Feverfew (Tanacetum parthenium)

| Practice points |
Some studies have reported that regular use of feverfew (at least 2-4 months) reduces the frequency of migraine attacks and may reduce the severity of attacks and associated nausea and vomiting. Feverfew is not suitable for pregnant or lactating women or children. Avoid if allergy to the daisy family.

| Key indications |
Migraine headache: Feverfew is widely used for the prevention of migraine but while some systematic reviews have reported benefits, others have been unable to confirm efficacy due to conflicting trial results and heterogeneity of studies.
A large 2005 RCT reported a reduction in the frequency of migraine from 4.8 to 2.9 attacks per month.
Some RCTs report a reduction in nausea and vomiting associated with migraine, as well as severity but not necessarily duration of attacks.

| Key actions |
Anti-inflammatory
Analgesic

| Recommended Doses |
In clinical trials typical doses range from 125 to 600 mg dried leaf powder daily for two to nine months.
Feverfew supplements may also be CO2 extracted and these should be taken at 6.25 mg, 3 times daily.
Some formulations are standardised to contain 0.2–0.4% parthenolides but compounds other than parthenolide may also be associated with anti-inflammatory activity.

| Adverse Effects |
Mild and transient adverse effects may include gastrointestinal complaints and mouth ulcers. Dermatitis may also occur in some patients.
Sudden discontinuation of feverfew may cause incapacitating headaches in some patients.

| Cautions/Contraindications |
Feverfew may stimulate the uterus and is not recommended in pregnancy. It is not recommended for lactating mothers or for use in children.
People with known reactions to other members of the Asteraceae (daisy) family should avoid feverfew.

| Possible Interactions |
- Warfarin, aspirin and antiplatelet drugs: conflicting data for additive effect
- CYP1A2, CYP2C8, CYP2C9, CYP2C19 and CYP3A4 substrates: theoretically may increase blood levels of drug

REFERENCES