

ICR Symposium: Homoeopathic Management of Epileptiod Disorders
Vadodara, September 2018

CASE -3

Jinal /sanjay/Ayush/ Dr.Mrunalika/DR.HMP

OBJECTIVES: -

1. To understand the process of coming to the clinical diagnosis
2. To understand the importance of Knowledge in managing the case with seizures.
3. To understand the importance of location of physician in a case of young girl
4. To understand the importance of core and its expression in a given case.
5. To understand the importance of Antiepileptic drugs in the cases of Epilepsy

DIRECTIVES: -

- 1) What is the location of Physician?
- 2) What is your clinical diagnosis.
- 3) Select appropriate approach and prepare your totality.
- 4) Prepare your Planning & Programming with action

SEND YOUR WORKING TO: -

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Define no: 9422/ 56874

DOD: 11/4/'17

Name: P G S

Age: 17 yr/ female

Education: 8th std

Occupation: House Work

Status: single

Religion: Hindu

Diet: Veg/Eggs

Father: 45 years, Occup. Farming

Mother: 42 years, H.W

Brothers: 1-6 yrs

Sisters: 2: 1 elder-DIED =valve problem

2 younger-13 yrs

Address: Somajipura, Ta Padra

CHIEF COMPLAIN:

NO.	LOCATION	SENSATION & PATHALOGY	MODALITIES A.F, <, >	ACCO
1	CNS o: 5 yrs of age F:1time/month D:5-6 min Head Ext. Eyes since 8 th std D:10-20 min F:1-2 times/week 8/3/17, At 3:00 pm D:5 min	Convulsion++ Tongue bite++ pain++ Body ache++ and stretching Dilated Weak memory++ after episode No aura No h/o urination & defecation, head injury during convulsion No loss of consciousness last convulsion episode on	<++ 8:00pm <++ 3:00pm Allo. Rx-Livil 500 Since 5yr/OD	

A. PHYSICAL CHARATERISTIC:

- **APPEARANCE:** tall, lean, thin , Wheatish complexion
- **PERSPIRATION: General:** medium **Partial:** face++, neck+
- **DIGESTION: Thirst:** large quantity small interval, pot water **Appetite:** decrease
- **Craving:** sour+3, pungent++, ice cream++, Chinese food++ **Aversion:** milk++
- **ELIMINATION: Stool/ Urine:** normal
- **SLEEP:** 8hrs **position:** Lt side **Disturbed:** noise++ from ,
- **DREAMS:** unremembered++
- **MENSTUAL HISTORY: F.M.P:** 15 yrs **L.M.P:**not remember **Menses:** regular
Cycle: 28-30 days **Duration:** 5-6 days **Color:** dark-red++ **Stains:** x

REACTIONS - PHYSICAL FACTORS:

- **MOTION & POSITION:** Bus- <++headache. , Car- <++headache, sun-<++headache
- **Thermal:** C3H2
- **PATIENT'S/ MOTHER'S OBSTETRIC HISTORY: G₈ P₇ A₁ L₃ D₄**
 - **G1:F-** expire 4-5 years of age **G2:pt** **G3:F-**died at age of 1 year
 - **G4:M-**Expired after birth ? still birth **G5:** Spontaneous abortion
 - **G6: F:** Expired at 7 month of age **G7:F:** 13 YEARS old **G8: M:**6 YEARS OLD
- **DIET AND DAILY ROUTINE:**
 - Wake up-7 am Breakfast- tea, bhakhri, biscuit House work
 - Lunch-1 pm- rotlo, veg. Work in farm Dinner- 7 pm- khichdi, Veg, roti Sleep -9 pm
- **PAST HISTORY:** Malaria
- **FAMILY HISTORY: MGMO- Cancer**
- **PHYSICAL EXAMINATION:**

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PULSE: 86/min **WEIGHT:** 47 kg **CONJUCTIVA:** pink **NAIL:** pink

TONGUE: moist pink **RS/CVS/P/A:** NAD

▪ **INVESTIGATION:-**

5/8/13-Hb- 11.8 gm%, TC- 7800 (N-68/L28/E1/M4/B0), Platelet- 2,90,000, ESR- 16
S.Cre.-0.5, S. Urea – 18, SGPT- 28, RBS- 77

07/08/13 EEG - Generalized EPILEPTICFORM ABNORMALITIES CONSISTENT WITH
THE DIAGNOSIS OF PRIMARY GENERALISE EPILEPSY

25/11/16 EEG- Abnormal awake EEG showing Rt. Hemispheric & bisynchronous
Interictal epileptic form discharge.

LIFE – SPACE

A 17 years old girl, came in OPD on 11/4/17 Tuesday with her father for the complain of convulsion since 5 yr of age. She was referred to our OPD by our health worker. She is lean, thin, Wheatish complexion & wore simple dress.

Interview with Patient

CHILDHOOD: She was born and brought up at Village S of Ta- Padra. She belongs to Hindu Rajput community. Her family consists of G. parents, Parents, uncle - aunty, younger sister and brother. They are living in joint family. Her Father's nature is cool and calm. He is doing work as wood cutter & farmer. Her mother is house wife and is irritable by nature. Mo used to become irritable if someone does not follow her instructions. Her grandparents and uncle- aunty's nature is cool and calm. Her uncle & aunty are doing farming. Pt has good IPR with all family members. Siblings are good by nature and there is no fight with sibling. Pt's all desires were fulfilled in childhood.

SCHOOL LIFE: She studied up to 8th std in the same village (Village S). Pt was average in scholastic performance. She couldn't cope up with the homework. Pt did not like to participate in extra activity in school. She had 8 friends in school and had good IPR with all. Pt had good IPR with teachers. After 8th std since there was no education facility available in her Village, they all need to go to other village for higher education. Patient did not like to do up down for education. She also shared that she could not complete the home work. and she was also not interested in studies So she preferred to leave study.

