EPILEPSY

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Epilepsy is not a disease. It is a sign or symptom of an underlying neurological disorder.

Introduction

The word "Epilepsy" is derived from a Greek word meaning "a condition of being overcome, seized, or attacked." The word "Epilepsy" means nothing more than the tendency to have seizures.

The brain is a highly complex and sensitive organ. It controls and regulates all our actions, movements, sensations, thoughts, and emotions. It is the seat of memory, and it regulates the involuntary inner workings of the body such as the function of the heart and the lungs. The brain cells work together, communicating by means of electric signals. Occasionally there is an abnormal electrical discharge from a group of cells, and the result is a seizure. The type of seizure will depend upon the part of the brain where the abnormal electrical discharge arises.

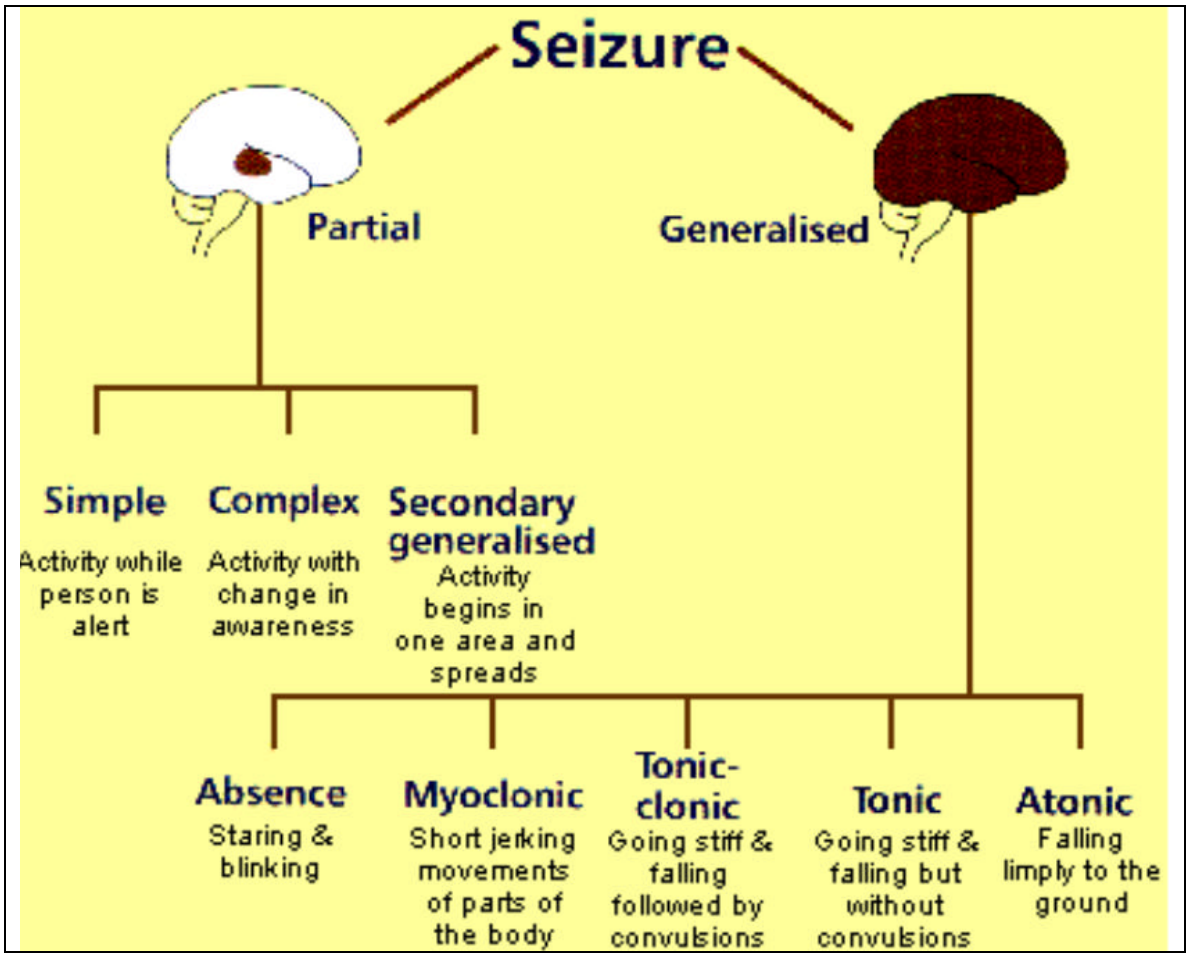
Epilepsy is the oldest known brain disorder. It was mentioned more than 2,000 years before Christ. References can be found in ancient Greek texts and in The Bible. Virtually everyone can have a seizure under the right circumstances. Each of us has a brain seizure threshold, which makes us more or less resistant to seizures. Seizures can have many causes, including brain injury, poisoning, head trauma, or stroke; and these factors are not restricted to any age group, sex, or race and neither is Epilepsy.

