

We are all proud of the General Council and State Faculty of Homœopathic Medicine, Bengal. But how many of us remember with gratitude the fact that it was the "Roman hand" of Dr. Ghose which worked behind its inception and establishment by the Govt. of Bengal?

May his soul rest in peace and his memory live long amongst us a source of perennial inspiration for those who like to work and to work selflessly, ungrudgingly and constructively for the cause of Homœopathy!

## NOCTURNAL EPILEPSY

DR. H. I. RAISINGHANI, L.C.P. & S. (BOM.), Bombay.

I am reproducing the case history of my epileptic patient, upon whom I have tried good many homœopathic medicines, but I have so far failed in my attempt to cure him. My sole object of discussing this case with the readers of your esteemed Journal through the "Gleanings" columns is to invite suggestions and to search for a medicine, if it is known to the homœopathic patrons, in the hope and endeavour of curing the patient on one hand and to apprise my allopathic colleagues with a spectacular cure of such disease by homœopathic treatment, on the other.

### CASE HISTORY

Patient, Kh. Ch. A., male, age 31 years (Born on 22nd June 1922) medium height and medium built, married at the age of 25 (one year after the attacks started). Suffered from the 1st paroxysm of convulsive fits in the year 1946 (age 24) at night time, while he was out, while managing his agricultural lands.

He states: these were the summer days and the nights were moon-lit. He was sleeping on the cot out-doors. By about midnight he got up to make water. Then again he went to sleep. Two three hours thereafter, his relatives

and other people who too were sleeping outside, reported that they heard his one sudden and painful shrill cry and on waking, they found him lying down by the side of his cot in the paroxysm of convulsions of, both side, extremities. There was a little foam on the side of his mouth, breathing was laborious and a bit stertorous, the eyes were upturned and reflexless. After a little while, (say after about 3-4 minutes) convulsive movements stopped, breathing became normal, due to subconscious awakening, he replied as and when questioned. Otherwise, he went back to sound sleep undisturbed and unperturbed.

In the morning when he woke up, which was a little later than usual, he felt a bit weak, a slight headache and somewhat dazed. He could not make out the reasons for it all; and when the relatives informed him about the attack, he pleaded ignorance and said he did not know and could not recollect anything about the episode and simply took it to be a big hoax.

Well, this is precisely how the 1st attack visited the patient. Then followed the second attack after about 6-7 days in precisely the same manner and at about the same hour of the night. He then repaired for his home town. There too the attack followed him after about a month, in exactly the same manner, but first during the day time while he was having a noon nap and later on, often in the latter parts of the night with the only difference that he usually got the attacks in the bed and very very rarely he used to fall down from the cot. Since that time *i.e.* since 1946, the patient is getting these nocturnal epileptic fits, always ushered in by an awfully loud shriek followed by the same sequence of the above mentioned events. Barring a few occasional attacks during day time (those too while in sleep) he has been getting these attacks with an average frequency of 3-4 attacks in a month since 1947 till very recently, when the epileptic seizures have started visiting him at an interval of 3-4 or 5 days. Unfortunate part of the story is that he, of late, got those attacks while he was

working at his Cotton Ginning Mill during day time only. He states that he felt a bit dazed and there was darkness before his eyes. But he does not know what followed or happened next. But those who were near him at that time, describe that there was a sudden and painful cry from him and he fell down from the chair in an epileptic fit.

#### OBJECTIVE SYMPTOMS DURING THE ATTACK

I have closely watched him during the attacks and my findings are that pained shriek is the prelude to the actual seizure of the epileptic fit, tries to raise himself but falls down in the bed. There are first tonic convulsions and then the clonic ones of the limbs of both sides, limbs remaining in the same position and posture as prior to the commencement of actual attack—head is drawn back—foam at the mouth collects but there is no protrusion of the tongue—eyes are up turned, dilated and reflexless. On pinching, the convulsing limbs do not seem to react to an external stimuli. After the seizure is over, every thing appears normal except that the patient remains semiconscious and falls back into deep slumber.

#### PERSONALITY

He has not got an intelligent personality. He was a mediocre student. Therefore he had to give up his studies early and he settled on his lands. At present he is managing his own Cotton Ginning Factory and the Flour Mill. From his talk, I gather that the prospects of increased income due to rush of clients and work makes him a bit excited and satisfied. The last three attacks during the day time, while at work, are attributable according to my humble view and opinion to undue and excessive excitement.

He was treated by a homœopath at Bombay in the year 1952 for about three months. The treatment with dates is given as under and the dates of attacks are shown by circle mark with a dot in the centre.

6/5	Silica	10,000	One dose
8/5	Phosphorous	200	Two doses

(.)	12/5	Lach	1,000	One dose
(.)	16/5	Phosphorous	200	Two doses
	29/5	Lach	1,000	One dose
	3/6	Lach	CM	One dose
	6/6	Bufo R.	200	One dose
(.)	10/6	Cicuta V.	200	Two doses
	12/6	Rhus T	200	Two doses
	13/6	Cicuta V.	1,000	One dose
	20/6	Cicuta V.	200	Four doses
(.)	10/7	Opium	1,000	One dose

This treatment was then abandoned and he came to me here in Bhusawal by the end of July 1952. I kept him first on my allopathic medicines for about a month. He seemed to improve as he got next attack after an interval of 27 days. But the attacks assailed him there-after frequently after every 5-6 days. After an interval of about a fortnight, I kept him on Hydrocyanic Acid B.P. diluted with an equal quantity of spt. Rectified to represent first Centi seminal dilution (according to Hughes Pharmacodynamics). This line of treatment—3 drops three times a day—was continued by me for two months. The attacks were less frequent and the duration and severity of the attacks were considerably diminished. Beside that there was hardly any hangover on waking early in the morning, which he otherwise used to fell in the form of slight headache and dizziness. Continuing the treatment for over three months, the attacks seemed to visit him at shorter intervals so I thought it advisable to suspend this particular treatment for some time at least.

On the whole I felt that Hydrocyanic acid may prove to be the sheet anchor for this malady but the later history does not seem to lend any support to my hopes and expectations. Hence I seek the advice and guidance of my compeers in the profession through the columns of your esteemed Journal.

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