Effective Natural Supplements for Migraine Headache Prevention

James Meschino DC, MS, ND

Migraine headaches afflict 1 in 19 adults, of which 75% are women. Migraines also occur in an estimated 3% to 7% of all children. One in four households has a resident who is a migraine sufferer. Migraines are most often described as one-sided, severe, pulsating headache pain that lasts from 4 to 72 hours. Other symptoms that often occur during a migraine attack include nausea, vomiting and extreme sensitivity to light and noise. Unfortunately, many drugs used to prevent and treat migraines can produce significant side effects, addiction and dependency, and thus, many migraine sufferers seek help from more natural, non-toxic solutions, such as chiropractic care, acupuncture, dietary modifications and nutritional supplements.

Two Natural Supplements Reduce Migraine Attacks by at Least 50%

In recent years human clinical trials have shown that supplementation with specific dosages of the herbs **butterbur** and **feverfew** can reduce the frequency of migraine attacks by at least 50%, in migraine sufferers.

Butterbur is an herb that contains active constituents (pentasin and isopetasin) that block key steps in the production of migraine headaches. These active constituents inhibit the synthesis of inflammatory chemicals such as leukotrienes and prostaglandin E2, which can trigger migraines. The active constituents of butterbur have an antispasmodic effect on vascular walls and appear to have an affinity for cerebral blood vessels. Butterbur extract also appears to act as a natural beta blocker, stabilizing normal flow of blood to the brain. This action helps control blood pressure and prevents spasm of blood vessels, which are also key processes in preventing the onset and progression of migraines.

In a double-blind, study published in the journal Neurology in 2004 (Lipton RB et al), researchers gave 202 migraine sufferers butterbur extract or a placebo for a three month period. After 12 weeks, the butterbur supplemented group reported approximately 50% fewer migraines than usual. In a 12- week, double-blind study published in 2000 in the journal, *Headache*, 58 migraine sufferers were given butterbur extract or a placebo twice daily. The butterbur group had 50 percent fewer migraines than usual, while the placebo group dropped only 10 percent (Mauskop A et al). Butterbur supplementation was shown to lower the incidence of migraines in children and adolescents by 77%, according to a 4-month trial published in the journal, *Headache* (Pothmann R et al 2003). The effective daily dosage for adults is reported to be 75 mg (standardized to minimum 15% sesquiterpenes as petasines), twice per day. A single dosage of 75 mg per day can be used for children six years and older as well as teenagers.

Feverfew, a member of the sunflower family, has been used for centuries in European folk medicine as a remedy for headaches and some other conditions. The migraine-relieving activity of feverfew is believed to be due to parthenolide, an active compound that helps relieve smooth muscle spasms. In particular, it helps prevent the constriction of blood vessels in the brain (one of the leading causes of migraine headaches). Like butterbur, parthenolide also inhibits the production of prostaglandin hormones that cause inflammation of blood vessels. Feverfew has inhibits excessive aggregating of platelets, which also normalizes blood flow. This effect has also been attributed to the ability of feverfew to reduce migraine frequency and severity.

A survey of 270 migraine sufferers in Great Britain revealed that more than 70% of individuals saw improvement in migraine frequency and severity, after using feverfew for migraine control (University of Maryland Study – 2009). Other recent clinical studies published in *Clinical Drug Investigation* (Shrivastava R et al, 2006) and the journal, *Headache* (2004), showed that supplements containing a standardized extract of feverfew reduced migraine attacks by 50%, in chronic migraine sufferers (Maizels M et al, 2004). To be most effective feverfew should be standardized to contain the maximum amount of parthenolide, which is has been shown to account for the herb's anti-inflammatory and other medicinal properties. As such, I recommend supplementation with feverfew at 325 mg (standardized grade of parthenolide concentration of 0.7 %), twice daily, which is the highest yield of parthenolide presently available in the marketplace.

As an aside, in recent years the parthenolide fraction of feverfew has also been explored for its anti-cancer properties due to its ability to reduce nuclear factor kapp-beta, an important transcription factor in the proliferation of many cancer cells. Parthenolide also demonstrates other impressive anti-cancer properties such inducing programmed cell death of cancer cells via up-regulation of tumor necrosis factor stimulation.

A Combination Supplement is Your Best Bet

To derive the best possible prophylactic effect for migraine patients, it is best to recommend a supplement that contains both butterbur and feverfew, at the dosages and standardized grades proven to reduce the frequency and severity of migraine attacks. It is important to make sure that the butterbur extract does not contain pyrrolizidine alkaloids, which are toxic to the liver and may cause other serious problems.

