

# **ICR Symposium: Homoeopathic Management of Epileptoid Disorders**

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**Vadodara, September 2018**

**Case - 10**

**Dr Jayant Rughani**

## **OBJECTIVES:-**

- 1) Learning to identify the important data from history and utilizing the same for understanding the evolution of disease along with its concomitants.
- 2) Realizing the value of prenatal, perinatal and post natal history in child's case of epilepsy.
- 3) Experiencing difficulties due to code of conduct from the perspectives of modern science and facing them in management especially while treating so called threatening illness like epilepsy in pediatric age group.
- 4) Learning to see the importance of time and phase for selection of remedy in children's case due to their active period of evolution.
- 5) Looking for right time and waiting for appropriate state to intervene by making change in action during follow ups after keeping strict watch on it.

## **DIRECTIVES:-**

- 1) Ex-1-written history. Please identify the sensitive issues which may help in drawing sketch of disease with evolution.
- 2) Ex-2 SCR data. Separate the characteristic data of all three areas and furnish the totality after evaluating them.
- 3) Come to mat. Med. Understanding and give reasons for selection after describing differentiating points of other drugs.
- 4) Ex-3 FOLLOW UPS. Analyze follow ups and state your actions with reasons.
- 5) Ex-4 Actuality.

**Send your Working On :-**

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## English translation of written history

[Note: The parents were given two history forms, respectively one of our institute and other one of spandan with the advice to read first both, skip common questions and then write.]

**Name:** NVM    **Address:** Rajkot    **Tel:** xxxxxxxx    **DOB:** 18 FEB.2009    **Sex:** Male  
**Religion:** Hindu    **Caste:** Prajapati    **School:** Sunrise    **Std:** 2<sup>nd</sup>.    **Vegetarian.**  
**Habit:** Tea.

**Family information:** Living in joint family.    **Pgfa-Pgmo:** Uneducated. Behavior-good.

**Uncle-Aunt:** studied up to 10<sup>th</sup>. Behavior-good.    **Pa:** 10<sup>th</sup> pass & behavior best.

**Mo:** graduate. Behavior-Average.    **Fa:** 10<sup>th</sup> pass, but behavior is best of all.

**Family history of deceased persons:-**

**Great pgfa:** Uneducated; good behavior; H/o paralysis, D.M., Died of renal failure.

### **Information about child:-**

He gets up AT 8:30; have breakfast; takes bath; does homework and then goes to school.

After returning, sleeps for an hour and then plays for some time. At night, takes dinner and again plays for some time and then goes to bed.

**Information regarding child's food habit:** - as now his health is not well, he can't take enough quantity of food.

**Time for study:** during day at home, he studies only for an hour and rest part in school. He doesn't go to tuition. His school time is 12:30-5:30, but he most of the days he attends for half of it i.e. 12:30-3:15 pm. A very less time is spared for play and watching T.V.

**Chief complaint:** - His complaint started since he was of 4 ½ yrs. old. There was a navratri celebration at school and he was getting ready for it, at that time he got black outs and fell down. One hour later we consulted a pediatrician Dr. Virda, who denied it of labeling epilepsy/convulsion. But he also suggested consulting pediatric neurophysician if it recurs. Twenty days later at around 3:30 pm. he developed full blown attack of convulsion which remained for 3-4 minutes. Along with that frothing from mouth and involuntary urination also were present. It was afternoon 4 pm so no doctor was available. Later on we went to Dr. V's clinic who wrote a reference letter on Dr. D. On the way to there, mast N vomited and as Dr. was busy in some emergency patient, we could not receive treatment up to 7 pm. Then Dr. came and carried out EEG report and diagnosed it as Epilepsy. He said it could be because of forceps injury on brain while delivery. Then his treatment started. Gradually he developed black outs and drowsiness. It was the period of diwali vacation. So after these holidays we took him to Dr. Raju shah at ahmedabad who did MRI and then further treatment we continued from there. For a year he remained absolutely well which is followed by recurrence of black outs. So we stopped treatment from there and restarted from Dr. D at Rajkot. Initially for 3 months he was quite ok but again he developed jerks. Along with that boils in scalp also occurred as adverse effects of allopathic drugs. Once Dr. had prescribed tab. Lamez 5 mg. while store keeper gave it of 50 mg. Due to this dose mistake, his health deteriorated to worse and he suffered from weakness, want of appetite, blackening of skin and 8-10 jerks per day. To control all these, Dr. gave some injectable drugs of 250 mg that remained effective only for 5 days and jerks

