

A Therapeutic Link Between Migraine and Epilepsy.

Iraj Derakhshan

Iraj Derakhshan, Cincinnati and Case Western Reserve and Cincinnati Universities, Ohio, USA

Corresponding Author:

Iraj Derakhshan, Cincinnati and Case Western Reserve and Cincinnati Universities, Ohio, USA

Received Date : July 13, 2023

Accepted Date : July 15, 2023

Published Date : Aug 15, 2023

ABSTRACT

Epilepsy and migraine are both episodic disorders, however there is controversy over the exact mechanism that links them. While there are limited publications on the preventive use of opioids in preventing both migraine and epilepsy (migralepsy) that has been shown to be resistant to the use of standard anticonvulsants, the effect of maintenance opioid in preventing migraine and related entities is also well recognised. Here, I give information about a patient with refractory migraine who reacted well to a daily opioid regimen and eventually experienced a complete remission of migraines and seizures while taking a high dose of oxycodone.

CASE REPORT

At the age of 61, Betty (not her real name) was first observed in 2007. She complained of migraine-like headaches, back pain, and nocturnal upper extremity numbness that was perhaps caused by carpal tunnel syndrome. He began experiencing right-sided headaches in 1999, along with photophobia and nausea. She was first given gabapentin, then valproate, neither of which provided relief at the doses. But according to a headache journal she kept throughout her time at my office, she responded to topiramate with significant reduction in the intensity of the headaches, even if they occasionally still occurred. A neurological evaluation and a brain CT revealed no abnormalities. The

headaches then subsided while using topiramate, hydrocodone, and triptans. But eventually, she was started on oxycodone-based daily opiate treatment for migraines. The dose was gradually increased to provide total headache relief. She needed the dosage to be progressively increased to 30 mg, taken as two tablets, three times per day.

Surprisingly, it was at this high level that not only did the migraines stop happening, but also the rare seizures she had been having; the seizures she had before typically happened after a protracted migraine headache. I unintentionally ran into Betty at a social event where she was talking about how she couldn't find a doctor to write her an oxycodone prescription, therefore her headaches and seizures had returned. Therefore, the case study in this paper is comparable to five other cases that were recently reported and all of whom used the aforementioned regimen to completely eliminate their headaches and epilepsy. However, oxycodone was prescribed to her as part of a daily opioid treatment plan for her migraines. The dosage was gradually increased to provide total headache relief. She needed the dosage to be progressively increased to 30 mg, taken as two tablets, three times per day. The aforesaid regimen gave total relief from both headache and epilepsy.

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