Epilepsy can strike anyone at any age. However, most persons who develop seizures during their formative years tend to experience a reduction in the intensity and frequency of their seizures, as they grow older. In many cases the Epilepsy will disappear completely. 50% of all cases develop before 10 years of age.

Types of Seizures

Many varieties of epileptic seizures occur, and frequency and form of attacks vary greatly from person to person. With modern methods of treatment, however, most cases can be fully controlled. Because there are so many nuances in Epilepsy and so many different kinds of seizures, a specific classification system is being promoted by the International League Against Epilepsy. The International Classification of Epilepsy Seizures has been adopted by the medical community and is gradually replacing outdated seizure terminology including "grand mal" and "petit mal".

The new classification scheme describes two major types of seizures: "partial" and "generalized". It also divides each of these categories into subcategories including simple partial, complex-partial, absence, tonic-clonic, and other types. The distinction between "partial" and "generalized" seizures is the most important feature of the new classification system. If the excessive electrical discharge in the brain is limited to one area, the seizure is partial. If the whole brain is involved, it is generalized. In all, there are over 30 different seizure types. Therefore, the new classification format subdivides the partial and generalized Epilepsies into a number of different categories.



Partial seizures (formerly known as focal seizures) with elementary symptomology are often referred to a simple partial. During this type of seizure the patient can experience a range of strange or unusual sensations including sudden, jerky movements of one body part, distortions in hearing or seeing, stomach discomfort, or a sudden sense of fear. Consciousness is not impaired. If another seizure type follows, these sensations may be referred to as an "aura".

Complex-partial seizures (formerly psychomotor or temporal lobe Epilepsy) are characterized by a complicated motor act involving impaired consciousness. During the seizure the patient appears dazed and confused. Purposeless behaviors such as random walking, mumbling, head turning, or pulling at clothing may be observed. Usually, the patient cannot recall these so-called "automatisms".

In children this seizure may consist of staring or lip smacking, and therefore may be confused with the absence seizures.

Generalized absence seizures (formerly petit mal) are characterized by 5 to 15 second lapses in consciousness. During this time the patient appears to be staring into space and the eyes may roll upwards. Absences are not preceded by an aura and activity can be resumed immediately afterwards. Typically, they occur in children and disappear by adolescence. They may, however, evolve into other seizure types, such as complex-partial or tonic-clonic. The occurrences of absences in adulthood are rare.

The tonic-clonic (formerly grand mal) seizure is a generalized convulsion involving two phases. In the **tonic phase,** the individual loses consciousness and falls, and the body becomes rigid. In the **clonic period**, the body extremities jerk and twitch. After the seizure, consciousness is regained slowly. If the tonic-clonic seizure begins locally (with a partial seizure) it may be preceded by an "aura". These seizures are said to be secondarily generalized.

While the tonic-clonic seizure is the most visible, obvious type of Epilepsy, it is not the most common. Partial seizures are more frequently encountered and occur in 62% of all Epilepsy patients. Complex-partial seizures account for approximately 30% all cases.

Other Types of Seizures?

Benign rolandic epilepsy is an epileptic syndrome occurring in young children that is age limited (you stop having seizures in the teen years) . Salivation, twitching of the mouth or upper extremity on one side are typical manifestations. Seizures occur almost exclusively nocturnally

Juvenile myoclonic epilepsy is an epilepsy characterized by onset in childhood or adolescence and is associated with extremity jerking or generalized tonic clonic seizures ('grand mal') within an hour or two of wakening from sleep. Seizures that may be precipitated by sleep deprivation, alcohol intake or coffee (strange) tend to occur in the morning.

Status epilepticus is the term used to describe recurrent seizures without recovery of consciousness between attacks. This is a medical emergency and can be life threatening, or cause brain damage. Immediate action to get the necessary medical care should be taken.

Psuedo-seizures (psychogenic seizures) are quite common and can occur in people who have, or do not have, Epilepsy. The attacks are triggered by a conscious or unconscious desire for more care and attention. The seizures start with rapid breathing, triggered by mental stress, anxiety, or pain. As the person breathes rapidly, they build up carbon dioxide in their body and change their chemistry. This can cause symptoms very much like Epileptic seizure: prickling in the face, hands, and feet, stiffening, trembling, etc. The appropriate treatment for pseudoseizures is to calm the person and start them breathing at a normal rate. Treatment should also involve investigating the mental and emotional factors that led to the psuedoseizure.

Other seizure terms include Atonic (Drop Attacks), Myclonic, Infantile Spasms, Nocturnal, Photosensitive, Visual, Musicogenic, Jacksonian, Sensory, Bilateral Myclonus, Atkinetic, Autonomic, Prolonged seizures, and Ictal State.

