



herbs for women's health

The use of botanical medicines in women's healthcare is an ancient practice. Dong quai (*Angelica sinensis*) has been part of traditional Chinese medicine (TCM) for at least 2,000 years, and black cohosh (*Cimicifuga racemosa*) has been important to Native American healing for centuries. St John's wort, or SJW (*Hypericum perforatum*), has been studied for the treatment of premenstrual syndrome (PMS). Modern research has analyzed the use of herbs and found some botanical treatments to be quite effective at treating depression, as well as hot flashes, PMS, and other women's ailments.

» Black Cohosh

Native to North America, black cohosh is a perennial herb that grows three to nine feet high. The rhizome (trailing root) of this plant is used medicinally. Native Americans used black cohosh to alleviate pain during childbirth and menses.

It has also been used and studied extensively for treating hot flashes. One particular standardized extract of black cohosh (Remifemin) has been evaluated in multiple clinical trials. Several clinical trials have shown positive results for Remifemin for hot flashes. In another study, breast cancer survivors who were also using tamoxifen took black cohosh extract for 12 months. Results showed that "almost half of the patients" in the treatment group "were free of hot flashes, while severe hot flashes were reported by 24.4 percent of patients

of the treated group." In contrast, 73.9 percent of those in the placebo group reported severe hot flashes. The typical recommended dose is 40 mg per day.

» Dong Quai

A perennial herb found in mainland China, Japan, and Korea, dong quai's dried root is prized for its medicinal value. Among other medicinal actions, dong quai is considered a uterine tonic and is used as an antispasmodic for painful menses and hot flashes associated with menopause. While one human clinical trial on the use of dong quai to reduce hot flashes showed no difference between the treatment group and placebo, this herb is most frequently used in combination with other botanicals and may have a synergistic effect that provides benefits when included in an herbal formula.

» St. John's Wort

SJW has many documented medicinal properties. Clinical trials comparing St. John's wort to standard antidepressant medications (e.g., Prozac) have shown SJW to be effective for the treatment of mild to moderate depression with fewer side effects. St. John's wort is sold as both the raw herb and as a standardized extract. The most frequently studied SJW preparation is a standardized extract called LI160, recommended at a dosage of 300 mg three times daily.

Research also shows St. John's wort effective at treating symptoms of PMS. In one study, 19 women received 300 mg of SJW once daily. PMS symptoms decreased by 51 percent overall, and more than two-thirds of the women experienced at least a 50 percent reduction in symptom severity.

» Cautions

SJW interacts with some prescription medications and decreases their effectiveness. For those who are taking immunosuppressive drugs (e.g., Cyclosporine) or anticoagulant medication (e.g., Warfarin), SJW is not advised. SJW may also decrease the effectiveness of oral contraceptive pills. Dong quai may potentiate the effect of Warfarin, so caution is advised for anyone receiving chronic treatment with this drug. There have been no documented herb-drug interactions with black cohosh. As with any herbal medicine, consult a healthcare professional knowledgeable in herb-drug interactions before taking any herbs on a regular basis.

—John Neustadt, ND

"Complementary and alternative medicine for menopausal symptoms: A review of randomized, controlled trials" by F. Kronenberg and A. Fugh-Berman, *Ann Intern Med*, 11/02 ● "A double-blind, randomized trial of St. John's wort, fluoxetine, and placebo in major depressive disorder" by M. Fava et al., *J Clin Psychopharmacol*, 10/05 ● "Estrogen bioactivity in fo-ti and other herbs used for their estrogen-like effects . . ." by K. O. Klein et al., *J Clin Endocrinol Metab*, 9/03 ● "Herb-drug interactions: What clinicians need to know" by J. Neustadt, *Integrative Medicine*, 2-3/06 ● "Hot flashes revisited: Pharmacological and herbal options for hot flashes management . . ." by R. Haimov-Kochman and D. Hochner-Celnikier, *Acta Obstet Gynecol Scand*, 10/05