



The Herbalist's Approach to Menopausal Symptom Management

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Introduction

Recently revealed risks of hormone replacement therapy have thousands of women and their healthcare practitioners actively seeking more information about alternative therapies for symptoms of menopause. This article by Aviva Romm, midwife and president of the American Herbalist Guild, offers an excellent overview of various botanicals that have been traditionally used by women going through this time of life.

Disclaimer

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By the year 2015 it is estimated that 50 percent of all women in America will be menopausal. Women's opinions and experience of menopause are changing. Whereas menopause was a hushed topic until recently, times have changed for the 40 million American women going through menopause today, and women are openly looking for strategies to maintain their health and minimize the discomforts associated with "the change." While perimenopause (the phase when a woman's hormones change, which leads to reduced menstruation until it ultimately ceases) may be associated with varying degrees of discomfort from mild to severe, it is important to remember that this can be the beginning of a welcomed new phase of life for women.

Symptoms of Menopause for Which Women Commonly Seek Herbal Care

- Some of the most common problems for which women seek botanical therapies during this time include: hot flashes, memory problems, insomnia,

fatigue, heart palpitations, depression and anxiety, vaginal dryness, heavy bleeding, incontinence, and hair loss.

- Women also encounter new concerns about their heart and bones after menopause. Heart disease and osteoporosis raise the question of whether to use hormone replacement therapy (HRT) for protection.

Herbal Strategies

Herbalists may suggest a number of useful botanical therapies that are mild, effective, and reliable. While some of these are backed by solid research, many are unsubstantiated by clinical trials. Therefore, the evidence for a number of botanical therapies for menopause is largely informed by historical use and confirmed by the everyday experience of those who are using them.

Symptoms

Hot Flashes and Night Sweats

- About 75 percent of American women will experience hot flashes; 15 percent of women will have severe hot flashes. This may lead to embarrassment, physical discomfort, and night waking, which can aggravate insomnia.
- Botanical therapies commonly used include motherwort (*Leonurus cardiaca*), sage (*Salvia officinalis*), black cohosh (*Actaea racemosa*), and Asian ginseng (*Panax ginseng*).

Memory Problems

- Memory difficulties may be a function of hormonal changes, and are worsened by lack of sleep and emotional stress, all of which are extremely disconcerting.
- Botanical therapies commonly

used include ginkgo (*Ginkgo biloba*), bacopa (*Bacopa monnieri*), Chinese peony (*Paeonia lactiflora*), Asian ginseng (*Panax ginseng*), and rosemary (*Rosmarinus officinalis*).

Insomnia

- Insomnia is a common problem for perimenopausal women, and lack of sleep aggravates stress, memory loss, depression, and physical discomfort.
- Botanical therapies commonly used include skullcap (*Scutellaria lateriflora*), motherwort (*Leonurus cardiaca*), passionflower (*Passiflora incarnata*), English lavender (*Lavandula angustifolia*), kava (*Piper methysticum*), and valerian (*Valeriana officinalis*).

Heart Palpitations

- Heart palpitations are common among otherwise healthy perimenopausal women, though cardiac and thyroid problems should be ruled out by a healthcare professional.
- Common botanical therapies include motherwort (*Leonurus cardiaca*), black cohosh (*Actaea racemosa*), and hawthorn (*Crataegus laevigata*).

Depression and Anxiety

- Hormonal changes, aging, personal concerns, loss of sleep, inadequate nutrition, problems with memory, and other physical complaints can fuel feelings of frustration and depression, and new concerns about health can lead to anxiety.
- Botanical therapies commonly used include eleuthero (*Eleutherococcus senticosus*, sometimes mistakenly referred to as "Siberian ginseng"), ginkgo



(*Ginkgo biloba*), Asian ginseng (*Panax ginseng*), dong quai (*Angelica sinensis*), motherwort (*Leonurus cardiaca*), St. John's wort (*Hypericum perforatum*), and blue vervain (*Verbena hastata*).

Vaginal Dryness

- This uncomfortable symptom increases susceptibility to infection and may have a negative impact on sexual experience with both physical and emotional ramifications.
- Botanical therapies commonly used include both topical emollient therapies as well as internal botanical protocol: red clover (*Trifolium pratense*), licorice (*Glycyrrhiza glabra*), calendula (*Calendula officinalis*), American ginseng (*Panax quinquefolius*), and black cohosh (*Actaea racemosa*).