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begun from 6<sup>th</sup> day as they were. As the following treatment failed to control jerks, he was reinvestigated with EEG wherefrom it was found out that the cause is very deep within the brain and one cannot postulate the time period of its reversal. The Dr. suggested might use of ketogenic diet in case of medicine prove ineffective. But at last after omnego tablet, things improved.

2→ Mast N has now complaint of convulsion/jerks. The frequency of its occurrence varies from 2-3/day to 0/wk also. Sometime he remains sick for a day out of whole week. Sometime he gets black outs or losses orientation about what he speaks. Since last a year he needs assistance in eating as he can not hold spoon or food in hand.

3→ For the treatment of this complaint until now we did many things like ayurvedic medicines, allopathic treatment from Ahmedabad, panchnath hospital at Rajkot and Dr. Bipin Bhimani (a neurophysician). The last one had suggested two names of pediatric neurophysicians Dr. T.G. and Dr. D.D. and we continued treatment under Dr. D.D.

## → History pertaining to birth.

**(1) Data about mother:** During pregnancy mental problems/stress was present.

**(2) Data pertaining to labor:** Forceps delivery and delayed birth. Hb% was reduced to 7

**(3) Birth time:** 9:27 am. Birth wt-2.7kg. Birth cry-delayed. Cyanosis-Ab  
Any illness immediately after birth-yes.

After birth he was kept in warmer. For 3 days he was not given anything for feeding and then 5 ml. milk was offered. This caused hypoglycemia and blueness of his body. His weight reduced. Once a needle which was placed in his hand got out and thus led to swelling. Due to hypoglycemia he could not cry properly and just remained in flaccid akinetic state. Later he suffered from jaundice and poor growth.

**(4) Growth and developmental milestones:** Teething-6 months. Walking-late  
Sitting-8<sup>th</sup> mth. Standing-1yr. Bowel & Bladder control-In time/N.

**(5) Child's physical and mental characteristics:** Weight-21 kg.

\***Emotions:**-Anger-Sometime he gets angry. Fear: Excessive

\***Friends:** So far he had only one friend who is departed since a year as they have shifted to other place.

\*Recently he has become obstinate.

\***Study at school:** From nursery to H.K.G. it was good but since 1<sup>st</sup> std. due to his illness it has become average. At school or outside any achievement-None. Behavior with teachers-Good. He finds difficulties in doing home work and writing.

\***Child's meal time:** 8:30 am./ 12 noon / 8:30 pm. (Sometime at night 10-11 pm.)

\***likings:**Potato chips & paratha, pani puri, noodles, dosa, idli, fried rice, khichdi, chapatti, & all pungent things. \***Dislikes:** Dal-Rice, some vegetables, fruits, dry fruits, milk etc.

\***Food items that he wishes to have often:** Noodles, potato chips, dosa, bhujia (vada) etc.

\***Preference for any seasons:** He likes winter and monsoon, but summer doesn't feel comfortable.

\***Covering at night:** Doesn't want.

\***About sleep:** In early childhood it was good and in time, but now due to his illness and drugs, it is increased.

\***Dreams:**No information.

\***About school:** Sunrise/ Ashram road, Rajkot. Std:2<sup>nd</sup> Time: 12:30-5:30 Medium-

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English. \* Age of joining school: 2  $\frac{3}{4}$  yrs.

\* Reason to change school- Illness. Medium: same-english.

\*Regularity at school- skips a day out of week.

\*At school, his earlier experience was good but from 1<sup>st</sup> standard deteriorated.

\*Behavior with other children is good. But interest in study compare to earlier time is reduced. He can communicate with other children at school. He doesn't like writing. He finds difficulty in watching letters written on black board in class. His character report from school is good, though he sometime hits or bites other students and does mischief. Taking to his illness, he can not take part in other extracurricular activities. The mother supports him in studies at home.

### **Additional important information about child:-**

Since early childhood he is introverted. He mingles less with other children. He is fearful and has great fear of dark. He likes keychain and has habit of keeping with self. The electric things attract him much and he likes to play with them. He enjoys going to his bricks manufacturing unit and loves to drive toys of motor vehicles like tractor, lorry etc. At the age of 2 yrs. a boy came to live in neighborhood, with whom he started playing and spending more time. Thenceforth he realized and learnt childhood pranks and mischief. Then he also begun to play with other children in street, learnt cycling and playing video games. But later on when his best friend shifted to other place, he stopped playing and going to school due to his illness. He loved to watch cartoon programs in T.V. but once he was trying to connect a cable in T.V. which fell down while doing so and stopped working. Since then he ceased watching T.V.; fears to sit in rides; and developed fear of loud noise. Then as he joined school and gradually exposed to various activities, annual function celebration etc. his earlier fear mitigated and started participating in all and with free state of mind he could move around. Once we had bought him a guitar which he liked the most and loved to play with. Then one day unknowingly he dropped that guitar in a tub of water, so it stopped sounding. In spite of its non working condition, everyday he used to ask me (mother) to buy batteries if at all it can sound again. The mother got angry and broke it down with an iron rod. So he cried a lot. With that broken guitar he used to sleep. This caused pain to me, so I purchased a new one that still he has kept with himself. He loves to play with car, JCB, tractor, and all electrical instruments. He is fond of new things like cloths, foot wears, pencil, and eraser. Other than this he also likes playing garba and certainly he would attend navratri celebration.

**Important note:** whenever mast N develops blackouts, often he laughs preceded by screaming.

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SCR DATA

Case defined: -28/10/2016

## PRELIMINARY DATA:-

Name:-NVM sex:-M DOB-18/02/2009 Age-7yrs. 7 8 mths.  
 Fa-Mr.V/32 yrs. Mo-Mrs.C/34yrs. Religion- Hindu/ Prajapati. Vegetarian.  
 Add:-Rajkot. Occupation & address:- Bricks manufacturer & supplier/ Morbi. (≈ 65 km.away from Rajkot).

## CHIEF COMPLAINT:-

LOCATION	SENSATION	MODALITY	CONCO
CNS-Brain from 25 oct 2013 1 <sup>st</sup> episode	Only black out, dizziness and then fell down.		
2 <sup>nd</sup> episode (20 days later to first) at 3:30pm. Duration-3-4 minutes.	S/S:-Convulsion-Tonic clonic movements of all limbs; up rolling of eyes; drooling of saliva & frothing from mouth; involuntary urination; loss of consciousness.	A/f Neonatal hypoglycemia. A/f injury due to forceps delivery?? Rx- Anticonvulsants (valperin) started.	
	Followed by recurrent blackouts and drowsiness <sup>2</sup> and sleepiness <sup>2</sup> .		
25/10/2013 EEG	EEG:-Abnormal EEG shows left occipital epileptiform abnormalities.		
12/11/2013 Ix-MRI- Brain and treatment from Ahmadabad.	Gliosis involving bilateral parieto-occipital lobes & post. Periventricular deep white matter, suggest sequelae of neonatal hypoglycemia most likely.		
>3 for 1 yr.	Convulsions-absent		
Again c/c started. F:- infrequent		Rx stopped from Ahmadabad	
3 months later on 10/02/2015 consulted pediatric neurophysician at	<b>Δ symptomatic focal epilepsy (occipital) secondary to neonatal hypoglycemic brain insult</b>		

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Rajkot. >3 for 3 months. Then co. gradually started.			
20/08/2015 Hospitalized at sanidhya hosp.	<b>Δ Remote symptomatic epilepsy with break- through seizure.</b>		
Now since last 1 yr F:- 5-6/D→ 0/WK	<ul style="list-style-type: none"> <li>• Myoclonic jerks</li> <li>• Inspiratory stridor</li> <li>• Sometime disorientation of speech</li> <li>• Black outs</li> <li>• Difficult to hold things in hands</li> <li>• Can't eat by himself, needs assistance.</li> </ul>	Rx- <ul style="list-style-type: none"> <li>• Syp. Epilex- 5ml—tds.</li> <li>• Tab. Lamez 50mg ½ --0— ½</li> <li>• Tab. Zonegram 100mg ½ --½— ½</li> <li>• Tab. Nitravet 10 mg ½ --0— ½</li> </ul>	
Since 4-5 months	Sleepiness++ ; keeps eyes closed.		

### **Birth history:-**

#### ❖ **Pertaining to mother:-**

- G-2 P-1 A-1
- Hb-↓ 7gm%
- During pregnancy-1<sup>st</sup> trimester-Morning sickness was present.
- Emotional state:- anger suppression 3/ family conflicts+++ on 6<sup>th</sup> month of pregnancy and wanted to be separated, but husband denied.
- Term of pregnancy:- Full term
- Type of delivery:- Forceps

#### ❖ **Pertaining to the child:-**

- Birth weight:-2.8kg.
- Birth cry: - delayed for 2 minutes.
- Immediate post natal problems: - jaundice→ Rx. phototherapy and no milk for 3 days.→ Hypoglycemia. RBS-32mg on 3<sup>th</sup> day (and 1wk later also)→ perinatal asphyxia→ cyanosis→ Lethargy & weakness.
- Breast feed:- up to 3 months.

#### ❖ **Early development:**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>▪ Dentition-6 months with diarrhea.</li> <li>▪ Sitting without support-8 months.</li> <li>▪ Standing without support-1yr.</li> </ul> | <ul style="list-style-type: none"> <li>▪ Walking-late??</li> <li>▪ Bladder and bowel control-in time.</li> </ul> |
|---|--|

#### ❖ **Past history:-**

- As mentioned earlier under the heading of pertaining to the child
- Skin rashes.

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- Diarrhea during dentition.
- Seizures.
- ❖ **Family history:-**
  - Fa-warts, Tinea cruris, & H/o Urticaria.
  - Mgmo-Depression.
  - Mo-Thalassemia & H/o Nephritis.
  - Mgfa- Breathlessness.
  - Father's Pgfa-D.M. with nephropathy
  - Mu-Tb, joint pains(R.A./ O.A.??)
  - Pu & Pa-Urticaria
  - mo's Mgmo-Asthma, Tb
- ❖ **Personal history:-**

**Appearance:** - short heighted, wheatish complexion, wearing spectacles, sitting with head low and in dull & drowsy state.

**Appetite:-** average

**Cr-pungent**2. H/o-sweets<sup>3</sup> & ice-cream. **Av-sweet**2, Milk<sup>2</sup> & Ice-cream<sup>2</sup>

**Thirst**-less-1/2-1 lt. /day. Drinks in sips and slowly.

**Urine/Stool**-N/N but sometime hard and round stool.

**Perspiration**-Absent.      **Thermal**-Hot      **Sleep**-Deep sleep. Snoring++

## Life space investigation:-

### Information regarding parents:-

Their story starts when they first time met in a social function and fell in love and then marriage. Although of same caste hindu prajapati, husband's family initially was not ready to accept it, as there was a vast gap between their mentality and social customs, but later on agreed to it. Mother is basically from Thane and is brought up in a free and quite liberal environment at home, while her husband hails from a quite superstitious and orthodox family. These cultural gaps used to ignite frequent fires at home after marriage. The in-laws at times used to speak foul language which she could not tolerate and when she started giving the same back to them, then only they stopped. Before marriage, she never faced any kind of responsibility which immediately after marriage came as all with heavy burden of whole family. Her FIL met with a huge loss in business, so husband also had to bear the entire load of business responsibilities. The financial crisis and family quarrels used to make her very much irritable and sometime she would react back, while sometime had to suppress her anger. During 5th month of pregnancy, due to shortage of money they could not pay electricity bill, which resulted into disconnection of power supply. So At that time she gave her gold chain to husband to sell it off and repay the bill. On 6<sup>th</sup> month again a severe dispute arose in family between pt's mother and all in-laws. This time she told her husband about either to leave her forever or they both live separately from in-laws. However husband dealt with calmness and settled the issue but at the cost, paid by wife in form of suppressed anger<sup>3</sup>. At the time of delivery, doctor suggested for C.S., to which all family members were against. They said that "we don't believe in this. If our goddess permits, then only we would permit". On other side mother's condition was worsening, so doctor was insisting to take fast decision. Finally in-laws got ready and birth through forceps was carried out. But unfortunately according to mother, forceps broke down and led injury to head of

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baby. The birth cry was delayed for few minutes and baby was taken to incubator for phototherapy. She could see her baby on third day only, till then nothing was given to baby. This caused lethargy, weakness and decreased muscle tone due to hypoglycemia. It also recurred after a week. Later on, a milestone like walking lagged behind, while rests of the things were quite normal and in time.

Until the patient was of 1  $\frac{3}{4}$  yrs, they used to do labor work of silver ornaments but to meet two ends of household expense was yet very difficult. So they took the help of husband's MU, and started a business of manufacturing and supplying bricks, the building blocks at nearby town M. For this work all family members had to be at M for 8months, while patient and mother used to live at Rajkot. Gradually condition improved but husband could visit Rajkot merely 1/2wks. The patient used to miss him a lot. So he shifted to Rajkot and started doing up-down from there. At the age of 4  $\frac{1}{2}$  yrs, suddenly while getting ready for a function, he fell down but dr. denied of anything serious. Once again after 20 days it occurred, but this time it was full blown attack of epilepsy with tonic-clonic convulsion, drooling of saliva involuntary urination and all that followed by unconsciousness. And then treatment for epilepsy started as mentioned in chief complaints.

#### **About patient:-**

According to mother, he has always been introverted, and would not mix up well with peers. At the age of two, he started playing with a boy in neighbor and then with others too, but as he left from there a year and half ago, he stopped playing with other children. However he likes bunch of keys, all electrical toys, loves to play with toys of motor vehicle. He used to love watching cartoons in television but once while connecting the cable, TV fell down and got frightened. So since then he stopped watching TV. Due to his illness, he attends school for half day only. He is very much fearful especially of dark<sup>3</sup>; loud noise<sup>2</sup> and riding in merry go round. But all these fears gradually diluted as he started going school and attending activities there. His introverted nature also turned to free living and communicating at school. Since last few months he just remains drowsy and sleepy. He just keeps his eyes closed and sits if no work or no one is around there. This was very well observed during clinical session also. Moreover he is irritable and at times hits others too. He is very much restless and keeps moving around. During interview he could not sit in one place, although activity was not so vigorous and rapid, but he just did not like to sit for long.

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FOLLOW UPS:-

Follow Up Criteria-

- |   |  |
|---|--|
| <ol style="list-style-type: none"> <li>1. Drowsiness / sleepiness</li> <li>2. ↓ Activity/ lack of interest in anything</li> <li>3. Convulsions: with shrieking &amp; without/ wk</li> <li>4. Myoclonic jerks: F/day; F/wk.</li> <li>5. Blackouts/ falling down</li> </ol> | <ol style="list-style-type: none"> <li>6. Drooling of saliva</li> <li>7. Restlessness/ want of interest in writing</li> <li>8. Irritability/ violence</li> <li>9. O/e-weight.</li> <li>10. Ix-MRI-Brain &amp; EEG/ Tapering of anticonvulsants.</li> </ol> |
|---|--|

Date	1	2	3	4	5	6	7	8	9	10	Com.	ACTIONS
28/10/16												ACTION A
10/11/16	ž↓/↓	>/>	2-3/d→↓			3+						ACTION B
	Now keeps eyes open; stool-alternate day (earlier 1/3-4days.); things dropping from hands ↓2; started watching TV and listens music.; Mo feels now he remains fresh; App↓ since omnacortil stopped on 29/10/16											
25/11/16	↓/↓3	>2/>	0 but occ. Screaming +nt→F-↓	I-↓	Sq/sq		Studies-well.					ACTION C
	Mother informed that since beginning, complaints <3 after 5 pm.											
9/12/16	↓/↓3(earlier used to sleep in school also-now -0)	>/ now plays well	0/F-↓	--/55/2 wks.	-/+		2 <sup>nd</sup> std. 1sem. result-72.7%	Sq/once slapped Mo.				ACTION D
23/12/16	>-talked with eye-eye contact.	-/	Several times d. day++ /-									ACTION E
06/01/17	>/		sq	--/44/2wks.	Sq/falls backwards or Rt side.							ACTION F
	Stool-now regular. Conflict between Mo↔Fa ++. Mo feels his squint is >											

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17/01/17	Acute- Coryza since yesterday. A/f-cold milk/ cold weather. Resents easily. Doesn't give answer. Keeps mum. Today mo beat him as he did not do his homework- Reported by Father.											ACTION G
20/01/17			Once, but I- ↓/ Sq	-/45/ 2wks								ACTION H
Coryza-0												
03/02/17	++ In morn /Snoring+2 wks			-/57 last wk. Shriekin g↓3	++/++ (I- 50%↓)							ACTION I
Ped. Neurophysician:-3-6 episodes of spasms/focal occipital seizures/day. Improvement in activity. Tremors-↓. Rx- Added one more tab. Sabril 500mg. ods × 5days→bds× 5days→tds×30days. MO:-Now he doesn't stagger while walking. Earlier shrieking used to occur daily which was↓3, but since 4 days↑. Now he plays alone. No spasm while bathing since 1 wk. Appetite in morning ↓.												
17/02/17	↓3/ ↓3.	VG./↑	0/0	0/0				-/Does homewor k			Lamez-0 Zonegram ½-0-½ (AN dose-0)	ACTION J
Understands well; goes to play; cooperates well in all. Sabril 500mg-1-0-1 Fever-since yeast night with headache & legs pain. A/f-getting wet in rain and had outside food. Dull, sleepy, activity↓2. Temp-103°F. Thirst-sq.												
22/02/17	Dry cold; Feverish since yeast; Restless & irritable; Cough-rattling+; A/f chocolate, fanta, cake etc., Thirst-↑.											ACTION K
23/02/17→ Fever-0, Cold->, Cough+ rattling.												
03/03/17	0/0	G	4/2wks. Today with open eyes.				Sq/↑				Zonegram-0 from 27/02/17.	ACTION L
17/03/17	0/0	V.G.	2/2wks. During sleep		0		Sq/↑ writes well	>/>			Lamez 25 mg. ↓ ½ dose of morn.	ACTION M
Emotional outbursts-↓. Takes interest in writing and does well too. So now all the medicines are:- Syp. Epilex 5ml-5-5; Tab Sabrin 500mg 1-0-1; Tab. Nitravet 10 mg. ½-0- ½. Tab. Lamez ½-0-1												
31/03/17	0/0	V.G.	0	Once	Once/0	Sq	Sq/				Overa	ACTION N

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											ll>3	
	Now plays alone; helps father in his work; rides cycle; and has learnt to wear cloths by himself without any help. Mo: Now it appears that he behaves as per his age of 8 yrs like other children.											
14/04/17	0/0	VG/VG	0	2/2wks. d sleep with open eyes.	0/0	>2	Sq/sq	>/0				ACTION O
	Because of 2 episodes of seizure in last 2 wks, ped. Neurophysician Dr. Dhama added Lamez 5mg for a wk and then 1/2 for wk.											
28/04/17	--	↑2		1/2wks d sleep in mor			sq	++ /hits one.	23 kg.			ACTION P
	Irritability ++ with peers as they did not involve him in play. Now can understand thing. Became v active. App-↑.											
12/05/17	-/-	↑3/0	0	0	0	>3	Sq/ vacation	0				ACTION Q
	2 <sup>nd</sup> std. school result;-75%. Maths-37/40. Hyperactive++. Pranks++.											
26/05/17	A/A	VG/VG	0	0	0	0	Sq	>/>3				ACTION R
	Now he talks with everyone; shakes hand; gives a glass of water etc.											
23/06/17	-	-	-	-	-	-	-	+/>++	-	-		ACTION S
	Destroys toys while playing.											
24/07/17	-	↑2	-	-	-	-	Sq	sq		Sabril dose↓		ACTION T
	Dr. Dhama-Tab Sabril 500mg-3/4-0-1× 1 mth→3/4—0--3/4.											
08/08/17	Since yeast.A.N.-Coryza, Dullness, Headache, Weakness++, Sleep ↑, once water brash, Thirst-↑.											
21/08/17	-/-	N/G for study.	0/0	0	0/0	0	>+/>>2					ACTION V
21/09/17	0/0	N	0/0	0	0	0	>3			Sabril dose↓		ACTION W
	Sabril-1/2--0--3/4. Scholastic performance overall ↓ since a yr. Test results:- Computer & English grammer-0/25; Maths-2/25 ; Oral test→ knows answer but yet poor; Poor grasp ; Writing-difficult.											
16/10/17	0/0	VG/ VG	0	0	0	0	>2	0/0				ACTION X
	Has become little more mature. Obeys us and can understand the matter.											

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20/11/17	0/0	VG /VG	0	0	0/0	0	>3/>	0/0	24	Sabril-↓		ACTION Y
	Dr. Dhami on 15/11/17-Sabril ¼-0-¼ × 1mth→0-0-¼→0. School result: SA-159/320 ; FA-250/320; Self learning-113/160; Total-522/800→65.25%											
04/12/17	0/0	n/	N	0	0/0	0	>3/>	0/0				ACTION Z
	Cold-1wk. A/f cold water/cold air & cloudy weather. ND-A. Dry cold. Cough- yeast. 1b= 2 coughs. Thirst-↑es											
02/01/18	0/0	VG /VG	0	0	0/0	0	0/sq	0/0		Sabril-0 →	11/1 2/17	ACTION AA
31/01/18	Hindi-2/25. Math-now can do divisions, additions, subtraction and multiplication. But doesn't like writing. Overall weekly test result-10/25 (↓). No. Co.											ACTION BB
01/03/18	-	-	-	-	-	-	Sq/↑	Breaks things.				ACTION CC
	Math-10/25. When paper comes in hands, gets confused & feared. School teacher: mischievous++; once during lecture, he went to other classroom; but otherwise he has become alert and writes everything during good mood. Cold & cough+ since 2 days due to change of weather from cold to hot.											
30/03/18	-	-	-	-	-	-	-	-	-	-	>	ACTION DD
04/04/18	-	-	-	-	-	-	-	-	-	Nitravet↓		ACTION EE
	Advised to stop even dose of nitravet. So now Rx is (1) Tab. Nitravet 10mg ½-0-0(2) Syp. Epilex 5ml-0-5ml.											
28/04/18	-	-	-	-	-	-	-	-	-	-		ACTION FF
04/06/18	-	-	-	-	-	-	-	-	23	-		ACTION GG
02/07/18	-	-	-	-	-	-	-	++once	-	-		ACTION HH
	Dr. Dhami on 18/06/18: advised to continue same as all for a year. While we have stopped epilex morning dose from today. Once he stroked his head against wall on wish not been fulfilled. Sometime strikes or slaps somebody since last month.											
31/07/18	-	-	-	-	-	-	-	+ /++ yeast.				ACTION II
	O/E- Observed white spots in all 5 finger nails.											