Causes and Triggers

There is no single cause of Epilepsy. Many factors can injure the nerve cells in the brain or the way the nerve cells communicate with each other. In approximately 65% of all cases there is NO known cause. The following are some of the most frequently identified causes:

- Head injury that causes scaring of the brain tissue.
- Trauma at birth, or high fever.
- Excessively rough handling or shaking of infants.
- Certain drugs or toxic substances when administered in large doses.
- Interruption of blood flow to the brain caused by stroke, tumour, or certain cardiovascular problems.
- Diseases, which alter the balance of blood or its chemical structure, or diseases that damage the nerve cells in the brain.

When physicians can identify the underlying disorder, such as those mentioned above, the condition is referred to as **"Symptomatic" Epilepsy**. In some cases, however, the underlying disorder can't be identified and this is called **"Idiopathic" Epilepsy**. In most cases Epilepsy is not inherited. In a few cases the tendency towards Epilepsy might be inherited, but even with this tendency certain conditions must exist in the brain before a person will experience epileptic seizures. It is most unlikely that children will inherit the disorder.

Epilepsy is in no way contagious. No one can get the disorder by talking to, kissing, or touching somebody with Epilepsy. Epilepsy can only be transmitted through hereditary transfer. Epilepsy that runs in families suggests an underlying metabolic or genetic etiology, and this is the least common of all Epilepsy causes.

Epilepsy can be the result of an infection or disease. Some conditions known to have a risk of resulting in Epilepsy are meningitis, viral encephalitis, and less frequently mumps, measles, diphtheria, and abscesses.

In some cases, things that happen in the environment can trigger epileptic seizures. Flashing lights can trigger seizures or sudden changes from dark to light (or vice versa). Other people can react to loud noises or monotonous sounds, or even certain musical notes.

It is important for people with Epilepsy to learn what kinds of events can trigger seizures for them. "Photosensitive Epilepsy" is the name given to a form of the disorder where seizures are triggered by flickering or flashing lights. Though it occurs more frequently in girls aged 6-12, it can occur at any age and regardless of gender.

People with Epilepsy should have regular meals at regular intervals and pay attention to what they eat and drink. Prescription and non-prescription drugs, as well as food additives may interact with anti-convulsant drugs. Alcohol can lower seizure thresholds.

Excessive sleep deprivation can lower seizure thresholds and possibly result in a seizure. Lack of sleep is known to be an important precipitating factor in causing seizures. Other factors that can lower seizure thresholds are high fever, increased excitement, and changes in body chemistry. It is important for people with Epilepsy to learn what kinds of events can trigger seizures for them.

Hypoglycemia (low blood sugar) can induce epileptic-type seizures. This condition can be caused by diet or by drugs such as insulin. This is not really Epilepsy since it is not recurrent seizures that are due to abnormal brain activity. Here the blood sugar levels directly cause the seizures.

First Aid for Seizures

The appropriate behavior for helping someone who has a seizure depends on the type of seizure it is. While a person experiencing a tonic-clonic seizure may require some first aid, in most cases there is little that can be done.

Tonic-Clonic (Grand Mal):

This type of seizure is often the most dramatic and frightening, but it is important to realize that a person undergoing an epileptic seizure is usually unconscious and feels no pain. The seizure usually lasts only a few minutes, and the person does not need medical care. These simple procedures should be followed:

- Keep calm. You cannot stop a seizure once it has started. Let the seizure run its course. Do not try to revive the person.
- Ease the person to the floor and loosen clothing.
- Try to remove any hard, sharp, or hot objects that might injure the person. It may be necessary to place a cushion or soft item under their head.
- Turn the person on his or her side, so that the saliva can flow from the mouth.
- Do NOT put anything in the person's mouth.
- After the seizure the person should be allowed to rest or to sleep if necessary.
- After resting most people carry on as before. If the person is not at home and still seems groggy, weak, or confused, it may be better to accompany them home.
- In the case of a child having a seizure, contact a parent or guardian.
- If the person undergoes a series of convulsions, with each successive one occurring before he or she has fully recovered consciousness, or a single seizure lasting longer than 10 minutes, you should immediately seek medical assistance.

Absence (Petit Mal): No first aid is required.

Complex-Partial (Psychomotor or Temporal Lobe): Do NOT restrain the person. Protect him or her by moving sharp or hot objects away.

If wandering occurs, stay with the person and talk quietly.

Simple-Partial (Focal): No first aid is required.

Children are usually awakened by seizures that occur while they sleep. Thus, a parent of a child with a known seizure disorder is usually aware when their child has seizures during the night. Only in those rare cases where a child vomits or experiences other problems during a seizure there is a need to worry.

Diagnosis

The diagnosis and evaluation of Epilepsy requires the physician to know all about the seizures - when they started, the patient's appearance before, during, and after a seizure, and any unusual behavioral occurrences. A background of the family's health history is also useful. In addition, an electroencephalogram (EEG) may help detect areas of increased nerve cell activity.

Often, the first doctor to diagnose Epilepsy is the family doctor. Most of them have had some experience with it, and will be the one to refer a person with Epilepsy to a specialist initially. Pediatricians are also well aware of Epilepsy, since about two-thirds of all Epilepsy occurs before the age of 14. A neurologist has specialized training in the disorders of the brain and nervous system. A neurosurgeon, psychiatrist, or psychologist may also get involved if the circumstances require them.

