

## Plantas com efeito na menopausa

Paula Viñas  
José de Felipe Junior

Segundo a Organização Mundial da Saúde a menopausa é uma interrupção das menstruações resultante do término da atividade folicular ovariana. A idade média para que isso ocorra é de 50 anos.

climatérico: é a fase em que a mulher perde a sua capacidade reprodutora espontânea e que termina ao redor de 1 ano depois da menopausa.

pós – menopausa: época que começa a partir da menopausa, desde que tenha sido observada 12 meses de amenorréia espontânea. (ausência de menstruação)

Fazemos o diagnóstico de menopausa somente após 1 ano da parada das menstruações.

### Sintomatologia

Vários são os sintomas que acometem a mulher na menopausa, os quais incluem ondas de calor, suores noturnos, insônia, mucosa vaginal ressecada e mais delgada, envelhecimento notável da pele, diminuição da libido, diminuição da memória, depressão e outras alterações de humor. Alguns desses sintomas serão melhores descritos abaixo:

**osteoporose:** há uma relação entre a perda da função ovariana com a queda hormonal condicionando assim uma hipofunção osteoblástica (osteoblasto: célula que produz osso). Sabe-se hoje que acomete mais mulheres de cor branca do que as negras e pessoas de baixo peso portanto com menor massa óssea. Uma mulher de 70 anos de idade terá perdido 11% da massa óssea devido a menopausa e 18% devido a idade. Fatores como hereditariedade, fumo, álcool, distúrbios nutricionais e ambientais contribuem para o aparecimento da osteoporose. A osteoporose propicia o aparecimento de fraturas principalmente nos punhos, cotovelos, coluna vertebral e fêmur.

**doença cardiovascular:** há um maior risco da doença na pós menopausa. Na mulher menopausada o risco é de 3 a 4 vezes maior que na pré – menopausa. Em mulheres que apresentam menopausa artificial o risco é 5,5 vezes maior.

Estudos radiológicos demonstraram que 3% das mulheres na pré – menopausa e 12% na pós – menopausa possuíam depósitos calcificados na aorta abdominal. Os resultados sugerem que quando cessa a produção de estrogênio, tanto da forma natural quanto cirúrgica, o risco para o aparecimento de aterosclerose aumenta (*Witteman et al.*)

A incidência de hipertensão arterial também é aumentada com o decorrer dos anos: mulheres na faixa etária entre 35-39 anos apresentam 6% de hipertensão arterial, aumentando para 20% quando a faixa etária está entre 50-55 anos. Dentre as pacientes hipertensas, 61% estão na pré – menopausa e 39% na pós menopausa, diferença não significativa quando comparada ao grupo controle, que apresenta 65% na pré – menopausa e 35% na pós menopausa. Esse risco é também importante tanto em mulheres da raça negra, quanto em obesas. (*Fiebach et al.*)

**ressecamento e afinamento da mucosa vaginal, perda da libido e depressão:** o ressecamento da mucosa vaginal devido a diminuição da ação estrogênica, causa um desconforto durante o ato sexual, fato esse relacionado a diminuição do desejo e prazer, causando assim uma depressão e ansiedade com a redução da frequência de relações. (*Channon & Ballinger*)

**Ondas de calor :** são definidas como sensações súbitas e transitórias de calor moderado ou intenso, que se espalha pela região do tórax, do pescoço e da face. É precedido na maioria das vezes por palpitação, sensação de pressão na cabeça e ansiedade, sendo usualmente acompanhado de fraqueza. As ondas de calor terminam por vezes com sudorese profusa e sensação de frio (*Walsh & Schiff*)

### Referências

PINOTTI, J.A. – MENOPAUSA – São Paulo: Roca, 1995

WALSH, B & SCHIFF, J. - Vasomotor flushes. In: Menopause: Evaluation, Treatment and Health Concerns. Allan R. Liss, 1989, p71-87

Witteman, J.C.M.; GROBBEE, D.E.; KOK, F.J.; HOLMAN, A.; VALKENBURGE, H.A.- Increased risk of atherosclerosis in women after the menopause. Br.Med.J., 298:642,1989.

