

ICR Symposium: Homoeopathic Management of Epileptiod Disorders

Vadodara, September 2018

CASE - 13

Vivek Vasoya/SUNITA

Objectives :

1. Importance of understanding the clinical state of the disease and its utility in Homoeopathic Prescribing
2. Understanding the importance of recording complete symptoms in chronic epileptic disorders
3. Understanding the susceptibility in recurrent chronic expression of condition
OR
[Understanding that susceptibility is fluid state that directs the clinical expressions in dispositionally prone individual]
4. Understanding the role of acute/ phasic medicines in chronic cases of Epilepsy
5. Learning to differentiate the various Materia Medica images to arrive at simmilimum

Directives:-

1. Study LSMC and come to comprehensive clinical state and diagnosis of the case with reasons.
2. Assess the state of susceptibility with reasons.
3. Formulate the totality with suitable approach.
4. Differentiate the various Materia Medica images to arrive at simmilimum
5. Study the follow ups and comment on handling of the case.

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PAL No.17989 SCR No-1349

DOD:-3/03/16

Preliminary data:

Name: Miss. NPT Age/sex: 14year /female Education- 9thstd
Occupation: Student Religion Hindu
Family- 1Bro (Graduate) 1 sis(10thstd)
Address: D. Road ,Palghar

Patient was admitted under ASN sir in RHH hospital for the epileptic attack and later referred to psychiatry department for evaluation.

Chief complaints:-

No	Location	Sensation and pathology	Modalities	Acco
1	CNS Extremities At yesterday morning O-sudden D-20-30min	Aura:- Convulsive movements+3, Uprolling of eye balls+3, Clenching of teeth+3, unconsciousness+3, No tongue bite, No c/o involuntary stool/urine, No frothing from mouth	Not on any medication	
	CNS H/O:- Since 8years of age Right to left hand Neck Eyes O-sudden D-few minutes F-every day 1-2 episodes Since 3-4months F-3-4times/day	Aura:- No aura Ictal:- Involuntary motion of extremities+3, Drop things from hands+2, occ. Fainting, H/O- injury her self Post-ictal:- Wakes up immediately , does her work	A/F:- fall on ground <waking on+2 <day time+2 (anytime) <Anxiety-stress+2 <summer+2 <sun exposure+3	No change in thirst, appetite, sleep

Physical characteristics:-

Appearance:- lean, thin, dark complexion Perspiration:-forehead+2, palms+2

Hunger:-< Giddiness+ Cravings:- Fried+2, Sweet+2, Spicy <+2

Stool:- N Urine:- N

Menses:-FMP:-13year of age, LMP:-29-02-16

Regular- D-3-4days, quantity-2-3 pad/day, dark-red.

Occ. Pain in lower abdomen before menses

Sleep:- 6-7hours at night, supine position **Dreams:-** of snake-persuade+ Exam- that she has missed one of her exam paper and left the school++

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BUS travelling:-Nausea-Vomiting+3 Sun:-<Giddiness+2(10-15min)

Thermally chilly (C3H2)

PHYSICAL EXAMINATION:-

T°:-97.2F, pulse:-80/min, RR-18/min, BP-100/60mm/Hg,

Tongue:- clean and moist, nails-Pallor+

Systemic examination:- RS-CVS-CNS:- NAD, DTR-normal , conscious -oriented,

Investigation:- EEG:-(3-3-16) No evidence of epileptiform activity.

MRI (02-03-16):- NAD

CBC(02-03-16)-Hb-11.7g/dl, WBC-7600, PLT-346000/cmm.

LIFE-SPACE INVESTIGATION

At the time of definition in the wards she was well groomed, well dressed, lean-thin and dark complexion.

Patient is staying in nuclear family comprising of parents and 1 sister, 2 brothers- 1 elder and 1younger Father works as 'Cooli' (daily wedge worker) and her mother is house wife. Patient is attached with her father as he provided whatevershe demanded. She is also attached with her elder brother to some extent and sometimes quarrels and fights with younger brother.

She is studding in 9thstd and has little or no interest in studies.Basically,she has no desire to study or do any work. If anyone asks her to do some work then she will avoid doing that work. She is more interested in playing out door games. She takes part incompetition of playing games in school.

In a school, her behaviour is good with her school friends though has very few friends. Shefailed in the first term exam inMarathi and History subject in the first semester of 9th std.. She felt bad after failure. . Also she feels bad whenever she or other students are punished unnecessarily. (*amcha class madhe mule mastikarta tar tya mule aamchamulina pan punishment hote*).

