

# Night Sweats in Perimenopause and Beyond

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## Abstract

Herbal treatments can help quiet perimenopausal symptoms, such as night sweats, successfully. However, given the prevalence of xenoestrogens and their increased effects in menopausal women, treatment of night sweats also should include a nutritional component and adaptogens to help women cope with the hormonal changes that are experienced. *Actaea racemosa* (also known as *Cimicifuga racemosa*, black cohosh) root, *Angelica sinensis* (*dong quai*) root, *Verbena* spp. (vervain) herb, *Melissa officinalis* (lemon balm) herb, *Salvia* spp. (sage) herb, *Lycopus* spp. (bugleweed) herb, *Schisandra chinensis* (schisandra) berry, *Withania somnifera* (ashwagandha) root, *Panax quinquefolius* (American ginseng) root, and *Astragalus membranaceus* (astragalus) root all have roles to play in the treatment of perimenopausal night sweats.

## Introduction

Herbs are frequently used to help women cope with troubling symptoms that often occur during perimenopause—the years surrounding the cessation of a woman’s menstrual cycles. Few of these herbs are well-researched, and many herbal remedies and alternative approaches have yet to be scientifically studied at all. They do, however, have histories of successful use in practice, and practitioners should consider use of such herbs, although the supporting evidence is largely anecdotal at this point in time. Many of the approaches discussed in this article are based on communications with the late Michael Moore (1941–2009), a well-known Southwestern herbalist, author, and teacher.

This article focuses specifically on alternative approaches for treating night sweats, one of the most common and troubling symptoms of perimenopause. Night sweats are a magnitude worse than flushes during the daytime. Women awaken during the night, drenched in perspiration and feeling hot. They kick off their bedding only to reawaken a short time later feeling cold and damp. This cycle repeats itself over the course of the night, disrupting sleep. The resulting fatigue exacerbates

and increases other common perimenopausal symptoms, such as brain fog, memory loss, and mood issues. Moreover, night sweats are often triggered by physical contact with the woman’s partner. Exchanges of physical affection and sex are affected negatively, adding to the general woes of midlife and perimenopause. Night sweats are often accompanied with anxiety and heart palpitations as well.<sup>1</sup>

## Night Sweats in Perimenopause

As women approach perimenopause, they often begin to develop cycle irregularities that benefit greatly from multiphasic formulations as described in the current authors’ earlier article on this subject.<sup>2</sup> As time progresses, the progesterone phase of a woman’s menstrual cycle becomes increasingly erratic and disorganized. These hormonal changes cause a variety of symptoms but night sweats are not a common symptom in this early perimenopausal stage. Later in perimenopause, estradiol production begins to diminish as the woman’s body moves to end its monthly quest to ovulate. At this stage, estrogen deficiency begins to manifest as a more important cause of perimenopausal symptoms—as opposed to erratic or low amounts of progesterone. These changes in estrogen levels trigger the typical symptoms that most people associate with perimenopause: hot flashes; night sweats; headaches; migraines; moodiness; bloating; weight gain; and more.

At this stage of perimenopause, Mr. Moore advocated a primary use of *Actaea racemosa* (also known as *Cimicifuga racemosa*, black cohosh) root. According to Mr. Moore, black cohosh contains compounds that the brain “sees” as breakdown products of estrogen. As a result, black cohosh reduces pituitary production of follicle-stimulating hormone (FSH), alleviating perimenopausal symptoms without actually having a direct estrogenic effect. At present, the Western medical consensus is that, although black cohosh is not a phytoestrogen, it has some ability to alleviate night sweats.<sup>3–5</sup>

In the current authors’ clinical experience, and according to many studies, black cohosh is a highly effective remedy for

most women who are beginning to experience night sweats.<sup>6</sup> While most research has used a consistent daily dose of black cohosh, often in capsule form,<sup>6</sup> Mr. Moore preferred using a tincture so that the amount of black cohosh could be varied more easily according to the prevalence of symptoms.