In conjunction with chiropractic adjustments, soft tissue techniques, acupuncture, stress reduction programs, acupuncture, the removal of foods from the diet that act as triggers, and other treatments shown to be useful in migraine control, the addition of a twice daily supplement containing the effective doses of butterbur and feverfew should also be included in an evidence-based approach to the treatment of migraines. In the early stages of a migraine attack the patient can try taking 3-4 capsules as a single dose in an attempt to abort the migraine. If this effort fails to halt the migraine, then other standard pharmaceutical drugs designed for migraine control can be used as a rescue medication.

Here is an example of a combination supplement containing butterbur and feverfew, which contains optimal amounts of their medicinal ingredients:

One Capsule Contains:

- 1. Butterbur Root 75 mg (standardized to minimum 15% sesquiterpenes as petasines)
- 2. Feverfew 325 mg (standardized grade of parthenolide concentration of 0.7 %)

Directions:

Adults: take one capsule twice per day for migraine prevention. At the first sign of a migraine consider taking 3-4 capsules as a single dose to help abort or minimize the attack.

Children and teenagers 10 years and older: take one capsule per day for migraine prevention.

Safety, Side Effects and Drug-Nutrient Interactions

Provided the pyrrolizidine alkaloid compounds have been removed from butterbur the only reported side effects involve burping or mild gastro-intestinal discomfort in rare cases. Butterbur does not have any reported drug-nutrient interactions and has an excellent safety profile to date. Feverfew also has an impressive safety record. Feverfew may inhibit the activity of platelets, thus individuals taking blood-thinning medications (such as aspirin and

warfarin) should have their INR monitored during the early stages of supplementation to ensure that platelet clotting behavior remains within the desired range. Some infrequent side effects of feverfew include abdominal pain, indigestion, flatulence, diarrhea, nausea, vomiting, and nervousness. Individuals with allergies to chamomile, ragweed, or yarrow are likely to be allergic to feverfew and, therefore, may react to this supplement. Pregnant and nursing women, as well as children under 6 years of age, should not take a supplement containing feverfew and butterbur.

For more information on this or other related topics, please visit: http://www.meschinohealth.com

References

Butterbur

- 1. Lipton RB, Scher AI, Steiner TJ, et al. Patterns of health care utilization for migraine in England and in the United States. Neurology. 2003; 60: 441–448.
- 2. Silberstein SD, Lipton RB, Dalessio DJ, ed. Wolff's headache and other head pain. 7th ed. Oxford, UK: Oxford University Press, 2001.
- 3. Murphy JJ, Heptinstall S, Mitchell JR. Randomised double-blind placebo controlled trial of feverfew in migraine prevention. Lancet. 1988; 2: 189–192.
- 4. Johnson ES, Kadam NP, Hylands DM, Huylands PJ. Efficacy of feverfew as prophylactic treatment of migraine. Br Med J. 1985; 291: 569–573.
- 5. Peikert A, Wilimzig C, Kohne-Volland R. Prophylaxis of migraine with oral magnesium: results from a prospective, multi-center, placebo-controlled and double-blind randomized study. Cephalalgia. 1996; 16: 257–263.
- 6. Schoenen J, Jacquy J, Lenaerts M. Effectiveness of high-dose riboflavin in migraine prophylaxis. A randomized controlled trial. Neurology. 1998; 50: 466–470.
- 7. Grossman M, Schmidramsl H. An extract of *Petasites hybridus* is effective in the prophylaxis of migraine. Int J Clin Pharmacol Ther. 2000; 38: 430–435.
- 8. Ziolo G, Samochewiec L. Study on clinical properties and mechanism of action of *Petasites* in bronchial asthma and chronic obstructive bronchitis. Pharm Acta Helv. 1998; 72: 359–380.
- 9. Barsom S. Behandlung von Koliken und Spasmen in der Urologie mit einem pflanzlichen Spasmolytikum. Erfahrungsheilkunde. 1986; 35: 1–11.
- 10. Gruia FS. Pflanzliche Analgetika-Therapie bei WS-Syndrom. Biol Med. 1987; 3: 454.
- 11. Diener HC, Rahlfs VW, Danesch U. The first placebo-controlled trial of a special butterbur root extract for the prevention of migraine: reanalysis of efficacy criteria. Eur Neurol. 2004; 51: 89–97.
- 12. Headache Classification Committee of the International Headache Society. Classification and diagnostic criteria for headache disorders, cranial neuralgias and facial pain. Cephalalgia. 1988; 8 (suppl 7): 1–96.
- 13. Silberstein SD. Practice parameter: evidence-based guidelines for migraine headache (an evidence-based review): report of the Quality Standards Subcommittee of the American Academy of Neurology. Neurology. 2000; 55: 754–762.
- 14. Gray RN, Goslin RE, McCrory DC, et al. Drug treatment for the prevention of migraine headache. Technical review 2.3, February 1999. Prepared for the Agency for Health Care Policy and Research under contract number 29009402025. Available from the National Technical Information Service; NTIS accession no. 127953.
- 15. Mathew NT, Saper JR, Silberstein SD, et al. Migraine prophylaxis with divalproex. Arch Neurol. 1995; 52: 281–286.

