Time Tested:
Top 10 Herbs in Women's Health

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PROFESSIONAL RESOURCES

Table of Contents

Introduction

Women's health includes a wide array of gynecological and primary care issues, with some being more important or only relevant in one decade of life versus another. This report will focus on ten herbs, including the scientific research, as well as the historical traditional uses in different decades and different health issues in a woman's life.

The herbs to be discussed include:

1. Chaste tree
2. Black cohosh
3. St. John's wort
4. Ginger
5. Fenugreek
6. Valerian
7. Cranberry
8. Shisandra
9. Green tea
10. Raspberry leaf

#1: Chaste tree (*Vitex agnus–castus*)

Vitex agnus-castus, or chaste tree, is one of the most versatile herbs for women's health.

Research has shown that using chaste tree can be an effective treatment option for:

- Hyperprolactinemia
- Luteal phase deficiency
- Cylcic mastalgia
- Irregular menses
- PMDD
- PMS
- Perimenopause with PMS

Figure 1

For the most part, historical and theoretical uses of chaste tree have been to treat women's health issues including (but not limited to): amenorrhea, anxiety, dysmenorrhea, and other issues associated with reproductive health.

Chaste tree is perhaps best known for its ability to treat many chronic abnormal bleeding issues. However, it isn't a fast acting plant, so if it is used to treat menorrhagia, results will not be seen for several hours or days. In situations such as this, it is best to keep the patient on short-term, immediate herbal formulas or hormones and integrate in the use of chaste tree over the next few cycles to change the overall pattern.

Chaste tree should be used every day, not just during the period or not just during the second half of the cycle.

Vitex and mastalgia

Since 2000, five major randomized and non-randomized studies have been conducted on chaste tree. The first was an open study of 1,600 women who had cyclic mastalgia in

PMS. After three months, 80% of the women rated their response as good or very good in terms of decreasing the discomfort of their mastalgia.[1]

The next study, which was conducted in several different sites, looked at 50 patients with premenstrual cyclic mastalgia. Chaste tree was given daily for three consecutive cycles. By the end of that time period, cyclic breast pain decreased significantly. After stopping treatment, patients reported continued improvement up to three months. In general, there was little dramatic change after this first initial improvement, but there were smaller more continuous degrees of improvement.[2]

The third study was a randomized, controlled trial, which looked at 97 women with cyclic mastalgia. When compared to the placebo group, the chaste tree group showed improved duration of pain and intensity. In the chaste tree group, half the women did not have severe pain at all during any time in the menstrual cycle. In addition, only 25% had severe pain for 4% of the days compared to 20% of days before treatment started.[3]

The fourth study conducted was a randomized trial that looked at women with PMDD. When the placebo group was compared to the chaste tree group, 58% of the chaste tree group had improvements in cyclic mastalgia, and 68% had improvements in psychological symptoms.[4]

Vitex and PMS

A group of 217 Chinese women who had moderate to severe PMS were given a standardized extract of chaste tree. The women were randomly assigned to the chaste tree or placebo group. The mean total Premenstrual Syndrome Diary (PMSD) score decreased from 29.23 at baseline to 6.41 at the end of the third cycle for the Vitex group and from 28.14 at baseline to 12.64 at the end of the third cycle for the placebo group. The premenstrual tension syndrome self-rating scale used in the study went from 26 down to about 10 for the chaste tree group, and 27 down to about 14 for the placebo group.[5]

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[1] Loch E, et al. J Womens Health Gend Based Med 2000;9:315-320.

[2] Berger D, et al. Arch Gynecol Obstet 2000;264:150-153.

[3] Halaska M, et al. Breast 2000; 8:175-181.

[4] Atmaca M, et al. Hum Psychopharmacol 2003;18:191-195.)

[5] Maturitas 2009; 63:99-103

Vitex and secondary amenorrhea

A study was conducted on a group of 57 women with a variety of menstrual disorders. Of those 57 women, six women who had secondary amenorrhea developed one or more cyclic menstruations.[6]

Chaste tree has been shown to increase luteinizing hormone production and mildly inhibit the release of FSH. As a result, a shift in the ratio of estrogen and progesterone in favor of progesterone can occur. However, when it comes to secondary amenorrhea, it is important to keep in mind the importance of the timeframe in which the treatment strategy is designed to work. Treatment options might also need to include other treatments along with chaste tree.

Dosing

There is no universal standardization for chaste tree berry. Many extracts are standardized to contain 0.5% agnuside or 0.6% aucubin. A typical dosage might be 40–60 drops of liquid tincture.

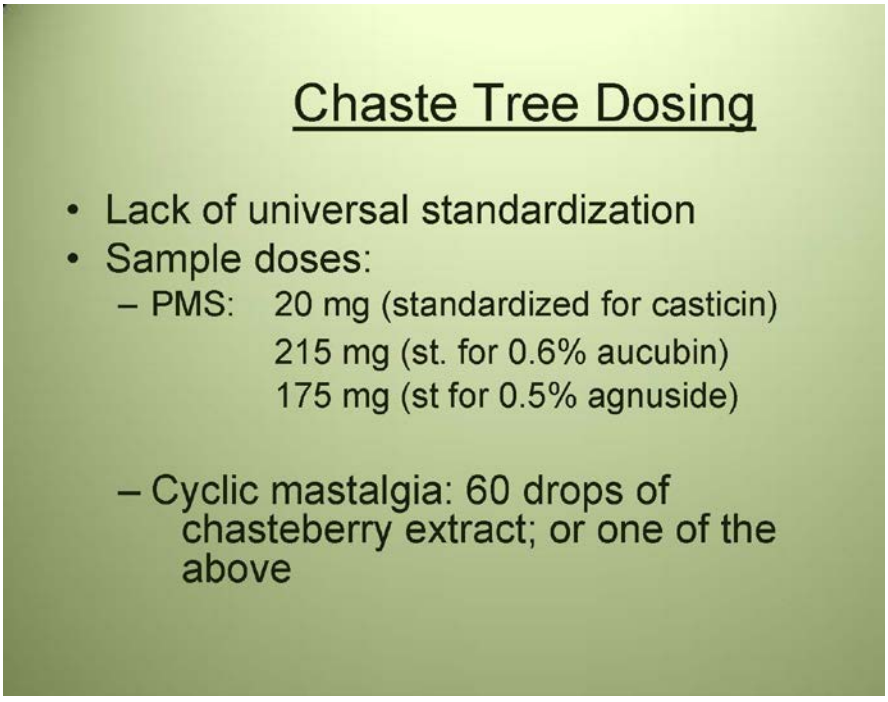

Figure 2

[6] Probst V Roth O. Dtsch Med Wschr 1954

The plant is very well tolerated and generally has limited, mild side effects such as: rash, headache, vertigo, GI upset, hot flashes and loss of libido. Those with allergies to the Verbenaceae family may want to avoid chaste tree.

A case report suggested chaste tree might cause ovarian hyper stimulation. For this reason, people may choose not to prescribe chaste berry in polycystic ovarian syndrome.

Cautions

Some question using chaste berry with birth control pills; however, it is highly unlikely that chaste tree can suppress the effects of the high doses of progestin or halt ovulation. In addition, there are limited circumstances where a woman would need to use this herb with birth control pills.

Chaste tree should be avoided with dopamine agonists or antagonists. It should not be used during pregnancy but can be used during lactation since the herb modulates secretions of prolactin from the pituitary gland. In fact, animal studies have indicated that it actually promotes lactation.

The herb may want to be avoided during in vitro fertilization since it can act as a suppressor to ovaries.

