for the known side effect of alopecia and the development of polycystic ovarian disease, which has recently been reported in various publications[1][2] and alopecia is certainly not cosmetically acceptable to the female subjects. Constipation, dry mouth, and somnolence associated with amitryptiline (and also gain in weight) dissuaded us from using this agent.

We are afraid, we cannot possibly agree with the author that flunarizine is a second line drug for the prophylactic management of migraine. Various studies recommend its usage as one of the first orders,[3][4][5] and in this particular case, where propranolol could not be administered and where we were hesitant to use sodium valproate or its congener, for the reasons mentioned above, topiramate was the readily available option with us. However, because of limited works available on the use of topiramate (when we came across the patient) and this agent being also being designated by various workers as a second-line drug, even in recent times,[6] we felt that one first-line drug should better be prescribed and flumarazine was the obvious choice. We restricted its dosage to the lowest possible limit, since it is known to cause troublesome somnolence and leads to weight gain. These were the compelling reasons for administering two drugs simultaneously in this case, deviating from the conventional system of usage.

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References


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Authors’ Reply

Sir,

We thank the author for his interest in our case report. We could not use propranolol, since there was history of bronchial asthma and sodium valproate or divalproex sodium are known to increase body weight. Moreover, we are somewhat reluctant in using sodium valproate or its congener in women.