- 16. Mathew NT, Rapoport A, Saper J, et al. Efficacy of gabapentin in migraine prophylaxis. Headache. 2001; 41: 119–128.
- 17. Storey JR, Calder CS, Hart DE, Potter DL. Topiramate in migraine prevention: a double-blind, placebo-controlled study. Headache. 2001; 41: 968–975.
- 18. Thomet OA, Wiesmann UN, Blaser K, Simon HU. Differential inhibition of inflammatory effector functions by petasin, isopetasin and neopetasin in human eosinophils. Clin Exp Allergy. 2001; 31: 1310–1320.
- 19. Brune K, Bickel D, Peskar BA. Gastro-protective effects by extracts of *Petasites hybridus*: the role of inhibition of peptido-leukotriene synthesis. Planta Med. 1993; 59: 494–496.
- 20. Scheidegger C, Dahinden C, Wiesmann U. Effects of extracts of individual components from *Petasites* on prostaglandin synthesis in cultured skin fibroblasts and on leucotriene synthesis in isolated human peripheral leucocytes. Pharm Acta Helv. 1998; 72: 359–380.
- 21. Thomet OA, Wiesmann UN, Schapowal A, Bizer C, Simon H. Role of petasin in the potential anti-inflammatory activity of a plant extract of *Petasites hybridus*. Biochem Pharmacol. 2001; 61: 1041–1047.
- 22. Sheftell F, Rapoport A, Weeks R, Walker B, Gammerman I, Baskin S. Montelukast in the prophylaxis of migraine: a potential role for leukotriene modifiers. Headache. 2000; 40: 158–163.
- 23. Pearlman EM, Fisher S. Preventive treatment for childhood and adolescent headache: role of once-daily montelukast sodium. Cephalalgia. 2001; 21: 461.
- 24. Ko W, Lei C, Lin Y, Chen C. Mechanisms of relaxant action of S-petasine and S-Isopetasin, sesquiterpenes of *Petasites formosanus*, in isolated guinea pig trachea. Planta Med. 2001; 67: 224–229.
- 25. Wang G-J, Shum AY-C, Lin Y-L, et al. Calcium channel blockade in vascular smooth muscle cells: major hypotensive mechanism of S-petasine, a hypotensive sesquiterpene from *Petasites formosanus*. J Pharmacol Exp Ther. 2001; 297: 240–246.
- 26. Danesch U, Rittinghausen R. Safety of a patented special butterbur root extract for migraine prevention. Headache. 2003; 43: 76–78.
- 27. Lipton RB, Göbel, H,Einhäupl KM, Wilks K, Mauskop A. *Petasites hybridus* root (butterbur) is an effective preventive treatment for migraine. Neuorology. 2004; 63:2240-2244
- 28. Pothmann R, Danesch U. Migraine prevention in children and adolescents: results of an open study with a special butterbur root extract. *Headache*. 2005;45:1-8.
- 29. Mauskop A, Grossman WM, Schmidramsl H. Petasites hybridus (Butterbur root) extract is effective in the prophylaxis of migraines: results of a randomized, double blind trial. Headache. 2000;40:420.

Feverfew

- 1. Barsby RW, Salan U, Knight DW, Hoult JR. Feverfew and vascular smooth muscle: extracts from fresh and dried plants show opposing pharmacological profiles, dependent upon sesquiterpene lactone content. Planta Med. 1993;59(1):20-25.
- 2. Chen CF, Leung AY. Gene response of human monocytic cells for the detection of antimigraine activity of feverfew extracts. Can J Physiol Pharmacol. 2007;85(11):1108-15.
- 3. Curry EA 3rd, Murry DJ, Yoder C, et al., Phase I dose escalation trial of feverfew with standardized doses of parthenolide in patients with cancer. Invest New Drugs. 2004;22(3):299-305.

