

ICR Symposium: Homoeopathic Management of Epileptiod Disorders

Vadodara, September 2018

CASE -2

Bansari A. / Rohan/ Dr.Mrunalika/Dr.HMP

OBJECTIVES: -

1. To demonstrate the importance of treating diagnosed/undiagnosed case in Homoeopathy.
2. To understand the importance of case taking and its implication on and creating a totality in cases of Pediatric age group.
3. To demonstrate the importance of integration/role of super specialist's opinion and interdisciplinary approach in treating/management of the case of Epilepsy with Global developmental delay
4. Learning the importance of TPD TPR, assessment of susceptibility and its implication on Posology/ management of the case
5. Learning the importance/impact of various scales of Homoeopathy in treatment.

DIRECTIVES: -

1. What is your precise understanding of Clinical diagnosis
2. Take suitable approach, Prepare totality and come to the similimum.
3. Prepare TPD/TPR / P&P, with final action
4. Analyze the follow ups and do RREF

SEND YOUR WORKING TO: -

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Introduction of CASE

Pt. is suffering from Development delay (? Genetic cause) with Epilepsy. They are taking regular treatment from Pediatric neurologist (Dr.S.R) at Baroda. She was referred him to our center for Physiotherapy. His mother is regularly (Daily) bringing him for PT with her FIL. He looks fair, stocky built. He has Dysmorphic facial features even though he looks very cute. Mo. said, "He can't cry and is always smiling. All posted interns were always interested to play with him. Physiotherapist suggested them to start Homeopathic medication but they refused and said that they need to take permission from Dr.S.R. His PT with Home base therapy was regularly going for 2-3 months

His gross motor and fine motor skills were not improving as per expectation of Physiotherapist. A complaint of Epilepsy was status quo. Physiotherapist thought it might be because of Epilepsy he is not improving faster even after regular PT. She again advised/ oriented to start Homoeopathic medication but same reply. Physiotherapist advised to take permission from Pediatric neurologist. Then they had taken permission from Dr.S.R and afterwards they started Homoeopathic Rx.

Define no: 10364 /57902

DOD: 9/1/2018

Name: P K H. **Age:** 11 months/ male

Religion: Hindu, Leuva Patel

Diet: veg. **Father:** 25yrs (12th) Hospital Management **Mother:** 26yrs. (B.Com) H.W

Address: Karmadi

CHIEF COMPLAIN:

NO	LOCATION	SENSATION&PATHALOGY	MODALITIESA.F, <, >	ACCO.
1.	CNS (brain) Since-2.5 -3 months of age First time F.6 episodes D: 30 sec. 2 nd episode at 4 months of age Conti. F: 50/ day Gradually 20 to 30/ day 10times/ day From sep.2017 2 to 3 times / day with AED D: 2 to 3 sec.	Postnatal/H: Pre Term LSCS due to cord around neck, BW- 2.1 kg Immediate crying +nt kept in warmer for 5min (IUGR?) -Seizure -Blinking of eyes with flexion of fingers & toes Convulsion (myoclonic jerks?) Consulted Pediatric neurologist, CLINICAL THINKING Earlier hypo motor seizure , Followed by myoclonic seizure and he gets events out of sleep, which are multifocal seizures Dysmorphic faces with hypotonic GDD Probable Diagnosis-micro deletion syndrome with epilepsy	A/F: after vaccination [Inj. Penta Vaccine 1 st dose] >3 allo. Treatment Inj. Penta Vaccine booster dose <+3fever during <+3 after vaccination <+2 during sleep <+2 when sleep disturbed >+2 allo. Rx. (tapering dose) Last medication since Sep. 2017 Tab Gardenal 30 1HS Tab Zonegran ¼ BD Tab Frisium 5 ¼ BD Liq.Valprine 1 ml BD	

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General ? Genetic	<p>All milestones delayed Dysmorphic facial features, never cry (could not cry) Gross motor: Partial Head holding since 2-3 months Turn prone after 10 months of age Sitting with support 11 months Standing with support 6 months Walking not achieved Fine Motor: not achieved Social Skill – No social smile/ Recognition Speech- babbling at 5-6 month Feeding -present Dentition- 11 months</p>	>After physiotherapy	
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ASSOCIATED COMPLAINTS:

NO.	LOCATION	SENSATION&PATHALOGY	MODALITIESA.F, <, >	ACCO.
1.	Respiratory system Lung Since-birth F: 1 to 2 times /months D: 4 to 5 days On &offNose	H/O PNEUMONIA Coryza- watery discharge then yellow thick Cough-rattling Expectoration-sticky, stringy, thick Blockage	A/F: C.O.W <+2 cold weather <+2 cold wind <+2 night <+2 lying down >+2 sitting >+2 Neb. <+2 fan	Thirst- N App- N Irritability increase Activity decrease
2.	GIT Abdo Since-birth 2 to 3time/week	Gas,FlatulenceNo bloating abd.No abd. Pain Constipation- Stool-hard+	>Allo. Rx. >flatulence >passing stool >pressure	App-N Thirst- N Urine- N

A. PHYSICAL CHARATERISTIC:

- **APPEARANCE:** Fair, stocky, Dysmorphic facial features, never cry
- **PERSPIRATION:** Profuse**Partial:** whole body+2 Wet+3 (ଅଧୁ ଭିଜୁ થઈ જાય) Odors+nt
- **DIGESTION: Thirst/ Appetite:** N **Craving:** Liquid+2, Sweets+2 **Aversion:**Sour+2
- **ELIMINATION: Stool:** once/day, **Odors:** offensive **Satisfaction:** yes
- **Urine:** N **SLEEP: Duration:** 9 to 10 hours **Position:** supine
- **PATIENT'S/ MOTHER'S OBSTETRIC HISTORY:**
Pregnancies: Gravida: 1 Para:1 Abortions: 0
- **DEVELOPMENTAL LANDMARK AND PROBLEMS:** Chief Complain
- **DIET AND DAILY ROUTINE:**
 - Wake up-6 am Breakfast- 7 am, raab Lunch-khichdi + veg.
 - Snacks- biscuit + milk Dinner- chiku juice Sleeping- 12 o'clock
- **REACTIONS - PHYSICAL FACTORS:MOTION & POSITION:** Bus- x, car- x, swing- x, sun-x

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▪ **METROLOGICAL: Thermal: C₃H₂**

	Summer	Winter	Monsoon
Fan	Not clear	Not clear	Not clear
Cover	Chadar	Blanket	Blanket
Bath	Luke warm	Hot	Hot

D. CRONOLOGICAL SEQUANCE:

▪ **PAST HISTORY:** pneumonia in last august

▪ **FAMILY HISTORY:** PGMIL- DM, GMo- HTN

▪ **PHYSICAL EXAMINATION:**

PULSE: 80/min **WEIGHT:** 6.1 kg **H.C-** 40 CM **MAC-**12.5CM

Ant. Open Frontalles **CONJUCTIVA:** pink **NAIL:** pink **TONGUE:** pink

P/A- soft **RS/CVS-NAD CNS:** Hypotonia in 4 limbs power +/-

INVESTIGATION:

DATE	TEST NAME	COMMENT
16/8/17	NeoGen Lab	
	Acylcarnitine profile (TMS)	Within normal limits
	Amino acid profile (TMS)	Within normal limits
	Biotinidase deficiency (FEA)	Within normal limits
	Biotinidase Enzyme activity	352.14 U
8/10/17	SPL test, tTG-A	0.15 index
8/10/17	HEMATOLOGY	
	CSF STUDY, Appearance	Aqueous, clear, colorless
	Biochemical proteins	33mg/dl
	Glucose	66mg/dl
	Cell count (WBC)	3/cu.mm
	Lymphocytes	100
	Polymorphs	Nil
	Red cell	Occasional (non crenated) /cmm
	Gram's stainPhylogenic organisms	No organism seen
8/10/17	BIOCHEMICAL	
	Ammonia	99mcg/dl
	Plasma lactate	0.9 mmol/L
	Plasma lactate	8.1 mg/dl
	CSF lactate	20.7 mg/dl
	CSF lactate	2.3 mmol/L
14/4/17	3 T MRI OF BRAIN	Findings are within normal limits. No significant abnormality is detected.
8/10/17	HAEMOGRAM REPORT	
	Hemoglobin	8.4 L g/dl
	Total WBC count	13200 H/cmm
	Neutrophils	36 L %
	Lymphocytes	60 H %
	Eosinophils	1 %
	Monocytes	3 %

	Basophils	0
	Total platelet count	68200 H /cmm
	SERUM ELECTROLYTES	
	S. Sodium	142 m. Eq/l
	s. Potassium	4.46 m. Eq/l
	s. Chloride	97 m. Eq/l
	s. Bicarbonate	12.50 m. Eq/l
	CPK	52 IU /L
7/10/17	EEG REPORT	Abnormal sleep EEG showing generalized slow spike and wave complexes.
14/4/17	EEG REPORT	Abnormal sleep EEG showing right as well as left hemispheric independent interictal epileptiform discharges.

