

**Q & A THURSDAY – Dispensary Building  
Breakfast & Botanicals #1 - 1/26/2017**

**Is it best to dose Chaste Tree in the morning (with a *mega dose*)?**

- Empirical evidence has led to the common practice of dosing Vitex heavily in the morning, as it is the best time to dose due to higher pituitary receptivity. This belief is not supported by pharmacological or clinical studies, however. I have spoken to several colleagues who have tried both methods of dosing – high doses in the morning as well as divided doses – with equal benefit to the patient.
- TINCTURE/TABLET DOSEING - 1mL of a 1:2 extract provides 500mg of the dried herb. 1 tablet also equals 500mg of dried herb.
- OTHER IMPORTANT NOTES on DIVIDING DOSES:  
The dopaminergic effect, which inhibits prolactin, is the most thoroughly studied aspect of Vitex. There is also suggestion of its effects on estrogen receptor binding, progesterone receptor expression (by reducing prolactin secretion), opioid receptor activity and more recently melatonin release. If sleep disturbance were related to hormonal disturbance I would divide the doses into am and pm.

***MORE on this topic at future BOTANICAL BOOTCAMP  
EVENTS***

...

**Which conditions should you follow LH dosing of Chaste Tree?**

- Dosing in this manner has proven to be somewhat controversial amongst colleagues. Most practitioners, I have connected with use consistent dosing to cover the broader effects of the herb.
- Vitex was originally thought to act on the pituitary by increasing LH while inversely effecting FSH. Later research challenged this so that now we know that Vitex has a dopaminergic activity that may increase progesterone by inhibiting prolactin activity rather than by increasing LH.
- More recent experiments with Vitex show evidence of melatonin

- and gonadotropic effects (prolactin, LH and FSH). Regardless, we'd probably need to give a considerably higher dose for the required effect on melatonin (and therefore possibly LH).
- Final note, raised prolactin is associated with premenstrual mastalgia, corpus luteal insufficiency, benign breast tumors and infertility.
3. How does Vital Nutrient's - Iron + Vitamin C improve menorrhagia?
- Heavy bleeding can lead to iron-deficiency. Low iron stores amazingly will perpetuate and exacerbate menorrhagia. Iron is a cofactor for cytochrome oxidase, an enzyme for muscle contraction. If iron is low, cytochrome oxidase is low. Low cytochrome oxidase means that the body will less than optimal means to provide uterine contraction to clamp down on blood vessels.