- 4. De Weerdt CJ, Bootsma HPR, Hendriks H. Herbal Medicines in migraine prevention. Randomized double-blind placebo controlled crossover trial of a feverfew preparation. Phytomedicine. 1996;3:225–230.
- 5. Diener HC, Pfaffenrath V, Schnitker J, Friede M, Henneicke-von Zepelin HH. Efficacy and safety of 6.25 mg t.i.d. feverfew CO2-extract (MIG-99) in migraine prevention--a randomized, double-blind, multicentre, placebo-controlled study. Cephalalgia. 2005;25(11):1031-41.
- 6. Ernst E, Pittler MH. The efficacy and safety of feverfew (Tanacetum parthenium L.): an update of a systematic review. Public Health Nutr. 2000;3(4A):509-514.
- 7. Evans RW, Taylor FR. "Natural" or alternative medications for migraine prevention. Headache. 2006;46(6):1012-8.
- 8. Heck AM, DeWitt BA, Lukes AL. Potential interactions between alternative therapies and warfarin. Am J Health Syst Pharm. 2000;57(13):1221-1227.
- 9. Henneicke-von Zepelin HH. Feverfew for migraine prophylaxis. Headache. 2006;46(3):531
- 10. Johnson ES, Kadam NP, Hylands DM, Hylands PJ. Efficacy of feverfew as prophylactic treatment of migraine. Br Med J. 1985;291:569–573.
- 11. Klepser TB, Klepser ME. Unsafe and potentially safe herbal therapies. Am J Health Syst Pharm. 1999;56(2):125-138; quiz 139-141.
- 12. Maizels M, Blumenfeld A, Burchette R. A combination of riboflavin, magnesium, and feverfew for migraine prophylaxis: a randomized trial. Headache. 2004;44(9):885-90.
- 13. Martin K, et al. Parthenolide-depleted Feverfew (Tanacetum parthenium) protects skin from UV irradiation and external aggression. Arch Dermatol Res. 2008;300(2):69-80.
- 14. Mauskop A. Alternative therapies in headache. Is there a role? [Review] Med Clin North Am. 2001;85(4):1077-1084.
- 15. Miller L. Herbal medicinals: selected clinical considerations focusing on known or potential drug-herb interactions. Arch Intern Med. 1998;158(20):2200–2211.
- 16. Murphy JJ, Heptinstall S, Mitchell JR. Randomised double-blind placebo-controlled trial of feverfew in migraine prevention. Lancet. 1988;2:189–192.
- 17. Palevitch D, Earon G, Carasso R. Feverfew (Tanacetum parthenium) as a prophylactic treatment for migraine: a double-blind controlled study. Phytotherapy Res. 1997;11:508–511.
- 18. Pattrick M, Heptinstall S, Doherty M. Feverfew in rheumatoid arthritis: a double-blind, placebo controlled study. Ann Rheum Dis. 1989;48:547–549.
- 19. Pfaffenrath V, Diener HC, Fischer M, et al. The efficacy and safety of Tanacetum parthenium (feverfew) in migraine prophylaxis--a double-blind, multicentre, randomized placebo-controlled dose-response study. Cephalalgia. 2002;22(7):523-532.
- 20. Pittler MH, Vogler BK, Ernst E. Feverfew for preventing migraine. [Review] Cochrane Database Syst Rev. 2000;(3).
- 21. Shrivastava R, Pechadre JC, John GW. Tanacetum parthenium and Salix alba (Mig-RL) combination in migraine prophylaxis: a prospective, open-label study. Clin Drug Investig. 2006;26(5):287-96.
- 22. Silberstein SD. Preventive treatment of headaches. Curr Opin Neurol. 2005;18(3):289-92.
- 23. Sumner H, Salan U, Knight DW, Hoult JR. Inhibition of 5-lipoxygenase and cyclooxygenase in leukocytes by feverfew. Involvement of sesquiterpene lactones and other components. Biochem Pharmacol. 1992;43(11):2313-2320.
- 24. Vogler BK, Pittler MH, Ernst E. Feverfew as a preventive treatment for migraine: a systematic review. Cephalalgia. 1998;18(10):704-708.
- 25. Won YK, Ong CN, Shi X, Shen HM. Chemopreventive activity of parthenolide against UVB-induced skin cancer and its mechanisms. Carcinogenesis. 2004;25(8):1449-58.

- 26. Wu C, Chen F, Rushing JW, Wang X, Kim HJ, Huang G, Haley-Zitlin V, He G. Antiproliferative activities of parthenolide and golden feverfew extract against three human cancer cell lines. J Med Food. 2006;9(1):55-61.
- 27. Yao M, Ritchie HE, Brown-Woodman. A reproductive screening test of feverfew: is a full reproductive study warranted? Reprod Toxicol. 2006;22(4):688-93.
- 28. Zhang S, Lin ZN, Yang CF, Shi X, Ong CN, Shen HM. Suppressed NF-kappaB and sustained JNK activation contribute to the sensitization effect of parthenolide to TNF-alpha-induced apoptosis in human cancer cells. Carcinogenesis. 2004;25(11):2191-9.

Please Note: Above Reference links were accessible when the article was published. However, respective third-party sites may change the structure and content of their websites at any time, we are unable to guarantee that our links will always be up to date. We apologize for the inconvenience.