS:

- Form diversity: Leaf powder, capsules, leaves as part of the diet and extracts have been tested; a statement about "Moringa" in general cannot be derived from this.
- Measurement level: Predominantly laboratory values such as blood glucose, blood pressure, lipid profile, immune indices and nitric oxide are recorded; they show that something has changed, not whether a disease course improves.
- Combinations: Several controlled studies tested Moringa only in combination, for example with Artemisia annua, metformin or Allium sativum; none of these studies separates the contribution of Moringa alone.

CLASSIFICATION:

Moringa oleifera is well described as a plant; 36 controlled studies in humans predominantly examine markers, not disease progression.

1. What Moringa Oleifera Is

Moringa oleifera, known in German as horseradish tree, is a tree whose leaves are primarily investigated in research, alongside pods and seeds. A large proportion of the papers originates from the agricultural and environmental fields and deals with cultivation, stress physiology and nutrient content of the plant; these studies contribute to knowledge of the raw material, not to the question of use in humans. Decisive for clinical evaluation is the second group: preparations from the leaves that are tested as food supplements or as food.

The decisive difficulty lies in the diversity of forms. The controlled studies test leaf powder, capsules, leaves as part of the diet and extracts, with different comparison groups and different endpoints; a statement about "Moringa" in general cannot be derived from this, but only about the respective preparation tested. Added to this is the measurement level: predominantly laboratory values such as blood glucose, blood pressure, lipid profile, immune indices and nitric oxide in serum and saliva are recorded, as well as statements on quality of life collected via questionnaires. Such markers show that something has changed, not whether a disease course improves. Anyone reading the studies must therefore consider preparation, comparison group and endpoint separately.

2. How Reliable the Research Is

The distribution is clear: basic research forms the largest block, followed by animal studies and cell culture. Reviews on mechanisms and papers from the agricultural and environmental fields are added; in humans the number of studies is considerably smaller, and only some of them are controlled. Among the controlled human studies, metabolism, safety and cardiovascular topics head the list, followed by immune system, antioxidant questions and inflammation. Only individual studies exist on exhaustion, gut, oncology and bone. The most frequently cited controlled studies concern people with HIV under antiretroviral therapy, individuals with prediabetes or type 2 diabetes and postpartum women.

The controlled studies are reliable where they are randomised and double-blind; several of the central studies on immune status, blood glucose and blood pressure follow this pattern. Limiting is that the studies use different preparations, comparison groups and endpoints; as a result they can rarely be read directly alongside one another. It is also striking which studies are cited most frequently: at the top stands a comprehensive review, followed by further reviews, a basic research paper on salt-stress physiology and a cell culture study on the immune effect of a polysaccharide from the leaves. The most-read literature is therefore not the human studies. This shifts perception: the plant is well described, whereas its use in humans has been investigated far less frequently.

Distribution of **controlled human studies** by application area — the numbers are not additive, as one study may be assigned to several areas:

APPLICATION AREA	CONTROLLED STUDIES
Metabolism	14
Safety and tolerability	13
Heart and circulation	13
Immune system	9
Oxidative stress	8
Inflammatory processes	6
Exhaustion and stress	2
Gut and microbiome	2

What has been measured in humans are predominantly markers

The controlled human studies focus on defined groups: people with HIV under antiretroviral therapy, individuals with prediabetes or type 2 diabetes, postpartum women in the first days after birth.

PLAUSIBLE:

The selection follows research logic — where a change in laboratory values is expected and ethically acceptable to measure, testing begins. For use in healthy adults or for prevention this says little; transfers from these groups to others are not permissible as long as they have not been separately investigated. Precisely this testing remains to be done.

Secondly, almost none of the studies measure disease progression. Measured are blood glucose, blood pressure, lipid profile, immune indices, nitric oxide or data from questionnaires. A changed marker in a study with limited duration is an indication of a physiological effect, not of fewer complications or a better prognosis. Milk volume in the first days after birth is also such a target value.

HYPOTHESIS:

The effort of clinical endpoints is likely the main reason why they are missing here. What would decide the question are studies with clinical endpoints, longer observation periods and a uniform preparation, so that results become comparable between studies at all.