An EEG measures the electrical activity on the surface of the brain. An EEG may appear to be normal in a person with Epilepsy if the abnormal electrical activity is occurring deeper in the brain than the EEG is able to monitor. The same way a person may have a false positive EEG for Epilepsy. A diagnosis of Epilepsy is based on the clinical picture as well as the EEG. Other tests, such as CT scans and MRI scans, may be performed to confirm these findings.

Seizures occurring as a result of alcohol withdrawal, fever, or hypoglycemia can be mistaken for Epilepsy. Other causes of seizures that do not indicate Epilepsy are strokes, migraine headaches, calcified blood vessels, narcolepsy, and psychogenic or pseudoseizures.

Diet & Epilepsy

Good nutritional habits and a healthy life style may assist in the maintenance of optimum seizure control. Experiencing a drastic weight change may mean that either a chemical or metabolic imbalance is occurring, or you should consult your physician. Though some anti-convulsants may cause nutrient deficiencies in some people, a well balanced diet will usually prevent this.

A **ketogenic diet** is very rich in lipids (fats) and oils, but low in proteins and carbohydrates. This unusually high intake of lipids and oils creates a condition in the body know as "ketosis". The metabolic shift that is created increases the seizure threshold for some. This diet is also calorie and liquid restricted. The Ketogenic diet is mainly effective in children. It requires careful preparation and strict adherence. Although it takes a significant commitment to be successful, many children have greater seizure control with this diet than with conventional (drug) therapies. Some are able to reduce or eliminate antiseizure medications. Careful medical supervision is essential when using this as a therapy.

TREATMENT

75 per cent or people with epilepsy experience their first seizure before the age of 20. So, if your child has developed epilepsy, you are not alone and, these days, there's a good chance that her/his condition can be kept well under control.

The aim of medical treatment is to control your seizures, so she/he can get on with life with as little disruption from epilepsy as possible. In Allopathic System of Medicine taking anti-epileptic drug and controlling of seizures are the main ways to achieve the treatment. However, anti-epileptic drugs have side effects (***See FAQ'S***). Homoeopathic Medicines on the other hand do not have side effects and are safer than the anti-epileptic drugs.

The most common Homoeopathic Medicines used in the treatment of Epileptic cases are:

Belladonna: Convulsions in infants etc.; associated with violent cerebral congestion. Skin burning. Hot, bright-red face. Wild, staring eyes (Cic., Ign., Mosch., Stram.). Spasm of glottis: clutches at throat. Suddenly rigid: stiffens out. Violent convulsions with distortion of limbs and eyes. May begin in arm, then body thrown backwards and forwards. Light (Stram.) motion and cold (rev. of Op.) will bring on a convulsion (Caust.). Convulsions re-excited by least touch (Nux., Cic., Strych.) Or draught (Stram., Cic., etc.). "Bell. has great excitement: has twitching, jerking, trembling, spasms, convulsions. Convulsions come on suddenly: unexpectedly. Convulsions of scarlet fever, meningitis: in nervous, brainy children with biggish heads. "Bell. is sudden. It has no continuance, no periodicity." **Note:** Calcarea is the chronic of Bell., and its complementary remedy. We are told that Bell. is often given when Aconite would be more appropriate. Both are sudden: have dry, hot skin; startings and twitching. Convulsions from teething. But Aconite has anxiety, restlessness, fear: Bell., excitement .

Stramonium: Violent convulsions involving every muscle. Opisthotonos: violent distortions. Contractions of limbs: biting of tongue. Convulsions from bright light (Lyss.), dazzling objects. Renewal of spasms from light. (Stram. is less rigid-less angular than Bell., Cic., Cup.). If a liquid touches lips spasms return with great violence. Shrieks. Convulsions of head and arm with hiccough. One side paralysed, the other convulsed. Jerks head suddenly from pillow. Very sensitive to light: fears the dark: yet convulsions, even cough, worse from light.

Hyoscyamus: Infants go into convulsions. Convulsions of children, esp. after a fright (Op.). Convulsions after eating. Child becomes sick after eating, vomits and goes into convulsions. Shrieks and becomes insensible.Convulsions from worms (Cina, Art., Stann.).Sudden starting and twitching: one arm will twitch, then the other. Motions angular: frothing at mouth. Patient seems wild. Convulsions during deep, heavy sleep. Convulsions not general, but wandering. Convulsions followed by squinting and disturbances of vision. Hyosc. is suspicious, and jealous (Lach.).

