

Dysfunctional Uterine Bleeding- Menometrorrhagia: Complementary/Alternative Medicine

Excessive menstrual bleeding refers to a blood loss greater than 80 ml, occurring during regular menstrual cycles (cycles are usually of normal length)

QUICK REVIEW

- Nutritional factors are often responsible for excessive menstrual blood loss.
- Iron therapy is a key consideration in treating menorrhagia.
- Even mild hypothyroidism can lead to excessive menstrual blood loss.

TREATMENT SUMMARY

The first step with menorrhagia is to rule out serious causes. Because excessive menstrual bleeding can reflect a serious condition, it is essential that you consult a physician if you are experiencing excessive menstrual blood loss. When the excessive bleeding has been determined to be functional (not due to a disease state), the following guidelines will usually be of great value.

Diet

The diet should be relatively low in sources of arachidonic acid (animal fats). Green leafy vegetables and other sources of vitamin K should be eaten freely.

Nutritional Supplements

- Vitamin C: 500-1,000 mg three times per day

Bioflavonoids: 500-1,000 mg per day Vitamin A: 25,000IU twice per day for two weeks, followed by 25,000IU per day thereafter until the situation normalizes

NOTE: Vitamin A should not be used if there is any chance that a woman is pregnant or at risk of getting pregnant.

- Vitamin E: 200-400IU per day
- Chlorophyll (fat-soluble): 25 mg per day

Iron: 100 mg per day

Botanical Medicines

- Shepherd's purse (*Capsella bursa pastoris*), three times per day:

Dried leaves or by infusion (tea): 1.54 g

Tincture (1:5): 4-6 ml

Fluid extract (1:1): 0.5-2.0 ml Powdered solid extract (4:1) 250-500 mg