Migraine and Other Headaches

Shapera, *Pittsburgh Medical Bulletin* (1940), reported that two of four cases of migraine were improved with PHT.


McCullagh and Ingram, *Diseases of the Nervous System* (1956), in their paper “Headaches and Hot Tempers,” reported that their experience showed that PHT was by far the most useful medication in the treatment of a syndrome in which migraine headaches were related to familial cerebral dysrhythmias.


Hirschmann, *Therapeutische Umschau* (1964), reported on a study of forty-four patients with migraine not relieved by ergot preparations alone. Of these, thirty-two remained in treatment. When they were treated with a combination of PHT, caffeine and ergot, nineteen were either completely relieved or had less frequent or milder attacks.


Wiedemann, *Medizinische Monatsschrift* (1966), in a series of studies on migraine, found preparations containing PHT and caffeine useful in the treatment of a variety of neuralgias and cephalalgias. This treatment was particularly suitable for patients with true migraine and trigeminal neuralgia.


Jonas, *Headache* (1967), administered PHT to eighteen migraine sufferers. Nine patients afflicted with paroxysmal migraine experienced complete relief. Of six non-paroxysmal patients, four benefited by the use of PHT.


Caplan, Weiner, Weintraub, Austen, *Headache* (1976), reported the successful use of PHT in the treatment of a fifty-five-year-old male patient with neurological dysfunction accompanied by classic migraine headaches following cardiac surgery. The patient was experiencing episodes of neurological dysfunction manifested by tingling, numbness, weakness and pain in the hands, arms, thighs and face, inability at times to find words, slow speech, and dysarthria with repetitive speech. With PHT, 100 mg t.i.d., no further episodes occurred. On follow-up three years later, the patient continued to do well on PHT.

Millichap, Child's Brain (1978), found PHT effective in relieving severe recurrent headaches associated with other symptoms, including nausea, vomiting, dizziness and vertigo, in forty-seven of seventy children.


Swanson and Vick, Neurology (1978), treated three cases of basilar artery migraine with PHT, 300 mg daily. In two cases the attacks were completely relieved. In the third case the frequency and severity of the attacks were reduced.


Weill, Journal of Nervous and Mental Diseases (1962), observed 236 patients with migraine. The authors found that of the fifty-nine patients with dysrhythmic EEG records, treatment with drugs usually effective in ordinary migraine (i.e., caffeine, ergotamine tartrate, dihydroergotamine etc.) was of little benefit. However, with the addition of PHT or Mesantoin, rapid therapeutic improvement was usually noticeable.


Smyth and Winter, Electroencephalography and Clinical Neurophysiology (1963), studied 392 migraine patients, of which 64 showed spontaneous delta activity in the EEG and were labeled "dysrhythmic migraine." Forty of these patients were given PHT and studied over a period of 2 years. Eighty percent showed improvement in symptoms.


Raskin and Appenzeller, Headache, (1980), in a review of various therapies for migraine, PHT studies by other investigators are cited. The authors expressed the need for an adequately controlled study utilizing PHT in migraine. They stated that no other unestablished drug has equaled the empiral usage (of PHT) over such an extended period. "It is the authors' view that PHT and primidone probably have a role in the prophylaxis of migraine, and that their effects may be mediated independent of their anticonvulsant properties via effects on serotonergic synapses."


Raffaelli, Martins and Dagua Filho, Functional Neurology (1986), conducted a comparative study of two groups of patients with common migraine and reactive osmophobia. Fourteen patients (group I) and seventeen patients (group II) received treatment for headache with propranolol, amitriptyline or methisergide. The seventeen patients in group II were also given phenytoin 100 mg/day. At the end of six months of treatment, three (21.42%) of the patients in Group I (without PHT) and eleven (64.7%) of those in group II (with PHT) had improvement in their osmophobia.


Robbins, Headache (1989), presents a patient who began to experience continuous right frontal headaches, nausea, occasional flashing lights in her left peripheral visual field, visual blurring, light-headedness and difficulty concentrating after an automobile accident. Amitriptyline (25 mg qhs) and fenoprofen 600 mg b.i.d. gave no relief and were discontinued. Two days after beginning phenytoin (200 mg every morning), the headaches were markedly decreased and the flashing lights were gone. After one month, the patient stopped the PHT. The headaches and flashing lights returned. Upon resumption of PHT, the patient's symptoms were again relieved.

Wang, Qi, Lu and Huang, National Workshop of Clinical Use of Phenytoin, Chengdu, China (1995), reported their successful use of phenytoin to treat 40 of 48 patients suffering from migraine attacks. Before giving phenytoin (100 mg tid) for the attacks that had occurred over a period of 3 months to 21 years, all analgesics were stopped. The authors found that, within 3 months 22 cases were cured; 18 cases were improved in 1 month and without attacks within 3 months. Eight cases were uncontrolled within the 3-month treatment period.


See also Ref.