B. LIFE – SPACE

Master K was born at Baroda (maternal home). He is fair, and has stocky built. He has Dysmorphic facial features, but still he looks very cute. He is not able to cry and is always smiling. His paternal family is residing at Karjan. There are G.parents, Fa, and Mo, in his family.

Pt.'s parents have done love marriage 3yrs. back when mother was 23 years and father 22 years. They both belong to Hindu Leuva Patel community. Both families have accepted them happily. His Father studied up to 12th std. and doing work as a hospital manager at Baroda. His nature is cool and calm. He occasionally gets angry if anyone is in fault. His mother studied up to B.COM. She is Housewife and her nature is cool and calm. G.Mo & G.Fa are also very cool and calm in nature. There is a good IPR with each other in the family.

Parents did not want any child till 2 yrs. of marriage life but mother conceived after 1.5 yrs. of marriage life. Mother had started a job and after 4 months of job, she conceived. They happily accepted pregnancy and she left the job. In laws family is financially stable so there was no difficulty after leaving job. There was no any mental stress during pregnancy.

During 2nd months of pregnancy, growth was arrested of the fetus so Dr.S.R gave injection for growth. Mother has Thalasseminor, which was diagnosed at 7th months of pregnancy. Pt. delivered at 8th months of pregnancy and pt.'s birth weight was 2.1 kg. It was LSCS due to double cord around neck. Baby cried immediately after birth. He was put in warmer for 2 hrs. after birth. (D/0/B-8/2/17)

PT AS A PERSON:

He is 1st and single child in the family. There is no development of social Recognition. His PGfa. is taking care of pt. and plays with him. His nature is cool and calm but he occasionally gets angry when anyone compelled him to do anything. He shouts and grinds teeth due to anger. Occasionally he pulls his own hair. He is obstinate in nature. If he does not want to do anything, He does not get convinced by any cost. He weeps (poor cry) on slightest tapping on back by mother while scolding. He likes to be carried all the time. He likes to play in water. He cried when alone. He desires company. Pt. has fear of dark++ and from sudden loud noise++.

OBSERVATION: Pt. was lying very quietly during interview. No any reaction of touch or examination. He used to sleep with half open eyes.

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Follow Ups: -

▪ CRITERIA:

A		B		C		D/ ACUTE URTI	
1.	Anger-shouting	1	Standing-dynamic	1	Physiotherapy	1	Coryza-white, watery, sticky,
2	Anger -teeth grinding	2	Standing without support	2	Psychotherapy	2	Then yellow, thick
3	Obstinacy	3	Crawling	3	Allo Rx	3	Rattling cough
4	Convulsion-I/F/D	4	Walking with support	4	O/E: Weight-	4	White, stringy, sticky, expectoration
5	Head holding	5	Walking without support	5	MAC	5	Nose block
6	Turning prone	6	Speech	6	HC	6	Irritability
7	Object grasp/pincer grasp	7	Activity	7		7	O/E- temp
8	Sitting with support	8	Eye to eye contact			8	Throat
9	Sitting without support	9	Acute episode of URTI			9	RS
10	Standing -static	10	Gas -flatulence				

FOLLOW UP:

DATE	1	2	3	4	5	6	7	8	9	10	PRESCRIPTION
9/1/18											ACTION - A
30/1/18 - A	>	>	>	Sq	>+ +	N	SQ	>	SQ	>	ACTION - B
B	SQ	Sq	Sq	Sq	Sq	Sq	>+	>+	+	SQ	
C	+	+	SQ	6.1 kg	12.5cm	40 cm					
D	0	0	0	0	0	0					
	1 wk. hospitalized 16/1/18 to 22/1/18 for cold & cough with fever>Allo Rx. nebulizer given at home 3 times										
9/2/18	>+ +	>+ +	>+ +	>+ / 4-5 times/week	>+	>+	>+	>+	>+	>+	ACTION - C
A	SQ	Sq	Sq	SQ	SQ	Sq	>/inc.	>+ +	00	Sq	
C	+	+	Sq	6.27kg	12.8 cm	40.8cm	Diet -n				

