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Women's Tonic for Health & Vitality

White Peony

The white-coloured and peeled root of *Paeonia lactiflora* (White Peony) is very commonly used in traditional Chinese medicine (TCM) in the treatment of women's disorders. Indications include irregular menstruation, menstrual disturbances including amenorrhoea, dysmenorrhoea, slight persistent and abnormal uterine bleeding; vaginal discharge, anaemia and night sweats. It relieves pain and spasm of the abdomen and limbs.¹⁻⁵

A combination of *Paeonia lactiflora* root and Licorice root (SKT, in traditional Japanese medicine) in fairly high doses has been used in uncontrolled trials for treatment of polycystic ovary syndrome.^{6,7} The dosage of combination corresponded to 4–6 g/day of dried *Paeonia lactiflora* root and 4–6 g/day of dried Licorice root.

In uncontrolled trials, at a higher dose, SKT:

- decreased serum free testosterone, and the number of comedomes in women with acne vulgaris,⁸
- decreased prolactin levels in anovulatory women with elevated serum prolactin.⁹

Administration of a traditional Oriental herbal prescription containing root of *Paeonia lactiflora* gradually decreased tissue-specific antiendometrial IgM antibody levels in patients with endometriosis.¹⁰ It is also used for the treatment of fibroids (particularly when smaller than fist-sized).^{11,12} Other constituents, all in equal amounts, included *Paeonia suffruticosa, Poria cocos, Prunus persica* and *Cinnamomum cassia*.

In experimental studies, oral administration of *Paeonia lactiflora* root decoction demonstrated antispasmodic activity in the ileum and uterus.¹³ Relief of uterine spasm would be beneficial in treatment of endometriosis and dysmenorrhoea.

In experimental studies, oral administration of the root of *Paeonia lactiflora*:

- increased progesterone and the progesterone/20 alpha-hydroxypregn-4-en-3-one ratio in ovarian tissue (i.e. supported the corpus luteum),¹⁴
- decreased serum testosterone (via the ovaries, not adrenals),¹⁵

decreased testosterone in hyperprolactinaemia.⁹

Shatavari

Shatavari (*Asparagus racemosus*) root is highly regarded in Ayurveda for its rejuvenative action on the female reproductive system and was said 'to give the capacity to have a hundred husbands'.¹⁶ It is used as a galactagogue, to promote conception and for sexual debility, menopause, leukorrhoea, gonorrhoea, body ache and general debility.¹⁶⁻²¹ Preparations based on Shatavari are often recommended for threatened miscarriage.²² Shatavari has been used by tribes in northern India for liver disorders.²³

Shatavari is regarded as a remedy from the *rasayana* group. *Rasayana* literally means the path that *rasa* or the primordial tissue takes. A remedy that improves the quality of *rasa* should strengthen or promote the health of all tissues of the body. *Rasayanas* are said to help prevent disease, promote physical and mental health and longevity and improve defence mechanisms.²⁴ These attributes are similar to the modern concept of adaptogens, which are known to help the body adjust to stress.²⁵

Shatavari contains steroidal saponins.²⁶ The presence of steroidal saponins in Shatavari suggests its activity on the female reproductive system may be due to subtle oestrogen modulating activity.

Schisandra

Schisandra (*Schisandra chinensis*) fruit has a variety of applications in TCM, including leukorrhoea, enuresis, night sweats, fatigue and neurasthenia. As well as replenishing *qi*, it also quietens the spirit and is used for irritability, forgetfulness, palpitations and particularly for insomnia.^{1,2,5,27}

Schisandra has been used in the Far East as a tonic, particularly in fatigue. Indigenous Siberians used dried Schisandra berries to combat fatigue and improve their night vision during their hunting trips. Often the hunters roamed for days subsisting on nothing but the fresh or dried berries, and showed no signs of fatigue. In this context, 'it gives forces to follow a sable all the day without food'.²⁸⁻³⁰

Soviet researchers in the 1960s defined herbs with adaptogenic activity, as having the ability to enhance the body's nonspecific resistance to stress. Of the many adaptogens tested, Schisandra in single-dose studies with healthy volunteers and workers was found to improve:³¹

- mental function, including whilst under stress or tired;
- physical working capacity;
- vision in the dark.

Ongoing administration had a beneficial effect on mental and physical performance and fatigue in patients with nervous disorders and conditions characterised by fatigue and physical weakness.³²

Uncontrolled trials indicate that Schisandra improved symptoms and reduced emotional tension and anxiety in patients with neurosis, psychosis and schizophrenia.^{27,30}

Major constituents of Schisandra fruit are the dibenzocyclooctene lignans (about 2% by weight) including schisandrin and gomisin A.³³ Oral administration of Schisandra or the lignans have shown hepatoprotective activity and enhanced phase I/II hepatic metabolism in experimental models. This includes improving oestradiol metabolism.^{34,35}

Supportive Formulation

These herbs would complement each other in a very potent formulation with the following actions:

- female hormone regulating,
- tonic, adaptogenic,
- hepatoprotective,
- analgesic, antispasmodic.