#2: Black cohosh (*Actaea racemosa*)

Black cohosh is another effective plant that can be used in women's healthcare. The dominant area of research is in perimenopause and menopause issues, as well as with arthritis pain. Historically it has been used for:

- Amenorrhea
- Aphrodisiac
- Cervical dysplasia
- Depression
- Dysmenorrhea
- Infertility
- Labor induction
- Mastitis
- Miscarriage

- Osteoporosis
- PCOS
- Polymenorrhea
- PMS
- Uterine fibroids
- Uterine prolapse
- Sleep disorders

It is most commonly used as a menstrual cramp or depression formula.

Figure 3

Research

There have been more than 100 published scientific papers that have evaluated the efficacy of black cohosh in perimenopause and menopause. The majority of these studies showed benefits with the use of the herb and most revealed that it works best for common symptoms of perimenopause.

Black cohosh and St. John's wort

Using black cohosh and St. John's wort can be a powerful combination for peri and postmenopausal women. These herbs can be particularly helpful in treating mood disorders.

One study looked at the effects of black cohosh and St. John's wort using classic research tools. In this study, the Average Menopause Rating Scale score was shown to decrease 50% in the treatment group and only 19.6% in the placebo group. The Hamilton Depression Rating Scale score decreased 41.8% in the treatment group and 12.7% in the placebo group. In both the general menopause rating scale and in the depression scale, the St. John's wort/black cohosh group was significantly superior to the placebo group.[7]

A prospective, controlled open-label observational study looked at 6,141 women at 1,287 outpatient gynecologic clinics in Germany. Patients were given 20 mg tablets of Remifemin twice daily, Remifemin plus at 3.75 mg iCR extract and 70 mg SJW (frin 245 mg to 350 mg). Results showed that the combination worked better than black cohosh alone, only for mood symptoms.[8]

A third study looked at peri or postmenopausal Korean women. Mean Kupperman index scores at 4 and 12 weeks were significantly lower in the treatment group ($P < 0.002$). The average decrease in the Kupperman Index was 20 points in the treatment group and only 8.2 points in the placebo group. Vaginal dryness and low libido did not improve but average hot flash scores were significantly lower in the black cohosh/St. John's wort group.[9]

Safety

Breast cancer

Some practitioners have concerns about prescribing black cohosh to peri and postmenopausal breast cancer patients. Research has shown, however, black cohosh does not affect estrogen-receptor-positive breast cancer cells. Further, there have been no estrogen-stimulating effects shown in animal models with estrogen-receptor-positive breast cancer cells. In fact, one study showed that women who took black cohosh for menopause symptoms over the course of a period of time had a 61% reduced risk of getting breast cancer.[10] From information published, it has been concluded black cohosh is safe for use in breast cancer patients.

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[7] Uebelhack R, et al. Obstet Gynecol 2006;107:247-255

[8] Briese V, et al. Maturitas 2007;57:405-414

[9] Chung D, et al. Yonsei Med J 2007;48(2):289-294.

[10] Int. J. Cancer 2007; 120:1523-1528.

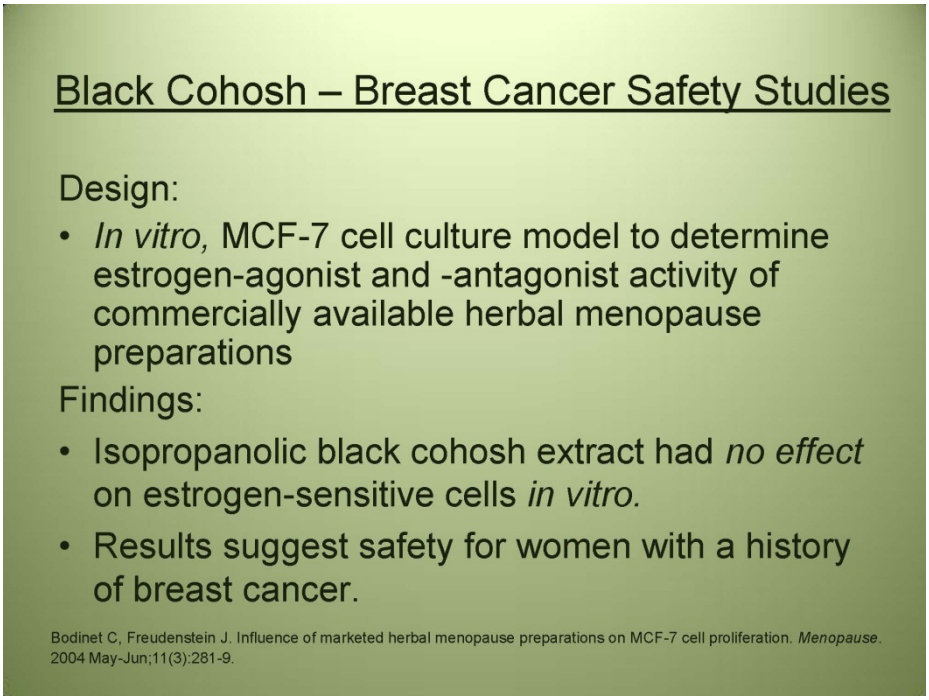

Figure 4

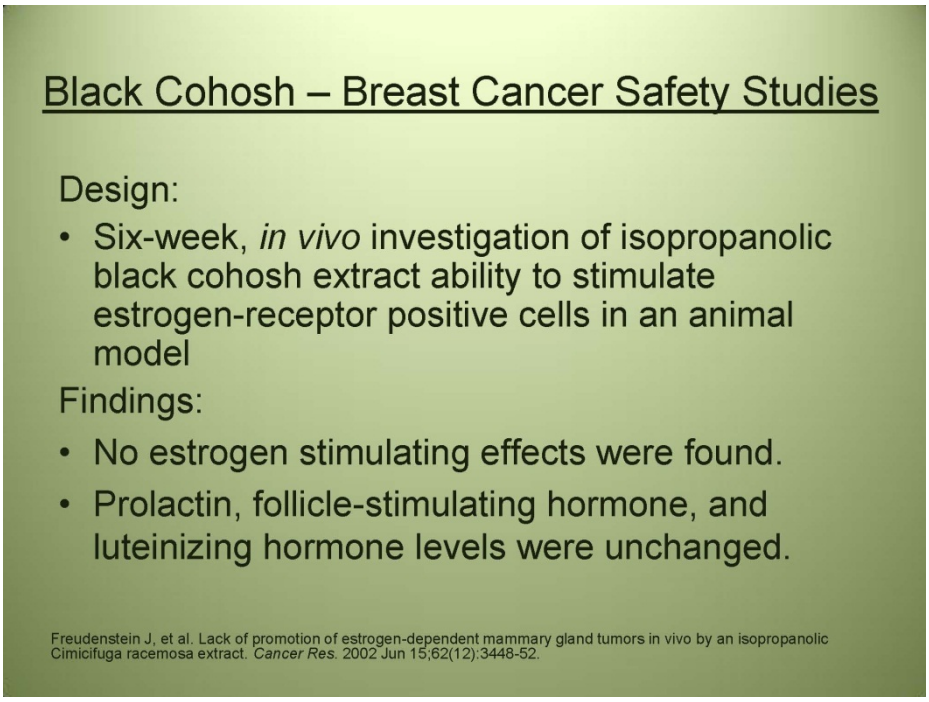

Figure 5

Liver safety

The latest NIH expert panel concluded that none of the reports of liver damage analyzed from across the world showed a probable causality between black cohosh and liver damage. There was some possible causality. For this reason, the NIH recommends taking a cautious approach when using black cohosh in patients with liver issues. Animal studies showed no negative effect of black cohosh on liver function.

