ICR Symposium: Homoeopathic Management of Epileptiod Disorders

Vadodara, September 2018

CASE – 12 Dr.Sonal Jagtap/ Sunita Nikumbh

Objectives:

1. Learning the different presentations of Epilepsy and its differential Diagnosis
2. Understanding the concept of Causation in chronic relapsing clinical condition of Epilepsy
3. Understanding the Stress in a Happy-go- Lucky kind of a person
4. Understanding the quality of susceptibility in chronic on relapsing clinical conditions like Epilepsy.
5. Learning the attitudes of Epileptic patients and their family members once the acute conditions is been managed in recurrent conditions
6. Understanding the effects of Homoeopathic

Please find 4 documents with this case
Exhibit –I- Screening and Management done in casualty
Exhibit –II- Screening in Psychiatry OPD
Exhibit –III- History form submitted by patient
Exhibit –IV- complete SCR with life space of patient
Exhibit- V-Follow ups with criteria

Exhibit I : Screening in casualty : DATE :4/1/15

At 8.45 am patient seen in casualty presented with complaints of one episode of clonic spasm of right hand & leg with clenching of teeth & scanty frothing from mouth with no tongue bite with c/o of frontal headache & nausea, no vomiting
According to mother patient had clenching of teeth & tightness of upper & lower extremities for 2-3 mins
Patient was given inj. Eptoin in casualty & sent for MRI scan & after it admitted to ICU but as patient was symptomatically better relatives took DAMA. So, no further medicinal management was done in IPD for the patient.
Before the DAMA discharge Psychiatry on call team called for further evaluation and patient discharged after getting EEG done and was defined later in OPD.

Directives:

1. Study the clinical presentation in the OPD and give your assessment of clinical diagnosis with its differential diagnosis.
2. Plan your further management if this case comes to you.

Exhibit –II- Screening in Psychiatry OPD : Date: 8/1/15

Patient screened in OPD after discharged from IPD . Referred by – Dr.ASN

Chief complaint:

Patient is K/C/O Epilepsy since 2014- 1st episode (April 2014)
O-Gradual onset Frequency - twice/wk
Preictal- Right hand involuntary jerk. Unconsciousness for 5-10 mins
Post ictal- No symptoms
2nd episode- preictal – no symptoms
Ictal- at 7 am right & left involuntary jerking, clenching of teeth, frothing from mouth, unconsciousness for 5 mins, redness of eyes
Post ictal – one vomiting in casualty
Headache bilateral temples after admission <smell+
?examination –tension about study
MRI- no significant abnormality detected

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Directives :

1. Comment on screening done in psychiatry OPD
2. Comment on the process of arriving at clinical diagnosis of the presentation.
3. Give your plan of management.

Exhibit -III- History Form

Date Of Birth: 14/11/13
Sex: Male Status :Single Religion: Hindu
Food::vegetarian & non vegetarian & a cup of coffee per day
Qualification: studying M.SC first yr (Chemistry)
Daily routine:
I wake up early in the morning at 5.30am to catch the train. I normally eat home cooked food but sometimes I do eat junk foods too. I spend most of my time with friends & go to bed at 10 pm.
Area affected:- On both the hands. It doesn't spread any other part of the body.
Sensation:- Vibration occurred only for few minutes & also give mild headache sometimes
No other problem/pain/trouble occurred throughout the body
This problem (vibration in hand) happened after 6-8 months
Physical description: Height:5'10'' Weight: 70kg
I am a very free minded straight forward boy who always try to maintain his surrounding positive. My belief "be happy, stay happy"
Family & friends are part of my life cause the always accompany me in my happy & sad times
Food:- I like Indian, Chinese & Italian
Family history: Fa: Diabetic

Directives

1. Study the history form and plan your interview
2. Study the clinical presentation and arrive at a clinical diagnosis with the help of SSFT
3. Arrive at probable problem definition and therapeutic problem definition

Exhibit – IV SCR Recording with Life Space

Name: Mr. STR Age: 21yr Sex: M
Education: M. Sc (Chemistry) Occupation: Student Status : single
Address: B.
Date of definition: 12/5/15 PAL No. 55996 SCR No 1439.

Location	Sensation	Modalities	Accom
CNS since 7 months O-sudden 2episodes F- 2-3 episodes in two months P: Gradual D: 10-15 MINS	k/c/o GTC clonic spasm of hand & leg ? clenching of teeth Flickering of upper extremities frothing from mouth loss of consciousness No involuntary stool/urine	H/O taking T. Levira 500 as very irregularly	

Appearance: well groomed, maintaining eye to eye contact. Obese , tall.
Facial configuration & expression: smiling, circular face
Nose: ?DNS Skin: wheaty Perspiration: axilla
Appetite: N Flatulence: +
Thirst:- 2-2&1/2 lit, SQLI
Aversions & cravings:
Cr- Chicken+2, Egg, Potatoes+3, Pungent +2, Salty, Hot Drinks & Food
Stool- satisfactory, no c/o Urine- no c/o frequency 4-5/day & 1-2/night
Behaviour –lazy
Sleep- 6-7 hours deep, disturbed occ before exams
Bus – Nausea+ Giddiness till 15yrs
Thermally: C3H2 Noise: intolerable
Examination:
T: Afeb P:76bpm R:20c/m B.P:120/80 mmHg Wt:70kg Ht: 5'10''
Nose : NAD P/A: soft, tender RS: AEBE CVS:s1s2 heard CNS : conscious oriented
Investigations:
EEG: 8/1/15 EEG is abnormal & show generalised epileptic form activity

Life space investigation

Pt is born in Andhra Pradesh & brought up in Mumbai. Currently lives with Mo, Fa& 2 Bro. He is eldest amongst all .His father isn't strict with anyone in family & have very less interaction except for few formal words which are being exchanged due to same schedule. He is very much attached to his Mo & shares everything with her. Even with bro he is very friendly & has no IPR issues with any family members.

