



# HerbClip™

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**FILE: ■Hot Flashes  
■Menopause**

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**RE: Review of Herbal Treatments Used for Menopause Symptoms**

Fugate SE, Church C. Nonestrogen treatment modalities for vasomotor symptoms associated with menopause. *Ann Pharmacother.* 2004;38:1482–1499.

Hot flashes are a common and disrupting symptom of menopause. Seventy percent of women experience vasomotor symptoms within three months of menopause, and 20% of these women can experience hot flashes for up to 15 years. With the reduction in hormone replacement therapy (HRT) after the Women's Health Initiative (WHI) study concluded that conventional estrogen plus progesterone treatment increased the risk of cardiovascular disease and mortality,<sup>1</sup> alternative treatments for menopause symptoms have been sought. In this article, the authors review studies between 1959 and February 2004 for evidence related to pharmacological herbal and lifestyle modification treatments for hot flashes.

Black cohosh (*Actaea racemosa* syn. *Cimicifuga racemosa*) was determined to significantly decrease the number and severity of hot flashes when taken at 40 mg/d. The evidence for the efficacy of soy (*Glycine max*) is conflicting, although most studies showed a statistically significant reduction in hot flashes in women taking 40-60 grams of soy protein or 50-80 mg of isoflavones per day. On the other hand, studies that administered dong quai (*Angelica sinensis*) evening primrose oil (*Oenothera biennis*), phytoestrogens from red clover (*Trifolium pratense*) did not show significant reductions in vasomotor symptoms in the volunteers. Additionally, exercising 2 to 3.5 hours per week improved hot flashes in several studies.

Although the authors conclude that two of the herbs are effective in the treatment of hot flashes, the clinical trials in which these and the other herbs were used deserve further analysis. These herbs were given as monotherapies - just one substance at a time. In various traditional botanical medicine systems, herbs are often used in combination. Therefore, it may be useful for future clinical trials to evaluate these substances in combination therapies. The authors allude to this when they write, "In China, dong quai is used in combination with other products for its potential effect, whereas in the US, it is found as a single herb."

Additionally, the combination of lifestyle, nutritional and herbal therapies may have additive effects and should be studied further.

—*John Neustadt, ND4*

**References**

1. Rossouw JE, Anderson GL, Prentice RL, et al. Risks and benefits of estrogen plus progestin in healthy postmenopausal women: principal results From the Women's Health Initiative randomized controlled trial. *JAMA*. Jul 17 2002;288(3):321-333.

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