Template

Entire dispensary

Review plan (10)

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Headaches

Template by Fullscript

Updated Nov 18th, 2024

Preview **Evidence**

Evidence rating

The following protocols were developed using only **a,b,c**-quality evidence

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Overview

According to the World Health Organization, headaches are among the top ten most disabling conditions in the world. Globally, the number of adults who experience a general headache disorder is estimated to be as high as 46%. (20) Severe headaches are a common occurrence in US adults, with approximately 1 in every 6 Americans experiencing one within a 3 month period. This disproportionately affects women, with roughly 20.7% of women experiencing severe headaches compared to 9.7% of males. (5)

Due to the debilitating effects of severe headaches and/or migraines, it is essential to help address possible mechanisms or underlying causes. Primary headaches account for the majority of cases and are not typically associated with any life-threatening complications. (2)

The protocol below includes evidence-based ingredient suggestions to consider for either symptom relief or preventative management of primary headaches and/or migraines.

Feverfew (Tanacetum parthenium)

Feverfew (*Tanacetum parthenium*)

6.25-18.75 mg, three times per day, minimum 12 weeks (8)(15)

- Prophylactic supplementation was found to be effective in the prevention of migraines and generally safe, (9) however it is notable that long-term dosing may not be ideal in coronary disease patients due to possible cyclooxygenase-2 (COX-2) inhibition activity (17)
- A CO2-extract (MIG-99, 6.25 mg three times daily) produced favorable outcomes as demonstrated by an increase in odds ratio for response rate of 3.4, and decreased migraine frequency by 1.9 per month (8)
- The highest effect for decreasing number of migraine attacks was found in the highest supplementation group was dose dependent when comparing MIG-99 extract supplementation in doses of 2.08 mg, 6.25 mg, and 18.75 mg to placebo (15)

Magnesium

Magnesium

600 mg, total per day of magnesium citrate, minimum 12 weeks (21)(13)

- Oral magnesium helps to decrease the frequency and intensity of migraine attacks when a dose of 600 mg is used for prophylactic purposes (21)
- Intravenous magnesium decreased acute migraines 15-45 minutes, 120 minutes and 24 hours after administration (6)
- Oral magnesium sulphate supplementation reduced migraine symptoms after 30 and 60 minutes (3)
- Magnesium is proposed to have vascular (affecting blood flow in frontal, temporal, and insular regions) and neurogenic (decreasing P1 amplitude) mechanisms in patients without aura (13)
- Magnesium sulfate has demonstrated better efficacy relieving migraine severity in acute migraines at 20 minutes, 1 hour and 2 hour intervals when compared to dexamethasone/metoclopramide administration (18)

Vitamin D

Vitamin D

2000 IU total per day, minimum 12 weeks (4)(11)

- Prophylactic supplementation of 100 μg (4000 IU) per day for 24 weeks decreased the frequency of migraines and number of days with a headache in patients aged 18 to 65 when compared to placebo (10)
- Calcitonin gene-related peptide (CGRP) decreased to 153.26 ng/L compared to 188.35 ng/L in placebo and correlated with an improvement in migraine disability assessment questionnaire (MIDAS) suggesting that vitamin D may have anti-nociceptive effects leading to migraine improvement (11)
- Patients with episodic migraines experienced 9 fewer days with migraine compared to 3 fewer days in placebo groups; additionally 29% of patients in the treatment group experienced at least a 50% reduction in number of migraines compared to 3% in placebo (4)

Butterbur

Butterbur (*Petasites hybridus*)

100-150 mg, total per day, minimum 12 weeks (12)(14)

- Frequency of migraine decreased by 60% compared to baseline when given CO2 extracted petasites hybridus for prophylactic treatment over a 12 week period (12)
- Petasites extract had a dose-dependent decrease in migraine attack frequency in groups as follows: 75 mg per day by 48%, 50 mg per day, and placebo by 26%; further analysis showed that a decrease in attack frequency more than or equal to 50% was also dose-dependent (14)
- Decrease in migraine attack frequency was observed in a dose-dependent manner when comparing 150 mg to 100 mg with more patients responding to treatment improvements more than 50% predominantly in the 150 mg group (1)

Coenzyme Q10

Coenzyme Q10

100-400 mg total per day, minimum of 12 weeks (7)(16)(19)

- Decreased frequency, severity, and duration of migraines correlated with a decrease in calcitonin gene-related peptide (CGRP) and TNF-a compared to placebo in non-menopausal women with episodic migraines (7)
- Reduced the number of migraine days per month and migraine duration when compared to placebo (22)

- When given in addition to current preventative pharmaceutical regime, 100 mg of CoQ10 daily decreased the number of monthly attacks by 1.6 and severity of headache by 2.3, compared to 0.5 and 0.6 in control group of normal preventative pharmaceutical regime (19)
- Higher 50% responder rate for number of days with headache and/or nausea and attack frequency in treatment group (47.6%) vs. control (14.4%)(16)

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