Thus, a woman on a “bad day” might take many small doses of black cohosh, and on a “good day,” she might even skip taking the herb all together. This method of dosing has not been studied but the current authors have had good experiences with using the herb in tincture form on a more “as-needed” basis. There have been isolated reports of black cohosh–associated hepatotoxicity but nothing has been consistent or common. One report did not even note a causal link between these events, and the current authors consider black cohosh to be quite safe.<sup>7</sup>

Mr. Moore often included *Angelica sinensis* (*dong quai*) root in a woman’s formula, as well, explaining that *dong quai* would help her body use any existing estrogen better. Traditionally, *dong quai* is made by drying and smoking the plant’s root, and is dispensed as a decoction or capsule. Mr. Moore usually made a tincture of *dong quai*, so that it could be added to a formula. This is important, as practitioners seldom use *dong quai* as a stand-alone treatment. There is not a great deal of research on *dong quai* use for menopause. One open study showed that, in a formula of other herbs, *dong quai* helped relieve hot flashes.<sup>8</sup> In another study, discussed in more detail below, *dong quai* eased night sweats in postmenopausal women without changing their hormone levels.<sup>9</sup>

As a woman moves toward complete cessation of her menses, night sweats often increase in frequency and intensity. For many patients, simply adding one of the *Salvia* spp. (sage) species, either as a cold infusion or tincture of the herb, will work wonders.<sup>10</sup> Sage is often used to decrease a variety of types of secretions—from breast milk to mucus to sweat. Interestingly, sage tea, taken hot, has the opposite effect; sage only works to reduce night sweats when taken cold or in tincture form.<sup>11</sup> For night sweats in perimenopause, sage should reduce night sweats rather rapidly, at which point, its use is discontinued or another remedy is chosen to replace it. Given that sage will not be used in the long term, it is a very safe remedy, despite the fact that it contains thujone.

If sage was not effective, Mr. Moore recommended experimenting with adding one of two nervines, *Verbena* spp. (vervain or verbena) herb or *Melissa officinalis* (lemon balm) herb, to a black cohosh–based formula. Other than an in vitro study showing that vervain had the ability to bind to estrogen D–progesterone receptors,<sup>12</sup> the only research on its use in menopause is an abstract reporting that vervain, along with many other herbs, decreased night sweats and other symptoms.<sup>13</sup> Thus, the use of vervain is based primarily on clinical experience, as is the use of lemon balm.

Mr. Moore described verbena as an herb that “is useful in [a] flushed, red faced or angry person, it is a menopausal nervine that chills and calms, allowing sleep.” (Personal communications with Mr. Moore, January–June, 1998). Lemon balm has a better-developed history of use as an anxiolytic, one that the current authors had described in an earlier article.<sup>14</sup> Lemon balm appears also to have some

**Table 1. Foods That Contain Phytoestrogens**

<b>Food</b>	<b>Category of phytoestrogen</b>
Legumes, grains & nuts	Isoflavones
Spinach & alfalfa	Coumestans
Green tea, legumes, apricots, cherries, berries & possibly chocolate	Catechins
Kale, broccoli, onions, tomatoes, lettuce, apples, grapes & red wine	Flavonols
Parsley, celery & peppers	Flavones
Citrus fruits	Flavanones
Red wine	Polyphenols
Berries, seeds, grains, nuts, fruits & seaweeds	Lignans

*Sources:* Miksicek RJ. Commonly occurring plant flavonoids have estrogenic activity. *Mol Pharmacol* 1993;44:37–43; Moutsatsou P. The spectrum of phytoestrogens in nature: Our knowledge is expanding. *Hormones* 2007;6:173–193; Kuhnle GG, Dell’acqua C, Aspinall SM, et al. Phytoestrogen content of cereals and cereal-based foods consumed in the UK. *Nutr Cancer* 2009;61:302–309.

ability to inhibit thyroid-stimulating hormone (TSH),<sup>15</sup> and, thus, may work as well as a milder form of bugleweed (*Lycopus* spp.; see discussion that follows).

