



Vitex agnus castus essential oil and menopausal balance: a research update [Complementary Therapies in Nursing and Midwifery 8 (2003) 148–154]

Barbara Chopin Lucks, RA

Summary The first trial of two essential oils (derived separately from leaf and fruit) of *Vitex agnus castus* for menopausal balance was conducted in the summer of 2000 by the author. Surveys completed by the 23 participants in that trial indicated strong symptomatic relief of common menopausal symptoms.² This research update details the result of the second round of trials, which were conducted in the summer of 2002 with 52 additional subjects under the supervision of 12 diverse health practitioners. The second trial appears to support the finding of the first trial, as well as identifying some important contraindications to use of the essential oil.

© 2003 Elsevier Ltd. All rights reserved.

The second trial of essential oil *Vitex agnus castus* (common names: chaste tree, chaste berry) was conducted in May–August, 2002. Results of the second trial were presented at the Fifth Scientific Holistic Aromatherapy Conference hosted by Pacific Institute of Aromatherapy in October, 2002 in San Francisco, CA.

Subject of trial: Common menopausal and perimenopausal symptoms.

Essential oil: Steam distilled from aerial parts (leaves and berries). Turkey, 2001 harvest. Oil provided by Original Swiss Aromatics in San Rafael, CA, USA.

Format of trial: Fifty-two unpaid volunteer subjects were monitored by 12 diverse health practitioners. Results were submitted in surveys completed by the subjects. Survey format mirrored the original survey used in the 2000 trials, with minor expansion of symptoms and subject intake information. Participants used a 1.5% solution of the essential oil in a bland base cream or lotion.

Participants were instructed to apply 2.5 ml of the cream dermally, once daily, 5–7 days per week for 3 months. Participants were instructed to discontinue use of oil and report to monitoring professionals if unwanted side effects occurred. Participants with medical concerns were directed to their professional medical care provider.

Placebo: Due to the distinctive aroma of the essential oil, as well the likely bioactivity of all essential oils, placebo control was not possible.

Double blind: Not applicable.

Subjects: The 52 trial participants ranged in age from 38 to 73 years and lived in the USA and Canada. Most participants came from a predominantly European heritage, with a few Hispanic participants. Data were analyzed separately for three distinct groups. **Perimenopausal** (still menstruating): 31 subjects; **postmenopausal**: 11 subjects; **hysterectomy**: 10 subjects.

Symptomatic relief reported by subjects: Overall, 33% reported major improvement in troublesome symptoms, 36% reported mild to moderate improvement, 7.5% reported no change

E-mail address: almasol@sopris.net (B. Chopin Lucks).

in symptoms, and 23.5% reported worse symptoms. Both symptom improvement and unwanted side effects were slightly more pronounced in the perimenopausal group. While a few respondents reported both positive and negative response, the great majority reported either a distinctive positive experience or a distinctive negative experience. Side effects generally manifested within 3–5 days of the beginning of use, and all side effects disappeared with discontinuance of vitex.

Specific positive responses: The greatest improvement was noted in areas of emotional improvement (16 responses), reduced hot flashes/night sweats (15), and moderated menstruation (12).

A total of 4–6 responses were noted for each of the following: reduced cramping, improved sleep, reduced period pain, improved vaginal tone and lubrication, cognitive improvement, increased libido, and improved skin tone.

A total of 1–2 responses were noted for each of the following: Reduced body odor, reduced bloating, reduced headache, reduced breast engorgement, reduced restless leg syndrome, reduced arthritis and improved lubrication of eyes.

Specific negative responses: Two areas of significant improvement were also the one most noted for negative responses. Six subjects reported emotional decline (some severe) and five reported increased bleeding.

Three negative responses were noted for both increased hot flashes/night sweats and nausea.

A total of 1–2 responses were noted for each of the following: disturbed sleep, rash or prickling sensation, lethargy, sneezing/watery eyes, involuntary twitch (eyes), vertigo and headache.

Increased dreaming: While responses in this area were not solicited, four subjects noted markedly increased dreaming. This effect was also noted in the first trial.

Discussion

One of the most striking aspects of the information gathered was the widely divergent response to use of the oil. Very few women (7%–10% range for both trials) had a neutral response. Responses tended to be either distinctly positive or distinctly negative, with unwanted side effects generally manifesting quickly, usually with 3–5 days of initial use, or (in one case) the start of overuse. Positive responses took longer to manifest, generally in the area of 4–6 weeks.

Documented benefits from the use of essential oil *Vitex agnus castus*

- Decrease or elimination of hot flashes and night sweats
- Improved emotional stability and cognitive ability
- Improved vaginal tone and lubrication. More comfortable intercourse.
- Moderation of irregular periods and flooding

Possible side effects from use of *Vitex agnus castus*

- Headache
- Nausea
- Rash or sensation of ants crawling on skin
- Increased hot flashes or night sweats
- Nightmares
- Emotional crises, exacerbation of depression, suicidal ideation
- Unwanted or unexpected vaginal bleeding
- Reduction of the efficacy of birth control pills

Further, a few women who had not been able to tolerate the oil some 2–3 years earlier in their transition reported benefits when they tried the oil a second time. This experience, coupled with the differing levels of tolerance between women who were still menstruating and women who had stopped menstruating, suggest that *vitex* may be indicated for a particular woman only after a certain point in the menopausal shift. It appears that this point differs from woman to woman, though diligent tracking of hormonal levels in a formal trial may shed considerable light on this matter.