3. What Is Frequently Claimed — and What the Data Provide

CLAIM	STUDY SITUATION
Moringa lowers blood glucose in diabetes	Several controlled studies in prediabetes and type 2 diabetes examine blood glucose levels, with different preparations and limited duration. They do not make a
Moringa strengthens the immune system	The studies on this predominantly originate from people with HIV undergoing antiretroviral therapy; immune indices and blood count changes are recorded. The
Moringa increases milk production	A double-blind randomised study in postpartum women is available for this, recording milk volume in the first days after birth. A single study of this size is an ind
Moringa lowers blood pressure	Among other things, blood pressure after a meal and blood pressure values in type 2 diabetes have been investigated. The studies capture short-term values; lo

4. Profile: Molecule and Charge

Moringa oleifera (horseradish tree) is not a single molecule but a **mixture** — there is no molecular formula and no fixed molecular mass. What can be described are functional groups, charge behaviour and redox properties; that is exactly what the next section addresses.

5. Charge, Electrons, Radicals

Regarding charge, zeta potentials are available for nanoparticle formulations: biosynthesised particles show +31 to +37 mV, interpreted as repulsion between the particles and stability of the formulation ²⁶. For MITC nanoparticles and HACE/MITC nanoparticles, -24.46 mV and -24.93 mV are reported ²⁷. Positive as well as negative surface charges are thus documented on particles, not on the plant material. Cation exchange is not measured at any point in the present sentences; whether Moringa preparations bind or exchange cations remains an open measurement question. Electron transfer is likewise not directly recorded.

Radicals and redox: MOLP inhibits α -glucosidase with an IC50 of 8.02 mg/mL and scavenges ABTS-, DPPH-, hydroxyl- and superoxide radicals with IC50 values of 0.21, 0.31, 0.97 and 0.49 mg/mL ²⁸. MOLP-SeNPs scavenge radicals and improve antioxidant capacity in H2O2-induced stress in HepG2 cells ²⁹. At 5–20 mg/mL, 4-RBMG acts more strongly against DPPH- and ABTS-radicals than BITC ³⁰. These values come from cell and assay systems. Nothing of this has been measured in humans; there, free radicals appear only as an accompanying circumstance, in infertility ⁴, as an inhibitory factor of wound healing in diabetes ²⁴ and in diabetic hepatopathy ²⁵. It remains open whether the radical-scavenging properties reach the redox state in humans.

6. Interactions with Other Substances

With which other substances of the platform this substance is **jointly** investigated or discussed in human studies and review articles — combination, comparison or shared mechanism of action. The number indicates studies in which both occur.

SUBSTANCE	JOINT STUDIES	OF WHICH CONTROLLED IN HUMANS
Acceptance and Commitment Therapy (ACT)	69	7
Chronic inflammation	52	6
Art therapy	31	11
Stress, cortisol and inflammation	16	2
Polyphenols	10	1
Quercetin	9	0
Adaptogens	8	2
Turmeric and curcumin	7	0
Gut microbiome	7	2
Iron	7	1

Controlled studies in humans tested Moringa oleifera only in combination. With Artemisia annua and routine care in persons under HAART, CD4 count, viral load suppression and quality of life improved ³¹. Two randomised controlled studies combined Moringa leaf extracts with metformin in type 2 diabetes and report synergistic effects on blood glucose control ³²³³. Another randomised controlled study combined Moringa oleifera with Allium sativum in hyperlipidaemic patients and describes synergistic effects on BMI and lipid profile ³⁴³⁵. None of these studies separates the contribution of Moringa alone.

Regarding intake, a 60-day pilot study with 30 participants mentions a combination of ingredients in a sustained-release tablet with Carbopol matrix taken twice daily ³⁸. A food formula combines Moringa leaf powder (5, 6 and 7 grams) with oat flour, sugar and banana flour; tested was organoleptic suitability, not intake ³⁶. In cell experiments, a substance designated MG interacted with PHB, DRP1 and SLP2 and inhibited the growth of MCF-7 and MDA-MB-231 cells ³⁷; an isothiocyanate inhibited the migration of cancer cells and interacted with NF- κ B subunits ³⁷. It would need to be clarified whether Moringa alters CYP enzymes or binds drugs.