CHANNON, L.D. & BALLINGER, S.E. – Some aspects of sexuality and vaginal symptoms during menopause and their relation to anxiety and depression. Br.J.Med.Psyc., 59:173, 1986

FIEBACH, N.H., et al. – A prospective study of high blood pressure and cardiovascular disease in women. Am.J.Epidemiol., 130:642, 1989

## FITOHORMÔNIOS

O que são?

São um grupo de compostos não esteróides encontrados em diversos vegetais, que apresentam na maioria das vezes um anel fenólico em sua estrutura, o que lhes confere capacidade de adesão aos receptores hormonais, podendo agir como agonista ou antagonista do estrógeno, dependendo do sítio de atuação. Portanto possuem ação de modulação.

Agonista: possui afinidade pelo receptor, e tem capacidade de ativa-lo

Antagonista: possui afinidade pelo receptor, mas não tem capacidade de ativa-lo

Quem pode utiliza - los?

Mulheres que estão entrando na menopausa, principalmente com histórico de câncer na família, ou mulheres que sofram de Tensão Pré Menstrual (TPM).

De acordo com o Dr. Luis Carlos Marques, professor de farmácia, os Fito Hormônios podem ser usados em terapias de reposição hormonal em substituição aos hormônios sintéticos: "Os Fito Hormônios fazem bem à saúde e previnem o câncer. Já os sintéticos trazem efeitos colaterais e são cancerígenos".

Quais as plantas que possuem fito hormônios?

**vitex agnus:** sabe-se que possui atuação em algumas áreas do cérebro, regulando alguns hormônios da hipófise, entre eles o FSH que aí é produzido e envia estímulos aos ovários para que produza estrógenos. Esse fito-estrógeno estimula a produção de progesterona e serve para tratamentos de sintomas peri menopáusicos e, ainda, de sintomas da tensão pré - menstrual.

#### **Evidence for estrogen receptor beta-selective activity of Vitex agnus-castus and isolated flavones.**

Planta Med. 2003 Oct;69(10):945-7. Jarry H, Spengler B, Porzel A, Schmidt J, Wuttke W, Christoffel V. Klinische und Experimentelle Endokrinologie, Universitätsfrauenklinik Göttingen, Göttingen, Germany. Recent cell culture experiments indicated that extracts of Vitex agnus-castus (VAC) may contain yet unidentified phytoestrogens. Estrogen actions are mediated via estrogen receptors (ER). To investigate whether VAC compounds bind to the currently known isoforms ERalpha or ERss, ligand binding assays (LBA) were performed. Subtype specific ER-LBA revealed a binding of VAC to ERss only. To isolate the ERss-selective compounds, the extract was fractionated by bio-guidance. The flavonoid apigenin was isolated and identified as the most active ERss-selective phytoestrogen in VAC. Other isolated compounds were vitexin and penduletin. These data demonstrate that the phytoestrogens in VAC are ERss-selective.

**black cohosh:** é uma planta muito conhecida entre os nativos da América do Norte, usada no alívio de cólicas menstruais. Botânicos europeus descobriram sua utilidade nos casos de depressão pós - menopausa. Diminui alguns sintomas da menopausa por ocupar receptores estrogênicos.

**dong quai:** uma antiga erva asiática que tem a habilidade de ocupar receptores de estrógeno. Embora de potência muito inferior aos hormônios humanos, esta planta produz certos alívios quando a paciente apresenta uma certa diminuição dos níveis de estrógenos.

**licorice ( alcaçuz):** esta erva atua de forma semelhante ao dong quai

**panax ginseng:** demonstrou ser eficaz no alívio do ressecamento vaginal e na dor ao coito. É ainda muito utilizada na Ásia para combater distúrbios menstruais e como tratamento antienvhecimento.

Effect of Korean red ginseng on psychological functions in patients with severe climacteric syndromes.