Ignatia: Convulsions from fear, fright, after punishment - which will ring on a convulsion (Cina.) Children are convulsed in sleep after punishment. Sensitives. Face pale (opp. of Bell., Stram., Op., Nux), or flushed; usually deathly pale. Convulsive twitchings. Twitches about eyelids and mouth then stiffen out. The child is cold and pale, has a fixed, staring look (stares Cic., Stram., Mosch., Aeth.). Convulsions in first period of dentition

Nux Vomica: Infantile convulsions from indigestion (Ipec.) or bad temper. Convulsions with consciousness (Cina, Stram.). Conscious or semi-conscious during spasm. Convulsions of all the muscles of the body, with teeth clenched; with purple face and loss of breath. The most violent convulsions with opisthotonos (Cic., Op., Strych.). Twitchings, spasms; convulsions worse from the slightest touch, noise, jar. Week ending in the country one summer, there was a luckless hen cooped up by herself. "Why?" - "Because at the slightest touch, or if another hen bumped into her, or even if the coop was shaken, she went down in a violent convulsion." Fresh from testing Strychnine on frog-muscle, and having no Strych. at hand, except as Nux, the latter was administered.

Next Saturday the hen was found "running about the rest: Nux had promptly cured. . The consciousness of Power, after prescribing the "like" medicine and seeing it act, is one of the joys of life (Cic., etc.), from slightest draught of air (Lyss.). After anger. Patient is nervous and chilly. Oversensitive and irritable.

Oenanthe: Involuntary stool during convulsions. Violent convulsions: with eyeballs turned up: lockjaw (Nux, Strych.). Fell back foaming at mouth, and black in face. Spasms in rapid succession: choking noise in throat. Complete unconsciousness. Convulsions followed by deep sleep or coma.

Lyssin: Spasms and convulsions. "Always associated with throat symptoms, i.e. always affects muscles of deglutition" (of jaw, Nux, Oen.). Convulsions from reflex causes: i.e. attempts to swallow: to speak: a draught of air: sight or sound of running water: bright light (Stram.), or shining object: a loud noise: strong odours. Convulsions with exalted state of sense of smell taste and touch. Violent epileptic attacks in quick succession. Exquisite sensibility prevails over the whole body, especially in organs of sense.

Cicuta: The indications for cicuta are sudden rigidity followed by jerks and violent distortions, and these followed by utter prostration. The prostration is characteristic, being equalled only by that of Chininum arsenicosum. There is a tonic spasm renewed by touch simulating Strychnia; but in Cicuta there is loss of consciousness, thus resembling more the epileptiform. There is great oppression of breathing, lockjaw, face dark red, frothing at the mouth and opisthotonos. The reflex excitability under Cicuta is much less than under Strychnia. Another characteristic of Cicuta is fixed staring eyes; others are trembling before and after the spasm and strange feeling in the head preceding the attack. Bayes, however, regards muscular convulsions as a especially prominent symptom for Cuprum.

Opium: "Is full of convulsions." Wants cool air; open air; to be uncovered. Convulsions if room is too warm. (Bell. form cold, Caust.). Worse hot bath. Opisthotonos: head drawn back nearly to heels (Cic., Op., Strych.), or legs and arms spread out. (See Glon., Plat.) Kicks covers off: skin red; face red, mottled. Pupils contracted. "Now if the mother puts that child into a hot bath to relieve the convulsions it will become unconscious and cold as death. If called to see such a case, be sure to give Opium" (Kent). Convulsions from fright: "the object of the fright comes up before the eyes, before attack comes on."

Sudden effect of emotions; punishment (Ign., Cina), fright. "Body stiffens, mouth and face twitch, exactly like Ignatia: only with Opium the face is dark red and bloated. Loud screams." Wakes frightened, screams and cries till spasms

Calcarea Carbonica: The treatment of epilepsy should be directed to the underlying dyscrasia, as this is at fault in most, if not all cases. Calcarea Carbonica, with its rickety, tuberculous, scrofulous and flabby symptoms, its characteristic deficiency of lime assimilation, as shown in children by the open fontanelles and backward dentition, will frequently be the remedy with which to commence the treatment. The characteristic relaxation on falling asleep and the sweating of the head and neck are fine indications for its use. It has an excellent clinical record. A epileptic suffering continually from the dread of an attack will withdraw himself as much as possible from the outside world, brood over his affliction and become melancholic, and there is no other remedy so well adapted to this condition as Calcarea. Its anxiety, palpitation, apprehensive mood despondency, fretfulness and irritability, its weakness of memory, its loss of consciousness, its vertigo and convulsions are prominent and characteristic indications for its use in epilepsy.

If epilepsy were caused by fright, suppression of some long-standing eruption, onanism or venereal excess it will probably be one of the remedies to use in the course of the treatment, and here it would follow Sulphur well. The aura may begin in the solar plexus and pass upward like a wave, or go from the epigastric region down to the uterus and limbs. Like Sulphur it has a sensation as if a mouse were running up the arm previous to the attacks. Causticum, too, is closely allied to Calcarea, and is indicated in epilepsy connected with menstrual irregularities and also in epilepsy occurring at the age of puberty.