Heavy Bleeding

- Many women will experience at least one episode of vaginal flooding during the perimenopause.
- Botanical therapies commonly used include yarrow (*Achillea millefolium*), lady's mantle (*Alchemilla xanthochlora*), Tienchi ginseng (*Panax notoginseng*), camu-camu (*Myrciaria dubia*), and shepherd's purse (*Capsella bursa-pastoris*).

Key Botanical Remedies Review

A brief review of the research or potential for research on some of these herbs

Sage (*Salvia officinalis*)

Sage is used as a primary treatment to prevent and reduce hot flashes, even though it has not been widely researched. One study evaluated the efficacy of a plant product based on extracts of the leaves of sage (*Salvia*

officinalis) and alfalfa (*Medicago sativa*) in the treatment of hot flashes in 30 menopausal women with these symptoms. Hot flashes and night sweats completely disappeared in 20 women, four women showed good improvement and the other six showed a reduction in symptoms. The product seems to have a slight antidopaminergic (counteracting or preventing the effects of dopamine) action without side effects and is an effective agent in the treatment of menopausal symptoms.

Red Clover (*Trifolium pratense*)

Historically, red clover has been used as a treatment for skin and respiratory disorders. Since the 1940s, it has been a principle ingredient in the famous Hoxey anti-cancer formula. Red clover contains isoflavones in significant quantity. Genestein is the most active component of red clover and most effective of the isoflavones in the plant. Its safety, if consumed in large quantities, is questionable for women with breast cancer and the herb may be equivalent in estrogenic potential to estradiol (a hormone that is critical for sexual function and that supports bone growth). Isoflavones may exhibit their most notable effects in the reduction of cholesterol, with statistically significant reductions in low-density lipoproteins (LDL cholesterol) along with increases in high-density lipoproteins (HDL cholesterol).

Asian and American Ginseng (*Panax ginseng*, *Panax quinquefolius*)

Ginseng is a highly valued medicinal plant that is consumed worldwide for its tonic effects. Ginseng is thought to increase vitality and the ability to withstand stress by acting on the hypothalamus-pituitary-adrenal cortex axis; and to restore and strengthen the body's immune response. It is specifically used to improve learning and memory and to relieve anxiety, debility, and sexual inadequacy. Further, ginseng improves exercise stamina, enhances mood, and improves hemoglobin uptake in humans. Given these indications, people

often use ginseng to ease depression, as it addresses many underlying causes and symptoms, including fatigue, susceptibility to infection, sexual dysfunction, and cognitive impairment.

While ginseng has a long historical record of safe use, it has recently been shown to decrease the effectiveness of warfarin and has led to incidence of mania in depressed patients who combined it with antidepressant medications. Therefore, care should be taken when taking this herb with other medications.

Numerous studies have demonstrated the ability of ginseng to improve quality of life through increased stamina, mental agility, reduced susceptibility to stress and infection, and reduction of fatigue and depression. It may be particularly beneficial for the treatment of related menopausal complaints. Another study shows, however, that the beneficial effects of ginseng are most likely not mediated by hormone replacement-like effects.

Chaste Tree (*Vitex agnus-castus*)

Chaste tree, or vitex, has gained in popularity in recent years for its use in regulating the menstrual cycle. It has been shown to lead to a net reduction of the hormone prolactin, which when elevated, has been associated with premenstrual mood fluctuations. Chaste tree is also thought to improve relative progesterone deficiency. However, just how chaste tree works is still unknown. Many women experience a noticeable reduction of both premenstrual and perimenopausal stress and depression. However, several herbalists have noted an exacerbation of symptoms, but only rarely. It has been speculated that this exacerbation may occur in women who are already estrogen deficient and progesterone dominant, the effects of adding chaste tree aggravating this imbalance. Its progestogenic effects may encourage the stabilization of the uterine lining and be useful in the prevention of perimenopausal flooding.



It is considered safe for long-term use.

