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RE: Menopausal Symptoms Relieved with Black Cohosh/St. John's Wort Combination


Menopause is accompanied by various climacteric symptoms, including hot flashes, night sweats, urogenital atrophy, irregular menstruation, insomnia, depression, palpitations, and headaches. Because of the risks associated with hormone replacement therapy (HRT), women often turn to alternative therapies to relieve these symptoms. Among the alternative therapies are preparations of black cohosh (Actaea racemosa syn. Cimicifuga racemosa [CR]) rhizome/roots, chaste tree (Vitex agnus-castus [AC]) fruit, and St. John's wort (Hypericum perforatum [HP]) flowering tops. Several products with these ingredients are available as monotherapy. These authors conducted a systematic review of the literature to assess the effectiveness of alternative drugs for the treatment of vasomotor, cognitive, and genital climacteric complaints.

The authors searched PubMed, Ovid MEDLINE (1948-2009), and EMBASE (1980-2009) for randomized controlled trials published in German or English. They included trials of subjects with vasomotor, genital, and cognitive climacteric complaints using supplements of CR, HP, and/or AC, vitamins, or minerals. The subjects had to be using no medication for their symptoms other than the study drug.

Twelve study reports were included in the review with a total of 1,573 patients; 11 of the studies had a double-blind design, the other did not. One study was excluded from the analysis because of low quality (as determined by using the Jadad Scale) and no description of blinding. Group results that were published as two studies and three studies were combined for evaluation as two single studies; one of these groups included comparisons of CR with both placebo and estrogen.
Four studies examined the effects of CR and placebo, and two studies examined the effect of the mixture of CR and HP in comparison to placebo. In three studies, the effect of CR and estrogens or the synthetic hormone drug tibolone was evaluated. Therapy with AC was found in only one RCT and was administered in combination with HP.

Of the four studies examining the effects of CR versus placebo, three1-3 showed no significant difference in the total population for scores on the Wiklund Menopause Symptom and Vasomotor Symptom scales, the Kupperman Index hot flashes score, and the Menopause Rating Scale (MSR) for hot flashes. In the other study,4 an improvement in MSR hot flashes (after three months, P=0.007) was seen, but no other vasomotor symptoms improved. The evaluation of frequency of sweating episodes showed a significant difference in the CR group but not in the estrogen group in one study.2 In that same study, the ratio of nights with waking up early decreased significantly in the CR group (P<0.05).

Two studies2,4 reported significantly improved vaginal atrophy in the total population (P=0.022 and P=0.012). Although those same two studies showed a positive effect on the patient's mental score or psyche, the authors conclude that the overall trend shows that CR has no significant evidence-based effect on the psychological state of menopausal women. To summarize, the authors write that they could not find any evidence for the benefit of CR monotherapy in the treatment of menopausal symptoms compared to placebo. They point to the very high-quality study by Newton1 in which an approximately four-fold higher drug dose compared with the other studies was administered, which, nevertheless, showed no significant difference among the groups. However, they write, "a tendency observed is a minor effect of CR on vasomotor complaints but a more substantial effect on the improvement of vaginal atrophy."

The two studies using the CR/HP combination versus placebo reported a significant improvement in vasomotor symptoms (P<0.001 and P=0.021).5,6 One of the studies5 showed a significant improvement of somatic complaints and psychological state (P<0.001 for both), while the other did not examine these parameters directly. Neither of the studies reported a clinically relevant improvement in vaginal atrophy. Although only two studies were included, the authors conclude that "a combination of CR and HP seems to be more effective than placebo, particularly in the treatment of vasomotor complaints."

Of the studies evaluating the effects of CR versus estrogens/tibolone, two showed no significant differences in the treatment of climacteric complaints between CR and estrogens2 or tibolones.7

In the lone study of HP plus AC versus placebo,8 none of the measured end points (vasomotor symptoms, somatic complaints, sleep disorders, sexual disorders, and mental disorders) was improved significantly compared with placebo.

The analysis of these studies shows that the adverse side effects of CR, its combination with HP, and a combination of AC and HP are comparable with those of the placebos used.

The limitations of this review include a lack of transparency in many of the studies, the small number of studies that met the criteria, and the different products and dosages of the herbal substances used in the studies. Also, the authors found it difficult or
impossible to compare studies because different scales were used to assess the symptoms.

"On the basis of all studies involved in this systematic review, we could show a significant effect of a combination of CR and HP in the treatment of climacteric complaints," conclude the authors, calling for more evidence-based studies on monotherapy with other substances.

—Shari Henson

References


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