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	C/o stool hardball like, offensive, once/ 2 days since one week supported sitting, standing started for 2-5 min. F-Once/2 days, app-N. Convulsion occ. At night for 1 sec. Adv. USG 5/2/18 - ABDOMEN by Dr.S.R (for gas & flatulence): - mild Hepatomegaly noted										
27/2/18 A	>++	>++	>++	>++/ 1-3/week	>++	>++	>++	>+	>+	>+	ACTION - D
B	SQ	SQ	SQ	SQ	Sq	Sq	>++	>+	00	>++	
C	+	+	Sq	6.27kg	12.8 cm	41cm					
	Stool sticky, offensive, white curd like, small quantity passed,since-2days, F- 3 times passed /day, <+2after eating, <+2 evening, feverish feeling, stool not pass since today morning, activity-N, app-N, thirst-N,O/E- T-98.7, P/A-SOFT, anal redness.										
12/3/18	Since Last night pt. feels uneasiness, not able to sleep, frequently passes flatulence. Flatus- occ. loud, no offensive. Frequency not fix but frequently. One episode of vomiting today morning, white, watery, sticky, offensive-sour smell, medium quantity, >++ after vomiting, mild fever> sy. PCM, nauseated feeling. Vaccination on 10/3/18 for typhoid, app-N, thirst- N, urine-N. O/E-T-Afe, P/A- softno convulsion since one week										ACTION - E
16/3/18A	>++	>++	>++	>++/ 1-2 /2 weeks	>++	>++	>++	>	>	Sq	ACTION - F
B	Sq	sq	sq	sq	>++	N	>++	>+	00	>++	
C	+	+	sq	6.3kg	13 cm	41.4cm					
	No vomiting & abdominal pain, no fever,>+3 with placebo. Pt. wants to continue regular Rx for constipation										
27/3/18A	>+2	>+2	>+2	0	>+2	>+2	>+2	>+2	>	SQ	ACTION - G
B	Sq	sq	sq	sq	>+2	N	>++	>+	00	>++	
C	+	+	sq	6.3kg	13.5 cm	41.4cm					
	C/O -constipation -sq, freq-once/day , hard ,black ball like stool, straining, no fever & abdomen pain .Started babbling										
JAN TO MAR'18	*PHYSIOTHERAPIST OPINION:- Child started sitting without support.Looks around with sitting on table.Manages head and trunk on physioball/but partial										
6/4/18A	>++	0	>++	0	>++	>++	>++	>++	>++	>+	ACTION - H

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B	sq	SQ	SQ	>++	SQ	SQ	>++	>++	0	>++/f	
C	+	+	sq	6.4kg	14 cm	41.8cm					
No constipation, no new c/o, app-n, thirst-n, stool-n, urine-n, MAC-14cm, wt-6.4kg, plan to reduce allo. AED. sitting - static/active STARTED											
13/4/18A	0	0	>++	0	>++	>++	>++	>++	>++/3 0 min	>+	
B	sq	SQ	SQ	>++	SQ	SQ	>++	G	0	>++/f	ACTION - I
C	+	+	sq	6.4kg	14 cm	42 cm					
High sitting achieved, c/o gas yesterday night >allo. Rx , He moaning during c/o, mo feels because of gas trouble.											
27/4/18 A	0	0	0	0	>++	>++	>++	>++	>++	>++	ACTION - J
B	sq	SQ	SQ	>++	SQ	SQ	>++	G	0	>++	
C	+	+	sq	6.4kg	14 cm	42 cm					
Feels >3 after Nux. Vomica Used 4p/ 2weeks.He immediately sleep after Packet. Mo. wants more packet for gas c/o ,											
11/5/18 A	0	0	0	0	>+2	>+3	>+	>+3	>+2	>+	ACTION - K
B	>+	SQ	SQ	SQ	SQ	SQ	>++	G	0	>+	
C	+	+	sq	6.5kg	14 cm	42 cm					
PT BETTER WITH PLACEBO PACKET.											
25/5/18A	0	0	0	0	>+3	>+3	>++	>3	>+3	>++	ACTION - L
B	>+	SQ	SQ	SQ	SQ	SQ	>++	G.	0	>+	
C	+	+	sq	6.5kg	14 cm	42 .5 cm					
Gas > 3 with II(3P Used) , Weight is not gaining, thirst-n, app-n, urine-n, Pt falls backward while seeing upwards. Able to sit without support more than an hour. Able to stand with support for one hour.											
8/6/18A	0	0	0	0	>+3	>+3	>+3	>+3	>+3	>++	ACTION - M
B	>+	SQ	>+	SQ	SQ	SQ	>+3	G	0	>+3	
C	+	+	sq	7 kg	14 cm	43 cm					
Still fall backwards while seeing upwards. Able to sit without support for longer duration. Stand with support for more than one hours.											