Int J Gynaecol Obstet;67(3):169-74, 1999 Dec. Tode T; Kikuchi Y; Hirata J; Kita T; Nakata H; Nagata I

Resumo: OBJECTIVE: To evaluate the degree of psychological dysfunction and levels of stress hormones in postmenopausal women with climacteric syndromes and effect of Korean red ginseng (RG) on them. METHODS: ACTH, cortisol and DHEA-S in peripheral blood from 12 postmenopausal women with climacteric syndromes or 8 postmenopausal women without any climacteric syndrome were measured before and 30 days after treatment with daily oral administration of 6 g RG. Blood samples were collected in the early morning on the bed-rest. In postmenopausal women with climacteric syndromes such as fatigue, insomnia and depression, psychological tests using the Cornell Medical Index (CMI) and the State-Trait Anxiety Inventory (STAI) were performed before and 30 days after treatment with RG. RESULTS: CMI score as well as anxiety (A)-state in STAI score in postmenopausal women with climacteric syndromes was significantly higher than that without climacteric syndrome, while DHEA-S levels in postmenopausal women with climacteric syndromes were about a half of those without climacteric syndrome. Consequently, cortisol/DHEA-S (C/D) ratio was significantly higher in postmenopausal women with climacteric syndromes than in those without climacteric syndrome. When postmenopausal women with climacteric syndromes were treated with daily oral administration of 6 g RG for 30 days, CMI and STAI A-state scores decreased within normal range. Although the decreased DHEA-S levels were not restored to the levels in postmenopausal women without climacteric syndrome, the C/D ratio decreased significantly after treatment with RG. CONCLUSIONS: Improvement of CMI and STAI scores in postmenopausal women suffering climacteric syndromes, particularly fatigue, insomnia and depression, by RG seemed to be brought about in part by effects of RG on stress-related hormones as shown by a decrease in C/D ratio.

**Yam Mexicano :** é o mais conhecido dentre os fito - estrógenos. Sua substância básica chama - se diascerina ou diosgenina e pode transformar - se quimicamente em vários tipos de hormônios esteróides incluindo DHEA, testosterona, progesterona e nos três estrógenos humanos (estradiol, estrona ,estriol). Não se pode obter quantidades significativas desses hormônios ingerindo o yam ou usando cremes nele baseados. O organismo humano não possui os fatores químicos que possam convertê - lo em substâncias hormonais que sejam úteis ao seu uso. Essa transformação só pode ser eficazmente realizada em laboratório apropriado. Isto serve de alerta para que, se você comprar um creme de progesterona ou de DHEA, tenha a certeza de que realmente eles contenham as substâncias desejadas e que não seja apenas um creme de yam não processado.

Dados retirados do livro Mulheres e seus Hormônios - Uma forma de Retardar o Envelhecimento. Sérgio Vaisman, ed. Mandacaru, 2004.

#### **Alecrin de Angola**

##### **Evaluation of estrogenic activity of plant extracts for the potential treatment of menopausal symptoms.**

J Agric Food Chem. 2001 May;49(5):2472-9.

Liu J, Burdette JE, Xu H, Gu C, van Breemen RB, Bhat KP, Booth N, Constantinou AI, Pezzuto JM, Fong HH, Farnsworth NR, Bolton JL. Department of Medicinal Chemistry and Pharmacognosy, UIC/NIH Center for Botanical Dietary Supplements Research, College of Pharmacy, M/C 781, University of Illinois at Chicago, 833 SouthEight botanical preparations that are commonly used for the treatment of menopausal symptoms were tested for estrogenic activity. Methanol extracts of red clover (*Trifolium pratense* L.), chasteberry (*Vitex agnus-castus* L.), and hops (*Humulus lupulus* L.) showed significant competitive binding to estrogen receptors alpha (ER alpha) and beta (ER beta). With cultured Ishikawa (endometrial) cells, red clover and hops exhibited estrogenic activity as indicated by

