# Miracle of one dose

**EPILEPSY: General Understanding by Dr C H Asrani.**

Epilepsy (seizure) is a physical condition caused by sudden, brief changes in the electrical activity of the brain. Patient's consciousness, movements or actions are altered for a short time. A seizure may be convulsions, brief stares, muscle spasms, odd sensations, or episodes of automatic behavior and altered consciousness.

**Incidence**

- About 1% of the population has epilepsy.
- Every hour 20 Indians are diagnosed as having epilepsy.
- More than twice as many Indians have epilepsy, as have Parkinson's Disease, cerebral palsy, multiple sclerosis and muscular dystrophy combined.

**Causes:**

1 Infections
2 Trauma
3 SOL
4 Metabolic
5 Idiopathic (largest %)

**Types of Seizures**

There are two main types of epileptic seizures: Generalized and Partial.

Generalized Seizures

These types of seizures begin with a discharge of neurons throughout the brain. Generalized seizures include:

- Tonic-Clonic Seizures (also called "grand mal")
- Absence Seizures (also called "petit mal")

Partial Seizures

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These types of seizures begin with a discharge of neurons in just one part of the brain. Partial seizures include:

- Simple Partial Seizures
- Complex Partial Seizures
- Myoclonic Seizures
- Infantile Spasms

Seizures can demonstrate a wide range of variation:

- They can be frequent or rare
- They can last a second or several minutes
- They can be severe or mild
- A person can have more than one type of seizure
- The pattern of seizures may change with time

**Diagnosis**

The following examinations, procedures and tests are used to verify a diagnosis of epilepsy:

- Medical History – most important is to have history from an eye witness i.e. someone who has seen the seizure
- Blood Tests–to rule out metabolic causes like hypoglycemia, hypomagnesaemia and hypocalcaemia
- EEG (electroencephalographic recordings): An EEG translates the electrical activity of the brain into a series of wavy lines. Normal electrical activity in the brain makes a recognizable pattern. Abnormal patterns are "markers" for the risk of seizures. The abnormal patterns are known as spikes, polyspikes, sharp waves and spike/wave complexes. As important, abnormal patterns assist in identifying which part of the brain may be the source of the seizure and which medication may be most effective in treating the episodes.

  Imaging (MRI, CT Scan) – useful in cases of SOL, abscess and trauma causing seizures.

**Treatment of Epilepsy**

*Medications*

For most people, anticonvulsants can help reduce the

number of seizures, or prevent them completely. AEDs can manage up to 80% of seizure problems. People do not need to be on antiepileptic medication for a lifetime. When drug treatment ends, more than 60% of people will remain free of seizures, but the success rate for being able to discontinue any drug depends on the type of epilepsy a person has. Most people who go off antiepileptic drugs remain seizure-free.

*Surgery* - As new imaging and seizure-recording techniques have been developed, it has become easier to identify areas of the brain where seizures begin. This development has led to greater success with the type of brain surgery called lobectomies. Other operations in greater use include corpus callosotomy (which stops seizure spread by cutting connections between one half of the brain and the other); multiple subpial transection (which serves nerve connections in vital areas that cannot be removed), and hemispherectomies, which remove one half of the brain in cases where brain disease is severe and isolated to that area.

HOMOEOPATHIC CASE by Dr Kanojia:

Mr V D C 20 yrs, Road side Pan Vendor came on 30/8/2002 with following complaints.

CHIEF COMPLAINT:

Convulsions with faintness since 4-5 years.

Pain and heaviness in parietal region of head clenching teeth.

Sensation of worm in the parietal region

Sleeplessness

Onset: Sudden with anxiety (? Aura) feeling in the chest, rolling of eyeballs during convulsions with faintness.

It happened about 3-4 times during August 2002.

PHYSICAL GENERALS :

BUILT – Well built

APPETITE – N

CRAVING – Tomato Soup, Lady finger, Spicy, salty

AVERSION – Milk and Milk product

ADDICTION – Tobacco with paan

PERSPIRATION – Palms

BATH – Seasonal Bath

MENTALS :

Abstraction of mind +++

Desires loneliness

Anxiety about health

Desires death

Thinks he is not understood.

P/H – Repeated Head Injury

F/H – Sister similar complaint

INVESTIGATION: CT scan brain 23/03/1999

Unenhanced and enhanced 5mm and 10mm thick axial images were obtained from the base of the skull to the vertex.

Observation:

There are very small, pin-head sized calcified density lesions in the frontal cortex, bilaterally (scans 2.6 and 1.9). No enhancement or perilesional edema is noted. Both the lateral, third and the fourth ventricles are normal. The basal cisternal spaces are unremarkable. There is no shift of midline structures. No obvious vascular anomaly is identified on this study.

**Impression:**

Pin-head sized, calcific density lesions in the frontal cortex bilaterally, most likely represent calcified granulomas.

**Treatment:** Sedatives 1 HS and Tab Eptoin 1-1

LIFE SITUATION: The patient is the eldest among four siblings. One sister is married; parents are unemployed. He has to toil hard to make both ends meet. When asked that when the convulsion started? Was there any head Injury? Poor response. I felt that during the interview he was not listening to me seriously. He told me that even at home and along with the friends, he could not hear them probably because, his mind was deviated somewhere else. He was fed up of the illness. He wanted to commit suicide. I asked him to repeat the CT scan but he felt sorry for he could not afford it.

