



# HerbClip™

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**FILE:** ■ **St. John's wort (*Hypericum perforatum*)**  
■ **Chaste tree (*Vitex agnus-castus*)**  
■ **Menopause**

**HC 030591-374**

**Date: April 15, 2009**

**RE: Trial with Combination of Extracts from St. John's wort and Chaste Tree Examines Impact on Symptoms of Menopause**

Van Die MD, Burger HG, Bone KM, Cohen MM, Teede HJ. *Hypericum perforatum* with *Vitex agnus-castus* in menopausal symptoms: a randomized, controlled trial. *Menopause*. 2009;16(1):156-163.

Phytoestrogens are commonly used instead of hormone replacement therapy (HRT) to treat menopausal symptoms. However, concerns have been raised about the long-term use of phytoestrogens, specifically on breast and endometrial tissue proliferation. The purpose of this study was to evaluate combining extracts of two nonestrogenic herbs commonly prescribed for menopausal symptoms. The study evaluated St John's wort (SJW, *Hypericum perforatum*) flowering top extract and chaste tree (*Vitex agnus-castus*) fruit extract on the physiological and psychological symptoms of menopause.

Women (n = 100, between ages 40-60 years) studied were in late perimenopause or postmenopausal and experiencing at least 5 hot flashes per 24 hours. Those scoring 20+ on the Greene Climacteric Scale participated in this randomized, double-blind, placebo-controlled study conducted at the Royal Melbourne Institute of Technology-University (Bundoora, Australia). Participants were asked to maintain their baseline phytoestrogen intake and were advised of the relevant foods. Each SJW tablet contained 300 mg extract derived from 1,800 mg dry flowering tops standardized to contain 990 µg of hypericins, 9 mg of hyperforin, and 18 mg of flavonoid glycosides. A total of 3 tablets of SJW (1 in the morning and 2 later in the day) were given daily along with chaste tree berry tablet containing extract from 500 mg of dry fruit, 2 tablets (taken in the morning). This combination of extracts or placebo was given daily for 16 weeks. The primary endpoint was the frequency and severity of hot flashes. The secondary endpoints were scores on the Greene Climacteric Scale, the Hamilton Depression Inventory 17-item scale (HDI-17), and the Utian Quality of Life Scale.

There were no significant differences at baseline except the placebo group had a higher weekly intake of phytoestrogenic isoflavones ( $P=0.042$ ), and the active group had higher alcohol intake per week ( $P=0.035$ ). There was no significant difference between groups for any endpoint at week 16 or at any other time point. Significant improvements for both groups were noted at 16 weeks for hot flashes ( $P<0.001$  for placebo and  $P<0.01$  for extracts) and Greene Climacteric Scale and HDI-17 scores ( $P<0.001$  for both groups). A subanalysis revealed that women with no previous phytotherapy use were more likely to respond to active or placebo treatment. Also, a previous positive experience with a phytotherapy was correlated with better improvement in depression, anxiety, and sleep. Compliance with taking the tablets was excellent. There was no significant difference between groups for adverse events which mostly consisted of upper respiratory infections unrelated to the interventions.

The authors conclude that there was no significant difference between the herbal combination and placebo in decreasing hot flashes, menopausal symptoms, or depression. The combination improved menopausal symptoms, but so did the placebo. There was a high placebo response. The doses used were similar to doses used in other randomized controlled trials for depression (SJW) or stimulating melatonin secretion (chaste tree). The study had a robust design, adequate power, and excellent retention and compliance. However, the authors argue that the outcome cannot necessarily be extrapolated to the individual extracts or other combinations containing these extracts, since positive outcomes have been achieved in relieving menopausal symptoms compared to placebos when each were used separately in combinations with black cohosh (*Actaea racemosa*, syn. *Cimicifuga racemosa*). Nonetheless, since the placebo-response was so high in this trial, it may be worthwhile to repeat the study.

—Heather S. Oliff, PhD

The American Botanical Council has chosen not to include the original article.

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