PT AS NATURE: Her nature is cool and calm. She used to become angry only when someone scolds her or ask her to work which she is averse to. She becomes outspoken due to anger. She also used to weep if parents scold her. Usually her mo is scolding for house hold work. She is slow in work but is neat and clean. She is very attached with father. She has fear of snake² and dark². Her sleep gets easily disturbed by noise. She has unremembered dreams. During interview she cried and shared that she is doing all the work even though parents are scolding her on work matter.

Interview With Mother

She becomes angry if any one suggests any work. If someone speaks at high pitch, she weeps . She tries to avoid house hold work. She is doing work very slowly but does it neat and clean.

Mother state during pregnancy:

During pregnancy her (Mo.) grandmother expired because of cancer so she had stress³ for Ga.mo's health.

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▪ **CRITERIA:**

- | | | |
|------------------------------------|-----------------------------------|----------------|
| 1. Convulsion F | 5. During episode: Tongue bite | 9. Allo Rx. |
| 2. Convulsion I/D | 6. During episode: Eyes dilated | 10. o/e-Wt |
| 3. During episode: headache | 7. After episode: memory weakness | 11. IX-MRI/EEG |
| 4. During episode: Stretching ext. | 8. New symptoms | |

DATE	1	2	3	4	5	6	7	8	9	10	11	PRESCRIPTION
11/4/17												ACTION A
25/4/17	+n	>+/>+	sq	Sq	AB	SQ	SQ	+	Co.	47kg	--	ACTION B
	Convulsion episode on 18/4/17 at 8:30pm- F: 1 time/month, D:4 min, c/o Lower extremities pain <morning and weakness >allo rx. App-n, thirst-n , urine-n, stool-n,											
23/5/17	0	0	0	0	0	0	0	+	co	47kg	--	ACTION C
	Weakness>+2, Lower ext. pain-0, Dandruff dry in scalp for 1 month, After scratching bleeding+, >+after hair wash, itching+<+noon, night											
20/6/16	+	sq	0	0	0	0	>+	+	irre	48kg		ACTION D
	Convulsion episode 31/5/17- D:5 min, Dandruff/ weakness >+, App- N, thirst-N ,Adv take regular AED allo. Rx-1 OD.											
18/7/17	00	-	-	-	-	-	--	00	irre	48kg		ACTION E
	Dandruff->+, no weakness. She is taking allo. Rx irregularly. (alternate day/ every 3 or 4 th day)											
18/8/17	+	+	+	-	+nt	+	>+	00	irre	48kg		ACTION F
	Episode-F: 2time/ month: 27/7/17 D: 5min &16/8/17, D:3 min, unconscious- 2 to 3 hours, dandruff-00, allo. Rx not taken regularly. Adv, allo. Rx regularly ½ OD											
12/9/17	00	-	-	-	-	-	-	00	Regu.	48kg		ACTION G
10/10/17	+	+	-		+nt	>+	-	00	Regu.	48.3kg		ACTION H
	Episode:9/10/17-D:5min- in morning. App/Thirst/ Stool/ urine-											

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	PT INTERVIEW: Pt said she is doing all house work and farm work, still fa. used to becomes angry on her. She is doing farm work from 7:00 am to 12 noon. After that she is doing house work & helps her mother. Pt said my father does not do any work in the farm; he only sits in farm, “ane mne kam krva kahe”. That time pt feels irritation on her father. She said, “she is required to work in standing position all the day in farm which becomes difficult for her”. FATHER INTERVIEW: Fa said, she works only if she wants to. She is doing work at home & farm which is not very laborious. Pt.’s father has 2 Vigha land for farming. She used to become irritated if work is given one after another. She is unable to handle. All family members are helping in farming. Pt’s other brother and sister is going to school, so they don’t help much in farm. Issue only occurs on account of work which she doesn't want to do.											
7/11/17	00	--	--	--	--	--	-	00	Co	49 kg		ACTION I
	Dandruff- 0, small Eruption one on scalp since 1 month, Watery disch +. >+hot water, Redness+, No itching. Advised to reduced dose AED- Livil 500 ½ on alternate day											
5/12/17	+n	+n	>+	+n	00	+nt	00	00	½ OD	49 kg		ACTION J
	Episode-26/11/17, D:5min, F:1 time/month, cold & cough-1 week, difficulty in breathing, no watery discharge, unconscious 30-40 min during convulsion episode .EEG DONE TODAY											
2/1/18	00	--	--	-	--	--	--	--	Co.	49 kg		ACTION K
	5/12/17 EEG -Abnormal EEG showing generalized Interictal epileptic form discharges S/O- Idiopathic Generalized Epilepsy											
30/1/18	00	--	-	-	-	-	--	--	Co.			ACTION L
	Advise to allo. Rx. Stop,											
27/2/18	00	--	-	-	-	-	--	--	Stop			ACTION M
	Headache since 2days <evening, >pressure, Dandruff -00											
27/3/18	00	--	--	--,	--	--	--	00	00			ACTION N
20/4/18	+	>+++	00	00	00	00	--	00	00			ACTION O
	Episode-few sec. Yesterday .No episode of unconsciousness.											
22/5/18 Pt. absent	0	--	--	--	--	--	--	00	00			ACTION P
	Pain in both Extremities since 8days											
19/6/18	once	>++	00	00	00	+	00	00	00			ACTION Q

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	Convulsion episode- 6/6/18 at 7:30 pm, D: 2 min, unconscious 20 min											
17/7/18	00	00	00	00	00	00	00	00	00	00		ACTION R
14/8/18	00	00	00	00	00	00	00	00	00	LMP 3/8/18		ACTION S