For this reason, if a patient has liver disease and needs relief from menopausal symptoms it is advisable to choose a different herb for a treatment option.

Contraindications, adverse effects and drug interactions

There are no known contraindications for black cohosh; however, it should be avoided during pregnancy and lactation. Occasional GI discomfort and headaches have been reported with black cohosh. One in vitro case study showed drug interaction issues with black cohosh. The herb was shown to increase the cytotoxicity of doxorubicin and docetaxel. This could be seen as a positive in the benefit of those drugs on treating cancer, but it may lead to the patient having more side effects from the chemotherapy drugs if the black cohosh was being given concomitantly.[11]

Black cohosh should also not be used with cisplatin. For instance, if a patient had ovarian cancer or had her ovaries removed, she might have menopausal symptoms, but she would be taking cisplatin. Based on the above in vitro study, it would be advisable to avoid black cohosh for this patient.[12]

Summary

Black cohosh has an excellent safety profile. It is the most-studied plant for menopause symptoms. It has not been shown to cause estrogenic effects and does not contain phytoestrogens. Based on numerous case studies, the herb is most likely safe for use in breast cancer patients.

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[11] Black Cohosh. In: Bluementhal M, ed. The ABC Clinical Guide to Herbs. Austin, TX: American Botanical Council;2003:15-22.

[12] Rockwell S, et al. Breast Cancer Res Treat 2005;90(3): 233-239

#3: St. John's wort (*Hypericum perforatum*)

Many of the herbs discussed in this paper aren't just for gynecological or women-only issues. St. John's wort is one of them. When it comes to primary care, depression and anxiety are more common in women than men. St. John's wort is used to treat these issues along with PMS and menopause symptoms.

Figure 6

Historically, the herb has been used for such things as: benzodiazepine withdrawal, dental pain, menorrhagia, neuralgia, polyneuropathy and viral infections.

Research

A 2006 Cochrane Review looked at St. John's wort for treatment of mild to moderate depression. The review looked at trials that included 26 comparisons with placebo and 14 comparisons with antidepressants. When looking at six of the larger trials restricted to patients with major depression, the combined response rate ratio for St. John's wort compared with placebo was 1.15. From six smaller trials, it was 2.06. For the trials that weren't restricted to patients with major depression, the response rate ratio from six larger trials was 1.71. From the five smaller trials it was a booming 6.13. Based on this

information St. John's wort clearly has an effect on mild and moderate depression. When looking at St. John's wort compared with SSRIs or tricyclic antidepressants, the response rate ratios were 0.98 and 1.03 respectively. Researchers did notice that patients given St. John's wort had lower dropout rates in the trials because they had less adverse effects than those who were taking conventional antidepressants.

St. John's wort and menopause

A two month study looked at the effects of St. John's wort on menopause in 100 women in Iran. Half of the subjects were given 20 drops of liquid St. John's wort three times daily and the other half were given a placebo. No statistical changes in hot flash frequency were reported during the first month of placebo but improvements in the St. John's wort group were shown during the second month. In general, the St. John's wort group showed improvements in duration, intensity and frequency of common menopause symptoms.[13]

St. John's wort for treatment of premenstrual syndrome (PMS)

A group of 36 women with regular menstrual cycles and mild PMS were given a placebo or 900 mg St. John's wort tablets daily, standardized to 0.18% hypericin and 3.38% hyperforin for two menstrual cycles. St. John's wort was statistically more beneficial than placebo in food cravings, water retention, poor coordination, insomnia, confusion, headaches, crying and fatigue. Interestingly, during the two cycle treatment, St. John's wort was not shown to be more beneficial than the placebo in treating anxiety, irritability, depression or mood swings.[14]

Safety

It is generally recommended that St. John's wort be avoided with SSRIs; however, this is an opinion and observation and is not substantiated by statistical findings. The reason for this caution has to do with the fact that there have been several cases of serotonin syndrome reported in the literature that may have been caused by concomitant use. But

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[13] Abdali K, et al. Menopause 2010;17(2): 326-331.

[14] Canning S, et al. CNS Drugs 2010; 24(3):207-225.

warnings about the use of St. John's wort with anesthesia may be unfounded due to the fact that the herb has no in vivo MAOI activity.[15, 16, 17, 18]

Two separate publications report on a total of five case reports of patients showing the onset of mania following the use of St. John's wort extract for depression. For this reason, St. John's wort should be avoided in bipolar patients. In general, healthcare professionals should screen patients for a history of hypomania or mania before prescribing St. John's wort.[19, 20]

Potential drug interactions

St. John's wort has potential drug interactions because of its metabolism through the cytochrome P450 enzyme system. It has been shown to induce CYP3A4.[21] This does not mean that St. John's wort needs to be avoided with these drugs, it is simply important to be vigilant of dosing.

Caution should be used in patients taking the following drugs:

- Protease inhibitors
- Calcium channel blockers
- Benzodiazepines
- Cyclosporine
- Cortisone
- Nonsedating antihistamines
- 3-hydroxy-3-methylglutaryl-coenzyme A reductase inhibitors
- Estrogens
- Macrolide antibiotics

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[15] Clin Psychiatr News 1998;26:28.

[16] Am Family Phys 1998;57:950.

[17] Pharmacother 2000;20:568-74.

[18] Annals Pharmacother 1999;33:502.

[19] Biol Psychiatry 1999;46:1707-8.

[20] J Clin Psychopharmacol 2000;20:115-7.

[21] Clin Pharmacol Ther 2000;67:451-7

- Carbamazepine
- Ketaconazole

Case reports and/or pharmacological studies have indicated that St. John's wort may reduce serum levels of the following drugs (most likely due to induction of CYP3A4 and P-glycoprotein):

- Indinavir [22]
- Cyclosporine [23]
- Tacrolimus[24]
- Theophylline [25]
- Digoxin, warfarin, oral birth control pills[26]
- Irinotecan[27]
- Gleevec[28]

Toxicity

The overwhelming majority of depression studies use either hypericin standardization, hyperforin or both. The most common dosage is 300 mg three times daily. Perhaps the best demonstration of the excellent safety record of St. John's wort is a large-scale German study of more than 3,000 patients. Side effects were less than one percent and had to do with allergies, fatigue or restlessness.[29] A review of three six-week randomized, controlled trials showed that there was no difference in side effect profile of St. John's wort from placebo.

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[22] Lancet 2000;355:547-8

[23] Lancet 2000;355:548-9; Lancet 2000;355:1912; J Hepatology 2000;33:853-5; Ann Pharmacother 2000;34:1013-6

[24] Nephrol Dial Transplant 2003;18:819-22

[25] Ann Pharmacother 1999;33:502

[26] Eur J Clin Pharmacol 1999;55:A22; Clin Pharmacol Ther 1999;66:338-45; Lancet 1999;354:2014-6; J Clin Pharmacol 2003;56:683–90

[27] J Natl Cancer Inst 2002;94:1247–9

[28] U. of Florida report

[29] J Geriatr Psychiatry Neurol 1994

#4: Ginger (*Zingiber officinale*)

Ginger is a powerful plant. In research studies, it has been shown to help treat the following issues:

- Hyperemesis gravidarum
- Nausea and vomiting during pregnancy
- Nausea- chemotherapy induced
- Nausea and vomiting- post operative
- Rheumatic diseases
- Dysmenorrhea

