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HERBCLIP

FILE: · Chaste tree (*Vitex agnus castus*)
· Premenstrual Syndrome (PMS)

DATE: December 3, 1998

HC 072382

RE: Chaste Tree (Vitex): Uses and Practitioner Survey

Christie, S and A. F. Walker. *Vitex agnus-castus* L.: (1) A review of its traditional and modern therapeutic use; (2) current use from a survey of practitioners. *The European Journal of Herbal Medicine*, 1997-1998, Vol. 3 (3), pp. 29-45.

The fruits of the *Vitex agnus-castus* L. shrub, also known as the Chaste tree, have been used for hundreds of years to regulate the functioning of the reproductive organs in women. In modern herbal medicine, it is used primarily for the relief of symptoms associated with the menstrual cycle and the peri-menopausal years. The ability of *Vitex* to normalize apparently contradictory conditions suggests that its action is adaptogenic. It may work by exerting control over the pituitary gland.

Vitex berries contain a wide range of potentially active constituents, including flavonoids and monoterpene glycosides known as iridoids. However, all attempts to fractionate more pure extracts of *Vitex* have failed to achieve the potency of the entire herb extract. Most of our current knowledge of the action of *Vitex* comes from animal experiments and open studies of young women done in gynecological clinics in Germany. The few placebo-controlled trials that have been done examined the effect of *Vitex* on hormonal imbalances in young women. Though some of the methodology has been questioned, all of the studies showed statistically significant outcome in terms of improved symptoms or signs of PMS (premenstrual syndrome) or CLI (corpus luteum insufficiency or low progesterone secretion in the luteal phase of the menstrual cycle). There have been no clinical studies carried out on the effects of *Vitex* on menopausal symptoms, or on any of the other traditional therapeutic applications of the herb. All human and animal studies reported in the literature have shown *Vitex* to be safe and well tolerated at medicinal doses, with no indications of toxic effects.

In an effort to document current clinical uses of *Vitex* among those practicing herbal medicine in the UK and Ireland, the authors mailed out a questionnaire to 280 members of the National Institute of Medical

Herbalists (NIMH) in April 1997. Fifty-six percent of those who received the questionnaire responded. Of those, almost 99% used Vitex in their practice.

Of the respondents using Vitex, 94.1% prescribed it for the treatment of PMS and 86.3% for treatment of peri-menopausal complaints, including hot flashes. A very high proportion also used the herb for female infertility (89.5%) and for female acne (79.7%). Fewer used Vitex for the treatment of fibroids (47.7%), breast cysts (43.8%) or fibrocystic breast disease (43.8%). An overwhelming majority believed that the use of Vitex for the treatment of female hormone imbalance syndromes was either “very effective” or “effective.” Most (68.5%) believed it takes four to eight weeks for a patient to respond to treatment with Vitex. However, Vitex is seldom given alone making it difficult to attribute any observed effectiveness to the herb extract. Rather, as is common practice among herbalists, it is prescribed in combination with other herbs depending on the patient’s overall condition. Despite that fact, respondents were strong in their belief of the physiological effects of Vitex.

Tincture, prepared by maceration of 1 part dried herb to 5 parts of aqueous alcohol, was cited as the most often used Vitex preparation (86.4%). Only 28.1% used fluid extract and 9.2% powdered herb preparations. An even smaller number reported using a standardized solid extract of Vitex.

This first-ever reported survey on the use of Vitex by practitioners of herbal medicine found that among members of the NIMH in the UK and Ireland, there is strong support for the treatment of hormone imbalance syndromes in women. However, the survey also highlighted the need for research on the use of Vitex for the treatment of menopausal symptoms. ³/₄*Densie Webb, Ph.D.*