



Herbal Medicine
in Treating
Gynaecological
Conditions

Hananja Brice-Ytsma
and Adrian McDermott

HERBAL MEDICINE IN TREATING GYNAECOLOGICAL CONDITIONS

HERBAL MEDICINE
IN TREATING
GYNAECOLOGICAL
CONDITIONS

Herbs, Hormones, Pre-Menstrual
Syndrome and Menopause

*Hananja Brice-Ytsma
and Adrian McDermott*

AEON

Aeon Books Ltd
12 New College Parade
Finchley Road
London NW3 5EP

Copyright © 2020 by Hananja Brice-Ytsma and Adrian McDermott

Photographs © 2020 Peter Jarrett

The right of Hananja Brice-Ytsma and Adrian McDermott to be identified as the authors of this work has been asserted in accordance with §§ 77 and 78 of the Copyright Design and Patents Act 1988.

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without the prior written permission of the publisher.

British Library Cataloguing in Publication Data

A C.I.P. for this book is available from the British Library

ISBN-13: 978-1-91159-770-4

Typeset by Medlar Publishing Solutions Pvt Ltd, India
Printed in Great Britain

www.aeonbooks.co.uk

CONTENTS

<i>FOREWORD</i>	<i>vii</i>
<i>INTRODUCTION</i>	<i>xi</i>
<i>CHAPTER ONE</i> How the body produces oestrogen and progesterone	1
<i>CHAPTER TWO</i> Principles of herbal treatment of gynaecological problems	49
<i>CHAPTER THREE</i> Key herbs containing isoflavones and flavonoids	91
<i>CHAPTER FOUR</i> Key herbs containing steroidal saponins	117
<i>CHAPTER FIVE</i> Black cohosh, <i>Actaea racemosa</i> L., widely known as <i>Cimicifuga racemosa</i> (L.) Nutt.	135

<i>CHAPTER SIX</i>	
<i>Paeonia lactiflora</i> and <i>Glycyrrhiza glabra</i>	165
<i>CHAPTER SEVEN</i>	
Herbs, HRT, and the menopause	181
<i>CHAPTER EIGHT</i>	
PMS: common myths	215
<i>CHAPTER NINE</i>	
Some other gynaecological conditions	253
<i>NOTES</i>	261
<i>INDEX</i>	327

FOREWORD

I have been in practice for over 30 years and been teaching for more than 20 years. Over that time, I kept hearing from students as well as practitioners that gynaecology, and specifically hormonal issues, are so complicated and confusing. Repeatedly, I had to educate practitioners, students and patients on misinformation about oestrogens/phyto-oestrogens etc., and other herbs that influence different hormones. The internet and magazines are full of false information, especially related to the phyto-oestrogens, seemingly implying they can do the same as endogenous oestrogens.

Before I started personally focusing more on gynaecology and hormones, I must admit I was very confused as well. It was pretty common among herbalists in cases that had anything to do with gynaecology that one just used the hormonal herbs (i.e. *Vitex agnus-castus*, or *Cimicifuga racemosa*, occasionally *Trifolium pratense*).

Luckily enough, as most herbs, in the end, are unlikely to take control (as opposed to the pill), but rather support healthy functions, one is unlikely to go far wrong.

However, more than 25 years ago, I was asked to do a lecture on hormonal herbs to a student group and thought I had better get to

understand the subject fully. There is nothing like teaching! I ended up fascinated by the subject, and amazed at the effects that herbs have and the multitude of mechanisms they work with in the body. Now, in the end, ironically, I do not really describe their actions so differently to how I did before I went on this journey. But I found that by understanding the how's and why's of the herb, understanding the different hormones involved, and their metabolism, I was able to explain it so much better to my patients, and with that found that the whole treatment was so more effective. At that point, what started off seeming so complicated turned out to be actually quite straightforward.

There are some real basics one always needs to go back to in treatment of most conditions. Granted, there might be quite specific herbs that have a good reputation for specific conditions, but even with hormones one still needs to work on the key aspects of assimilation, elimination, integration, and circulation.