TREATMENT : When spontaneously he told me the causation was Head injury convinced me to give *Nat-sulph* 1M one dose and SL for one month and to wait and watch. To continue with Tab Eptoin.

FOLLOW UP: After one month

Headache reduced considerably. He could clench the teeth without any pain. Worm sensation not felt. Sleep better. He had stopped the sleeping pills 15 days after the first dose. Remedy : SL TDS for one month. Continue Eptoin.

AFTER TWO MONTHS

Much better. No episode of convulsion. Remedy :SL TDS Tab Eptoin reduced to ½ daily.

AFTER THREE MONTHS

Feels much better. Sleeps well. Remedy : SL T D S Tab. Eptoin Stopped.

Adviced CT scan brain

13/03/2003 Plain C T scan of the brain was performed. Both cerebral hemispheres appear normal. The brain stem and cerebellum do not reveal any significant abnormality.

The cortical sulci and fissures are prominent.

No shift of midline structures is seen.

The ventricular system and basal cisterns appear normal.

**Impression:**

No significant abnormality is seen in this study.

*CO-ORDINATING EDITOR: This is one case where it was possible to follow up with the Radiologist and discuss the CT. The follow up CT scan is a plain scan without contrast, hence the calcified granulomas are not seen. All the same, this is a case of clinical cure, as almost 8 mths after stopping the medicines, there has been no recurrence. Most often, inspite of clinical cure calcified shadows may remain and their presence does not take away the credit.* ❑

# Cancer of Right Breast with Metastasis to Brain: A Palliation

INTRODUCTION

I was called to see a 94 yr old patient at home on 8th October 2002, who was a known case of Cancer of Right Breast with Metastasis to the Brain. The history obtained from the daughter is as follows:-

CHIEF COMPLAINT C/o of vomiting since 8th October 2002

**ODP** - Vomiting of brownish lumpy discharge which was worse from 5 pm to 7 pm. The patient felt better by vomiting. Whenever she used to vomit there was redness of the face. Vomiting is more after eating, after drinking water and in the evening. The patient felt better for some time after taking Tab Domstal.

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PAST HISTORY Tumour in the right breast since many years.

FAMILY HISTORY A strong history of cancer in the family: the youngest son- Cancer of Thyroid Gland and the elder son- Cancer of Pancreas

PERSONAL HISTORY

| | |
|---|---|
| APPETITE | : Normal |
| THIRST | : Decreased |
| URINE | : Decreased output. |
| STOOLS | : Constipation +3 |
| CRAVING | : Sweets +3, Fish +3, Vegetables +3 and hot food. |
| AVERSION | : Nothing particular |
| PERSPIRATION | : Decreased |
| SLEEP | : Sleeplessness. Can sleep only from 3:00 am to 7:00 am. |
| DREAMS | : Unremembered |

THERMAL : Chilly patient

MENTALS : Very dominating +3, Fastidious +3,

Intelligent '3. Stubborn personality,
Religious. Optimistic. Bold '3. Great
Anxiety '3. Helpful nature.
Perfectionist.

**Investigations**

**2/10/2002 Digital X-ray Chest PA View** : Normal.

**On 3/10/2002: Ltd Post-Contrast MRI Brain**: Large heterogeneously enhancing lesion in the right cerebellar hemisphere with mass effect on the adjacent cerebellar parenchyma, 4th ventricle and brainstem. Sub ependymal enhancing nodules in lateral ventricles, largest lesion seen in sub-ependymal region of the body of left lateral ventricle and additional enhancing nodular lesion in the suprasellar cistern inseparable from the optic chiasma more so on the right and subtle lepto meningeal enhancement overlying both cerebral hemispheres. Above imaging features are suggestive of metastasis.

**On 3/10/2002 MRA Angiogram** :
Reveals tourtuosity of the intracranial cerebral arteries without significant stenosis. No other significant vascular abnormality detected.

**On Examination:** Patient was weak, lying in bed. Pulse 60/min and tongue showed severe glossitis.

**Remedy Selection** The non repertorial approach was taken into consideration and *Lycopodium* was the drug of choice based on the following totality:
Obstinate '3
Dominant '3
Intelligent '3
Anticipatory Anxiety
Optimistic
Craving – Sweets '3, Fish '3 and Hot Food
Vomiting worse 5 to 7 pm
Right sided affections

**Follow-Up**

*Lycopodium* 200 1 dose and placebo for 7 days. There was gradual improvement in the health of the patient-and vomiting reduced. The duration of action of *Lycopodium* lasted for 15 to 20 days. Hence every fortnight 1 dose of *Lycopodium* 200 was repeated. Much relief.
Later, it was observed that the duration of action of *Lycopodium* lasted longer – ie when the susceptibility of the patient increased to an appreciable extent then the amelioration lasted for over a month. Hence repetition of *Lycopodium* reduced to 1/mth.

At present the patient is free from Tab Domstal which she used to take 3-4 times a day for vomiting

**Conclusion**

In this case, considering the advanced age of 94 years, the family was not very keen on any other treatment. Hence her health was neglected for long, as evident from the past history of tumour in the right breast since many years. It was only when the disease progressed to a level to become distressing; that the family members opted for investigations. But declined chemotherapy. When allopathic treatment failed to give relief for vomiting then only they opted for the homoeopathic line of treatment.

Hence in this case palliation was achieved, which reduced the suffering of the patient and also boosted the immune status of the patient. ❑

**Friendship without self interest is one of the rare and beautiful things in life.....**
**James Francis Byrnes.**