## **Cramp Relief**



Stock #1124-9 (100 capsules)

While a majority of American women suffer from painful menstrual cycles—some estimates in medical literature are as high as 70%—at least 5% of all menstruating women experience such severe symptoms, including cramps or headaches, that they are incapacitated on a monthly basis.<sup>1-3</sup>

Herbs that function as antispasmodics are commonly recommended for painful menstrual cramps, a condition known as dysmenorrhea. Antispasmodic herbs prevent or ease cramps and spasms in the muscles, as well as reduce tension in the body. Many antispasmodic herbs also act as nervines (substances that calm the nervous system and act as sedatives), helping to ease the psychological tension and stress that often accompanies dysmenorrhea. In addition, uterine tonics—herbs that provide a toning, strengthening and nourishing effect upon the female glandular and reproductive systems—are ideal for helping to restore healthy menstrual function. Several uterine tonics

contain phytoestrogens and other compounds that influence the hormonal balance of the female system, as well as improve blood flow to the female organs. For example, phytoestrogens have been shown to exert mild estrogenic activity, which can cause an increase in estrogen effect if estrogen levels are low. In contrast, if estrogen levels are high, the ability of phytoestrogens to bind to estrogen receptor binding sites, thereby competing with estrogen, can cause a decrease in estrogen effect. This type of hormonal balancing action makes many uterine tonics useful for a broad range of female conditions.<sup>4-8</sup>

**Cramp Relief** provides a blend of herbs that have been traditionally used to support a woman's body during menstruation. Cramp Relief contains herbs that are especially useful for relieving menstrual pain and cramping, as well as relieving fluid retention and constipation, which can exacerbate menstrual cramps. Cramp Relief is also formulated with herbs that promote hormonal balance and nourish the entire female glandular and reproductive systems.

**Cramp bark** has traditionally been used as an antispasmodic and specifically, as a uterine sedative. Cramp bark relaxes the uterus and soothes neuralgic and spasmodic forms of dysmenorrhea. Cramp bark is also beneficial for relaxing uterine muscle contractions and has been used to protect against threatened miscarriage. In addition, cramp bark's astringent action helps control excessive bleeding during menstruation. Researchers have found that cramp bark contains the phytosterol beta-sitosterol, which exerts both estrogenic and anti-estrogenic activity, as well as the coumarin scopoletin, which demonstrates analgesic, anti-inflammatory, antispasmodic and uterosedative activity. Other active constituents that provide anti-inflammatory, antispasmodic and uterorelaxant properties have also been identified.4,6,9-11

**Wild yam** has traditionally been used as an antispasmodic and anti-inflammatory, particularly to relieve ovarian and uterine pain and dysmenorrhea. Wild yam is claimed to support oestrogen function in the body, which may explain its common use for treating women's reproductive problems. Wild yam contains the steroidal saponin diosgenin, which appears to act as a weak estrogen, perhaps similar in function to soy isoflavones. Animals studies have confirmed the estrogenic effects of diosgenin. In addition, wild yam contains the phytosterol beta-sitosterol, which exerts both estrogenic and anti-estrogenic activity. Pregnant women should avoid using wild yam because of the possibility of fetal masculinization. Wild yam should also be used with caution in patients with hepatic (liver) disease, as high doses have been linked to liver damage in animal studies. Patients with a family history of hormone-induced malignancies, including breast, ovarian, uterine and prostate cancer, should avoid using wild yam.<sup>4,10,12-16</sup>

**Black cohosh** was widely used by Native American Indians and later by American colonists for the relief of menstrual cramps and menopause. At the turn of the century, Eclectic physicians recommended black cohosh for menstrual problems, including painful or late menstrual cycles, as well as hormonal imbalances, fibroid cysts, and menstrual-related headaches, breast tenderness, anxiety and depression. Black cohosh was also used in conjunction with cramp bark to relieve menstrual cramps. Today, black cohosh remains as a proven remedy for "women's problems" such as PMS and dysmenorrhea, with considerable documentation existing in support of the potential benefits of black cohosh for premenstrual and menopausal conditions. Even the German Commission E approves the use of black cohosh root for premenstrual discomfort and dysmenorrhea, as well as menopausal ailments.<sup>3,7,12,17-20</sup>