There are some other things that I kept hold of during the years of teaching:

1. Traditional usage of a particular herb, which usually points to years of observation and clinical use by herbalists in the past, gives us the general pointers. Before we became so-called more 'scientific', the power of observation was crucial!
2. Research gives really useful insight into some of the herbs.

Very often, a herb still baffles scientists, which is always fun, as they know from clinical trials something is safe and effective, but cannot figure out the mechanism by which it works. Classic examples are *Hypericum perforatum* and *Cimicifuga racemosa*. Much of the research is *in vitro* and *in vivo*, something that does not necessarily translate well into clinical use, but does find its way into textbooks as 'facts'. This so much truer in the case of phyto-oestrogens, and it is where much of the misinformation comes from.

Hananja Brice-Ytsma

I had the privilege of working as a clinical tutor alongside Hananja for a number of years, and more recently as a colleague at Heartwood Education, and have enjoyed many discussions with her, and with students, over the principles of herbal treatment. In particular, I am

fascinated by the way that science has come from rather undermining herbal treatment to broadly supporting it now that there is a change of emphasis from the 'magic bullet' to solutions that may be synergistic and multifactorial.

So, being able now to contribute to this book has been a privilege and a pleasure, and an excellent opportunity to review the issue, whether science and herbal medicine are somehow merging or whether they are neighbours who at long last are on speaking terms.

The fundamental difference between the viewpoints of pharmacological science and traditional herbal medicine is made very clear within a broadly supportive pharmacological review of the role of herbs (Ginseng, Astragalus, and Echinacea) in cancer therapy. In the end, herbal medicine looks from the standpoint of the individual patient and a customised formula.

It would certainly be possible to study standard multicomponent agents in randomised trials. However, as individual responses to herbal extracts may vary, it seems reasonable to conclude that such variations would only increase with the increasing complexity of the herbal mixtures.¹

This quote was specifically about Chinese herbal formulae but it applies equally, or perhaps even more strongly, to western herbal medicine. Herbal medicine has been learnt through experience and tradition, incorporating subtle observation and rich detail. Herbalists practice in a medical community that necessarily uses a common language of diagnosis, management or prognosis, and the language of scientific medicine and pharmacology are essential to that, but they need to be relevant. Medical research follows a model of scientific experimentation that requires standardised preparations and modern diagnostic categories. To dismiss as irrelevant or unscientific everything that does not fit this conceptual framework is to lose the value of the tradition and the work of the people who created it. To bridge this gap, research methods need to fully incorporate the idea of individualised treatments using formulae that are not and cannot fully be standardised.

Our attitude is that the dialogue is fascinating and useful, but we remain firmly in a model that is eclectic, critical, and holistic in approach. Modern research is no longer in denial of this viewpoint, and this book

aims to elucidate how current trends in biomedicine give us some very useful pointers. We cannot be definitive because the research is always in progress, so we are somewhat in the position of trying to sweep clean the path while it is still snowing, but we do hope that at least parts of the path are a little more discernible nevertheless.

Adrian McDermott

INTRODUCTION

Who is this book for?

This book is for students and practitioners of herbal medicine or other medical disciplines that use medicinal herbs. There have been significant changes in understanding in recent decades about the interrelationships between the nervous, endocrine, and immune systems, challenging previous thinking about the actions of herbs. At the same time, research typically confirms many traditional indications of medicinal plants. We try as far as possible to try to resolve that paradox: it is clearer than ever that the plants are effective but how they work is still to a great extent a matter for speculation. This is particularly true for reproductive physiology, which is just about as complex as things get.

What is this book for?

Medical herbalists have generally done an excellent job in helping women with gynaecological problems. The question is, as this field is very complex and has been the subject of a great deal of recent research and consequently new insights, is there something that could be done

better still? Obviously, that is a question that a practitioner will answer for themselves, but the hope is that this book will help those that think the answer might be 'yes', in particular helping with:

- How recent findings about the immune, nervous, and endocrine systems provide a sound basis for nutritional, lifestyle, and herbal treatment.
- Principles behind the interactions between diet, lifestyle, hormones, and the nervous and immune systems.
- Giving clear, reliable explanations to patients that will enable them to manage the ever-increasing amount of health information they will encounter and give them well-placed confidence in your management plan.