Figure 7

Ginger and dysmenorrhea

A study compared ginger to ibuprofen and mefenamic acid for use in dysmenorrhea in 150 reproductive aged women. The study divided members into three groups. The first group was given ginger rhizome capsules at 250 mg four times a day for three days, days one through three of the menses. The second group was given 250 mg of mefenamic acid capsules four times daily, days one through three of the menses. The third group was given 400 mg of ibuprofen capsules four times daily, days one through three of the menses. Ultimately, the severity of dysmenorrhea decreased in all groups and no

differences were found between the groups in pain severity, pain relief or satisfaction. In addition, more women in the ginger group became completely pain free versus those in the mefenamic acid and ibuprofen groups.[30]

Ginger – nausea/vomiting in pregnancy

Ginger is most commonly used to treat nausea and vomiting in pregnancy because of its efficacy and safety. A collection of five randomized controled trials showed overwhelmingly positive results from ginger use. Doses ranged from 1,000 mg per day to 1,500 mg per day. A 2009 trial compared 250 mg ginger capsules to a placebo. Subjects were given either the placebo or the ginger four times daily. Ultimately, nausea improved in 84% of those who took the ginger versus 56% who took the placebo. Vomiting also decreased by 50% in the ginger group versus 9% in the placebo group.[31]

Dosing

Dosing of ginger varies. For general use it can be used as a powder, tablet, capsule, tea, tincture or can be consumed fresh-cut and raw. General doses of any of these are 1 to 4 grams daily and best when given in divided doses. For post-operative nausea, caution is advised for pre-surgery. A dose of 1 g of ginger can be given one hour prior to surgery. For nausea and vomiting during pregnancy, ginger can be given at 1 to 1.5 g per day in divided doses. For motion sickness, 1 to 2 g can be given daily in divided doses. Finally, for arthritis, 1 to 2 g per day of powdered ginger can be given in divided doses.

Precautions and contraindications

Ginger has a GRAS (Generally Recognized as Safe) status with the FDA. Ginger does inhibit thromboxane synthetase and induces prostacyclin. For this reason, it should be used cautiously prior to surgery and should be avoided with anticoagulant medications. Ginger has been found to induce gastric acid secretion in some people and should be used cautiously in people with gastric or duodenal ulcers. Some people also have allergies to this plant.

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[30] J Alternative and Complementary Med 2009; 15(2):129-132.

[31] J Alternative and Complementary Medicine 2009;15(3):243-246

Interactions

Ginger may interfere with antacids, H-2 antagonists or proton pump inhibitors and may enhance the effect of anticoagulants, increasing the risk of bleeding. Large doses of ginger may depress the central nervous system. It may also have a dose-dependent ionotropic effect and has some potential for hypoglycemic effects.

#5: Fenugreek (*Trigonella foenum-graecum*)

Another common herb used in women's health is fenugreek. In research studies, it has been shown to help treat the following issues:

- Type 1 diabetes
- Type 2 diabetes
- Hyperlipidemia

Figure 8

Research

Numerous studies have looked at the use of fenugreek in treating a variety of ailments. One study looked at the use of fenugreek in type 2 diabetes. Over a period of two months, subjects were given 1g per day of an extract of fenugreek seeds or just lifestyle advice such as dietary and exercise planning. Fasting glucose levels were reduced in both groups, from 148.3 to 119.9 in the fenugreek group versus 137.5 to 113.0 in the lifestyle group. Average glucose tolerance tests were also similar in both groups at the end of the study period.[32]

Another study involved giving type 2 diabetics 100 g per day of defatted fenugreek seed powder for 10 days. Significant average improvements in fasting glucose levels and glucose tolerance test results were seen in the fenugreek patients. In addition, a 64% reduction was observed in urine glucose levels.[33]

A third study looked at 10 type 1 diabetics who were on insulin. The study was randomized and subjects were either given a placebo or 50 g of fenugreek defatted seed powder twice a day in chapatti. The mean FBG was shown to decrease from a baseline of 272 to 196 mg/dl. There was also a statistically significant decline in serum total cholesterol, triglycerides and LDL cholesterol versus placebo; however, no change in HDL cholesterol was noted.[34]

Summary

There is no proven effective dose of fenugreek. It can be given in doses of 25 to 100 grams a day. Fenugreek should be used cautiously in children since several reports have shown it can cause loss of consciousness because of its ability to lower blood sugar. It should generally be avoided in pregnancy because it can be a uterine stimulant; however, it is appropriate for women who are breastfeeding. Fenugreek contains some coumarin constituents, so it may enhance some anticoagulant activity of certain medications.

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[32] Gupta R, J Assoc Physicians India 2001; 49: 1057-1061.

[33] Sharma R, Nutr Res 1990; 10:731-739.

[34] Sharma R. Eur J Clin Nutr 44:301–306, 1990

#6: Valerian (*Valeriana officinalis*)

Valerian has many uses for primary care issues in women. In research studies, it has been shown to help treat the following issues:

- Insomnia
- Anxiety
- Sedation

Figure 9

Valerian and insomnia

Research surrounding valerian's use in insomnia is not conclusive; however, there are placebo-controlled, double-blind, randomized trials that show positive effects of valerian on sleep latency and sleep quality. Of nine trials involved in a systematic review, several reported positive effects on sleep latency or quality.[35]

Another study looked at postmenopausal women, aged 50 to 60 years. Subjects in one group were given 530 mg of concentrated valerian extract twice daily. Subjects in the

[35] Sleep Med 2000; 1:91-99

second group were given a placebo twice daily for four weeks. Overall, 30% of the women taking valerian had an increase in their sleep quality versus a 4% increase in the placebo group.[36]

Safety and usage

Valerian is considered generally safe. There is a wide variability in valerian dosing. There are numerous different options for tinctures or dried root or standardized extract.

Common dosages include:

- Standardized extract (0.8% valeric acid): 150 to 300 mg
- Dried valerian root: 2 to 3 g as an equivalent dose
- Tincture: 1 to 1.5 tsp. before bed

Common side effects for valerian generally include:

- Mild GI upset
- Occasional drowsiness
- Vivid dreams
- Headache

European monographs list no contraindications to use during pregnancy or lactation; however, the World Health Organization recommends avoidance. Caution should be advised regarding concomitant use with benzodiazepines.

#7: Cranberry (*Vaccinium macrocarpon*)

In research studies, cranberry has been shown to help treat the following issues:

- UTIs - prevention and treatment
- Achlorhydria and B12 absorption
- Antioxidant
- Antiviral and antifungal

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[36] Taavoni S, Menopause 2011; 18(9): 951-955.

- Cancer prevention
- Oral plaque
- Helicobacter pylori
- Nephrolithiasis
- Urine acidification
- Urostomy care

UTIs

A 2009 Cochrane Review looked at ten studies comprised of 1,049 participants (five cross-over, five-parallel group). There was some evidence that cranberry juice may decrease the number of symptomatic UTIs over a 12 month period, particularly for women with recurrent UTIs. It's effectiveness for other groups are less certain. The optimum dose was not clear, nor was the method of administration (e.g. juice, tablets or capsules).

Several other studies surrounding cranberry have been conducted, with varying outcomes.

