A Survey of Fourteen Epileptic Cases

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Mr. President, Ladies and Gentlemen,

Epilepsy is a disease which has been studied and described for a long period; it is associated with a varied amount of ill health which incapacitates the patient in a greater or lesser degree. Owing to the nature of the illness and the occurrence of fits at unexpected times, the disease sets a limit to the working capacity of the patient and to his normal social contacts, and as a result he is frequently unable to take part in normal activities. Often there appears a gradual deterioration of the mental and physical health of the patient which necessitates institutional treatment in the later stages.

Epilepsy is usually considered a very intractable disease and, despite intensive research into the nature of the disease and its treatment, results are still disappointing. Consequently, it seems to me, an attitude of *laissez-faire* has risen towards the disease in the minds of the profession and the public. Since epilepsy is not a "killing disease" like tuberculosis, cancer or rheumatism, this attitude of mind can be well understood. Nevertheless, the results which I have obtained in the treatment of a number of epileptic patients lead me to believe that much can be done to alleviate those suffering from this disease and so render them more fit to enjoy life, more able to take their proper place in the life of the home and

community and to be less of a liability to their relatives and to the State from the necessity of institutional care.

In Price's *Textbook of Medicine*, epilepsy is defined as "a condition characterized by suddenly occurring disturbances of cerebral function, prone to occur over long periods of time". The exact cause and nature of the fit have not yet been determined, although it is known that changes occur in the normal electrical activity of the cortical nerve cells of the brain before and during the fit. The disturbances of the electrical activity of the cortical cells produce the characteristic fit or seizure which is typical of epilepsy.

There are two principal types of epilepsy described: (1) Symptomatic; (2) Idiopathic. In the symptomatic type, the epileptic seizure occurs as a symptom of certain disorders of the brain, e.g. congenital abnormalities, intra-cranial tumours, inflammatory conditions such as syphilis, head and brain injury. However, these account for only a very small proportion of epileptic cases. By far the mojority of patients are cases of so-called "idiopathic epilepsy". Idiopathic epilepsy in the commonly accepted view, has no pathological basis for the seizure, and the attacks occur in otherwise normal healthy individuals. However, this view has been challenged in recent years.

Watson Williams in his book on chronic nasal sinusitis and its relation to general medicine points out the injurious effect on mental cases of chronic suppuration of the nasal sinuses, demonstrating the deleterious effect of focal infection on certain mental

disorders, excluding epilepsy. However, Pern, in the *Medical World* of October, 1944, affirms that, in his view, idiopathic epilepsy is also caused by suppurative disease of the nasal sinuses resulting in an invasion of the meninges and brain cells by toxins and organisms.

Lennox's suggestion of the cause of epilepsy, as quoted in Price's textbook, is this: "The cause of epilepsy is never single; there is (*a*) a fundamental cause, namely an inherent instability of the brain, and (*b*) a secondary or contributing cause, and that it is a combination of the two that evokes the fit." From this description by Lennox, it seems to me that the fundamental cause may be described as the predisposing one and the secondary cause is any condition which stimulates the brain mechanism to produce the fit—the exciting cause of the fit.

If this assumption is correct, then the toxic invasion of the cortical tissue of the brain, as suggested by Pern, may produce the "inherent instability of the brain" which is considered to be the fundamental cause of epilepsy.

It is more difficult to account for the secondary or exciting cause of the fit. The sudden onset of a fit for no apparent reason is well known, and many suggestions as to the cause have been made. The association of fits with excitement, grief, or other emotional disturbance has been recognized and it may be that any of these conditions acting either singly or in combination, is the secondary or exciting cause of the fit.

With these very brief notes on the ætiology of

epilepsy, I shall now review and discuss the fourteen cases which form the basis of this paper.