Indications

- General tonic and stress support for women, particularly in the years prior to menopause.
- Dysmenorrhoea, irregular menstruation.
- Adjunctive treatment for anaemia, polycystic ovary syndrome, reduced fertility and conditions of oestrogen excess such as endometriosis and fibroids.
- Conditions associated with poor liver function.

Cautions and Contraindications

Schisandra is contraindicated in pregnancy, except at birth.

REFERENCES

¹ Pharmacopoeia Commission of the People's Republic of China. *Pharmacopoeia of the People's Republic of China*, English Edn. Chemical Industry Press, Beijing, 1997. ² World Health Organization. *Medicinal Plants in China*. WHO Regional Office for the Western Pacific, Manilla, 1989. ³ Zheng G, Zhang C. *Concise Chinese Materia Medica. The Series of Traditional Chinese Medicine for Foreign Readers*. Shandong Science and Technology Press, Jinan, 1997. ⁴ Kong YC, Xie JX, But PP. *J Ethnopharmacol* 1986; **15**: 1 ⁵ Bensky D, Clavey S, Stoger E. *Chinese Herbal Medicine: Materia Medica*, 3rd Edn. Eastland Press, Seattle, 2004. ⁶ Takahashi K, Kitao M. *Int J Fertility Menopausal Stud* 1994; **39**: 69 ⁷ Takahashi K et al. Nippon Sanka Fujinka Gakkai Zasshi 1988; **40**: 789 ⁸ Aizawa H, Niimura M. Skin Research 1996; 38: 37 9 Hosoya E and Yamamura Y (eds). Recent Advances in the Pharmacology of Kampo (Japanese Herbal) Medicines. Excerpta Medica, Amsterdam.¹⁰ Tanaka T et al. *Clin Exp Obstet Gynecol* 2000; **27**: 133 ¹¹ Sakamoto S et al. *Am J Chin Med* 1992; **20**: 313 ¹ Sakamoto S et al. In Vivo 1998; 12: 333¹³ Wagner H and Farnsworth NR (eds). Economic and Medicinal Plant Research, Vol 1. Academic Press, London, 1985. ¹⁴ Usuki S. *Am J Chin Med* 1988; **16**: 107 ¹⁵ Takeuchi T et al. Am J Chin Med 1989; 17: 35 ¹⁶ Frawley D, Lad V. The Yoga of Herbs: An Ayurvedic Guide to Herbal Medicine, 2nd Edn. Lotus Press, Santa Fe, 1988. ¹⁷ Thakur RS et al. *Major Medicinal Plants of India*. Central Institute of Medicinal and Aromatic Plants, Lucknow, 1989. ¹⁸ Kapoor LD. CRC Handbook of Ayurvedic Medicinal Plants. CRC Press, Boca Raton, 1990.¹⁹ Nadkarni AK. Dr. K.M. Nadkarni's Indian Materia Medica : with Ayurvedic, Unani-tibbi, Siddha, Vol 1. Popular Prakashan, Bombay, 1976.²⁰ Jain A et al. J Ethnopharmacol 2004; 90: 171²¹ Katewa SS et al. J Ethnopharmacol 2004; 92: 41 ²² Dev S. Environ Health Perspect 1999; 107: 783 ²³ Singh AK et al. J Ethnopharmacol 2002; 81: 31 ²⁴ Rege NN et al. Phytother Res 1999; **13**: 275 ²⁵ Muruganandam AV et al. *Indian J Exp Biol* 2002; **40**: 1151²⁶ Hostettmann K, Marston A. Chemistry & Pharmacology of Natural Products: Saponins. Cambridge University Press, Cambridge, 1995.²⁷ Chang HM, But PP (eds). Pharmacology and Applications of Chinese Materia Medica. World Scientific, Singapore, 1987. 28 Moskalenko SA. / Ethnopharmacol 1987; 21: 231 ²⁹ Kourennoff PM, St George G. Russian Folk Medicine. London & New York, WH Allen, 1970. ³⁰ Panossian A, Wikman G. J Ethnopharmacol 2008; **118**: 183³¹ Panossian A, Wagner H. Phytother Res 2005; 19: 819 32 Panossian A, Wikman G. Curr Clin Pharmacol 2009; 4: 198 ³³ Hikino H et al. Planta Medica 1984; 50: 213 ³⁴ Ko KM et al. Planta Medica 1995; 61: 134 35 Lu H, Liu GT. Chung Kuo Yao Li Hsueh Pao 1990; 11: 331

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