Black Cohosh (*Actaea racemosa* syn. *Cimicifuga racemosa*)

Black cohosh has a long history of use as an herb for women, widely employed by Native Americans, Eclectic physicians, and folk herbalists. It has recently gained widespread attention for its treatment of perimenopausal symptoms due to alleged phytoestrogenic effects. The phytoestrogens act weakly to bind with endogenous estrogen receptors, thus potentially enhancing estrogen levels in women who are estrogen deficient, and reducing excess endogenous estrogen levels by preferentially binding with these receptor sites. This action, however, is uncertain.

Black cohosh prevents or relieves muscle cramps, helps to reduce tension and blood pressure, and promotes relaxation and sleep. Combined with its ability to reduce hot flashes, uterine spasms, and to serve as a general tonic for the uterus, black cohosh is excellent for women with menstrual or perimenopausal complaints and depression.

Side effects are not expected when used at recommended doses.

Ashwagandha (*Withania somnifera*)

Much like ginseng, eleuthero, and licorice, ashwagandha has adaptogenic effects (an adaptogen is a safe general tonic that normalizes body functions, whatever the condition or disease), that, with long-term use, reduces the effects of stress. Reducing the stress response can reduce stress hormones that often increase in depression. It is also a nerve tonic, gentle and mild sedative, and a tonic for the immune system. It improves health and stamina when there is debility and nervous exhaustion due to stress. It may be used safely by elderly and may be useful in the prevention and treatment of cancer.

Dong Quai (*Angelica sinensis*) and Chinese Peony (*Paeonia lactiflora*)

In traditional Chinese medicine, a primary

cause of depression is considered to be blood deficiency — also seen as pale skin, fatigue, and weakness. Blood deficiency is made worse by the regular monthly loss of blood through menses, as well as by childbirth. Formulas for the treatment of deficient blood frequently contain the herbs dong quai (also called *tang gui*) and Chinese peony. Their actions, in addition to enhancing red blood cell production, may be partly estrogenic, though some think that they don't have any estrogen-like effects on the uterus. Dong quai and Chinese peony have both shown demonstrable effects in the treatment of painful menstruation, and both are anti-anemic female tonics. Dong quai should not be taken where there is tendency of uterine bleeding and should not be used without expert supervision during pregnancy. Chinese peony is a good general antispasmodic and muscle relaxant, may mildly enhance cognitive function, and has immune-enhancing qualities. These herbs are often combined with rehmannia (*Rehmannia glutinosa*), *Ligusticum*, and licorice (*Glycyrrhiza glabra*).

Ginkgo (*Ginkgo biloba*)

A 2000 study investigated the possibility of an alternative to chemical medication in the treatment of sexual dysfunction in healthy women. The efficacy of a unique herbal formulation of muira puama (*Ptychopetalum olacoides*) and ginkgo was assessed in 202 healthy women complaining of low sex drive. Various aspects of their sex life were rated before and after one month of treatment. Responses to self-assessment questionnaires showed significantly higher average total scores from baseline in 65 percent of the women after taking the supplement. Statistically significant improvements occurred in frequency of sexual desires, sexual intercourse, and sexual fantasies, as well as in satisfaction with sex life, intensity of sexual desires, excitement of fantasies, ability to reach orgasm, and intensity of orgasm. Reported compliance and tolerability were good. Numerous studies demonstrate the efficacy of ginkgo for

treating failing memory, and cognitive dysfunction. These are significant factors in perimenopausal depression. Ginkgo does not directly act as an antidepressant herb, but its action of improving cognitive function, enhancing memory, and increasing cerebral blood flow and tissue oxygenation may enhance feelings of well-being. Additionally, memory loss in perimenopausal women can itself lead to anxiety and depression, and relieving this symptom may improve outlook.

While ginkgo has been associated with few side effects, it has been associated with spontaneous bleeding, both in conjunction with anticoagulant herbs and independently. Therefore, ginkgo should not be used with other anticoagulant therapies, including aspirin, and it should be stopped several weeks before any anticipated surgery.

Tienchi ginseng (*Panax notoginseng*)

An animal study evaluated the effectiveness of Tienchi ginseng in reducing bleeding time. This herb is currently employed by some midwives in the United States for the treatment of postpartum hemorrhage and menopausal flooding. Tienchi ginseng showed a favorable result over placebo in reducing bleeding time.

