



EPILEPSY INDIA



INDIAN EPILEPSY ASSOCIATION & INDIAN EPILEPSY SOCIETY

New s l e t t e r

January - March 2010

Issue 1, 2010

Editorial

Dear Friends

There has been a spate of important anniversaries lately. A gentleman being felicitated on his silver wedding anniversary and long years of marriage responded "But she is no longer the same person who I first met". We all change and anniversaries are meant to celebrate change.

ILAE just had the centenary. IBE will soon celebrate its semicentennial also called quinquagenary, though officially we will call it the Golden Jubilee when we return to Rome in 2011. More on this in later issues of EI.

We have just had a decennial of IES and soon a decennial less-than-semicentennial for IEA formed in 1971.

There were two other anniversaries which occupied lot of media attention. These were vicennials or vigintennials or 20 years for most of us. One, falling of the Berlin Wall in 1989 and the other rise and rise of Sachin Tendulkar since his debut in the same year. The legend of Sachin spans all possible records in cricketing world. More importantly what he stands out for is his dignity, demeanour and commitment, not the worms exuding from "Woods-work."

Falling of the Berlin Wall had a little known connection with India, our staple and ubiquitous fruit banana which the East Germans saw for the first time in 1989. Earlier in 50's and 60's West Germany had just then discovered the fruit's great nutritional merits and were consuming it avidly. So much so that the Treaty of Rome (1957) was held up as the West German Chancellor insisted on concessional tariff for this fruit. On return, to underscore his diplomatic victory he even brandished a banana in the German Bundestag. I can recall a car bumper sticker with the message of unification by two bananas in shape of "D" (Deutschland).

The year is also a quadricentennial or quatercentenary or 400 years if you like of an event which literally moved the world. In 1610, Galileo provided evidence to propagate the heliocentric (sun at the centre of the universe) theory of Copernicus. He was an astronomer, mathematician, physicist, inventor and philosopher all rolled into one, as remarkable and versatile a man like the other Italian geni Leonardo da Vinci or Michelangelo.

Galileo's felicity led him into many spheres of applied science. To understand music, like tension and pitch of a stretched string (his father was a lutenist and a music

theorist), he combined physics with mathematical calculations. He observed amplitude from the swing of the bronze chandelier hanging in the Cathedral of Pisa. He timed it with his pulse to conclude that it took the same duration of time regardless of the amplitude. This led to better understanding of time-keeping in music and clocks.

He led a remarkably impassioned life with zeal to go for the truth and state with courage what his intellect felt right. Against common belief, he was never anti-Church. He was in fact a devout Roman Catholic. His astronomical findings, however, were against the religion then. He valiantly tried that the Pope look through his improved telescope to appreciate movements of the earth, Jupiter with at least four satellite moons and the spots on the sun's surface. Despite earnest pleadings, the Pope remained very skeptic (see the reaction in the painting alongside). As a consequence he faced inquisition from the Church and predictably charged with heresy. His books were banned and he was marched off to imprisonment famously muttering *Eppur Si Mouve*-And Yet it Moves. As immortal an epithet as *Aprè Moi le Deluge* ascribed to Louis XV before the French Revolution.

His personal life was curious and intriguing. He sent his daughter to a convent to serve the religion as a nun. The filial affection never deserted the two who were on the two contrarian ends of the religious spectrum yet wrote to each other with the same warm fervour till she predeceased him.

The correspondence is the subject of a recently published book by Dava Sobel *Galileo's Daughter*. How did this 'Bride of Christ' reconcile with her 'heretic' father? The daughter indeed gave her father all latitude of independent interpretation. Galileo's as earlier St Augustine's position on the Holy Scriptures was not to take everything literally. She simply accepted her father's conviction that God had dictated the Scriptures to only guide man's spirit. The process to unravel the universe was the challenge for the man to use his own intelligence.

An apt message to, show quite simply that a *little love can go a long way towards any conflict resolution*.

With best wishes to you and your family for the year 2010.

Dr VS Saxena
Editor



HAPPY NEW YEAR 2010

EPILEPSY INDIA

NEWSLETTER OF INDIAN EPILEPSY ASSOCIATION & INDIAN EPILEPSY SOCIETY

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NOTICE BOARD

THE 38TH ANNUAL GENERAL BODY MEETING OF THE IEA

The 38th Annual General Body Meeting of the IEA will be held on Saturday 6th Feb 2010 at 17.40 hrs in Sapphire Hall, Hotel Sayaji, Indore.