Myths about oestrogenic or progestogenic herbs are widespread, and most herbalists will know the more obvious ones. But it is also useful not only to know this but to be able to offer clarification, which means understanding the complexity of the picture that makes such oversimplifications tempting. The mark of understanding something well is to be able to explain it simply, so we want to enable, as far as possible, to enable practitioners to do this in order to enable patients to engage in an effective treatment plan whose rationale they understand.

What is not covered in this book

This book is about the principles of treating gynaecological problems, and a guide to the main herbs used. It also looks at the two most common presenting complaints in this area that most practitioners will encounter, namely PMS and the menopause. That, we hope, will still make it generally useful. We did not want this volume to be a one-stop manual for all women's problems because (in our experience) one tends to easily lose the overall picture in such a comprehensive work. Our aim has been very much to keep in mind this overall picture that applies to gynaecological problems, but in restricting the main discussion to PMS and the menopause, to use these presentations as an illustration of the principles, and as a way to make their practical application clear.

We do cover, in brief, at the end of the book, a few other diagnoses that are common and not always easy to treat: PCOS, endometriosis,

uterine fibroids, and fibrocystic breasts, hopefully in enough detail to be practically useful. These and other conditions will be looked at in much more detail in a companion volume. What we will also cover in that book is the consultation and management in human terms—what is of diagnostic importance, issues of psychological and sexual health—and, although it will not be a general herbal, it will discuss herbs that are of general help without being specifically hormonal (i.e. have anti-inflammatory, circulatory or nervine properties).

Some general principles of herbal treatment

Is there a state of perfect health? Bodies constantly adapt and compensate for stresses, so it is perhaps better to think of the body working well, harmoniously rather than being in a particular state. Team sports might be a useful analogy, so just as stronger players compensate for weaker ones, so functions in the body that are not working optimally will cause compensation reactions elsewhere, but there is a risk that they will themselves get injured or exhausted if they have to do all the work. Disease may be thought of as a point of compensation that becomes obvious as it impinges on normal activity and something feels wrong.

The principles of herbal treatment of almost anything are reasonably simple in outline: alleviate symptoms, lighten the stress so that the degree of compensation need not be as extreme, and tonify organs under chronic stress. That is probably so vague as to be almost useless practically, and it needs spelling out, so let's take the case of hypertension. If blood pressure is high to the point that the patient notices it and seeks help, there are three direct symptomatic measures: smooth muscle relaxation, diuretics, and relaxants. But are the kidneys getting the blood flow they need, and if not, is it because the endothelium of their arterioles is 'sticky' and too permeable, and might that might be because the balance of prostaglandins is wrong, or that the gut is letting in too many pro-inflammatory compounds, or the adrenals are producing more glucocorticoids, or the vagus is not active enough, or there is insulin resistance, or too much sympathetic nervous system activation with too little exercise and sleep, or is it actually a picture in which all of the above play a part? The interconnections are manifold and the potential points of intervention, too. So the principles need to be applied with

good knowledge of the interconnections between the pathophysiological factors, in order to decide which points of support or intervention are likely to be most important.

In terms of long-term restoration of health, herbal medicine typically treats the gut and the liver first, then the circulation, then the nervous and hormonal system, and then the problem; the reason being that one treats the neuroendocrine system by treating the liver and circulation, and one treats the liver and circulation by treating the gut. There is no hard separation between treating one system and treating another. To give one example: if blood pressure is high due to the kidneys working less well than they should, the simple addition of flaxseed to the diet will do much just by itself. It will help the gut microbiome repair the integrity of the gut wall. That in turn will decrease the load on the liver, resulting in increased clearance of potentially inflammatory substances and a consequent reduction in the level of pro-inflammatory cytokines. These cytokines affect the lipids in the blood and the tendency to inflammatory processes in the endothelium, to which the kidney vasculature is particularly susceptible. The actions of flaxseed go further than this, however, as they are a useful, balanced source of essential fatty acids. Essential fatty acids will also adjust the balance of prostaglandins away from the 2-series and towards the 3-series. A healthier gut microbiome also affects the balance of neurotransmitters and decreases food craving. This example does not begin to address the whole range of potential points of intervention but just points out the way that one single part of therapy can play a role at many levels of physiological function.