7. Overdose, Tolerability, Limits

PROVEN

A controlled human study tested Moringa leaf capsules in type 2 diabetes and hypertension and explicitly included safety ³⁹. A narrative review evaluated published human studies and case reports from 2015 to 2025 on efficacy and safety ⁴¹. The substance is considered generally well tolerated; rare hypersensitivity and thrombotic events have been reported ⁴¹. In another study, BMI, liver and kidney values as well as lipid profile remained without significant change, which is regarded as an indication of safety ⁴². A study on skin lesions reported no adverse effects over three months ⁴⁰.

Preclinical: Moringa extracts were not toxic to retinal pigment epithelial cells, but cytotoxic to Huh-7 cells ²⁴; this remains a cell finding. One study tested a combination preparation of Banaba, Moringa, green coffee and vitamin D3 and assessed safety via a blood panel with 45 measurements, a quality-of-life questionnaire with 86 items, bone density and cardiovascular changes ^{38 38}; from a mixture no statement follows about the individual substance. Dose, upper limits and contraindications are still outstanding. It would need to be clarified at which intake adverse effects occur and how the rare events ⁴¹ can be classified.

8. The Most Robust Studies

Ordered by strength of evidence, not by familiarity: reviews and studies with many participants first. The complete evaluation comprises significantly more studies; the most robust ones are listed here.

Controlled Studies in Humans

- ¹ Effects of *Moringa oleifera* Lam. Supplementation on Cardiometabolic Outcomes: A Meta-Analysis of Randomized Controlled Trials with ... (2025) — Review, 341 participants
- ² Anticancer effect of *Moringa oleifera* in oral squamous cell carcinoma: a systematic review (2024) — Review
- ³ The Effect of *Moringa oleifera* on Body Weight and Blood Pressure: A Systematic Review and Meta-Analysis of Randomized Controlled ... (2026) — Review
- ⁴ Effect of Supplementation with *Moringa oleifera* on Antioxidant and Oxidative Stress Biomarkers of Infertile Women: A Pilot Open-Label Randomized ... (2024) — 100 participants
- ⁵ Point-of-use interventions to decrease contamination of drinking water: a randomized, controlled pilot study on efficacy, effectiveness, and ... (2010)
- ⁶ Impact of *Moringa oleifera* lam. Leaf powder supplementation versus nutritional counseling on the body mass index and immune response of HIV patients ... (2017) — 30 participants
- ⁷ *Moringa oleifera* Leaf Supplementation as a Glycemic Control Strategy in Subjects with Prediabetes (2021)
- ⁸ A double-blind, randomized controlled trial to examine the effect of *Moringa oleifera* leaf powder supplementation on the immune status and ... (2021)
- ⁹ A new original nutraceutical formulation ameliorates the effect of Tadalafil on clinical score and cGMP accumulation (2021) — 86 participants
- ¹⁰ Consumption of *Moringa oleifera* Lam Leaves Lowers Postprandial Blood Pressure (2020)
- ¹¹ Effects of *Moringa oleifera* Lam. Supplementation on Inflammatory and Cardiometabolic Markers in Subjects with Prediabetes (2022)
- ¹² The effect of *Moringa oleifera* capsule in increasing breastmilk volume in early postpartum patients: A double-blind, randomized controlled trial (2021)
- ¹³ *Moringa* supplementation improves immunological indices and hematological abnormalities in seropositive patients receiving HAARTs (2022)
- ¹⁴ Impact of *Moringa Oleifera* leaves supplementation on quality of life of people living with HIV: A double-blind randomized controlled trial (2021)
- A Randomized Single Dose Parallel Study on Enhancement of Nitric Oxide in Serum and Saliva with the Use of Natural Sports Supplement in Healthy Adults (2018)
- ¹⁵ Effects of *Moringa oleifera* leaves on the blood glucose, blood pressure, and lipid profile of type 2 diabetic subjects: A parallel group randomized ... (2025) — 40 participants
- ¹⁶ *Moringa oleifera* Lam. as a potential plant for alleviation of the metabolic syndrome-A narrative review based on in vivo and clinical studies (2024)
- ¹⁷ Evaluation of the effects of *Artemisia Annua* L. and *Moringa Oleifera* Lam. on CD4 count and viral load among PLWH on ART at Mbarara Regional Referral ... (2024)
- ¹⁸ Does *Moringa oleifera* Lam. leaves supplementation have an impact on the weight and bone mass index of people living with HIV that are on ... (2022)
- ¹⁹ Dietary diversity and impact of *Moringa oleifera* Lam. leaves supplemented - Diet on the nutritional status and CD4 cell counts of patients receiving ... (2022)
- ²⁰ The effect of *Moringa oleifera* capsule in increasing breast milk volume in early postpartum patients: A double-blind, randomized controlled trial (2022)
- ²¹ *Moringa oleifera* and Blood Pressure: Evidence and Potential Mechanisms (2025)
- ²² Clinical Assessment of *Moringa oleifera* as a Natural Crosslinker for Enhanced Dentin Bond Durability: A Randomized Controlled Trial (2023) — 50 participants
- ²³ Challenges and pathways to herbal ethical approval: an institutional case study of a randomized controlled trial on *Moringa* ... (2026)