1. M.A., æt. 6. F.

4. 12. 44. Epilepsy since 2½ years old. Major attacks at irregular intervals. Frequency, 6 or 9 months interval at first, later 2 weekly. Health good before onset of attacks. Was vaccinated but did not "take". No history of nasal catarrh or gastritis before onset of attacks. Now susceptible to "head colds" and gastritis. Sinuses tender. Nose now stopped. Noticed that nose was stopped with presence of seizures. Nasal discharge albuminous or purulent. Post nasal discharge purulent. Attacks of gastritis with vomiting—undigested food with mucus. Bowel costive. Nasal catarrh < in cold and damp weather. Pale complexion. Sweats < at night. Tonsils enlarged. Sleep restless with choreiform twitches. General tiredness, debility and lack of energy. Apathetic, languid, no interest in play or school.

Remedy. Thuja 30.

Results of Treatment. Frequency of fits less. After 4 months' treatment, epileptic attacks at 4 weekly intervals, instead of 2 weekly. General health improved including nasal catarrh and sinusitis, susceptibility to "head colds" >, complexion brighter, energy, both mental and physical, greater, gastritis improved.

2. J.R., æt. 10. F.

18. 1. 38. Epileptic attacks since 7 years old. Alternate major and minor attacks. Began soon after tonsillectomy. Before operation, was very susceptible to "head colds" and bronchitis < in damp,

cold weather in winter. No vaccination. Mentally shy, timid, easily startled and fears dogs. Pale complexion. Cold sens. With cold hands and feet.

Remedies. Thuja. Tuberculinum bov.

Results of Treatment. Moderately good, but after 3 months' treatment frequency of major fits very much less—at 9-weekly interval. Minor attacks less frequent also. General health improved. No nasal or bronchial infection during observation. Cold sens. >. Hands and feet warmer. Complexion brighter.

3. M.McC., ÆT. 11. F.

23. 2. 38. Epileptic attacks for 5 years. Major epilepsy.

Previous Illnesses. Measles, whooping cough, diphtheria, chorea. Tonsillectomy—was susceptible to "head colds" before operation. Had vaccination.

Symptoms. Nasal catarrh with watery discharge. Choreic twitches. Rheumatic pains of fibrositis. Slight attacks of mastoiditis.

Remedies. Sycotic co. Thuja. Tuberculinum bov.

Results of Treatment. Excellent. Epileptic attacks became less frequent and less severe. Finally none for 12 months. Nasal catarrh and chorea gone also.

4. A.T., ÆT. 12. F.

9. 1. 41. Mother reported minor epileptic attacks of few weeks' duration at first, followed during treatment by infrequent major attacks. Health prior to epilepsy was good, but was becoming timid, easily startled and frightened and was afraid of dark.

During treatment, became susceptible to rhinitis

and mild attacks of otitis media and mastoiditis. Was growing rapidly, tall and lean. Pallor. Occasionally with rhinitis had tender sinuses, and rheumatic fibrositis.

Remedies. Tuberculinum bov. Lycopod. Cuprum met. Calc. phos.

Results of Treatment. Excellent. Tendency to both major and minor epileptic attacks gradually disappeared. Finally no epileptic attack for 4 years. General health improved. Nervous condition became more composed, fears less intense. Tendency to "head colds" and sinusitis gone. No rheumatism.

5. W.Mi., ÆT. 12. M.

28. 4. 37. History of epileptic fits since 3 years old. Both major and minor seizures. Had measles and was vaccinated previous to onset of fits. Is a mental defective child. Dull and apathetic and takes no interest in any activities. Has susceptibility to rhinitis with thick purulent nasal discharge. Case notes show that fits are more frequent during acute rhinitis, and less frequent later when purulent nasal discharge is present; 50 per month very often.

Remedies. Thuja in all potencies. Natrum sulph. Medorrhinum. Proteus.

Results of Treatment. There was no satisfactory response to remedies, and there occurred a gradual deterioration in mental and physical health, until he finally became a dement.

P. S. His twin sister also shows evidence of sycotic constitution with susceptibility to sinusitis,

bronchitis and endometritis with severe leucorrhœa. No evidence at any time of epilepsy.