In some women the remedies described above will not reduce symptoms of night sweats. In those cases, the current authors’ most successful herbal remedy is a tincture of bugleweed. Bugleweed is an herb that is used to address hyperthyroid conditions. As described in the current authors’ article on botanical treatments for thyroid conditions,<sup>16</sup> this herb blocks TSH production but also appears to reduce FSH.<sup>17,18</sup>

Bugleweed is definitely an unexpected choice in perimenopausal women, many of whom are gaining weight and are either showing increasing signs of being hypothyroid or have already been diagnosed as hypothyroid. The use of bugleweed is paradoxical. It is an herb used in people who are hyperthyroid. However, perimenopausal women, even those diagnosed as hypothyroid or showing no signs of being hyperthyroid, can benefit from the use of bugleweed.

Mr. Moore explained that bugleweed works, because, as the brain begins escalating FSH production, either to achieve ovulation or simply to raise estrogen levels to the “old normal,” this creates an agitated state in the pituitary gland. The center for FSH control essentially “bleeds” over and agitates the center for TSH control, triggering night sweats, palpitations, sleep troubles, and other symptoms associated with a hyperthyroid state.

Whether Mr. Moore’s explanation is plausible or not, in practice, bugleweed is a highly effective treatment for obstinate night sweats. Essentially, for a few days a woman is treated as if she is hyperthyroid and is dosed with bugleweed, often combined with lemon balm. Usually, her night sweats will stop after a day or two, at which point, she can discontinue taking the herb until—and unless—the symptoms reappear.



*Melissa officinalis* (lemon balm) flower. Drawing © 2013 by Kathy Abascal, BS, JD, RH (AHG).

## A Deeper View of Night Sweats Related to Menopause

Menopause is a normal process that occurs in mammals, in whom child rearing is an extended process. Thus, female whales, elephants, and humans go through menopause, which is likely a species choice intended to increase the odds that the mother will be alive to raise the child.<sup>19</sup> There is no reason that menopause should cause extensive and prolonged suffering, and it appears that, historically, this was not the case. Thus, while the Eclectic physicians certainly discussed menopause, they did not mention persistent night sweats in otherwise healthy women. The World Health Organization reported also that vasomotor symptoms are significantly less frequent in more traditional cultures than in cultures located in the West: Vasomotor symptoms were almost nonexistent in the Mayan culture, and, today, occur in perhaps 17% of Japanese women, compared to an 80% incidence in Dutch women.<sup>20,21</sup>

Something has changed and, as a result, the current authors do not think that simply using herbs to help a woman through menopause suffices as an approach today. Instead, the current authors' approach to menopause, generally, and night sweats in particular, increasingly emphasizes nutrition. This approach is of particular relevance in the cases when night sweats occur in postmenopausal elderly women and sometimes persist for decades after menopause. Increasingly, the current authors are seeing night sweats continue or reappear in women who are well into menopause, years past the last menstrual cycle and sometimes persisting for the rest of these women's lives.

The current authors believe that the interplay of endocrine-disrupting chemicals, combined with a diet increasingly devoid of whole-plant foods is changing the symptoms of the peri-

**Table 2. Dosing Recommendations for Herbs**

Herb, common name & part used	Dosing
<i>Actaea racemosa</i> (black cohosh) root	1–3 mL tincture, 3 times/day as needed
<i>Angelica sinensis</i> (dong quai) root	2–4 mL tincture of decocted root, 3 times/day; 1.5–4 g/cup decoction, 3 times/day
<i>Lycopus</i> spp. (bugleweed) herb	2–6 mL tincture, 3 times/day as needed; 5–10 g/cup infusion, 3 times/day, as needed
<i>Melissa officinalis</i> (lemon balm) herb	3–5 mL fresh plant tincture, 3 times/day
<i>Panax quinquefolius</i> (American ginseng) root	3–5 mL tincture, 3 times/day; as capsule 1–3 g, 3 times/day
<i>Salvia</i> spp. (sage) herb	1–2 g/cup cold infusion, 3 times/day; 2–4 mL tincture, 3 times/day
<i>Schisandra chinensis</i> (schisandra) berry	3–7 mL tincture or glycerite, 3 times/day
<i>Withania somnifera</i> (ashwagandha) root	3–5 mL tincture, 3 times/day