9. Summary

PROVEN In humans there are 36 controlled studies, led by metabolism (14), safety (13) and cardiovascular system (13), followed by immune system (9), oxidative stress (8) and inflammatory processes (6); for exhaustion and gut, 2 each. However, the most frequently cited is a comprehensive review article, followed by further reviews, a basic study on salt stress physiology and a cell culture study on the immune effect of a polysaccharide from the leaves.

For use in healthy adults or for prevention this says little. **Hypothesis:** The effort of clinical endpoints is likely the main reason why they are missing here; the radical scavenging properties have so far only been measured in cell and assay systems, and whether they reach the redox state in humans is open.

Furthermore, it would need to be clarified whether *Moringa* alters CYP enzymes or binds drugs, from which intake adverse effects occur and how the rare hypersensitivity and thrombotic events can be classified. It remains open whether *Moringa* preparations bind or exchange cations; a cation exchange has not been measured anywhere so far. It would also need to be examined whether the findings in people with HIV on therapy, in prediabetes or type 2 diabetes and in postpartum women are transferable to healthy adults.

10. What Remains Open

- **Comparability:** Which preparation — leaf powder, capsule, fresh leaf — is comparable in which quantity with which other? Standardisation would only make the studies readable together.

- **Clinical endpoints:** Whether the observed marker changes influence the course of diabetes, hypertension or HIV infection has not been examined by any of the present studies so far.
- **Long-term use:** Safety is a separate focus of examination, yet the observation period ends with the respective study. Whether intake over months remains unproblematic is open.

11. Further Paths

Topics, mechanisms of action and chains in which this substance occurs — for all who want to look beyond the substance.

- Interaction network

Frequently Asked Questions

Which preparation should I base the assessment on?

The studies examine leaf powder, capsules, leaves in the diet and extracts. These forms differ in composition and absorption, and the studies do not compare them with one another. Each statement therefore applies only to the form from which it originates and to the comparison group against which it was tested.

Can the results be transferred to healthy adults?

The controlled studies come predominantly from people with HIV under antiretroviral therapy, from individuals with prediabetes or type 2 diabetes and from postpartum women. In healthy adults the question of benefit and tolerability has not been examined in a comparable manner. A transfer is therefore not possible without this being investigated separately.

How should safety be assessed?

Safety is a separate focus of investigation and is represented in the controlled human studies. Adverse events and tolerability are recorded over the respective study duration. These periods are limited; statements about long-term intake cannot be derived from them.

Sources

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- 30 **The results show that at 5-20 mg/mL, the anti-oxidation effects of 4-RBMG on DPPH and ABTS free radicals are superior to...**
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Research, put in context. Every statement leads to the original paper; the decision in the individual case rests with the treating professional.
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