induction of alkaline phosphatase (AP) activity and up-regulation of progesterone receptor (PR) mRNA. Chasteberry also stimulated PR expression, but no induction of AP activity was observed. In S30 breast cancer cells, pS2 (presenelin-2), another estrogen-inducible gene, was up-regulated in the presence of red clover, hops, and chasteberry. Interestingly, extracts of Asian ginseng (*Panax ginseng* C.A. Meyer) and North American ginseng (*Panax quinquefolius* L.) induced pS2 mRNA expression in S30 cells, but no significant ER binding affinity, AP induction, or PR expression was noted in Ishikawa cells. Dong quai [*Angelica sinensis* (Oliv.) Diels] and licorice (*Glycyrrhiza glabra* L.) showed only weak ER binding and PR and pS2 mRNA induction. Black cohosh [*Cimicifuga racemosa* (L.) Nutt.] showed no activity in any of the above in vitro assays. Bioassay-guided isolation utilizing ER competitive binding as a monitor and screening using ultrafiltration LC-MS revealed that genistein was the most active component of red clover. Consistent with this observation, genistein was found to be the most effective of four red clover isoflavones tested in the above in vitro assays. Therefore, estrogenic components of plant extracts can be identified using assays for estrogenic activity along with screening and identification of the active components using ultrafiltration LC-MS. These data suggest a potential use for some dietary supplements, ingested by human beings, in the treatment of menopausal symptoms.

### **Cimicifuga**

Pharmacological effects of *Cimicifuga racemosa*.

Life Sci;73(10):1215-29, 2003 Jul 25. Borrelli F; Izzo AA; Ernst E

Resumo: *Cimicifuga racemosa* is widely employed to relieve menopause symptoms for its hormonal-like action. However, recent experimental studies have not found an estrogenic action by this plant. The purpose of this systematic review is to analyse all experimental studies (in vivo and in vitro) performed on *C. racemosa* to elucidate its mechanism of action. Animal and in vitro experiments on *C. racemosa* were identified through a computerised literature searches performed on Medline (PubMed), Embase, Amed, CISCOR and Cochrane Library databases. In addition, bibliographies of the articles thus located were scanned for further relevant publications and manufactures of commercial *C. racemosa* preparations were asked to contribute published and unpublished material. No language restrictions were imposed. A total of 15 animal and 15 in vitro studies on *C. racemosa* have been found. Their results suggest that *C. racemosa* possesses a central activity instead of a hormonal effect. Further biological and chemical investigations are required to define its mechanism of action and to identify the compounds responsible of its actions.

### **Red Clover**

Red clover (*Trifolium pratense*) for menopausal women: current state of knowledge.

Menopause;8(5):333-7, 2001 Sep-Oct. Fugh-Berman A; Kronenberg F

Resumo: OBJECTIVE: Red clover (*Trifolium pratense*) extracts are becoming increasingly popular, primarily for the treatment of menopausal symptoms. Although promoted as a phytoestrogen source similar to soybeans, red clover is a medicinal herb, not a food, and traditionally has not been used long-term. We sought to review the scientific literature for this newer use. DESIGN: Medline was searched for controlled trials of red clover (*Trifolium pratense*), and other sources were searched for other studies and abstracts. RESULTS: Two double-blind placebo-controlled trials found no beneficial effects of red clover extracts on hot flashes or other menopausal symptoms. Three of four trials examining the effect of red clover on lipids found no benefit; the fourth trial contains too little data to interpret. One study examining the effect of red clover on arterial compliance found a significant beneficial effect on arterial compliance. CONCLUSION: Red clover extracts have as yet no clear demonstrable benefit for menopausal symptoms. Potential estrogenic effects on breast and endometrium have not been adequately assessed. The presence of coumarins in some clover species makes it imperative to include tests of clotting factors in future trials.

Fitoestrógenos em geral

### **Phytoestrogens: a viable option?**

Am J Med Sci. 2002 Oct;324(4):185-8.

Russell L, Hicks GS, Low AK, Shepherd JM, Brown CA.

Department of Medicine, University of Mississippi Medical Center, Jackson 39216-4505, USA. Estrogen replacement therapy is one of the most commonly prescribed medicines in the United States by traditional medical professionals. Over the past decade, the market for complementary/ alternative therapies for hormone replacement has dramatically increased. Women are seeking more "natural" alternatives to treat menopausal symptoms. Well-designed randomized clinical trials are often lacking, as is the information on efficacy and safety. This article will review several popular herbal therapies for menopausal symptoms including phytoestrogens, black cohosh (*Cimicifuga racemosa*), dong quai (*Angelica sinensis*), chast tree (*Vitex agnus-castus*), and wild Mexican yam. Their use, mechanism of action, and adverse effects are outlined.