6. M.D., ÆT. 15. F.

23. 11. 43. First notes show no evidence of epilepsy, which only developed later. On this date report of epistaxis (vicarious) instead of M. P. Bright red and easily controlled. No other signs of nasal catarrh or sinusitis. Stomach—ravenous appetite. Mentally shy, timid, easily startled, excited and frightened. No "life". Complexion pale. Tall and lean, growing rapidly. Chest long and narrow. Cold sens. Epileptic attacks usually associated with gastritis, having nausea and vomiting bile.

Remedies. Phosphorus. Calc. phos.

Results of Treatment. Favourable. Epilepsy less frequent. General health improved. Fears and nervousness very much better. Vitality greater. Cold sens. >. More "life".

7. B.L., ÆT. 15. F.

17. 7. 44. History of epileptic attacks for 15 months. Major in type.

Previous History. Had scarlet fever and susceptibility to "head colds" before onset of epilepsy.

Symptoms. General physical development more mature than her age suggests—looks 18 years old. Nasal catarrh with nose stopped or dry and crusted. Discharge purulent. All sinuses tender, but left more than right. Feels better generally and less tendency to epileptic attacks when nasal discharge present. Often has choreic twitches affecting face, arms and legs. Puberty at 10½ years old—unusually early.

M.P. normal and no dysmenorrhœa. Leucorrhœa, brown coloured, excoriating and having a foul fishy odour. Heat sens. Languid and tired easily. Mentally apathetic, showing no evident interest in any activities. Vitality poor. At irregular intervals rheumatic pains, fibrositic, affecting arms and wrists. Sinusitis with tenderness in all sinuses as they are affected.

Remedies. Morgan co. and Sycotic co. Medorrhinum.

Results of Treatment. Frequency of fits less. Before treatment—one every 1-2 weeks. After treatment began—gradually less frequent until October 1945, and now one attack (major) each 6-8 weeks. General health improving. Vitality greater. Mentally less apathetic. More alert and showing more interest in activities. Nasal catarrh and sinusitis less frequent. Sinuses less tender. Leucorrhœa less profuse, less excoriating, and foul odour less prominent. Choreic twitches in arms and legs less severe. No rheumatism.

General improvement favourable.

8. W.Mo., æt. 17. M.

22. 9. 39. Epileptic major attacks. Began first at 2 years old and continued with varying frequency for 9 years. Then free for 3 years and returned at 16 years old after a car accident.

Previous Illnesses. Had measles and vaccination before epilepsy in childhood.

Symptoms. Mentally apathetic. Languid and no energy. Bowel costive—hard and firm. Recently nasal catarrh with watery or purulent discharge. Noticed that fits were aggravated by nasal catarrh.

Sweats in bed. Heat sens. at times, pain in stomach before onset of epileptic attack (?) aura.

Remedies. Thuja. Tuberculinum bov. Argent. nit.

Results of Treatment. Moderate success. Fits noticed to be less frequent but still occur at least one in 10 days. General health slightly better, with nasal catarrh less severe. Mentally less apathetic, and showing evidence of greater energy and more activity.

9. M.M., ÆT. 24. F.

6. 12. 35. History of major epileptic fits since childhood (approximately 20 years).

Previous Illnesses. Had scarlet fever before fits began. T.B. dactylitis in childhood.

Symptoms. Fits < with M.P. which is regular and normal. Leucorrhœa, brown colour, excoriating and fishy odour, occurring between M.Ps. Bowel costive. Teeth soft and decay easily. Susceptible to "head colds" < in damp cold weather. Associated with watery nasal discharge, profuse in heat. Cold sens.

Remedy. Sycotic co.

Results of Treatment. Favourable. Only two fits reported after beginning treatment, and then none for 10 weeks—less frequent than previously. Nasal catarrh very much relieved. Leucorrhœa > less profuse, less excoriating. Vitality greater.

10. M.McG., ÆT. 26. F.

6. 3. 45. History of epilepsy since puberty at 15 years old in 1936. At first, only minor attacks, usually < with M.P. Major epilepsy began in 1942, i.e. at 23 years old.