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22/6/18A	0	0	0	0	>+3	>+3	>+3	>+3	>+3	>+3	ACTION - N
B	>+	>+	>+	SQ	SQ	SQ	>3	G	0	>+3	
C	+	+	sq	7 kg	14 cm	43 cm					
Cold- 2days,sneezing 3-4 times/every 5 min, RS-clear, wt-7kg, throat- congestion, stool- hard, yellow, black, food particles, offensive+, Flatulence once/ 15 days >3 with placebo.											
APRIL TO JUNE	* PHYSIOTHERAPIST OPINION:- Supported standing present.Supported walking with walk guard, therapist holding the pelvis. High sitting able to do compensation on physioball also balance himself while given nudges.										
6/7/18 A	0	0	0	+/1 sec 30/6/18	>+3	>+3	>+3	>+3	>+3	>+	ACTION - O
B	>+	>+	>+	>+	Sq	>+	>+3	>+	+	>+	
C	+	+	sq	7.2 kg	14 cm	43 cm					
Mild cold since 2 days, Nose block < Night, o/e- RS-CLEAR											
13/7/18	0	0	0	0	>3	>+3	>+3	>+3	>+3	>+	ACTION - P
	>+	SQ	SQ	>+	Sq	>+	>+	>+	++		
C	+	+	sq	7.4 kg	14 cm	43.5 cm					
Cold-3 days, thick disch, nose blockage+, sneezing 20-25/day, Fever since 2 days, rattling cough < lying down++, > standing. Expectoration -white, yesterday once vomited- white expectoration. Abdominal pain since yesterday (sleep disturbed so mo. feels because of it), weakness++, stool-offensive, itching in eyes since yesterday. O/E- T- 98.8/ RS-N/ P-98/MIN											
20/7/18	Cold >+3, NOSE BLOCK >+3, cough -SQ, stool- SQ, no vomiting, weakness++, Allo rx taken but rattling cough sq < night++, < lying down++, > by standing++. Itching in eyes- >+3, ACTIVITY - reduced, Abdominal pain better. A.A 0/1 1P UASED in today morning										ACTION - Q
23/7/18A	0	0	0	0	>3	>+3	>+3	>+3	>+3	>+	ACTION - R
B	>+	SQ	SQ	>+	Sq	>+	>+	>+	00		
C	+	+	sq	7.4 kg	14 cm	43 cm					
Cold & cough-00, weakness -00, stool-sq, no fever, Itching in both eye-0,											

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7/8/18A	0	0	0	0	>3	>+3	>++	>++	>++	>+	ACTION - S
B	>+	SQ	SQ	>+	Sq	>+	>+	>+	++		
C	+	+	sq	7.2 kg	14 cm	43 cm					
He was admitted from 25/7/18 to 29/7/18 because of severe cold, cough, fever and 3 convulsive episodes. At present he is on allo Rx. For URTI, mild cough, N.B . No fever at present											
17/8/18 A	0	0	0	0	Achieved	Achieved	>++	>++	>++	>+	ACTION - T
B	>+	SQ	SQ	>+	Sq	>+	>+	>+	++		
C	+	+	sq	7.3 kg	14 cm	43 cm					
He is able to stand with minor support for 2-5 minThey visited Pediatric Neurologist Dr.S.R- Advised - in next follow up repeat EEG and plan to reduced AED											
27/8/18 A	0	0	0	0	Achieved	Achieved	>++	>++	>++	>+	ACTION - U
B	>+	SQ	SQ	>+	Sq	>+	>+	>+	++		
C	+	+	sq	7.3 kg	14 cm	43 cm					
c/o cold since yesterday A/F cow Running nose+, fever on last night- T-99 F, Weakness++ O/E- T-98.8, RS- CLEAR											
31/8/18	0	0	0	0	Achieved	Achieved	>++	>++	>++	>+	ACTION - V
B	>+	SQ	SQ	>+	Sq	>+	>+	>+	++		
C	+	+	sq	7.3 kg	14 cm	43 cm					
Now he is able to stand up by himself and stand up for 2 min. walking with support improved- gait improved. RS C/O- 00											