### **Phytoestrogens for treatment of menopausal symptoms: a systematic review.**

Obstet Gynecol;104(4):824-36, 2004 Oct. Krebs EE; Ensrud KE; MacDonald R; Wilt TJ

Resumo: OBJECTIVE: To assess the efficacy and tolerability of phytoestrogens for treatment of menopausal symptoms. DATA SOURCES: We searched the Cochrane Library and MEDLINE from 1966 to March 2004, using a detailed list of terms related to phytoestrogens and menopausal symptoms and also hand-searched abstracts from relevant meetings. METHODS OF STUDY SELECTION: Randomized trials were eligible if they involved symptomatic perimenopausal or postmenopausal women, compared phytoestrogen with placebo or control, reported hot flush frequency or menopausal symptom scores, and were at least 4 weeks in duration. TABULATION, INTEGRATION, AND RESULTS: Data were extracted onto standardized forms using a prospectively developed protocol. Twenty-five trials involving 2,348 participants met criteria. At baseline, the mean age was 53.1 years, mean duration of menopause was 4.3 years, and mean daily hot flush frequency was 7.1. Mean study duration was 17 weeks. Trials were grouped into categories according to type of phytoestrogen: soy foods, beverages, or powders (n = 11); soy extracts (n = 9); and red clover extracts (n = 5). Of the 8 soy food trials reporting hot flush frequency outcomes, 7 were negative. Five trials of soy foods provided information to calculate effect sizes; these were in the small-to-medium range, favoring placebo in 3 trials and soy in 2. Of the 5 soy extract trials reporting hot flush frequency, 3 (including the 2 largest trials) were negative. Effect sizes were calculated for 2 soy extract trials: one favored placebo with small effect size and the other favored soy with moderate effect size. Red clover trials showed no improvement in hot flush frequency (weighted mean difference -0.60, 95% confidence interval -1.71 to 0.51). Adverse effects were primarily gastrointestinal and taste intolerance in the soy food and beverage trials. CONCLUSION: The available evidence suggests that phytoestrogens available as soy foods, soy extracts, and red clover extracts do not improve hot flushes or other menopausal

symptoms.

In vitro estrogenic activities of Chinese medicinal plants traditionally used for the management of menopausal symptoms.

J Ethnopharmacol;98(3):295-300, 2005 Apr 26. Zhang CZ; Wang SX; Zhang Y; Chen JP; Liang XM

País de publicação: Ireland

Resumo: The estrogenic activity of 70% EtOH extracts of 32 traditional Chinese medicinal plants, selected according to their reported efficacy for the treatment of menopausal symptoms, was assessed using a recombinant yeast system with both a human estrogen receptor expression plasmid and a reporter plasmid. Among them, 11 (34%) species proved to be active. *Polygonum cuspidatum* had the highest estrogenic relative potency (RP) ( $3.28 \times 10^{-3}$ ), followed by *Rheum palmatum* ( $3.85 \times 10^{-4}$ ), *Cassia obtusifolia* ( $3.49 \times 10^{-4}$ ), *Polygonum multiflorum* ( $2.87 \times 10^{-4}$ ), *Epimedium brevicornum* ( $2.30 \times 10^{-4}$ ), *Psoralea corylifolia* ( $1.90 \times 10^{-4}$ ), *Cynomorium songaricum* ( $1.78 \times 10^{-4}$ ), *Belamcanda chinensis* ( $1.26 \times 10^{-4}$ ), *Scutellaria baicalensis* ( $8.77 \times 10^{-5}$ ), *Astragalus membranaceus* ( $8.47 \times 10^{-5}$ ) and *Pueraria lobata* ( $6.17 \times 10^{-5}$ ). The EC<sub>50</sub> value of 17beta-estradiol used as the positive control was  $0.205 \pm 0.025$  ng/ml (RP=100). This study gave support to the reported efficacy of Chinese medicines used for hormone replacement therapy.

Botanical dietary supplement use in peri- and postmenopausal women.

