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Chasteberry

Technical Background

- Chasteberry (*Vitex agnus castus*) is a member of the Verbenaceae plant family. It is also known as vitex.¹
- Chasteberry is widely used in Europe to treat female conditions such as premenstrual syndrome (PMS), dysmenorrhea (irregular or painful menstruation), corpus luteum insufficiency, and menopausal symptoms. 1,2,3
- Scientific studies from Germany indicate that chasteberry extract increases luteinizing hormone (LH) levels without affecting follicle-stimulating-hormone (FSH) levels in women. Evidence further suggests that chasteberry extract inhibits the secretion of the peptide hormone prolactin, resulting in fewer symptoms during the second half of the menstrual cycle and fewer PMS symptoms.
- Chasteberry is thought to have a progesterogenic effect.⁵ Improving progesterone levels during perimenopause may be particularly helpful when menstrual irregularities are likely to occur. Chasteberry may possess the ability to prolong the positive effects of progesterone throughout the menopausal phase.³
- Chasteberry extract has recently been shown to significantly increase fertility.^{6,7}
- Recent studies have also found that chasteberry may induce cell death in certain types of cancer, including breast, uterine, and cervical cancers.

Sources and Recommended Intake

- No Recommended Dietary Allowance (RDA) has been established for Chasteberry extract.
- Studies show that chasteberry has few, if any, adverse effects and is generally safe.³
- Chasteberry extract is not recommended for use during pregnancy and lactation.³

Abstracts

Loch EG, Selle H, Boblitz N. Treatment of premenstrual syndrome with a phytopharmaceutical formulation containing Vitex agnus castus. J Womens Health Gend Based Med. 2000 Apr;9(3):315-20. A multicentric noninterventional trial (open study without control) to investigate the efficacy and tolerance of a drug in a large number of patients under routine medical conditions was performed for a new solid preparation from an extract of the fruit of Vitex agnus castus (VAC, Vitex, chaste tree, Chasteberry) in 1634 patients suffering from premenstrual syndrome (PMS). A specific questionnaire was developed for determining the effect of Vitex on psychic and somatic complaints, on the four characteristic PMS symptom complexes depression, anxiety, craving, and hyperhydration (DACH), and on single groups of symptoms. After a treatment period of three menstrual cycles 93% of patients reported a decrease in the number of symptoms or even cessation of PMS complaints. To a certain extent, this effect was observed within all symptom complexes and correlated with the global assessment of therapeutic

efficacy. Whereas 85% of physicians rated it as good or very good, 81% of patients assessed their status after treatment as very much or much better. Analysis of frequency and severity of mastodynia as the predominant symptom revealed that complaints still present after 3 months of therapy were mostly less severe. Ninety-four percent of patients assessed the tolerance of Vitex treatment as good or very good. Adverse drug reactions were suspected by physicians in 1.2% of patients, but there were no serious adverse drug reactions. Hence, the risk/benefit ratio of the new Vitex preparation can be rated as very good, with significant efficacy for all aspects of the multifaceted and inhomogeneous clinical picture of PMS, with a safety profile comparable to other Vitex preparations.

References

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