Research indicates that black cohosh works by influencing the endocrine regulatory systems, with effects similar to estriol, one of the body's milder estrogens—black cohosh binds weakly to estrogen receptors for a short period of

time and it is thought to exert its effects on the vaginal lining. Black cohosh also helps soothe irritation and congestion of the cervix, uterus and vagina. Black cohosh has been shown to provide anti-inflammatory, mild sedative, and smooth muscle and nerve relaxant effects. In addition, black cohosh acts as a mild analgesic (pain-reliever), due to the presence of salicylic acid. In one study of 135 women, a black cohosh extract was found to have "performed very well" in the treatment of PMS, in that it reduced feelings of depression, anxiety, tension and mood swings. Extracts of black cohosh have also been shown to be useful for younger women suffering from hormonal deficits following ovariectomy (surgical removal of one or both ovaries) or hysterectomy (surgical removal of the uterus), as well as for juvenile menstrual disorders. It is important to note that large doses of black cohosh may increase the risk of spontaneous abortion, due to the herb's estrogenic effects; therefore, black cohosh is contraindicated during pregnancy. In addition, black cohosh may enhance the hypotensive (blood pressure-lowering) effect of antihypertensives (medications that reduce high blood pressure).4,7,12,16,20-26

**Lobelia** has traditionally been used as an antispasmodic and relaxant. Lobelia was used by American physicians at the turn of the century for spasms in the body, and it was also considered a useful pain reliever. Lobelia contains various compounds that have exhibited anti-inflammatory, antispasmodic and relaxant activity. In addition, animal research has shown that beta-amyrin, an active constituent isolated from lobelia leaves, exhibits antidepressant activity. In fact, results from one study indicate that beta-amyrin has properties that are similar in some respects to mianserin (an antidepressant drug). Lobelia is not recommended for children or pregnant or breast-feeding women. Patients with hepatic (liver) or renal (kidney) impairment should use lobelia with caution.<sup>4,10,12,16,19,27,28</sup>

**Plantain** has been shown to possess anti-inflammatory activity, as well as the ability to strengthen capillary vessels, in animal studies. Animal research also indicates that plantain provides mild laxative and diuretic actions and can increase the tone of uterine tissue. Various active constituents derived from plantain exhibit anti-inflammatory, antispasmodic, diuretic, laxative and uterotonic activity, thus providing support for many of the historical uses of plantain. In addition, a recent study found that plantain provides some immunoenhancing effects. Excessive doses of plantain may exert laxative and hypotensive (blood pressure-lowering) effects; thus, excessive use of plantain should be avoided during pregnancy.<sup>4,10,19,20,29-32</sup>