Bufo Rana: Epilepsy arising from fright, or self-abuse, or sexual excesses, will often find its remedy in Bufo rana. The aura preceding the attacks starts from the genital organs; even during coitus the patient may be seized with violent convulsions. In another form for which Bufo is suitable the aura starts from the solar plexus. Previous to the attacks, the patient is very irritable, often talks incoherently and is easily angered. It is especially in the sexual form that brought on by masturbation that Bufo is signally useful. It has also proved useful in severe cases in children where the head in the convulsion is drawn backwards.

Cuprum Metallicum: is a very deep-acting remedy, its well-known power of producing convulsions and spasms and its excellent clinical record make it a valuable remedy in epilepsy. The convulsions start from the brain, though the aura, which is one of long duration, seems to center in the epigastrium. Owing to this long duration of the aura consciousness is not immediately lost, and the patient will often notice the contractions in the fingers and toes before they become unconscious. The face and lips are very blue, the eyeballs are rotated, there is frothing at the mouth and violent contractions of the flexors. The attacks are usually ushered in by a shrill cry and the cases are most violent and continued. It is also a remedy for nocturnal epilepsy when the fits occur at regular intervals, such as the menstrual periods. Epileptiform spasms during dentition or from retrocessed exanthema may indicate Cuprum. Dr. Halbert remarks that Cuprum will stop the frequency of the attacks more satisfactorily than any other remedy; it is his sheet anchor in old and obstinate cases. Butler also claims his best results from this remedy.

Silicea: Silicea is one of our most valuable remedies in epilepsy. It suits especially scrofulous and rickety subjects. The aura starts from the solar plexus, as in Bufo and Nux vomica. Certain phases of the moon are said to affect the attacks, which are brought on by overstrain of the mind or emotions. Nocturnal epilepsy, feeling of coldness before attacks is also characteristic of the drug, and the fit is followed by warm perspiration. When Silicea is required there is an exalted susceptibility of the upper spinal cord and the medulla and an exhausted condition of the nerves. The attacks occur about the time of the new moon. It comes in after Calcarea in inveterate chronic cases, and coldness of the left side of the body preceding the attack is very characteristic.

Cresol: A clinical experience of long duration and of numerous clinical observations help to affirm that this is a remedy of very great value specially as regards the neuro-psychic affections. In epilepsy it is almost a Homoeopathic Gardena…. Dr. O.A Jullian

There are many other remedies that can give good results if selected properly on the basis of "totality of symptoms".

Recently a nerve stimulator named Neurocybernetic Prosthesis pulse generator has been developed by Cyberonics Inc. of Texas, which transplanted under the skin of upper left chest can reduce the seizures over by 70%.

Frequently Asked Questions By Patients

Q: What does it feel like to have a seizure? Epilepsy is a broad classification for a wide variety of seizures, so different people's seizures can be very different. Common feelings associated with seizures include uncertainty, fear, physical and mental exhaustion, confusion, and memory loss. Some types of seizures can produce visual and auditory phenomena, while others can involve a "blank" feeling. If a person is unconscious during a seizure there may be no feeling at all. Many people also experience an "aura" before the seizure itself

Q: What is an aura? Before the onset of a seizure some people experience a sensation or warning called an "aura". The aura may occur far enough in advance to give the person time to avoid possible injury. The type of aura experienced varies from person to person. Some people feel a change in body temperature; others experience a feeling of tension or anxiety. In some cases, the epileptic aura will be apparent to the person as a musical sound, a strange taste, or even a particular curious odor. If the person is able to give the physician a good description of this aura, it may provide a clue to the part of the brain where the initial discharges originate. An aura could occur without being followed by a seizure, and in some cases can by itself be called a type of simple partial seizure.

Q: How long do the seizures last? Depending on the type of seizure, they can last anywhere from a few seconds to several minutes. In rare cases, seizures can last many hours. For example, a tonic-clonic seizure typically lasts 1-7 minutes. Absence seizures may only last a few seconds, while complex partial seizures range from 30 seconds to 2-3 minutes. "Status Epilepticus" refers to prolonged seizures that can last for many hours, and this can be a serious medical condition. In most cases, however, seizures are fairly short and little first aid is required.

Q: What if my child has a seizure during his sleep? Children are usually awakened by seizures that occur while they sleep. Thus, a parent of a child with a known seizure disorder is usually aware when their child has seizures during the night. Only in those rare cases where a child vomits or experiences other problems during a seizure is there a need to worry.

Q: Can a person with Epilepsy have a false negative EEG? An EEG measures the electrical activity on the surface of the brain. An EEG may appear to be normal if the abnormal electrical activity is occurring deeper in the brain than the EEG is able to monitor.

Q: Can a person have a false positive EEG for Epilepsy. Many people who do not have Epilepsy may have some "epileptiform" activity on an EEG. However, this does not prove that they have a seizure disorder. Reading EEG's is a highly skilled activity, and a diagnosis of Epilepsy is based on the clinical picture as well as the EEG. Other tests, such as CT scans and MRI scans, may be performed to confirm any findings.