menopausal transition for the worse. In perimenopause, the decrease in a woman's own estrogen allows xenoestrogens that had been sequestered in her body more access to estrogen-binding sites, changing and aggravating the problems of a perceived estrogen deficiency. Thus, researchers in New Zealand looked at dietary intake of both dietary phytoestrogens and synthetic xenoestrogens, and concluded that exogenous estrogens might well have a pharmacologic effect in postmenopausal women, although no similar effect was seen in premenopausal women at the same exposure levels.<sup>22</sup> Other studies also suggest that persistent chemicals with estrogenic effects (xenoestrogens) have a greater impact in menopausal women.

One study showed that bisphenol-A (BPA) has a more pronounced inflammatory effect in postmenopausal women, compared to what occurs in men and premenopausal woman.<sup>23</sup> Another more-recent study showed that women with more perfluorinated chemicals in their bodies entered menopause at an earlier age with lower amounts of estradiol.<sup>24</sup> Yet another study found that BPA was more likely to have an inflammatory effect in postmenopausal women.<sup>23</sup> Effects of BPA include increasing the risk of osteoarthritis in postmenopausal women.<sup>25</sup>

The potential effect of xenoestrogens now found in all human beings tends not to be considered even by researchers who are looking into potential causes of—and treatments for—menopausal night sweats. Even less attention is paid to other endocrine disruptors, such as those known to affect thyroid function negatively: Perchlorate—which is now ubiquitous in drinking water, lettuce, wheat, dairy foods, and wine—is a known thyroid disrupter.<sup>26</sup> Polychlorinated biphenyls (PCBs; in fish), polybrominated diphenyl ethers (PBDEs; in house dust, meat, fish, dairy, etc.), BPA (in soft plastics, food cans, and

cash-register receipts), and triclosan (in antibacterial soaps) are all known to affect hormone function negatively in a myriad of ways that we are only now beginning to understand. The current authors believe that the impact of these chemicals needs to be addressed as part of treating the increasingly common experience of night sweats that may persist through the entire postmenopausal lives of some women.

## A Basic Approach to Night Sweats

The current authors' basic approach to night sweats is to recommend a diet rich in phytoestrogens, which is eaten in a traditional fashion—moderate amounts of traditional foods made from organically grown soy beans (such as tofu, tempeh, tamari sauce, edamame, and miso) are acceptable but not mandatory. Soy milk and soy yogurt are also acceptable, if they are

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*There is no reason that menopause should cause extensive and prolonged suffering.*

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used moderately and not used in addition to large amounts of other soy-based foods. In contrast, foods rich in isoflavones and soy isolates are not whole foods and should be avoided.\* Other foods rich in phytoestrogen should be eaten liberally—and there is an increasing awareness that many, if not most, plant foods contain phytoestrogens. (See Table 1.)

In addition, the current authors encourage patients to reduce their intake of true xenoestrogens. This means avoiding, to the greatest extent possible, soft plastics and heat-treated cash register receipts (sources of BPA), vinyls and air fresheners (sources of phthalates), and antibacterial products (sources of triclosan); and limiting animal products that have concentrates of a wide range of troubling compounds. If possible, avoiding pesticides that increasingly have been shown to have endocrine-disrupting effects is also beneficial.<sup>27,28</sup>

While studies of menopausal symptoms in different cultures suggest a real benefit of a traditional diet rich in plant-based foods, most research into phytoestrogens has been disappointing in terms of showing any benefit.<sup>29</sup> In the current authors' opinion, this is because research entirely fails to distinguish between phytoestrogens in whole traditional foods and chemical derivatives of soy that are used so commonly in processed foods, such as textured vegetable protein, soy-protein isolates, and similar chemical constructs. In fact, most studies on phytoestrogens generally look specifically at soy-isoflavone sup-

plementation, while ignoring intake of foods that are rich in xenoestrogens such as BPA.

