

WOMEN'S  
HEALTH

**DYSMENORRHEA  
AND OMEGA-3  
FATTY ACIDS** 2

**MAGNESIUM AND  
PMS** 3

**TESTOSTERONE: IT  
MATTERS FOR  
WOMEN TOO** 4

**TAKE A FREE  
HEALTH  
QUESTIONNAIRE** 5

**OSTEOPOROSIS  
AND VITAMIN K** 6

**BLACK COHOSH**

There is some research that supports the safety and efficacy of using black cohosh (*Cimicifuga racemosa*) extract to relieve menopausal symptoms like hot flashes and night sweats. The substance has been used in Germany for the past 50 years for menopausal symptoms, and even for menstrual symptoms. A 12-week long, double-blind, randomized, multi-center study involving 304 women with menopausal symptoms appeared in the journal *Obstetrics and Gynecology* (2005; 105(5 Pt 1): 1074-83). Subjects were given 40 mg of black cohosh extract (standardized 5 mg isopropanolic extract) each day.

According to scores on the Menopause Rating Scale, the group receiving the standardized black cohosh extract fared much better than the placebo group. The extract seemed especially effective in treating hot flashes. There were no adverse effects to the supplementation.

Research appearing in the *Journal of Women's Health* (1998;7(5):525-529) compared black cohosh extract to

conjugated estrogen as well as placebo. The group receiving the black cohosh had a notable increase in the proliferation of vaginal epithelium—even outperforming the conjugated estrogen. The group receiving the black cohosh also had improved scores in the Menopausal Index and the Hamilton Anxiety Scale score. (Black cohosh has been used to reduce genital pain.)

A combination of black cohosh and St. John's Wort was used in a randomized, double-blind placebo controlled study, involving 301 women with depression, as well as menopausal symptoms. The study appeared in *Obstetrics and Gynecology* (2006; 107(2 Part 1): 247-55). In this Utilizing the Menopause Rating Scale, there was a 50% reduction of symptoms in the treatment group, compared to just under 20% in the placebo group. The treatment group had a 41.8% reduction in the Hamilton Depression Rating Scale score compared to 12.7% in the placebo group.

## DYSMENORRHEA & OMEGA-3 FATTY ACIDS

Dysmenorrhea is severe pain associated with the menstrual cycle, which interferes with daily activities. Dysmenorrhea is considered to be primary when there is no other pathology affecting the reproductive system. It is considered secondary if it is due to pathology, like endometriosis. The pain in primary dysmenorrhea is believed to be caused by the uterus contracting and from hypoxia in the area. Pain is usually perceived as cramps, but may be a dull, constant ache. Symptoms usually begin shortly before or during menses (bleeding), and may include nausea, diarrhea, frequent urination, depression or mood swings, or breast tenderness. There are some natural approaches that are helpful to women who suffer from PMS or dysmenorrhea.

A double-blind, crossover study that appeared in the *International Journal of Gynecology and Obstetrics* (Published ahead of print, Jan 17, 2012), looked at 95 female subjects between the ages of 18 and 22, all with primary dysmenorrhea. They were divided into two groups. One group was given an omega-3 fatty acid supplement for three months, and after a washout period, was given a placebo for another three months. The second group was given the placebo

for the first three months and after washout, an omega-3 supplement for the second three months. The women were allowed to take 400 mg of ibuprofen for relief of severe menstrual pain. Women taking omega-3 fatty acids required less ibuprofen than those who were taking the placebo.

A cross-over study, appearing in the *Eastern Mediterranean Health Journal* (2010; 16(4): 408-13) looked at 36 women with dysmenorrhea (age 18 - 22). The subjects were randomly given either a fish oil supplement (550 mg EPA and 205 mg DHA) or a placebo each day for three months. After three months, the roles of the subjects were reversed, with the original placebo group receiving the supplement and the supplemented group receiving the placebo.

The severity of symptoms were significantly reduced in the group receiving the fish oil. Those supplemented also had less back pain, less abdominal pain and used analgesics less than the placebo group. The results suggest that fish oil supplementation may be beneficial for women with dysmenorrhea.

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## MAGNESIUM AND PMS

A study in the *Annals of Clinical Biochemistry* (1986;23:667-670) found that the level of magnesium found in the red blood cells of PMS sufferers was significantly lower than those of healthy controls. Other studies have shown the value of magnesium supplementation for PMS sufferers. Subjects of another study, appearing in *Clinical Drug Investigation* (2007; 27(1): 51-8), were supplemented with magnesium (250 mg/day) after being observed for three months without supplementation. The women were given the magnesium for only part of their cycle (from 20 days after the start of the last cycle until the beginning of the next cycle). The study lasted for three cycles. It found a 33.5% reduction in symptoms according to the Moos' Modified Menstrual Distress Questionnaire. An article appearing in *Family Practice News* (March 1, 1996;33) cites two small studies that show magnesium supplementation to be useful for patients who have migraine headache associated with their cycles.

Magnesium is the cofactor for over 300 chemical reactions in the body. Deficiency can cause a variety of health problems. According to an article appearing in *Pediatric Asthma, Allergy and Immunology*, (1993;7 (4):211-215), symptoms of magnesium deficiency can include PMS and headaches. Other symptoms include high blood pressure, nervous irritability, hives, fibromyalgia and even heart problems. Mood swings and breast tenderness associated with the menstrual cycle are commonly seen in women who are magnesium deficient.

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## TESTOSTERONE: IT MATTERS FOR WOMEN TOO

In men, testosterone levels decline around the age of 30 and by age 80 may be down to 20% of someone in their 20s. Men with low testosterone tend to have less stamina, reduced muscle mass and reduced libido. They can also have cognitive problems as well as depression and anxiety. The thing you really notice in men with low testosterone levels is a lack of initiative—they fit the stay-at-home, couch potato stereotype. They may say things like, “I used to like to work on the car (go on a hike, go dancing, work around the yard, etc.), but I really don’t feel like doing that anymore.”

Low testosterone can lead to more serious health problems. It is linked to obesity (and increased abdominal fat), diabetes and heart disease. In the journal, *Circulation* (2007;116:2694-2701), a study examined the prospective relationship between endogenous testosterone concentrations and mortality due to all causes, cardiovascular disease, and cancer in a nested case-control study based on 11, 606 men aged 40 to 79 years. The researchers concluded that endogenous testosterone concentrations are inversely related to mortality due to cardiovascular disease

and all causes. Low testosterone may be a predictive marker for those at high risk of cardiovascular disease. Other research (*Circulation* 1999;100:1690-1696) showed that short-term intracoronary administration of testosterone, at physiological concentrations, induces coronary artery dilatation and increases coronary blood flow in men with established coronary artery disease.

Women can have low testosterone as well. Levels decline between the ages of 20 and 40. An article appearing in the journal, *Clinical Geriatric Medicine* (2003;19:605-616) reviews the changes a woman goes through when testosterone levels decrease. When a woman receives estrogen for hormone replacement therapy after menopause, there is an increase in sex hormone-binding globulin. The sex hormone-binding globulin binds to testosterone, further decreasing levels. Low testosterone is linked to a decrease in libido, as well as a decrease in muscle mass, fatigue, irritability, sleep disturbances, poor memory and cognition, headaches, and even depression.

**A woman is like  
a tea bag - you  
can't tell how  
strong she is  
until you put  
her in hot  
water.**

*Eleanor  
Roosevelt*



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## OSTEOPOROSIS AND VITAMIN K

A review of published studies, appearing in the *American Journal of Health-System Pharmacy* (2005; 62(15): 1574-81) states that vitamin K may help prevent osteoporosis as well as arterial calcification. Vitamin K is important to proteins that are found in bone. A commercially prepared form of vitamin K1 and vitamin K2 may be useful for preventing and treating osteoporosis. The article points out that several studies, both animal and human, have shown that vitamin K can help to increase bone mass and reduce bone loss. Studies show that the combination of vitamin K and vitamin D can significantly reduce bone loss.

Another study, appearing in the *Journal of Nutrition* (2006; 136(5): 1323-8), looked at the Japanese Population-Based Osteoporosis Study (JPOS). The study was a 3-year cohort study; the

subjects were 944 healthy women aged 20-79 years. Bone density was measured at the beginning and after three years. The women filled out food frequency questionnaires and the intake of natto (made from fermented soybeans, and high in vitamin K) and other soy products. In postmenopausal women, the intake of 160 grams of natto per week was associated lower bone loss.

In the *Journal of Nutrition* (1995;125:1812-1821), Binkley, NC and Sultie, JW states that there is a tendency for low concentration of circulating vitamin K in patients with bone fractures and that vitamin K supplementation decreases bone loss and calcium excretion. The article states that this is an area that further research is needed.