Q: What conditions are sometimes mis-diagnosed as Epilepsy? Seizures occurring as a result of alcohol withdrawal, fever, or hypoglycemia can be mistaken for Epilepsy. Other causes of seizures that do not indicate Epilepsy are strokes, migraine headaches, calcified blood vessels, narcolepsy, and psychogenic or pseudoseizures.

Q: **Is it fatal?** Epilepsy itself can cause death if prolonged repeated seizures ("status epilepticus") are not treated properly. Such deaths are very rare, however. More common is death due to hazards or accidents that occur when someone has a seizure unexpectedly in a potentially dangerous situation.

Q: **How effective are the drug treatments?** Special anti-convulsive drugs (Allopathic) prescribed by a physician control most epileptic seizures. About 50 per cent of those who take this medication will have their seizures eliminated; 30 per cent will have their seizures reduced in intensity and frequency to the point where they can live and work normally. The remaining 20 per cent are either resistant to the medication, or else they require such large dosages of the drug to control the seizures that it is preferable to accept partial control. Proper selected remedy can provide permanent relief from this problem.

Q: **Do these drugs have side effects?** Many allopathic medicines for Epilepsy have side effects. These can range from mild to severe, and will differ depending on the drug and dosage. Some of the more common side effects of anti-epileptic drugs are: drowsiness, dizziness, nausea, irritability, and hyperactivity.

Q: **Is it necessary for all people with Epilepsy to be on medication?** In allopathy the treatment of Epilepsy is primarily through the use of anticonvulsive drugs. There are many different types of drugs and the type prescribed will depend upon the particular seizure pattern of the individual. If someone has been seizure free for several years, the doctor may decide to slowly withdraw these medicines.

Q: When is surgery used to treat Epilepsy? Surgery is used only when medication fails and only in a small percentage of cases where the injured brain tissue or growth causing the seizures is confined to one area of the brain and can be safely removed without damaging personality or functions.

Q: Can people living with Epilepsy lead normal lives? Experience has shown that people with Epilepsy have fewer seizures if they lead normal active lives. This means they should be encouraged to find jobs, either full or part-time. People with any disabilities are now protected under amendments to the Human Rights Code in certain countries. However, some jobs, because of the nature of technical equipment or machinery, may not be recommended for a person with Epilepsy. It is therefore most important for a young adult to work with the school guidance department to establish appropriate career.

Q: If a person with epilepsy decides to drink, what rules should they follow? If you choose to drink, do so in moderation, and be careful not skip medications or sleep. Remember, you are subject to all the risks and dangers of alcohol consumption. Do not risk becoming dependent on alcohol in an effort to resolve the frustrations that epilepsy has caused in your life. If you find that even small or infrequent alcohol consumption causes you to have seizures, it is best to avoid drinking completely. Be particularly careful when you are starting a new medication or changing the dose of your old medication as these changes, may alter your alcohol "limit". Consult your physician for advice about using alcohol.

Q: How does having epilepsy affect your sleep pattern? There are a number of different ways your sleep can be impacted by your seizure disorder. When you have epilepsy, there can be a decrease in dreaming sleep. There can be a tendency to wake up after falling asleep rather that just sleeping through the night. An increase in the instability of the sleep state-- with more cycles and a less consolidated or smooth sleep-is a possibility, which might in turn lead to some daytime fatigue. Or an increase in the lighter stages of slow wave sleep and less of the deeper and more restful stages can also cause daytime sleepiness. There can be less of the sleep spindles that are a part of the normal slow wave sleep. It may take you longer to fall asleep if you have epilepsy. Not everyone with epilepsy has all these changes. Whether or not you will experience any of these sleep problems depends on the seizure type, what is causing the seizure, what medications you ace on and how well controlled your seizures are.

Q: Can epilepsy lead to a sleep disorder? The changes to the normal sleep pattern that can happen with epilepsy described above are unlikely to be permanent. But people with epilepsy can also have sleep disorders that are separate from their epilepsy. For example, you can also have a sleep disorder like sleep apnea where you have pauses in your breathing at night, restless leg syndrome where you kick a lot at night, sleep walking, or sleep terrors (more likely in children).

Q: How can I improve my sleep?

- Avoid stimulating activity like (computers or parties) just before the sleep period.
- Do not get into bed until you are drowsy.
- Get up at the same time each morning, including weekend mornings.
- In general, adults do not need naps, however elderly people and some people on medication for epilepsy may need naps during the day.
- Exercise regularly but avoid strenuous exercise after 6 p.m.
- A light carbohydrate snack (e.g. crackers and milk) may promote sleep.
- Sleep environment should be cool, with minimal light and noise.
- Curtail or eliminate the use of alcohol, no alcohol less than 2 hours before bedtime.
- Curtail or eliminate the use of caffeine, no consumption of caffeine after 4 p.m.
- Curtail or eliminate the use of nicotinel do not smoke within 4 hours of retiring.