AGENDA

1. Chairman's welcome and remarks.
2. Intimation from the members
3. Confirmation of the MOM held on 7th February 2009 (Friday) at Tirupati and published in Epilepsy India, Issue 2, April-June 2009 (Supplement).
4. Secretary General's Report
5. Treasurer's Report
6. Editor's Report
7. Report on Website
8. Report on ECON 2011 and ECON 2012 bid.
9. Report of the Organising Secretary of ECON 2010
10. Any other points (with the permission of the chair)
11. Vote of thanks to the organizers and to the Chair.

Sd/-

Dr MM Mehndiratta

Secretary-General-IEA

December 16, 2009

ANNUAL GENERAL BODY MEETING OF THE IES

Annual General Body Meeting of the IES will be held on Saturday 6th Feb 2010 at 18.30 hrs in Sapphire Hall, Hotel Sayaji, Indore.

AGENDA

1. Welcome address by the President.
2. Apologies - if any.
3. Approval of the minutes of the last GB Meeting held at Tirupati on February 7, 2009.
4. Report of the Secretary General.
5. Report of the Treasurer.
6. Report of the Editor – Epilepsy India.
7. Report on the Website.
8. Induction of new Members to the IES.
9. Results of the Elections.
10. The Annual IES-IEA Conferences in 2011 and 2012.
11. Any other item with the permission of the Chair.
12. Vote of thanks for the hosts in Indore.

Sd/-

SATISH JAIN

Secretary General – IES

December 16, 2009

IEA & IES BUSINESS MEETINGS



IEA



IES

Friday 5th February 2010

- | | |
|------------------|--|
| 1500 to 1700 hrs | : Governing Council Meeting – IEA |
| 1700 to 1800 hrs | : Executive Committee Meeting – IES |
| 1800 to 1830 hrs | : Joint Meeting of the GC of IEA and EC of IES |

Saturday 6th February 2010

- | | |
|------------------|------------------------------|
| 1740 to 1830 hrs | : General Body Meeting - IEA |
| 1830 to 1900 hrs | : General Body Meeting - IES |

IEA-18th IEC Trust

Information for members of IEA and IES Availability of Financial Grants



This is for the information of all members of IEA and IES that financial grants are provided by the IEA-18th IEC Trust towards funding of the following related to epilepsy:

- Research projects, both medical and social
- Conferences, seminars, workshops
- Training and education of personnel
- Travel grants for national and international meetings
- Public awareness campaigns

For further queries and application forms, please correspond at

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-18th International Epilepsy
Congress Trust

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EPILEPSY AND DISABILITY

STOP PRESS !

The convener Dr Satish Jain informs:

"The Office of the Chief Commissioner for Persons with Disability has forwarded the recommendations to the Joint Secretary, Ministry of Social Justice and Empowerment with a request that the matter may be taken up with the Ministry of Health and Family Welfare, Government of India."



*Standing (from Lt to Rt) Mr TD Dhariyal
Drs A Pauranik, Urvashi Shah, Sita Jayalakshami
Manjari Tripathi, Pankaj Kapoor, Parampreet Singh
Sitting Drs U Singh, Rakesh Shukla
M Gourie-Devi, VS Saxena, Satish Jain
(Drs PU Shah, MM Mehndiratta & B Vengamma
could not attend)*

Reported by : Dr S Jain

The Indian Epilepsy Society recently learnt that the guidelines for evaluation of disabilities and procedure for certification were being modified and that the Govt. of India was also in the process of amending the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 and had asked various agencies in India to "give their suggestions on the amendments to the Disabilities Act".

An important issue in the Act is certification of disability. As per the existing guidelines issued by Ministry of Social Justice and Empowerment vide Notification No.16-18/97-NI.I dated 01-06-2001, physical impairment caused due to neurological conditions and epileptic convulsions is covered under locomotor disability.

Recognizing the importance of the issue of "Epilepsy & Disability" to millions of people with epilepsy in India, the IES strongly felt the need to act on this important

aspect of epilepsy as early as possible. A meeting of experts drawn from all over the country and from all aspects of health care was organized on November 8, 2009 at New Delhi to discuss this topic with an aim to formulate our suggestions that can be forwarded to the Govt. of India.

