

Review 2013: Alternative medicine (Herbal)

Vitex agnus-castus extracts for female reproductive disorders: a systematic review of clinical trials

Link: <https://pubmed.ncbi.nlm.nih.gov/23136064/>

Year: 2013

Pubmed classification: Review.

Further review information: Systematic review.

Objective: The objective of this systematic review was to evaluate the evidence for the efficacy and safety of Vitex extracts from randomised, controlled trials investigating women's health.

Number of studies and types of papers: 13 randomised, controlled trials were identified and 12 are included in this review, of which 8 investigated premenstrual syndrome, 2 premenstrual dysphoric disorder, and 2 latent hyperprolactinaemia.

Databases searched/inclusion criteria: Eight databases were searched using Latin and common names for Vitex and phytotherapeutic preparations of the herb as a sole agent, together with filters for randomised, controlled trials or clinical trials.

Methods for assessing research quality: Methodological quality was assessed according to the Cochrane risk of bias and Jadad scales, as well as the proposed elaboration of CONSORT for reporting trials on herbal interventions.

Research quality: The methodological quality of the included studies varied, but was generally moderate-to-high. Limitations include small sample sizes in some studies, heterogeneity of conditions being treated, and a range of reference treatments.

Efficacy outcomes: For premenstrual syndrome, seven of eight trials found Vitex extracts to be superior to placebo (5 of 6 studies), pyridoxine (1), and magnesium oxide (1). In premenstrual dysphoric disorder, one study reported Vitex to be equivalent to fluoxetine, while in the other, fluoxetine outperformed Vitex.

In latent hyperprolactinaemia, one trial reported it to be superior to placebo for reducing TRH-stimulated prolactin secretion, normalising a shortened luteal phase, increasing mid-luteal progesterone and 17 β -oestradiol levels, while the other found Vitex comparable to bromocriptine for reducing serum prolactin levels and ameliorating cyclic mastalgia.

Side-effects assessment: Adverse events with Vitex were mild and generally infrequent.

Conclusion: Despite some methodological limitations, the results from randomised, controlled trials to date suggest benefits for Vitex extracts in the treatment of premenstrual syndrome, premenstrual dysphoric disorder and latent hyperprolactinaemia.

Considerations for future: Further research is recommended, and greater transparency in reporting for future trials.

Review 2011: Alternative Medicine (Herbal)

Herbal treatments for alleviating premenstrual symptoms: a systematic review

Link: <https://pubmed.ncbi.nlm.nih.gov/21171936/>

Year: 2011

Pubmed classification: Review.

Further review information: Systematic review.

Objective: This systematic review is aimed at analysing the effects of herb remedies on PMS and PMDD.

Number of studies and types of papers: Of 102 articles identified, 17 RCTs were eligible and 10 of them were included.

Databases searched/inclusion criteria: Systematic literature searches were performed in electronic databases, covering the period January 1980 to September 2010. Randomised controlled clinical trials (RCTs) were included.

Methods for assessing research quality: Papers quality was evaluated with the Jadad' scale. A further evaluation of PMS/PMDD diagnostic criteria was also done.

Statistical analysis methods: The heterogeneity of population included, study design, and outcome presentation refrained from a meta-analysis.

Efficacy outcomes: Vitex agnus castus was the more investigated remedy (5 trials, about 500 women), and it was reported to consistently ameliorate PMS better than placebo. Single trials also support the use of either Ginkgo biloba or Crocus sativus. On the contrary, neither Evening Primrose Oil nor St. John's Wort show an effect different than placebo.

Side-effects assessment: None of the herbs was associated with major health risks, although the reduced number of tested patients does not allow definitive conclusions on safety.

Conclusion: Some herb remedies seem useful for the treatment of PMS.

Considerations for future: More RCTs are required to account for the heterogeneity of the syndrome.

Review 2009: Alternative Supplements

Determining their efficacy in reducing severity of PMS/PMDD symptoms.

Year: 2009

Link: <https://pubmed.ncbi.nlm.nih.gov/19923637/>

Pubmed classification: Review.

Further review information: Systematic review.

Objective: To identify herbs, vitamins and minerals advocated for the treatment of PMS and/or PMDD; and to systematically review evidence from randomized controlled trials (RCTs) to determine their efficacy in reducing severity of PMS/PMDD symptoms.

Number of studies and types of papers: 62 herbs, vitamins and minerals were identified for which claims of benefit for PMS were made, with RCT evidence found for only 10.

Databases searched/ inclusion criteria: Searches were conducted from inception to April 2008 in Clinical Evidence, The Cochrane Library, Embase, IBID, IPA, Mayo Clinic, Medscape, MEDLINE Plus, Natural Medicines Comprehensive Database and the Internet to identify RCTs of herbs, vitamins or minerals advocated for PMS. Bibliographies of articles were also examined. Included studies were published in English or French. Studies were excluded if patient satisfaction was the sole outcome measure or if the comparator was not placebo or recognized therapy.

Statistical analysis methods: Heterogeneity of length of trials, specific products and doses, and outcome measures precluded meta-analysis for any NP (natural product).

Efficacy outcomes: Data supports the use of calcium for PMS, and suggests that chasteberry and vitamin B6 may be effective. Preliminary data shows some benefit with ginkgo, magnesium pyrrolidone, saffron, St. John's Wort, soy and vitamin E. No evidence of benefit with evening primrose oil or magnesium oxide was found.

Conclusion: Only calcium had good quality evidence to support its use in PMS.

Considerations for future: Further research is needed, using RCTs of adequate length, sufficient sample size, well-characterized products and measuring the effect on severity of individual PMS symptoms.