## References:

- <sup>1</sup>Hobbs LAc, C. "Case studies." Herbs For Health; 1999, 4(2):24.
- <sup>2</sup>Wallace PhD, J.M. "Treatment for painful menses: A nutritional and botanical approach." *American Journal of Natural Medicine*; 1998, 5(10):21-29.
- <sup>3</sup>Romm, A. "Natural approaches to PMS." Herbs For Health; 2002, 7(5):48-53.
- <sup>4</sup>Mills, S. & Bone, K. *Principles and Practice of Phytotherapy*. London: Churchill Livingstone, 2000.
- <sup>5</sup>Hoffmann, D.L. "Anti-spasmodic." http://www.healthy.net/scr/Article.asp?Id=1794
- 6—"Uterine Tonics." http://www.healthy.net/scr/Article.asp?ld=1186)
- <sup>7</sup>Pizzorno, J. & Murray, M. *Textbook of Natural Medicine*, 2nd ed. London: Churchill Livingstone, 1999.
- <sup>8</sup>Knittel, L. "Foods To Ease Hot Tempers & Hot Flashes." *Natural Foods Merchandiser*, Feb. 2000.
- <sup>9</sup>Openlander, D. "Herbal Remedies For Reproductive Concerns." *Natural Foods Merchandiser*, Feb., 2002.
- <sup>10</sup>Duke PhD, J. "Dr. Duke's Phytochemical and Ethnobotanical Databases," http://www.ars-grin.gov/duke/plants.html.
- <sup>11</sup>Hoffman, D.L. "Cramp Bark." Herbal Materia Medica; http://www.healthy.net
- <sup>12</sup>Lininger DC, S., et al. *The Natural Pharmacy*. Rocklin, CA: Prima Health, 1998.
- <sup>13</sup>Lukaczer ND, D. "At The Counter with Dan Lukaczer, N.D." Nutritional Science News; Apr. 2001.
- <sup>14</sup>PDR for Herbal Medicines, 1st Ed. Montvale, NJ: Medical Economics Company, 1998.
- <sup>15</sup>Rosenberg Zand, R.S.,et. al. "Effects of natural products and nutraceuticals on steroid hormone-regulated gene expression." *Clinica Chimica ACTA*; 2001, 12(1-2):213-219.
- <sup>16</sup>Fetrow, C. & Avila, J. Professional's Handbook of Complementary & Alternative Medicines. Springhouse, PA: Springhouse Corp., 1999.
- <sup>17</sup>Presser PharmD, A. *Pharmacist's Guide to Medicinal Herbs*. Petaluma, CA: Smart Publications, 2000.
- <sup>18</sup>Hobbs LAc, C. "Black cohosh: A woman's herb comes of age." Herbs For Health; 1998, 3(1):38-41.
- <sup>19</sup>Newall, C., et. al. *Herbal Medicines*. London, England: The Pharmaceutical Press, 1996.
- <sup>20</sup>Herbal Medicine: Expanded Commission E Monographs. Newton, MA: Integrative Medicine Comm., 2000.
- <sup>21</sup>Stansbury ND, J. "Fortifying Fertility." *Nutrition Science News*; December 1997.
- <sup>22</sup>"Understanding Premenstrual Syndrome." *Nutrition Science News*; June 1996.
- <sup>23</sup>Chevallier, A. *The Encyclopedia of Medicinal Plants*. NY, NY: Dorling Kindersley, 1996.
- <sup>24</sup>Mowrey PhD, D. *The Scientific Validation of Herbal Medicine*. New Canaan, CT: Keats Publishing, 1986.
- <sup>25</sup>Weiner, M. & Weiner, J. Herbs That Heal: Prescription For Herbal Healing. Mill Valley, CA: Quantum Books, 1994.
- <sup>26</sup>McKenna, D.J., et. al. "Black cohosh: efficacy, safety, and use in clinical and preclinical applications." *Alternative Therapies in Health and Medicine*; 2001, 7(3):93-100.
- <sup>27</sup>Subarnas, A., et. al. "An antidepressant principle of Lobelia inflata L. (Campanulaceae)." *Journal of Pharmaceutical Sciences*; 1992, 81(7):620-621.

- <sup>28</sup>—. "Pharmacological properties of beta-amyrin palmitate, a novel centrally acting compound, isolated from Lobelia inflata leaves." Journal of Pharmacy and Pharmacology, 1993, 45(6):545-550.
- <sup>29</sup>Shipochliev, T., et. al. "[Anti-inflammatory action of a group of plant extracts]." *Veterinarnomeditsinski Nauki*, 1981, 18(6)::87-94.
- <sup>30</sup>—. "[Uterotonic action of extracts from a group of medicinal plants]." *Veterinarnomeditsinski Nauki*, 1981, 18(4):94-98.

  <sup>31</sup>Samuelsen, A.B. "The traditional uses, chemical constituents and biological activities of Plantago major L. A review." *Journal of* Ethnopharmacology; 2000, 71(1-2):1-21.
- <sup>32</sup>Gomez-Flores, R., et. al. "Immunoenhancing properties of Plantago major leaf extract." *Phytotherapy Research*; 2000, 14(8):617-622.