The consensus arrived at the Expert Group Meeting of the Indian Epilepsy Society has been forwarded to the concerned officials of the Ministry of Health and Family Welfare and Ministry of Social Justice & Empowerment, Govt of India for their consideration and appropriate action to have the necessary changes incorporated in the Gazette for evaluation of impairment and uniform definitions of disability as proposed by the Ministry of Health and Family Welfare and notified by the Ministry of Social Justice and Empowerment.

The Indian Epilepsy Society looks forward to hearing from you for any other suggestion.

Epilepsy & Disability - Expert Group of the Indian Epilepsy Society

1. Dr Rakesh Shukla	President - IES (Lucknow)	10. Dr Pankaj Kapoor	Executive Director Health (P), Min of Railways - (New Delhi)
2. Dr M Gourie Devi	Past-President - IES (Delhi)	11. Dr DC Jain	Addl DGHS, Min of Health & Family Welfare, GOI, -(New Delhi)
3. Dr VS Saxena,	Past-President - IEA & President-IEA 18th IEC Trust - (Gurgaon)	12. Mr TD Dhariyal	Dy Chief Comm, Persons with Disability, Min of Social Justice & Empowerment, GOI, -(New Delhi)
4. Dr Parampreet Singh	PGI -(Chandigarh)	13. Dr PU Shah	President - IEA, (Mumbai)
5. Dr Manjari Tripathi	AIIMS - (New Delhi)	14. Dr MM Mehndiratta	Secretary General – IEA (New Delhi)
6. Dr Sita Jayalakshami	NIMS - (Hyderabad)	15. Dr B Vengamma	SVIMS - (Tirupati)
7. Dr A Pauranik	MGM Medical College - (Indore)	16. Dr Satish Jain	Secretary General - IES and Convener (New Delhi)
8. Dr Urvashi Shah	KEM Hospital - (Mumbai)		
9. Dr U Singh	Professor & Head Physical Medicine & Rehabilitation, AIIMS - (New Delhi)		



Prof PN Tandon releasing the souvenir

Reported by: Dr P Sarat Chandra

The 4th Workshop on Epilepsy Surgery initiated by ASEPA followed the first workshop in Shizuoka, Japan (2006), the second in Xian, China (2007), and the third in Semarang, Indonesia (2008).

Epilepsy surgery is performed in only about around 350 cases annually in India; major centres doing it are in New Delhi -AIIMS, Bangalore- NIMHANS, Hyderabad-NIZAMS, Chennai and Trivandrum (Sree Chitra), start out programs are in Chandigarh, Ludhiana and many places. Although potential surgical candidates are estimated more than 20,000 per year (with a point prevalence of 200,000 cases). There are only about around 1,000 neurosurgeons, 700 neurologists and 50 pediatric neurologists in all India (numbers approximate). MRI, EEG and SPECT are widely available; PET scans are present in few large centers. It is hoped that the workshop will stimulate more centers in India to work towards offering and sophisticating surgical treatment. Members of the local organizing committee were Dr P Sarat Chandra (Chair), Dr Manjari Tripathi, Prof BS Sharma and AK Mahapatra, and. The workshop was held at JLN Auditorium of All India Institute of Medical Sciences in New Delhi. Prof PN Tandon (Emeritus Professor, Neurosurgery AIIMS, President, National Brain Research Center), Prof RC Deka (Director, AIIMS), Prof HH Dash (Chief,, Neurosciences Center), Prof Satish Jain (IES representative), Dr P Sarat Chandra, Dr Manjari Tripathi and Dr Y Inoue (ASEPA representative) gave the opening addresses. There were 280 registered delegates, consisting of neurologist (40%), neurosurgeon (30%), internists, nurses, technicians and others, from all over the India, some from neighbouring countries including Sudan, Jordan, Bangladesh, Nepal, Pakistan, Kenya and Sri Lanka. The cost for foreign lecturers was covered by the ASEPA.