Treating gynaecological problems

How the body's biochemistry is interlinked is increasingly understood, and this underpins the rationale of traditional herbal medicine in treating the whole person, but in a coherent, structured way. In gynaecological problems, the order of initial priority is essentially the same as for this example of high blood pressure, which is a problem that actually appears commonly along with the menopause: treat the gut, the liver, the circulation, and then the nervous and endocrine systems. Again, it is not a sequential order so much as one of the priorities in terms of unloading the pressures. Longer-term, the idea is to use subtle means, and if the system is too noisy, the signal is unlikely to produce

a response. The endocrine system is very sensitive and easily upset by stresses. Perhaps the most important is the health of the gut. It is not only important in terms of assimilation but also in terms of the elimination of metabolised hormones. Gut health also affects the functioning of the herbal medicines themselves as many of the phyto-oestrogenic constituents of plants are in the form of glycosides, and the active aglycone will not be bioavailable without fermentation by well-functioning gut flora. It also affects the load on the liver and in turn the composition of the blood and the activity of the immune system.

Of course, symptomatic treatment using herbs with straightforward actions, such as sage for hot flushes, may be quite effective at first and hugely important for the daily quality of life and confidence in the treatment while the unloading and improved compensation takes place.

Explanation to the patient

Attention to nutrition and the digestive system is clearly necessary from the outset; but it is equally necessary that the patient understands the point of it; otherwise, they may feel that they are being sent down a blind alley. Changing the background physiology is normally a matter of months, and that engagement is crucial for the treatment to be sustained for long enough, so it is necessary to be able to explain in simple terms why the lifestyle, dietary, and herbal changes are necessary.

Whole person treatment

This is covered in Chapter 3 in more detail, but it is worth looking at the following list at this point as Chapters 1 and 2 will point out how some of the key plants used both nutritionally and in herbal treatment fit into this strategy:

1. Reduce the load:

Diet: Pre and probiotic, irritants, balanced, trigger foods

Gut: Microbiome and rhythm (vagotonic input)

Stress: Sympathetic nervous system not constantly dominant, review use of stimulants

Immune system: Decrease inflammatory responses in the body

Sleep: Quantity of sleep, quality

Liver: Tonics and restoratives to detoxify more effectively

2. Adjust neuroendocrine balance:

Phyto-oestrogenic herbs and other herbs with hormonal effects
New research has helped shine a light on neuroendocrine interrelationships—for example, the effect of sleep and exercise on serotonin levels confirms the importance of traditional advice. Serotonin likewise has effects on oestrogen receptors, and *Cimicifuga racemosa* has serotonergic activity (See Chapter 2 for the role of serotonin, and Chapter 5 for the serotonergic effects of *Cimicifuga racemosa*). So, this gives a rationale for treatment of menopausal complaints that is now much better (though still only murkily) understood than previously. In other words, there is much new information on the many plants traditionally used for hormonal complaints, some prescribed since ancient times, and this can not only confirm but also refine their application.

3. Increase resilience:

Essentially, the aim is to have a patient who finishes treatment because it is no longer needed, not only because symptoms are now absent or manageable but because the symptoms are not expected to return. The class of herbs labelled ‘trophorestorative’ is used to establish the health of the digestive, circulatory, nervous, and immune systems so that, provided that a healthy lifestyle and diet are followed, active intervention using herbal medicine is no longer, or is minimally, necessary.

Tradition and science

That the strengths of traditional herbal treatment are now strongly supported by current research creates a great opportunity for practitioners. The traditional rationale of herbal treatment is justified by science in many ways, in terms of these interconnections, complexity, synergy, and so on. This also means that, provided there is sufficient knowledge of scientific medicine, the treatment rationale can be explained to other medical colleagues and to patients who are under their care at the same time as being treated by the herbalist.