Patient has great fear and anxiety about examination. She will lose her sleep before and during examination period. Her hands will tremble while writing the papers. (*nantar tila ase vaatey ki mala tension aale tya mule majha paper changala janar naahi.*) She is more comfortable in written exam than in oral exam. She wants to put everything on right place. (*gharat kachrazala tar to mi swata saaf karte*).

When she was asked about the number of subjects she has, she was not able to tell us confidently. She could not give us any information on how many marks she got in the recent exam.

There are no any tensions in the family except family expects her to study well. Her elder brother is strict in behaviour and never allowed her remain out of house after 9 pm. .

She described herself very obstinate by nature. She will talk loudly whenevershe is angry.

Recently, she find difficult to maintain balance her body while walking. She falls frequently. Her grip on holding the objects has lessened and she may drop the things very often.

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FOLLOW UP CRITERIA:-

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Epilepsy Episode – Frequency 2. Epilepsy Duration 3. Up-Rolling Of Eye Ball 4. Unconsciousness – Post Ictal | <ol style="list-style-type: none"> 5. Hands Trembling 6. Fall Episode 7. Things Falling From Hand |
|---|--|

FOLLOW UPS:-

Date	Symptom-changes							Interpretation(I) Expectation(E)	ACTION
	1	2	3	4	5	6	7		
10/03/16	3		+	+					ACTION A
	3 episode of GTC since 3-4 days. Up rolling of eyes clenching of teeth, loss of consciousness. On Rx T. Tegretal –CR 200mg BD, Cap.Cloba 5mg HS,								
18/03/16	2-3								ACTION B
25/03/16	1	1min	No		1				ACTION C
	One episode of fall, with movement of neck, of hands. Lasting for 1 minute. No other symptoms. Appetite improved.								
1/04/2016	3	1-2sec				0			ACTION D
	Patient better 20-25% according to parents. Now patient is not falling in attack. Pulse-88/min, wt-38kg								
15/04/2016	1	3-4sec	+	0	>+	1	+		ACTION E
	SQ state as last week, no further improvement. Sleep-N, pulse-90/min								
22/04/2016	0			0	>+	0	0		ACTION F
06/05/2016	2	Few sec	0	0	+	0	0		ACTION G
09/05/2016	T. Tegretal –CR 200mg changed to Tab.Levipill 500 mg BD by								

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	allopathic consultant								
27/05/2016	0	0	0	0	0	0	60-70%>	No new c/o	ACTION H
13/06/16	0	0	0	0	>+	0	0	App-↓, thirst-N	ACTION I
02/07/16	0	0	0	0	1	0	0		ACTION J
	Trembling of hands+-Once after scolding								
16/08/16	0	0	0	0	0	0	0	App, stool, urine-N	ACTION K
GAP of 2wks	Pt didn't came for follow up after 16/08/16 to 02/11/16								
03/11/16	0	0	0	0	0	0	0		ACTION L
27/11/16	2		+	+					ACTION M
	Pt admitted for epilepsy in hospital from 27 to 28/11-16, managed primarily by antiepilepticalong with homoeopathy								
	Complaints started suddenly on -27/11/16 @12:20am- 2 episode of GTC @ 9:30pm								
	Came to casualty in post ictal stage- stiffness in extremities, There was up rolling of eye ball , frothing from mouth								
	No tongue bite,								
	No c/o involuntary stool/urine,								
	Complaint began after she missed the doses of medicines, both Tab.LEVERA 500 and Homoeopathic Medicines since last 2 days (pt was at village and no stock of medication with her hence skipped the medicines								
	App-NUrin-NStool- N								
	On discharge Rx. Tab.Levipill 500 mg BD continue								
	Cap.Cloba 5mg HS for 10days								
06/12/16	One episode of blackout for few seconds on 3/04/2016 . No episode of convulsion.								ACTION N
24/01/17	0	0	0	0	0	0	0		ACTION O
GAP-2wks	Tab.Levipill 500 mg BD								
23/02/17	0	0	0	0	0	0	0		ACTION P
	Tab.Levipill 500 mg BD No Episode till 15/06/17								

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18-07/17	0	0	0	0	0	0	0		
26/07/17	0	0	0	0	0	0	0		ACTION Q
	Toothache. caries of right lower molar tooth .dental opinion taken Adv. Tooth extraction.								
	No episody of epilepsy till 06/08/2018. Tab.Levipill 500 mg BD								
06/08/18	0	0	0	0	0	0	0		ACTION R
	Coryza , bodyache, throat pain, watery nasal discharge, cough with yellow expectoration,>warm water, app:-↓, Tab.Levipill 500 mg BD								