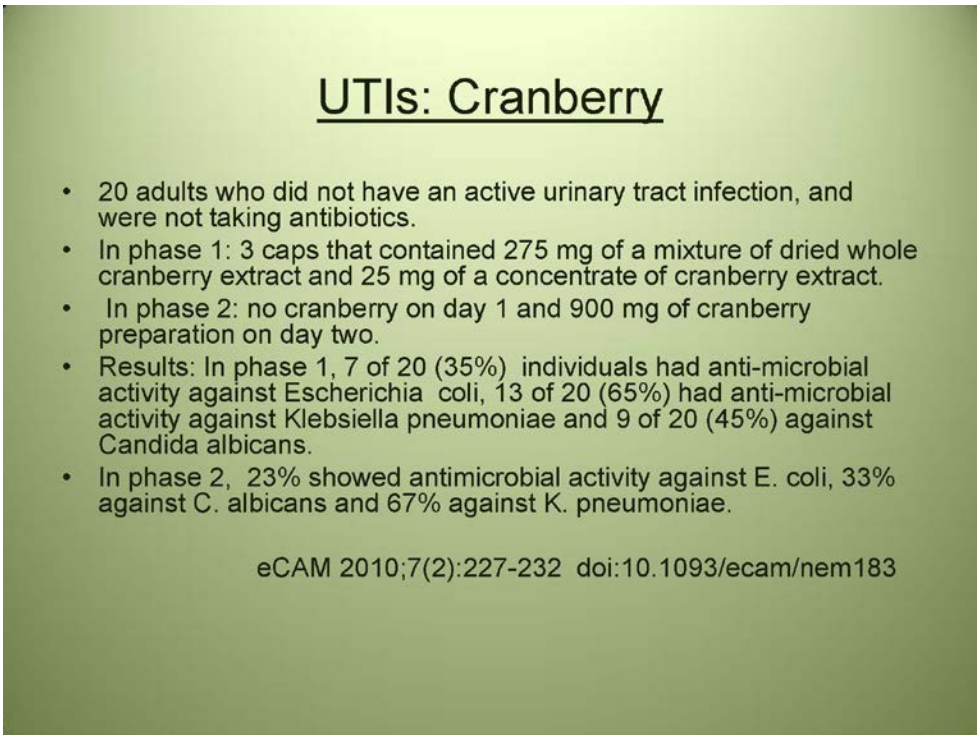

Figure 10

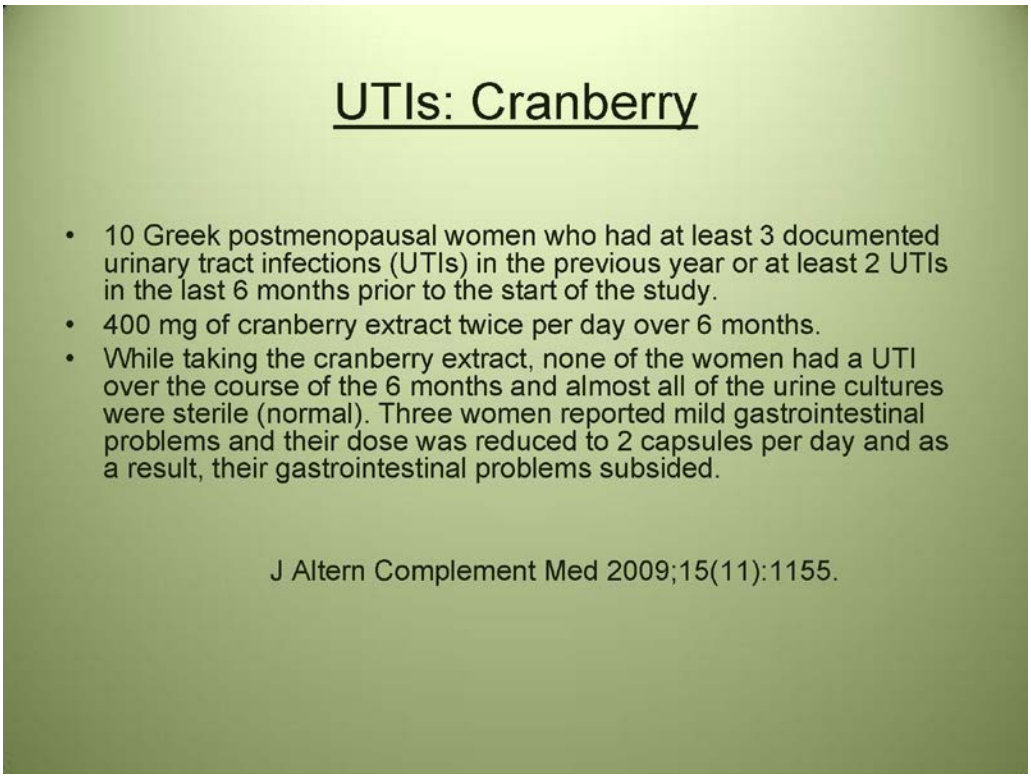

Figure 11

Dosing

Cranberry can be administered in the following dosages and forms:

- Juice: 300 ml/day (10 oz); ranges 3-16 oz or 1-30 mL of unsweetened 100% cranberry juice daily
- Capsules: (cranberry juice powder); between 1 and 6 (300-400 mg), twice per day
- Tincture: 4-5 mL, three times daily

Toxicology

Caution and avoidance should be used in cranberry in a number of cases.

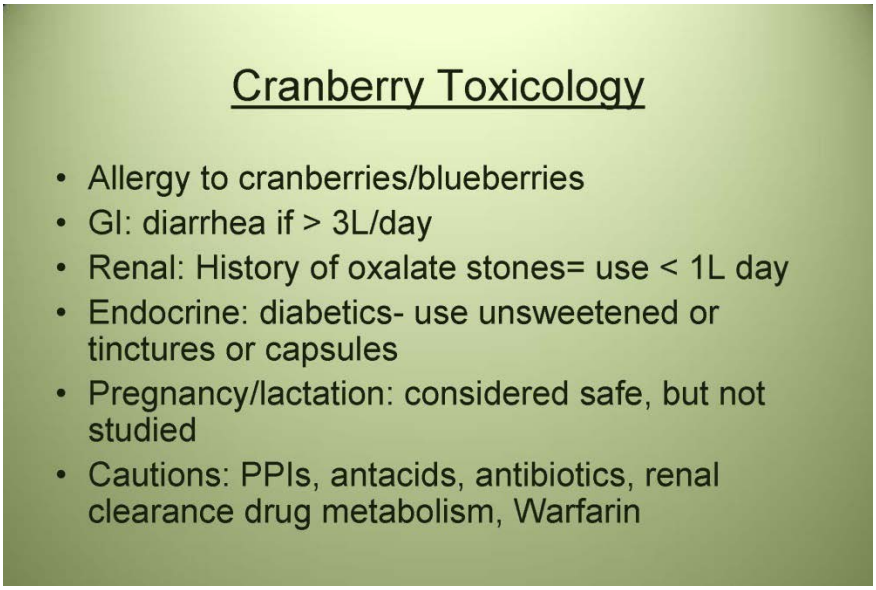

Figure 12

#8: Schisandra (*Schisandra chinensis*)

Schisandra is well known as an adaptogenic herb and has been used for a wide variety of health benefits by several cultures for over 2,000 years.