In his school times he was very calm & co-operative child. He had stage fear that people will tease him & make fun of him, hence he never performed on stage but participated in sports & outdoor games.

During childhood he was an obedient boy & followed all commands of parents. He did his junior college from B. . In his college he wasn't so shy rather an extrovert. Had many friends & used to enjoy going out, watching movies with them. He likes watching horror movies. At present likes to do only that which he feels is right. He completed B. Sc. from 2011-2014, he liked studying. He had lots of friends & enjoyed bunking college with them. Their group was the most famous group of the college. They used to be mischevious but also used to study well. He used to get study notes from seniors & if anyone of his friends got then they used to circulate it amongst themselves. He used to study from those notes only & never prepared his own notes & used to depend on it in some way or the other. He used to study at last moment during exams and always had fear of failure. He used to be anxious that resulted in disturbed sleep. Before exams he got some flickering sensation in his hands.

Now in 2015 when he is doing M.Sc. he isn't having a huge friend circle. Maximum of his batch- mates are very senior to him, hence he doesn't feel much comfortable with them. He doesn't have any notes as he used to get it. If any of his batch-mates get then they don't share it with others thinking they would get more marks. Hence is anxious that if he doesn't get notes then how will he study & pass in exams?. He says that portion is also vast & he has never made his own notes. He misses his B.Sc. friends that he wouldn't face such difficulty had they been there. And because of this he feels life is boring & has become anxious due to it. At home he is very lazy & would like to lie down & watch movies. Doesn't like if he is asked to do any work. He

asks his younger Bro. to do things for him. He doesn't even like to do his routine work. In 12thstd he either wanted to be a medical practitioner or wanted to study chemistry but scored 63% so did B.Sc.

He mixes up easily with people but then maintains distance. First judges them & then make close friendship. He wants to become an actor. His friends & neighbours compliment him that he resembles south Indian actor "Mahesh babu." Hence he dresses up like him & has hairstyle & mustache like him. He has his vast photo collection & watches all his movies. He hasn't expressed his wish at home but wants to pursue it. He has craze about him & wishes him to be very successful. He wants to get trained in abroad & come back in India & work.

Directives

1. Arrive at dispositional qualities of this individual with the help of Life Space Table
2. Formulate totality and differentiate the close coming remedies
3. Give your plan of management

Exhibit –V- Follow ups with criteria

1. Flickering
2. Sleep
3. Appetite/ thirst

(Some background information : Student, who had defined the case, had not worked on the case. Students was told to complete SCR working which she never submitted so introducing remedial force was delayed)

Exhibit –V Follow ups

Date	1	2	3	New C/o	ACTION
19\5\15	Ab	N	N	No any	**ACTION A**
30\5\15	Ab	N	N	No any	**ACTION B**
13\6\15	2 episodes	N	N	No any	**ACTION C**
29\6\16	Ab	N	N	No any	**ACTION D**
14\6\16	Ab	N	N		**ACTION E**
	Irritability at trifles with dark circles around the eyes				
28\7\15	Ab	N	N		**ACTION F**
	Sneezing with coryza & watery sticky discharge & throat ache & mild cough with pain & yellowish thick expectoration				
7\8\15	Ab	N	N	cough >80% expectoration white	**ACTION G**
20/8-25/8	Ab	N	N	no any	**ACTION H**
8\9\15	Ab	N	N	irritability at triffles	**ACTION I**
14\9\15	Ab	N	N	no irritability	**ACTION J**
21\9-7\10	Ab	N	N	no any	**ACTION K**
23\10-17\11	1	N	N	no any	**ACTION L**
1\12/15	Ab	N	N	subjectively patient is 100%	**ACTION M**

				better	
	Sensation of formication in left hand only once for just fraction of seconds. . No loss of consciousness				
15\1\16	Ab	N	N	no any	**ACTION N**
1\2-24\10	Ab	N	N	coryza & cough	**ACTION O**
22\3\17	1 episode of GTC	N	N	no any	**ACTION P**
25\3\17	EEG NAD tb levera reduced from 500 BD to 250 BD				
9\11\17	Ab	N	N	No Any	**ACTION Q**
22\12\17	Ab	N	N		**ACTION R**
	Itching in groins on & off since one & half month				
11/5/18	AB	N	N	NO ANY	**ACTION S**
3\8\18	AB	N	N	eye pain due to strain at work	**ACTION T**

Directives :

1. Assess the remedy response and comment on the management of the case