Some studies have excluded vegan women and those eating soy because the high incidence of phytoestrogens in their diets might have skewed study results; however, for example, one study did not consider xenoestrogens at all.<sup>30</sup> So, the current authors' dietary approach is primarily based on epidemiologic data: Asian women on a traditional diet average a 10%–20% incidence of vasomotor symptoms, compared to the 70%–80% incidence in Western countries.<sup>31</sup> There are also suggestions underscoring the difference between whole foods (and whole herbs) versus supplements. For instance, soy is deemed to have heart-healthy benefits, which are often attributed to soy isoflavones. However, in one study, removal of those isoflavones from soy protein did not eliminate its positive effect on blood lipid levels.<sup>32</sup>

However, ultimately, the current authors' dietary approach is based on logic and what has been seen in practice. Humans have long eaten foods rich in phytoestrogens and are well-adapted to their effects. In a menopausal woman, phytoestrogens have historically supplied a beneficial source of estrogenic compounds to compensate for the loss of previously circulating estradiol. In today's menopausal woman, phytoestrogens can compete with xenoestrogens and other endocrine disruptors, and mitigate their negative effects. In the process, phytoestrogens reduce symptoms, such as night sweats, dramatically.

To this dietary change, cooling adaptogens are added to help the woman's body adjust to, and cope with, the greater effect of circulating xenoestrogens. The authors' favored adaptogens in menopause are *Schisandra chinensis* (schisandra) berries, *Withania somnifera* (ashwagandha) root, and *Panax quinquefolius* (American ginseng) root.<sup>33</sup> (See Table 2.) Schisandra berries were traditionally used to reduce fatigue, sleeplessness, and sweating. Ashwagandha root is strengthening in elderly patients and in those who have stress and anxiety. American ginseng root, in practice, has been a cooling, calming, and strengthening herb for menopausal women.

Another herb that balances between the categories of adaptogen and immune-modulating herbs is *Astragalus membranaceus* (astragalus) root. A recent study of 60 Chinese women, who were well past menopause but continuing to experience persistent night sweats, found that a combination of *dong quai* and astragalus in a weight:weight mixture of 1:5, at a dose of 6 g had a significant ability to reduce the patients' night sweats.<sup>9</sup>

When dealing with postmenopausal night sweats that occur well past the last menses, it is important, first, to consider the possibility of nonmenopausal causes. Common disorders that often trigger night sweats include relatively common conditions in Western culture, such as gastroesophageal reflux disease and nocturnal hypoglycemia, in addition to disorders such as tuberculosis and human immunodeficiency virus.<sup>34</sup> If these disorders are not present, it is highly unlikely that the lack of circulating estradiol is agitating TSH production as it might in a perimenopausal woman who is just beginning to experience estradiol lows. Instead, the current authors use diet, and adaptogens, and rely primarily on sage as a tea or tincture to reduce postmenopausal night sweats.

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\*Currently, soy derivatives are found in ~60% of processed foods, such as meat products, granola bars, imitation dairy products, infant formulas, donuts, and more. (See: Patisaul HB, Jefferson W. The pros and cons of phytoestrogens. *Frontiers Endocrinol* 2010;31:400–419.)

## Conclusion

In all cases of night sweats, one can begin by increasing intake of phytoestrogens and decreasing, to the greatest extent possible, patients' exposure to xenoestrogens. The current authors always have the patient incorporate an adaptogen for the long term. In a woman in perimenopause or up to a year after menopause, black cohosh in a tincture, to be taken as needed, is recommended, and then a clinician can see if either sage or a nervine will reduce the patient's night sweats. If not, one can add bugleweed. In frankly postmenopausal women, the recommendation is to work more with adaptogens, sage, and *dong quai*. ■

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