Figure 13

Research and traditional use have shown that it can be helpful in supporting:

- Liver detoxification
- Improving mental performance
- Improving resistance to physical and mental stress
- Dyslipidemia
- Asthma, coughs
- Insomnia
- Chronic diarrhea
- PMS
- ED
- Depression
- Memory loss
- Radiation protection
- Energy

Research

A review of the research on Schisandra and its various chemical constituents confirms the multi functionality of this herb that is seen in its traditional use for over 2,000 years:

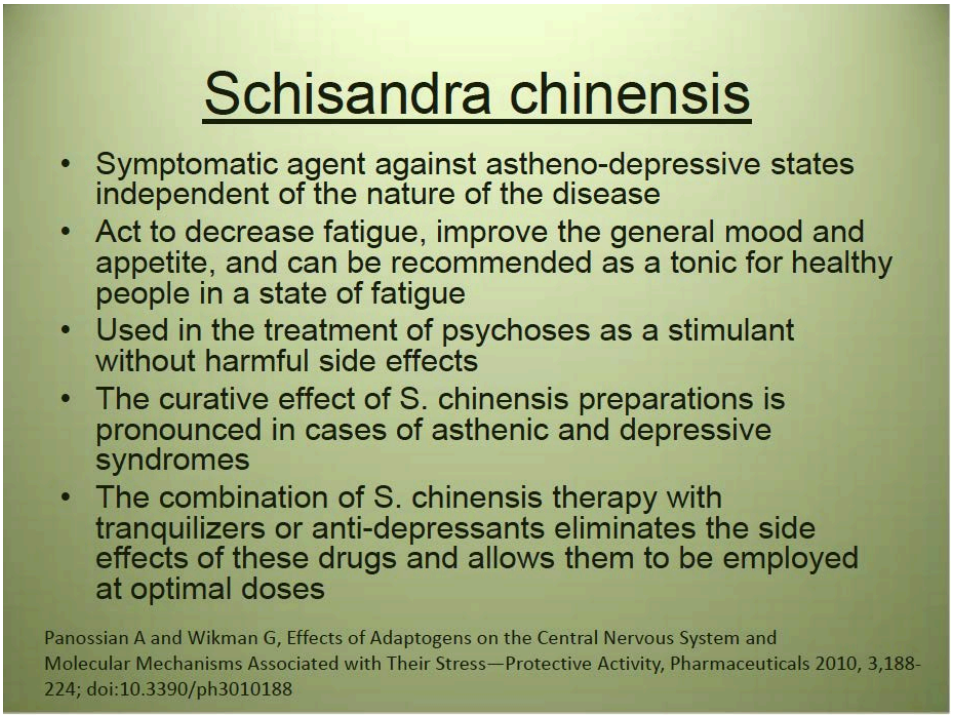

Figure 14

Dosing and safety

Schisandra is referred to as the “five flavored berry.” It does have a predominantly tart flavor but some find it bitter or sour. It can be consumed as a tea although liquid extracts provide a more concentrated form of delivery.

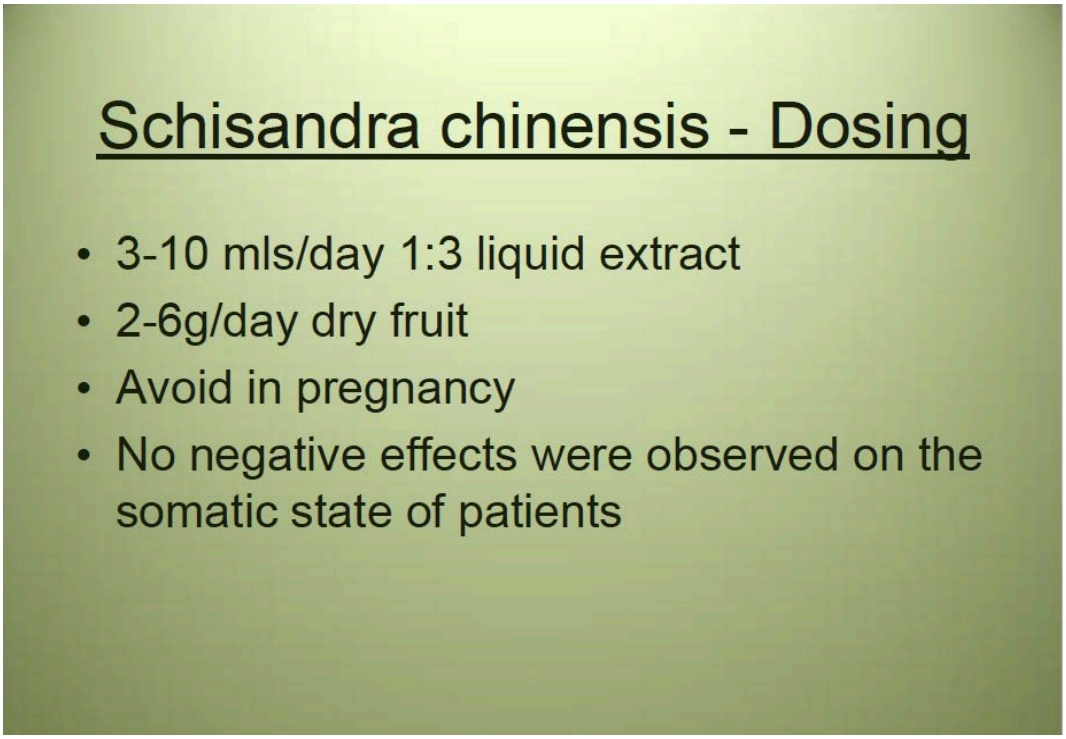

Figure 15

Interactions

Although it is considered quite safe, since it affects liver detoxification enzymes, it is prudent to use caution with some medications:

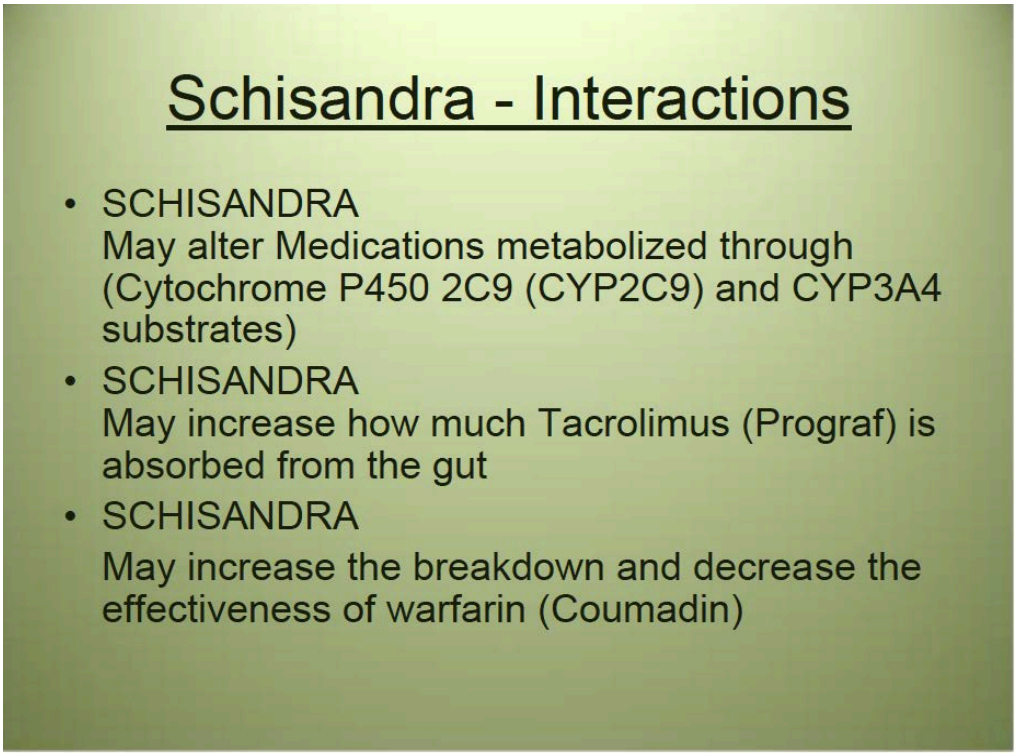

Figure 16

Summary

Schisandra berries provide powerful antioxidant protection, particularly from free radicals and other toxins in the environment that may cause cellular damage. Regarded as a popular adaptogenic agent, Schisandra berries are unique in that they hold a remarkable blend of five distinct flavor properties collectively serving to promote overall health and vitality. Schisandra berries are namely, bitter, sweet, sour, salty and hot and function to enhance the body's natural resistance and adaptation to stressful influences, support mental endurance and promote overall metabolic efficiency. Much of the clinical research has focused on the effects of Schisandra on liver function, especially its effect on the production of various liver detoxifying enzymes as well as the antioxidant activity of the extract. More research is needed to fully understand the exact biochemical activity of this tremendous plant.

#9: Green tea (*Camellia sinensis*)

Green tea is an amazing plant for women's health. Research has shown it can be effective in helping to treat:

- Breast cancer
- Ovarian cancer
- Genital warts
- HPV/CIN
- Asthma
- Dental caries prevention
- Dyslipidemia; MI prevention
- Menopause symptoms
- Mental performance
- Weight loss
- Sun protection

Figure 17

Research

One study showed a lower incidence of endometrial cancer with green tea in particular.

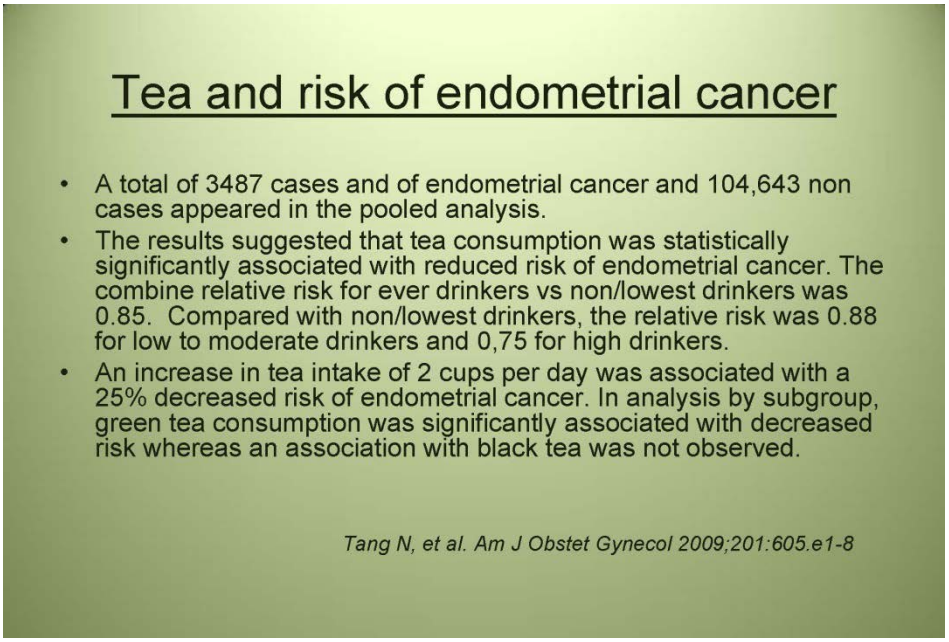

Figure 18

Green tea has also been shown to inhibit the human papilloma virus.

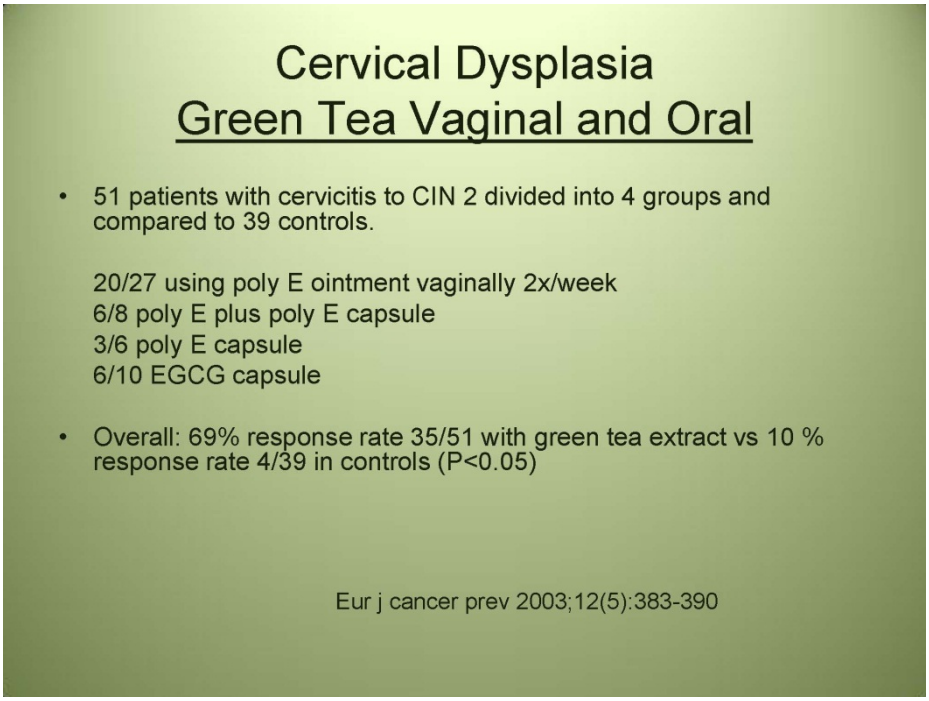

Figure 19

In another study, women with stage I and stage II breast cancer showed a lower rate of recurrence if they drank five or more cups of green tea a day.

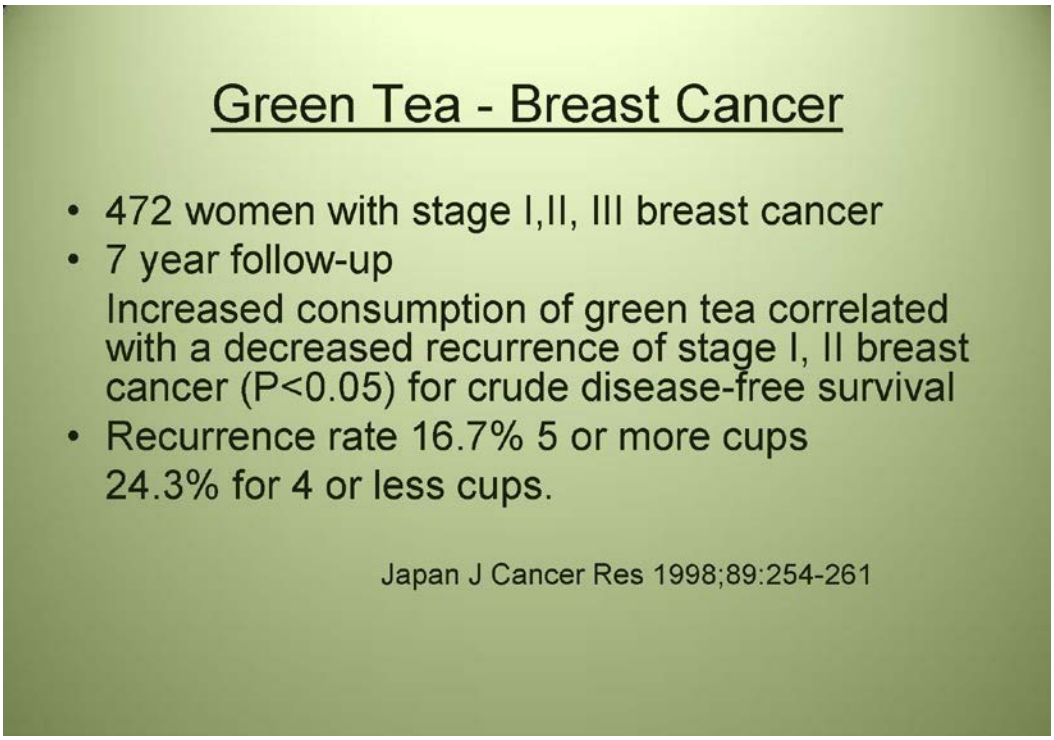

Figure 20

Weight loss

Heart disease is the number one primary care issue for women. Evidence suggests that green tea can help with weight loss because of the herb's thermogenic property of increasing fat burning and inhibiting fat absorption.