Menopause;10(1):65-72, 2003 Jan-Feb. Mahady GB; Parrot J; Lee C; Yun GS; Dan A

Resumo: OBJECTIVE: To determine use of botanical dietary supplements (BDS) in women between the ages of 40 and 60 years at the University of Illinois at Chicago (UIC) clinics, including information about commonly used BDS, the reason for use, information resources used, and the overall perception of safety and efficacy of BDS. DESIGN: Five hundred female outpatients at UIC clinics were interviewed by healthcare practitioners using a botanical/drug history questionnaire. Respondents were 46.8% African American, 39.6% Caucasian, 11.7% Hispanic, and 1.5% Asian, with a mean age of 50.34 years. RESULTS: BDS were used by 79% of respondents (n = 395), of which 36.5% used BDS daily. Of the positive respondents, 51.7% used one or two BDS, whereas 48.4% used three or more. Commonly used botanicals included soy (42%), green tea (34.68%), chamomile (20.76%), ginkgo (20.51%), ginseng (17.97%), Echinacea (15.44%), and St. John's wort (7.34%). Black cohosh, garlic, red clover, kava, valerian, evening primrose, and ephedra were used by less than 15% of respondents. Efficacy ratings were high for BDS, and 68% claimed to have no side effects. Only 3% of respondents obtained BDS information from healthcare professionals, and 70% of respondents were not informing their physician of BDS use. CONCLUSIONS: A high percentage of women at UIC clinics were using multiple BDS. The respondents believed that these products were both safe and effective for the treatment of common ailments. Concomitant BDS use with prescription and over-the-counter medications was commonplace, often without a physician's knowledge. Consumer education about the possible benefits and risks associated with BDS use is urgently needed.

Practice Bulletin. Clinical Management Guidelines for Obstetrician-Gynecologists. Use of botanicals for management of menopausal symptoms.

Obstet Gynecol;97(6):suppl 1-11, 2001 Jun. Autor: American College of Obstetricians and Gynecologists Committee on Practice Bulletins--Gynecology.

Resumo: Lack of confidence in the espoused benefits of hormone replacement therapy (HRT) coupled with a significant array of side effects of HRT, results in fewer than 1 in 3 women choosing to take HRT. The use of alternatives to conventional HRT has become more accessible and acceptable to many women. As more women choose these alternatives, physicians are confronted with the challenges of how to advise patients about alternative medicine and how to determine which therapies may be safe and effective. This document will examine available scientific information on alternative therapies for treatment of menopausal symptoms and provide recommendations on efficacy and potential adverse consequences.

#### Herbs commonly used by women: an evidence-based review.

Dis Mon. 2002 Oct;48(10):671-96. Tesch BJ. OBJECTIVE: To review the evidence of herbs commonly used by women. DATA SOURCES: Articles were located by searching Medline, Cochrane Database of Systemic Reviews, and the Combined Health Information Database and by hand searching the reference lists of recent systematic reviews. The databases were searched in January 2000 and October 2000 by using the Latin and common name of each herb. METHODS OF STUDY SELECTION: Preference was given to randomized, placebo-controlled trials. When available, English language studies were reviewed. If not, data are presented from review articles that summarize the foreign study. RESULTS: Many women use herbal therapies. In the United States, herbs are considered dietary supplements. The Food and Drug Administration (FDA) cannot remove them from the market unless they are proven unsafe. The herb industry plans to improve monitoring. Many prospective randomized controlled trials are being funded. Ginkgo biloba seems to slow the progression of dementia but increases the risk of bleeding. St John's Wort is efficacious for treating mild to moderate depression but has many drug interactions. Ginseng seems to improve well being in perimenopausal women, but it is often impure and has side effects and drug interactions. Garlic slightly lowers blood pressure and lipids. Echinacea slightly decreases the duration of colds but does not prevent them. Valerian is beneficial for insomnia, but there is no long-term safety data. Black cohosh may help the symptoms of perimenopause, and chasteberry may improve premenstrual syndrome. More study is needed on both herbs. CONCLUSION: Some herbs are medically useful, but the American public would benefit from increased regulation. Manufacturers should be able to ensure that herbs contain pure ingredients. Side effects and drug interactions should be listed. Well-designed studies are being conducted. The results will be helpful to physicians and patients when the clinical evidence becomes available.

