Menorrhagia

Doctors call heavy menstrual blood loss menorrhagia. It needs to be diagnosed by a doctor to rule out a variety of potentially serious underlying conditions that sometimes cause increased menstrual bleeding.

**Nutritional supplements that may be helpful:** Once women with menorrhagia have had serious underlying causes ruled out, they need to be tested for iron deficiency—a condition diagnosed with simple blood tests. Since blood is rich in iron, blood loss can lead to iron depletion. If an iron deficiency is diagnosed, many doctors will recommend 100–200 mg of iron per day, although recommendations vary widely.

The relationship between iron deficiency and menorrhagia is complicated. Not only can the condition lead to iron deficiency, but iron deficiency can lead to menorrhagia. Supplementing with iron decreases excess menstrual blood loss in women who have no other underlying cause for their condition.1 2 Iron supplements should only be taken by individuals with iron deficiency.

Women with menorrhagia may be deficient in vitamin A. Women taking 25,000 IU of vitamin A twice per day for fifteen days have been reported to show significant improvements and a complete normalization of menstrual blood loss.3 However, women who are or could become
pregnant should not supplement with more than 10,000 IU (3,000 mcg) per day of vitamin A.

Research reports that some women with menorrhagia caused by using intrauterine devices (IUD) for birth control, found relief from taking vitamin E at 100 IU per day for two weeks.4 The cause of IUD-induced menstrual blood loss is different from other menorrhagia; therefore, it’s possible that vitamin E supplements might not help with menorrhagia not associated with IUD use.

Both vitamin C and bioflavonoids protect capillaries (small blood vessels) from damage. In so doing, they might protect against the blood loss of menorrhagia. In one report, fourteen of sixteen women with menorrhagia improved when given 200 mg vitamin C and 200 mg bioflavonoids three times per day.5

**Are there any side effects or interactions?** Refer to the individual supplement for information about any side effects or interactions.

**Herbs that may be helpful:** With its emphasis on long-term balancing of a woman’s hormonal system, vitex is not a fast-acting herb. For premenstrual syndrome or frequent or heavy periods, vitex can be used continuously for four to six months. Women with amenorrhea (lack of menstruation) and infertility can remain on vitex for twelve to eighteen months, unless pregnancy occurs during treatment.
Forty drops of the concentrated liquid herbal extract of vitex can be added to a glass of water and drank in the morning. Vitex is also available in powdered form in tablets and capsules, again to be taken in the morning.

Cinnamon has been used historically for the treatment of various menstrual disorders, including heavy menstruation.6 This is also the case with shepherd’s purse (Capsella bursa-pastoris).7

The medicinal use of false unicorn root is based in Native American tradition, where it was recommended for a large number of women’s health conditions, including amenorrhea, painful menstruation, and other irregularities of menstruation, as well as to prevent miscarriages.8 Steroidal saponins are generally credited with providing false unicorn root’s activity. Modern investigations have not confirmed this, and there is no research yet about the medical applications of this herb.

Are there any side effects or interactions? Refer to the individual herb for information about any side effects or interactions.

References: