

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

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**Vadodara, September 2018**

**Case - 11**

**Dr. Rajesh R Yadav**

## **Objectives-**

1. Demonstrating perceiving the "Case" during screening, its advantages and disadvantages.
2. Experiencing the conflict of a young ambitious athlete and a conservative mother and its impact on psych.
3. Demonstrating role of knowledge of defense mechanisms in understanding patient as person.
4. Demonstrating the importance of formulating follow up criteria and assessing it in follow ups in evaluating remedy response in a case of epilepsy.
5. Demonstrating the effect of similimum on the mental state and clinical state in enabling tapering of anti-epileptic drugs.

## **Directives-**

1. Study the screening and suggest your action, either remedy/interview plan.
2. Study the whole case record and comment on the conflict between mother and the boy and its effect of boy.
3. Process the case and select suitable approach and arrive at remedies and give the suitable similimum.
4. Write your planning and programing and TPD/TPR of the case
5. Formulate follow up criteria with reason
6. Study the follow ups and write your suggestions on managing homoeopathic remedy and tapering of the anti-epileptics.

Send your working to

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## Exhibit -1

### Screening -

Date- 20/02/2017

Name- Mr. D.L.                      Age/sex- 16yrs/male                      education- 11<sup>th</sup> std/commerce  
Religion- NTA                      Father- 44yrs/ BST supervisor                      Mother- 39yrs. Aanganwadi worker  
Brother- 18yrs. F.Y.Bsc

### Chief complaint-

K/c/o seizure disorder, since childhood (febrile). Recurrent tonic clonic convulsions with loss of consciousness. Constantly sleeps and has to be shaken to wake him up. Complaint more in summer and any stress. Frequency is less since 2 – 3 years, but along with this he have aggressive nature at times, and constantly thinking for same things in anger. (Patient was shy to enter the clinic/cabin and to talk with some smile on face) according to patient history given by mother is correct but he always choose sports to ease himself out at times. Gets headache with anger and feels shy top face the crowd with some uneasiness in body. Anxiety before the exams and feels people will tease him if doesn't get pass.

Likes fish<sup>2</sup> to eat and gets perspiration on nose mostly.

Past history of right sided renal calculi.

Thermally chilly

On regular medications- tablets valparin 300 BD, tablet frizium 10 bd, tablet vinlap 300 bd

**On examination**-Tall, stocky built, shy to appear and talk up front, long hands and fingers

Afebrile, p- 74b/min. No- pallor, icterus, clubbing.

Systemic examination-

Respiratory system- Clear, AEBE

Cardiovascular- NAD

Central nervous- conscious oriented, reflexes- N, Co-ordinations- N, Romberg's- negative,

## Exhibit-2

Name- Mr. D.L.                      Age/sex- 16yrs/male                      education- 11<sup>th</sup> std/commerce  
Religion- NTA                      Father- 44yrs/ BST supervisor                      Mother- 39yrs. Aanganwadi worker  
Brother- 18yrs. F.Y.Bsc

### Chief complaint-

Whole body becomes stiff and patient does not know what is happening in surrounding. Before complaints feels sad, whirling sensation and as if he is going in some other world. During such episodes few times foods falls off from hand while eating. Complaints mostly occur before any exam preparation or due to any stress and in summer season. But the frequency currently since 8-10 years is 3 or 4 times in year. And each episodes lasts for 4-5 min.

Complaint started since age of 6 months, found to have febrile seizures for 2 years with hospitalization all the time. Gradually with antiepileptic's frequency of convulsions reduced. Before 2 years he used to get tonic and clonic convulsions, frothing from mouth with unconsciousness. Which always subsided after sleep or lying down.

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He is been on tablets valparin 300 BD, tablet frizium 10 bd, tablet vinlap 300 bd since last 2 years regularly. These used to make him drowsy all the time without reducing the frequency of seizures.

### **Physical generals-**

Tall boy with stocky built. Shy to come in clinic by his own and also in the chamber.

Perspiration- Palms<sup>2</sup> soles<sup>2</sup> nose<sup>2</sup>, they usually occurs after anxiety<sup>2</sup>, offensive+ non staining

Cravings- chicken<sup>2</sup> cold water<sup>2</sup> salty foods<sup>2</sup> spicy<sup>3</sup> fish<sup>2</sup> and pulses+

Aversion to vegetables+

Stool/urine - NA

Sleep- deep since 2 years, has to be pushed to get up.