#### Herbs commonly used by women: an evidence-based review.

Am J Obstet Gynecol. 2003 May;188(5 Suppl):S44-55. Tesch BJ. OBJECTIVE: To review the evidence of herbs commonly used by women. DATA SOURCES: Articles were located by searching Medline, Cochrane Database of Systemic Reviews, and the Combined Health Information Database and by hand searching the reference lists of recent systematic reviews. The databases were searched in January 2000 and October 2000 by using the Latin and common name of each herb. METHODS OF STUDY SELECTION: Preference was given to randomized, placebo-controlled trials. When available, English language studies were reviewed. If not, data are presented from review articles that summarize the foreign study. RESULTS: Many women use herbal therapies. In the United States, herbs are considered dietary supplements. The Food and Drug Administration (FDA) cannot remove them from the market unless they are proven unsafe. The herb industry plans to improve monitoring. Many prospective randomized controlled trials are being funded. Ginkgo biloba seems to slow the progression of dementia but increases the risk of bleeding. St John's Wort is efficacious for treating mild to moderate depression but has many drug interactions. Ginseng seems to improve well being in perimenopausal women, but it is often impure and has side effects and drug interactions. Garlic slightly lowers blood pressure and lipids. Echinacea slightly decreases the duration of colds but does not prevent them. Valerian is beneficial for insomnia, but there is no long-term safety data. Black cohosh

may help the symptoms of perimenopause, and chasteberry may improve premenstrual syndrome. More study is needed on both herbs. **CONCLUSION:** Some herbs are medically useful, but the American public would benefit from increased regulation. Manufacturers should be able to ensure that herbs contain pure ingredients. Side effects and drug interactions should be listed. Well-designed studies are being conducted. The results will be helpful to physicians and patients when the clinical evidence becomes available.

#### **Kava: Ansiedade na Menopausa**

Evaluation of combining kava extract with hormone replacement therapy in the treatment of postmenopausal anxiety.

Maturitas;39(2):185-8, 2001 Aug 25. De Leo V; la Marca A; Morgante G; Lanzetta D; Florio P; Petraglia Resumo: **OBJECTIVE:** to evaluate the efficacy of combining kava extract with hormone replacement therapy in the treatment of menopausal anxiety. **MATERIALS AND METHODS:** HAMA score was evaluated before and after therapy in four groups of women in menopause (duration of menopause ranged from 1 to 12 years). The groups were treated with hormone replacement therapy (with and without progestogens) and kava extract or placebo for 6 months. **RESULTS:** A significant reduction in HAMA score was observed in all four groups of women. The reduction was more significant in groups taking kava extract than in groups on hormones only. **DISCUSSION:** The combined use of hormone replacement therapy and kava extract seems to be effective against menopausal anxiety. Kava extract accelerates resolution of psychological symptoms while hormone therapy safeguards against osteoporosis and cardiovascular disease.

#### **Erva de São João: Depressão na menopausa**

St. John's Wort extract: efficacy for menopausal symptoms of psychological origin.

Adv Ther;16(4):177-86, 1999 Jul-Aug. Grube B; Walper A; Wheatley D

Resumo: Herbal remedies such as St. John's Wort preparations can be used successfully to relieve the psychological and vegetative symptoms of menopause. This drug-monitoring study investigated 12 weeks of treatment with St. John's Wort, one tablet three times daily (900 mg Hypericum, Kira), in 111 women from a general medical practice. The patients, who were between 43 and 65 years old, had climacteric symptoms characteristic of the pre- and postmenopausal state. Treatment outcome was evaluated by the Menopause Rating Scale, a self-designed questionnaire for assessing sexuality, and the Clinical Global Impression scale. The incidence and severity of typical psychological, psychosomatic, and vasomotor symptoms were recorded at baseline and after 5, 8, and 12 weeks of treatment. Substantial improvement in psychological and psychosomatic symptoms was observed. Climacteric complaints diminished or disappeared completely in the majority of women (76.4% by patient evaluation and 79.2% by physician evaluation). Of note, sexual well-being also improved after treatment with St. John's Wort extract.