Further, the difference in response to oils distilled separately from the leaf and the mature fruit has prompted discussion as to the exact time the essential oil should be distilled. The oil used for the second trial was distilled at some point in the development of the fruit, but while some leaves were still on the plant. Side effects to this particular oil more closely resembled the pattern of the berry oil from the first trial, i.e. more

pronounced and more uncomfortable side effects when they did occur. The consensus among those present when the results of the second trial were presented at conference were that we should distill the plant at some point before it has set fruit.

It must be reiterated that *Vitex agnus castus* produces an extremely complex essential oil, and that the specific components of the plant that produce the therapeutic effect have not been identified. To the contrary, it is far more likely that the efficacy is in the synergy of the whole plant or whole oil.

Results of the trial suggested a number of contraindications to use of the essential oil, which mirror contraindications to the herb as noted in a number of texts.³⁻⁸

Subjects who mixed essential oil *vitex* with any form of progesterone supplementation (including progesterone cream) consistently noted breakthrough bleeding. Any woman who is concurrently taking any form of hormone replacement therapy should be closely monitored by a health professional when *vitex* is introduced.^{6,8}

Several subjects reported alarming emotional decline that interfered with the ability to function in daily life. Symptoms included uncontrollable crying jags, severe disorientation and lethargy. Two women noted symptoms so severe that family, co-workers and friends expressed concern for their welfare. In all cases, emotional balance improved with discontinuation of the oil. One such subject consulted her medical doctor, who performed a hormonal profile and determined that the woman was severely estrogen deficient. Additionally, the woman was being treated for depression with pharmaceutical antidepressants.

Vitex acts to reduce estrogen and increase progesterone production.^{1-3,5-7} Since the symptoms of estrogen excess and estrogen deficiency overlap to a great degree, baseline hormonal testing prior to the use of the herb or essential oil may be indicated.^{3,5,7}

Known & Possible Interactions relating to use of essential oil *Vitex agnus castus*

NOTE: This list should not be assumed to be comprehensive or conclusive, as information regarding response to the essential oil is relatively new and derived in most cases from non-clinical data. The author has listed herb/drug interactions that are noted in referenced texts, or that have been suggested by information from the case studies. It should also be noted that action of a whole herb and

action of the essential oil do differ from time to time.

- *Any form of progesterone*, either natural or synthesized, when used in combination with e.o. *vitex*, may potentiate activity and lead to elevated progesterone levels. Breakthrough bleeding was consistently noted when these substances were used in combination.
- *Oral contraceptives*. Possibility that use of any form of the herb can reduce efficacy.
- *Hormone replacement therapy*. See note above regarding progesterone. Case studies indicate several instances of successful combination of estrogen (either plant derived or animal derived) with e.o. *vitex*. Any such use should be professionally managed.
- *Neuroleptic medications (haloperidol, thioridazine)* may weaken or block effects of the herb or oil. Research strongly suggests that the oil acts as a dopamine-receptor agonist. Additionally, a few reports both from the case studies and more informal communication indicate a possible positive effect on seizure-type disorders.

Practitioners should be aware of potential for the following:

- Ovarian hyperstimulation syndrome
- Exacerbation of depression (esp. if estrogen levels fall dangerously).

Finally, the quality of a woman's life seemed to be an important indicator of the likely efficacy of essential oil *Vitex agnus castus*. Women who reported a general enjoyment of life and a strong social network, as well as time for their own interests consistently reported better results, regardless of the severity or nature of their symptoms.

The author recommends further study, especially with oil derived from the plant prior to setting fruit. The author further suggests a holistic paradigm that factors in important lifestyle choices such as diet, exercise and rest in the management of menopausal symptoms.

References

1. Kamen B. *Hormone replacement therapy: yes or no?* Novato, CA: Nutrition Encounter, 1996.

2. Lucks B, Sorensen J, Veal L. *Vitex agnus-castus essential oil and menopausal balance: a self-care survey*, London: Elsevier Science, August, 2002; *Complementary Ther Nurs Midwifery*.
3. Northrup C, MD. *The wisdom of menopause*. New York, NY: Bantam Books, 2001.
4. Ody P. *The complete medicinal herbal*. London: Dorling Kindersley, 1993.
5. Pierce A. *The American Pharmaceutical Association Practical Guide to Natural Medicines*. Stonesong Press, Inc. (Wm Morrow and Company) New York, 1999.
6. Proefrock KND. Botanicals as selective hormone receptor modulators. *Proceedings of the Southwest Conference on Botanical Medicine*, Tempe, AZ, April, 2002.
7. Skidmore-Roth L. *Mosby's handbook of herbs and natural supplements*. St. Louis, MO: Mosby, Inc., 2001.
8. Winston DAHG. Herb-drug interactions, herb toxicity: myth, facts and theory. *Proceedings of the Southwest Conference on Botanical Medicine*, Tempe, AZ, April 2002.