Previous Illnesses. Scarlet fever, T.B. peritonitis at 5 years old, otitis media, susceptibility to "head colds".

Symptoms. Nasal catarrh and sinusitis, associated with supra-orbital headaches and tender sinuses. Nasal discharge, watery albuminous or purulent. Bronchitis infrequent. Bowel costive. M.P. regular and associated with dysmenorrhœa, bearing down in character. No leucorrhœa. Complexion pale. Cold sens.

Remedies. Acute phase rhinitis, *Arsenicum alb.* Subacute phase rhinitis, *Kali bich.* Chronic (constitutional), *Thuja. Tuberculinum bov.*

Results of Treatment. Moderately good. Major epileptic attacks less frequent. But after prolonged treatment, minor attacks still persist although less severe. General health varies, depending on condition of sinuses and severity of dysmenorrhœa. Major attacks once in 4 months.

11. E.N., ÆT. 23. F.

2. 6. 36. Major epileptic attacks for 8 years. Began at puberty soon after first M.P.

Previous Illnesses. Had susceptibility to "head colds".

Symptoms. Attacks usually < with M.P. M.P. irregular, at times dysmenorrhœa, bearing down in nature. No leucorrhœa. Susceptibility to "head colds", < with M.P., associated with profuse watery discharge in cold. All sinuses tender > onset nasal discharge. Bowel costive. No indigestion, but periodically has craving for salt. Heat sens. Timid, weepy temperament,

Remedy. Natrum mur.

Results of Treatment. Excellent. Had one fit shortly after treatment began, then none for 5 years. This attack was attributed to excitement of beginning new work. None since. General health good. Susceptibility to "head colds" gone. No craving for salt. M.P. regular. No dysmenorrhœa.

This patient has recently married and become pregnant, and shows no evidence of any return to her previous state of health and no epileptic fits.

12. Mrs. R., ÆT. 26. F.

20. 1. 38. Epileptic attacks, major in type, for 2 years.

Previous Illnesses. Susceptible to "head colds". Leucorrhœa for 5 years, following confinement.

Symptoms. Feels generally < in a.m. Mentally —fears alone and becomes weepy then > with company. Apathetic. Susceptible to "head colds" in cold damp weather, associated with nasal discharge, thick albuminous or purulent. Tonsils enlarged. Bowel costive. M.P. regular. Leucorrhœa brown colour, excoriating, and foul fishy odour. Feet cold. Cold sens. Tender sinuses when nose stopped.

Remedies. Thuja. Nitric acid.

Results of Treatment. Very favourable. Major attacks became much less frequent and finally none for 6 months. Replaced by minor attacks, which in turn became less frequent. Parallel with diminished frequency of fits, general health improved. Nasal catarrh and sinusitis less severe. Tender sinuses less. Bowel more active. Leucorrhœa less profuse, less

excoriating and foul odour less intense. Mentally brighter, with fears >, and weepy >. More active, and greater vitality.

(To be continued)

CASE OF CANCER OF LEFT PAROTID

FERMIN G. QUILATAN, M. D.

An old man of about 75 years of age, presented a tumour at the region of the left parotid (in front of the left ear), the size of a big hen's egg, hard and adherent; constant pain with acute exacerbations.

Biopsy was done at the laboratory of Dr. Cruz: positive for Carcinoma of the Parotid.

Seen first by allopathic physicians, surgical interference was considered but, because of the advanced age and the poor general condition, it was not performed. X-Ray therapy was applied. To allay the pain, morphine injections, at times, were given; later, injections of cobra venom. This last ameliorated the intense pain but no change whatsoever was observed on the tumour itself and in the general condition. He decided to consult a homœopathic physician.

In the last quarter of 1942 patient consulted me. I started treatment with *Calcarea Fluorica* 12x tablet triturates, B and T, one tablet in the morning and one at night. This treatment was continued for three months after which there was a