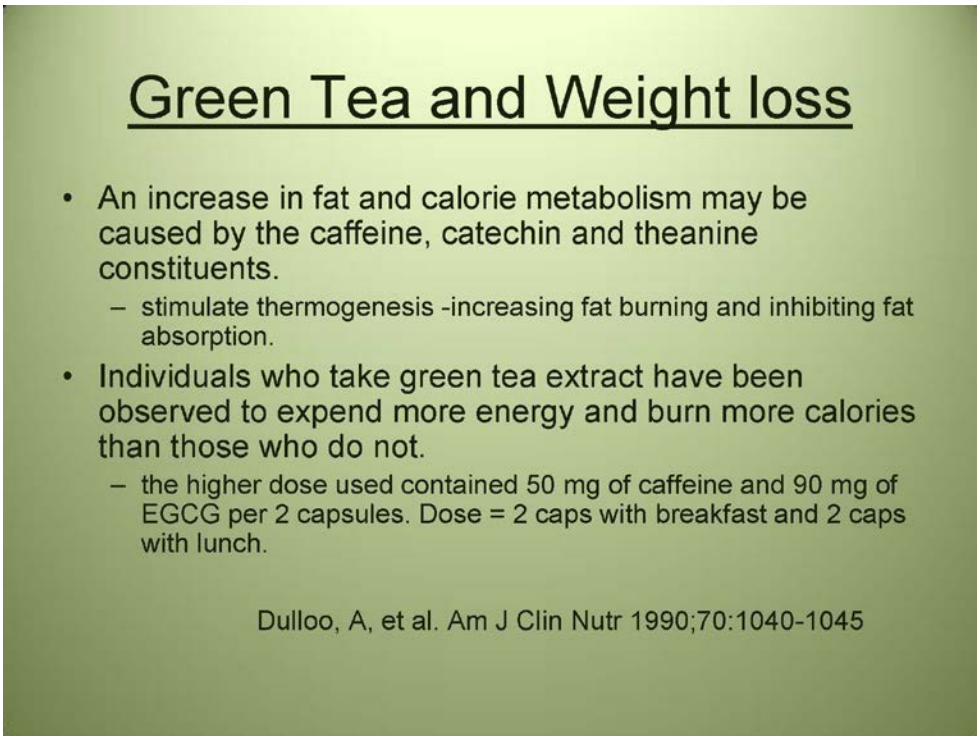

Figure 21

Dosing

In order to reach unsafe dosage levels the patient must drink five cups or more. One capsule of a standardized extract of green tea is equal to about three cups of tea.

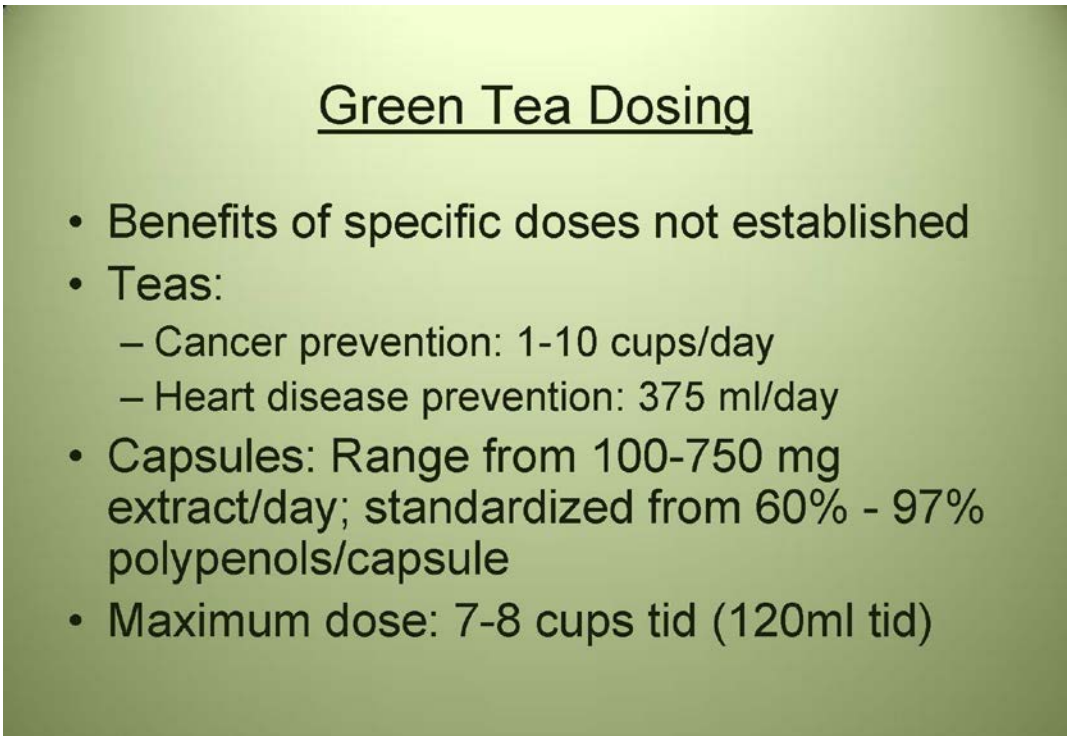

Figure 22

#10: Raspberry leaf (*Rubus idaeus*)

There is a lack of positive human studies surrounding raspberry. Historically, it has been used for:

- Labor induction
- Birth outcomes
- Cardiovascular support
- GI
- Topical anti-inflammatory
- Smooth muscle stimulant

Traditional use and nutritional value

Red raspberry leaves have a pleasant flavor when used in tea and have a long history of traditional use for a variety of women's health issues, as indicated above. The astringent

nature of the leaves likely adds to its effectiveness in treating diarrhea and inflammation of the mouth and gums. It is nutritionally dense as well especially in the following minerals: calcium, iron, magnesium, manganese, niacin and selenium. It also contains appreciable amounts of Vitamins A and C which would support its use as an antioxidant and nutritive herb.[37]

Dosing and safety

No known health hazards or side effects have been reported with raspberry. In pregnancy and lactation it is generally considered safe, but there is a lack of data to support this.

Conclusion

Herbal remedies can be effective in treating a variety of issues and conditions. From anxiety to cancer, the benefits of these ten plants are vast. Current scientific research along with historical evidence shows that these herbs can provide numerous benefits for women's primary health; however, it is important to know the strengths and uses for each plant, as well as their limitations.

Contributor

Dr. Tori Hudson is a naturopathic physician. She graduated from the National College of Naturopathic Medicine in 1984, and she has served that college in many capacities over her career. She is currently a clinical professor at the National College of Naturopathic Medicine and Bastyr and has been in practice for 28 years. She is the medical director of "A Woman's Time" in Portland, Oregon, and director of research and development for VITANICA. Dr. Hudson was awarded the 1990 President's Award from AANP for her research in women's health and, more recently, the 1999 Prestigious Naturopathic Physician of the Year Award. In 2003 she was awarded the TYLER/NCMM Pioneer Award. Dr. Hudson is a member of the Scientific Advisory Board of ***Gaia Herbs Professional Solutions.***

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[37] Pederson, Mark; Nutritional Herbology, 1994, Wendell W. Whitman Company, Warsaw, IN