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Migraine prophylaxis with herbal extracts from petasites and tanacetum versus propranolol and topiramate – a comparative review of double-blind randomised controlled trials

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Objectives: This descriptive review compared the effectiveness of two established “chemical” migraine preventive drugs, propranolol and topiramate, with two herbal extracts prepared from *Petasites hybridus* and *Tanacetum parthenium*.

Background: Guidelines from various migraine and headache organizations recommend beta-blockers as the first-line therapy for migraine prevention. However, herbal remedies appeal to patients with a desire for a natural treatment. In addition, herbal preparations are considered as a “mild” form of treatment with very few serious adverse events. If effective, phytoceuticals are a valid treatment option for migraine prevention. The special petasites CO₂-extract PETADOLEX[®] and the feverfew-extract MIG-99 are the only herbal extracts that have been shown in two randomised and controlled trials with 293 and 365 patients, respectively, to be effective for migraine prevention.

Methods: Sixteen randomised double-blind and controlled trials were considered using reduction of migraine frequency and the percentage of therapy responders as endpoints, as recommended by the IHS.

Results: Propranolol ($n = 2,075$) and topiramate ($n = 1,792$) reduce migraine frequency approximately by 2 attacks per month. In each of the two herbal trials absolute attack reduction by petasites was 1.6 ($n = 60$) and 1.7 ($n = 233$), absolute attack reduction by feverfew was 1.8 ($n = 147$) and 1.9 ($n = 218$). However, feverfew was only effective in patients with at least 4 attacks per month at baseline. The percentage of therapy responders (at least 50% migraine reduction) for petasites was 45% and 68% and was in the same range as the numbers for propranolol (18.5%–48%) and topiramate (35%–63%) and higher than the numbers in the two feverfew trials (37%, 30%).

Conclusions: Even though more trial data exists for propranolol and topiramate than for Petasites, the available information based on the reduction of migraine frequency and the number of therapy responders suggests that Petasites is as effective as the firstline migraine preventive propranolol and as the antiepileptic topiramate. Clinical and post-marketing experience demonstrate that petasites is safe as long as the special CO₂-extract PETADOLEX[®] is used in which pyrrolizidine alkaloids have been removed.