St. John's wort (*Hypericum perforatum*)

The most popular antidepressant herb on the market, St John's wort, has a long history of use for mild to moderate depression, dating to the middle ages when it was used as protection from "evil spirits," which were believed to cause abnormal mental states. The name *Hypericum* stems from the Greek word meaning "over an apparition" based on the belief that it caused evil spirits to flee. This herb has some history of use for the treatment of mild to moderate depression in menopausal women, and may be combined with other herbs such as chaste tree (*Vitex agnus-castus*) or black cohosh (*Actaea racemosa* syn. *Cimicifuga racemosa*) for this purpose.



There is a vast amount of literature demonstrating the relative safety and efficacy of St. John's wort as a treatment for mild to moderate depression, yet how it works is still unknown. There has been investigation into what are believed to be the active principles hypericin and hyperforin, and to its possible actions as an MAO inhibitor and its ability to act upon serotonergic pathways. Many of these authors cite studies that indicate St John's wort has been shown to be better than placebo and at least equal to standard prescription antidepressant medications.

Few side effects are seen with St. John's wort use, however, it has been shown to cause temporary sun sensitivity, which may lead to faster sunburn, in fair-skinned people. This condition disappears within a few days after stopping the product, and is generally, though not always, associated with higher than recommended dosages. St. John's wort has been found to interact with a number of pharmaceutical drugs, most notably cyclosporine (a drug used by those who have had organ transplant surgery to prevent the body from rejecting the new tissue). All medications should be audited for possible herb-drug interactions before taking St. John's wort. It should be avoided by those taking medications with a narrow therapeutic index such as anticoagulants, immunosuppressants, and anti-arrhythmics. Patients already using prescription antidepressants should not take St. John's wort at the same time.

Kava (*Piper methysticum*)

Kava shows significant ability to reduce anxiety and promote deep relaxation and sleep. While not directly used for the treatment of depression, kava can reduce stress and chronic pain, thus having an indirect but definite impact depression due to any of these causes. Kava was shown in one study to be of specific use in the reduction of menopausal anxiety and to "accelerate the resolution of psychological symptoms" when

combined with hormonal therapy.

Further investigation is needed to assess the true potential toxicity of kava. Practitioners must make a relative benefit-risk assessment regarding kava, pay close attention to liver-specific signs that may arise, and inform their patients. Kava should not be combined with other medications until further evidence is available. Some individuals describe the experience of using kava as "unpleasant" or "numbing," therefore starting with a small trial dose might be best.

Motherwort (*Leonurus cardiaca*)

While a search of the online medical literature revealed no citations for motherwort, a Western herb with a long history of use for women's menstrual and menopausal complaints that has served as a uterotonic and nervine, there is ample literature on Chinese motherwort. One article describes special prescriptions for internal and external uses, including pills for pregnant women, for mothers right after giving birth, and as to stimulate menstrual flow. Western herbalists use motherwort to treat menopausal anxiety, insomnia, heart palpitations, and to tone the uterus.

Additional Botanical Therapies

An online medical literature search for the following herbs yielded no citations on the use of these herbs for the treatment of menopausal complaints. However, they are widely used in clinical practice by herbalists with good results.

- Yarrow (*Achillea millefolium*) — used as a uterine astringent for menopausal bleeding and also in the treatment of urinary tract infections.
- Lady's mantle (*Alchemilla xanthochlora*) — used as a uterine astringent for menopausal bleeding.
- Blue vervain (*Verbena hastata*) — used to treat hormonally related irritability and depression.
- Rosemary (*Rosmarinus*

officinalis) — used to elevate mood and improve memory and cognitive function.

- Shepherd's purse (*Capsella bursa-pastoris*) — to promote blood coagulation in the treatment of uterine bleeding.
- Passionflower (*Passiflora incarnata*) — promotes sleep and reduces stress and anxiety.
- Skullcap (*Scutellaria lateriflora*) — reduces stress and anxiety, promotes sleep, aids in the reduction of night sweats.
- Angelica (*Angelica archangelica*) — nervine tonic, antispasmodic, reduces hot flashes, uterotonic.
- Damiana (*Tuneria diffusa* var. *diffusa*) — used to enhance sexual drive and as a relaxant.