Dreams- becoming big shot and roaming around in Big expensive car+

Travelling in bus causes nausea<sup>2</sup> and abdominal pain+

Sun exposure causes headaches<sup>2</sup>

Thermally-c<sup>3</sup>h<sup>2</sup>

P/H/O- rt. Sided renal calculi, 2012. Relived by allopathic medications.

### **On examination-**

Afebrile, p- 74b/min. No- pallor, icterus, clubbing.

Systemic examination- NAD

### **Reports- EEG**

9/8/2005- Mildly abnormal.

9/3/2013- Generalized Epileptiform activity, suggestive of idiopathic generalized epilepsy most likely to be juvenile myoclonic epilepsy.

16/4/2015- Abnormal revealing presence of epileptiform activity over left frontal region with secondary generalization.

### **Life space-**

A tall boy came with mother for case definition. Basically from a moderate economic family but parents make all efforts to keep all things together at home. Both sons in the family take care of all the household work once mother is out for work. Patient being the youngest his brother avoids doing many works which ultimately has to be done by patient. Though patient does it as he feels he is elder and if he himself doesn't do this then mother has to do it after her work. At times patient feels irritated because of brothers behavior, and occasionally fights happen between them. Patient especially gets irritated and angry once anyone comments on his work, usually takes time to forget those comments (SARKHI GOSHTI MANAT FIRAT RAHATE) and remains angry at times. Usually skips food after getting anger and stops talking to person unless they come to talk by their own. Gets headache during these episodes.

He has always liked running since early age, and have a desire to go for it at national and international level. Have got many inter school competition prizes and want to pursue it seriously. Also running helps him to remove his anger. Though mother has a different opinion, as at times due to sports he neglects his studies. As patient wants to have his personal coach for training, mother keeps telling first you finish off the 12<sup>th</sup> and get at least 50-60 percent then parents will arrange for the coach. Though patient doesn't like this and gets angry and constantly thinks about it, but has a lot of respect for parents and follows as they guide him to.

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Academically he isn't interested much and gets hardly 50 percent marks. Always feels tensed before exams or for its preparation. Feels whether he will be able to get good marks or not, gets perspiration and giddiness. Feels people will pass comments or tease him if he doesn't pass. Also he is emotional by nature, feels sad after looking at poor and needy people and tries to help them out. Even feels shy and anxious to face public and gets trembling of the body.

He was in a love affair since 9<sup>th</sup> with one girl. Patient never used to like one of his teachers who used to always go to his girlfriend's bench and ask her something. This conduct of the teacher used to irritate him a lot. He always used to remain in an angry state and at times had bunked his class. Always wanted to smack the teacher and once was going for it but because of a friend's pressure and suggestion that he doesn't have a valid proof regarding that teacher so better to avoid. But after 10<sup>th</sup> he found his girlfriend has become rude to him at times and spends more time with others. He was very sad because of her such behavior for many months and ultimately all that ended up. But sooner he got attracted to another girl and was about to approach but found his close friend sneaked in and started talking with that girl. That made the patient very angry and was about to hit him, they had some argument related to that but was stopped by other friends. His anger remained for long and had stopped completely talking to that boy. But, he converted his anger into more energy for himself and indulged into more sports and running and has won few prizes during that time and felt better after that.

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### Follow up criteria-

- |                       |                     |                   |
|-----------------------|---------------------|-------------------|
| 1. Excessive sleep    | 3. Anxiety          | 5. Body heaviness |
| 2. Anger/irritability | 4. Seizure episodes |                   |

Date	1	2	3	4	5	Comments	ACTIONS
20/02/17						Case done	A
24/7/17	>2	>3	+	-	>	Was much better, his anger reduced and patient found it to be abnormal, that's why didn't come back.	B
7/8/17- 18/9/17	>3	Once, but no reaction, no constant thinking.	>	-	-	Feels much better, as no excessive sleep and body ache.	C
30/10/17- 27/11/17	-	Once after brother teased him at home.	>	-	-	Mother is very happy, as now he can control his anger and anxiety. More importantly no any seizures. No any side effect of allopathic drug withdrawal.	D
19/2/18 - 9/4/18	-	Very rare	>2	-	-	Went to village for month, no any complain. Adv- EEG	E
4/6/18- 23/7/18	-	Occ. But not long lasting	-	-	-	According to mother- gets emotional at times, very helpful, doing good in academics too. Eeg not done, advise to do in next time.	F
11/8/18- 27/8/18	-	-	-	-	-	EEG s/o- no any epileptiform activity.	G