Q: Does Having Epilepsy Affect Sex? Epilepsy can have effects on sex, and sex has effects on epilepsy. Many people with well-controlled epilepsy have a comfortable, satisfying sex life. Having a supportive partner, who provides emotional closeness, as well as sexual intimacy, is perhaps the greatest asset in helping people with epilepsy feel positive about them, which in turn improves seizure control. Anxiety and stress are known seizure "triggers". Sex can release stress, and help relax people, thereby reducing seizure frequency.

People living with epilepsy frequently encounter sexual difficulties. These can be due to the epilepsy itself, the medications used to treat the illness, or due to reactions of partners and others to the diagnosis of epilepsy.

Q: Can Epilepsy Lower my Sexual Desire? One of the commonest sexual effects of epilepsy is the decrease or loss of desire. This is variable depending on the type of epilepsy a person is dealing with. For example, while about half of men with epilepsy note decreased desire, this is greater for men with temporal lobe epilepsy (63%), as compared to grand mal epilepsy (12%). Erectile dysfunction is also a common problem for men with epilepsy. This is less scientific literature about the effects of epilepsy on women's sexuality, but desire changes appear similar for women.

Sexual difficulties are found to be more significant in people whose epilepsy started before adolescence. While this might be due to more severe illness, another explanation is that these teenagers may have had a more difficult time with dating than their friends without seizures. Epilepsy can affect a person's self-confidence, body image, and mood, both of which are important when relating with others.

Q: What Effects Do Anti-Seizure Medications have on Sex? Allopathic Drugs used to treat epilepsy (such as diphenylhydantoin, phenobarbital, carbamazepine, valproic acid, and others) have common side effects than can depress sexual responsiveness, desire, arousal (erection problems for men, and lubrication problems for women), as well as orgasmic difficulties. Often these drugs can cause fatigue, which can interfere with an evening out. Some drugs like Dilantin can cause physical changes such as gum over-growth, which has cosmetic effects. Finding the right balance of seizure control and side-effect reduction can be challenging. Stopping these drugs due to frustrating side effects might feel like a good solution in the short term, but doesn't help reduce seizures and can be dangerous.

Q: Do women with epilepsy have problems getting pregnant? Overall, women with epilepsy have fewer children than other women. This may be partly personal choice, but research has indicated that women with epilepsy have a higher rate of menstrual cycle irregularities and other gynecological problems that may interfere with fertility. It is important that you talk with your gynecologist/obstetrician and your neurologist before getting pregnant, if possible. Your epilepsy can affect the pregnancy, and pregnancy can change your seizure pattern and how your body uses anti-epileptic drugs (Allopathic). There is a slight risk that epilepsy and/or your seizure medication may have adverse effects on your baby. There are important prenatal vitamins containing folic acid that should be taken prior to getting pregnant, as some of the potential problems with your baby occur in the first few weeks of pregnancy, often before you realize you are pregnant. Check with your doctor about the exact dose of the folic acid supplement. You and your physicians can plan together about medication changes, and other factors that can make your pregnancy as safe as possible for you and your baby.

Q: Will I be able to breast-feed my baby? Yes. For most women with epilepsy, breast-feeding is a safe option. All seizure allopathic medications will be found in small amounts in breast milk, but this usually does not affect the baby. Some women who are taking Phenobarbital or primidone (Mysoline) will notice that their babies are too sleepy or irritable. If this is a significant problem, ask your physician about supplemental bottle feedings.

Q: Are there other problems to consider regarding pregnancy besides my epilepsy? Yes, women with epilepsy are more likely to have morning sickness and vaginal bleeding during pregnancy. There is an increased risk for premature labor and delivery. Sometimes labor does not progress normally and more women with epilepsy need to have cesarean sections to deliver their babies than other women.

There is a small risk that your baby will develop a bleeding problem in the first 24 hours after birth. Women with epilepsy are often given oral vitamin K supplements during the last month of pregnancy to lessen the chances of this happening to their babies.

Q: What do I have to do to get ready for a pregnancy? All women who want to ensure that their baby is healthy should be in good general health themselves, and pay attention to their nutrition. A regular schedule with adequate exercise and appropriate rest will keep you physically fit and may help you manage stress. It is important to take vitamins with a folic acid supplement prior to and throughout pregnancy, to reduce the risk of certain kinds of birth defects. Since many of these problems occur very early in pregnancy (sometimes before you recognize you are pregnant) it is wise to start the supplement before becoming pregnant. Check with your physician about the exact dosage.

Q: Are there any sort of restrictions on Sports for People With Epilepsy? Yes. People having Epilepsy should avoid the following sports:

- Flying and parachuting
- Hang gliding
- Car racing
- Mountain and rock climbing
- High diving
- Scuba diving
- Underwater swimming, especially competitive

WARNING

The above given details about the medicines for treatment of Epilepsy should be taken under the proper guidance of a qualified & Registered Homoeopathic Physician.

" Under no circumstances one should take these medicines by itself ".

References

- The Epilepsy Society of Northwest Florida.
- The Epilepsy Association of Metro Toronto.
- Homoeopathic Materia Medica by Dr. Kent.