Complementary therapies for heavy bleeding

The (traditional) natural therapists approach

Management varies and depends on the cause of the HMB. Ideally the practitioner relies on an accurate western medical diagnosis.[i] Treatment principles may include the use of hemostatic herbs with astringent and styptic properties. [ii] Traditional astringent herbs usually are usually tannin- containing plants that reduce blood loss and in gynaecology are used to correct uterine or cervical bleeding. [iii] There is no evidence in the literature to support the use of these herbs. Treatment with prostaglandin synthesis inhibitors may also be a target of treatment, [iv] but research is limited to one small RCT with ginger. [v] Traditionally, in AUB, *Vitex-agnus castus* (Chaste tree) is employed to re-establish ovulation. Only small RCTs support the use of the herb in HMB in menopausal women[vi] and compared to mefenemic acid on IUD induced bleeding. [vii]

Use of CAM for heavy menstrual bleeding (HMB) in Australian women

Data from the 2012 national Australian Longitudinal Study of Women's Health (ALSWH) cross-sectional survey of 7427 menstruating women aged 34-39, showed that women with heavy periods have a significantly higher number of visits to a naturopath/herbalist compared to women without heavy periods (all $p < 0.05$). (Prevalence of heavy periods in this cohort was 29.9% of women).

Consultations to CAM practitioners (chiropractor, osteopath, massage therapist, acupuncturist, naturopath/herbalist and "other alternative" health practitioner, were ascertained by questionnaires asking them if they had consulted any of the practitioners in the list, for their health, in the previous 12 months.

When questioned on the use of CAM practices or products in the previous 12 months, from a list of vitamins/minerals, yoga/meditation, herbal medicines, aromatherapy oils, Chinese medicine and 'other alternative practices or products', women who experienced heavy periods often were significantly more likely to use herbal medicines, aromatherapy oils and/or 'other alternative practices and products' compared to non-sufferers (all $p < 0.05$). They were also were less likely to use yoga/meditation (OR = 0.68; 95 % CI: 0.53, 0.88), compared to women who 'never' experienced heavy periods.[viii]

Herbal medicine

Systemic review of herbal medicines in the treatment of heavy menstrual bleeding (excluding HMB after gynaecological disorders such as ovarian cysts, adenomyosis, fibroids, endometriosis, or following hormonal treatment), identified 3 Iranian RCTs (n=221) that may reduce menstrual bleeding. [ix]

- 250mg capsules of *Zingiber* officinale, Ginger TDS, administered from the day before the menstrual bleeding until day 3, significantly reduced the menstrual blood loss compared with placebo based on the pictorial blood loss assessment chart score ($p < 0.001$, $p = 0.01$), in girls aged 15-18 (n=92).[x]

- RCT (n=94) of 500 mg of Persian Golnar (pomegranate flowers) *Punica granatum* flower (250 mg capsules) administered every 6 hours for consecutive days of menses for 3 cycles, was as effective as 500 mg tranexamic acid capsules daily, in reducing the mean (SD) pictorial blood loss assessment chart score in women with AUB, with no significant difference between the two treatments (p = 0.3).
- In a small randomised, double-blind, placebo controlled pilot study (n=30), Myrtle fruit syrup 15 mLs TDS for 7 days from onset of bleeding, was significantly reduced the menstrual duration and blood loss based on the pictorial blood loss assessment chart score, compared to placebo.

Additional well-designed trials are needed to investigate the safety and efficacy of herbs for the treatment of women with HMB.

Uterine fibroid treatment with Chinese herbal medicine

Systemic review of 21 RCTs (n=2222) of the effectiveness and safety of Chinese herbal medicine for the treatment of uterine fibroids. While the author's concluded that the current evidence does not support or refute the use of herbal preparations for treatment of uterine fibroids due to insufficient studies with large sample sizes and of high quality, the Chinese herbal extract of *Tripterygium wilfordii* showed a promising effect compared with mifepristone, as did the herbal medicine combination *Guizhi Fuling* showed a promising benefit when combined with mifepristone versus mifepristone alone. Further high quality trials evaluating clinically relevant outcomes are warranted. [xi]

Nutrients

Iron

In premenopausal women from high-income countries, menstrual blood loss is the most common cause of iron deficiency and iron deficiency anaemia. 20-30%of all causes of iron deficiency anaemia is thought to be due to HMB. Iron deficiency, and iron deficiency anaemia is reported in 27-63% of women with HMB.[xii]

Iron deficiency without anaemia may be common in young women with HMB.[xiii] Measuring ferritin levels is important, as screening with hemoglobulin alone may not detect iron deficiency in up to half of adolescents presenting with HMB. [xiv]

Vitamin D and Uterine fibroids

There appears to be an association with Vitamin D and uterine fibroids. *In vivo* and *in vitro* studies, have shown a possible relationship between lower levels of vitamin D and growth and development of uterine fibroids. There is an inverse correlation between serum 25(OH)D levels and uterine fibroids in different ethnic groups. In US women, there is an estimated 32% lower odds of fibroids compared with those with Vitamin D insufficiency.[xv]

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