International speakers included Drs Lee SA (Korea), Arita K, Baba K, Iida K, Inoue Y, Otsuki T, Terada K (Japan), and local speakers were Drs Kharbanda PP, Shah U, Garg A, Bal CS, Tripathi Manjari, Tripathi Madhavi, Laxmi SJ, Dash HH, Chandra PS, Sarkar C, Singh G and Gupta A from Hyderabad, Trivandrum, Chennai, Bangalore, Chandigarh and Mumbai. These speakers gave 30 lectures in the following 7 main topics and participated in the case-discussion sessions with interesting cases presented by delegates and speakers: Timing and candidacy for surgery (3 lectures) Presurgical evaluation: non-invasive (6 lectures) Presurgical evaluation: invasive (5 lectures) Surgical procedures (8 lectures) Surgical pathology (1 lecture) Surgical outcome and rehabilitation (4 lectures) Surgery settings in India (3 lectures) Lectures were conducted in English with a set of handouts. There was a multiple choice audience response system, whereby MCQs were put to the audience and the responses were immediately added up and projected on the screen. This interactive procedure helped activate the discussion. The participants received a certificate of attendance. Overall, the workshop was found to help stimulate interest in development of epilepsy surgery in India.

On the last day, there was a discussion with members of the Indian epilepsy society to form guidelines for Epilepsy Surgery in India. It was unanimously agreed; the process has been already initiated and will be taken up further in the IES meeting at Indore. The IES has agreed to fully support the meetings and it was decided to bring out the guideline within 6 months.

All lecturers and the local organizers are greatly appreciated for their kind participation in the workshop despite having a busy schedule.



GROWING WITH OBSTACLES



"Recently my daughter, showed me an aquarium full of tadpoles which children could watch these grow from tadpoles into frogs.

"I noticed that there was a big rock in the aquarium. When I asked her why she put a rock right in the middle of the tadpoles' environment."

She explained that "the tadpoles must have this obstacle to give them the incentive to climb up and thus split their little wiggly tails so that their legs can begin to develop. If they have no rock or obstacle to climb up on, they will never turn into frogs. They must have some resistance to give them the incentive to leap forward."

Another person complained that none of her tadpoles had ever turned into frogs. She had put all of them in an aquarium and let them swim around but they never became frogs as she had not put a rock.

Life presents obstacles and barriers in front of us not to hinder us, but to cause us to grow. It is not so much object in front of us as our attitude towards it. If we realize that the obstacle we are facing is really a gift that has come our way to help us grow and mature.

Since then I have begun to see the obstacles as stepping stones to help me leap forward.

Contributed by: Surabhi, New Delhi

QUOTES

❖ *God is the friend of silence. How nature, trees, flowers, grass grow in silence; how stars, the moon and the sun move in silence.*

--Mother Teresa

❖ *Without faith, hope and trust, there is no promise for the future, life has no direction and no justification.*

--Adlin Sinclair

❖ *We all die. The goal is not to live forever, the goal is to create something that will.*

--Chuck Palahniuk.

❖ *The person starts dying when he stops dreaming.*

--Brian Williams

Who says English is easy?

Fill these blanks with YES or NO

....., **i don't have a brain.**

....., **i don't have sense.**

....., **i am stupid.**

No hurry, you can take your time to think about this one!!!

Contributed by Mr R Tewary

PRESIDENT'S LETTER

December 2009

PRESIDENT'S LETTER



Dear IBE friends

It is difficult to believe that we are coming towards the end of another year and the end of the first decade of the new century. The close of each year is the occasion for looking back and reflecting on our successes, as well as our disappointments. It is also the time to look forward and to plan for the future.

In the coming weeks epilepsy associations will be drawing up plans of action and reviewing long term strategies. In the current financial climate, identifying programs that will generate both awareness and financial support is becoming more difficult and organisations find that they have to cast their nets ever wider.

Lending support

IBE is always happy to encourage members in their projects, through letters of support and approval, and through the use of the IBE logo.

However, it is vital that members make contact with the Bureau at the very start. By building a consultation process with IBE into the planning stage of a project, IBE will be able to suggest ways that can enhance the initiative and ensure that it is structured in a way that IBE can fully support. Unfortunately, in the past IBE has sometimes been asked to provide statements of approval when a project is already 'well down the line' in a way that would set a precedent and might indicate that the Bureau was dealing unfairly with some members compared to others or, worse still, was supporting activities that could be in conflict with IBE policies. This is something that I see as regrettable because I am aware of the tremendous dedication and personal sacrifice that those working in lay organisations give to their work.

During the coming year I look forward to working with all IBE members in order to provide IBE support to your projects. As an international organisation, now represented in 92 countries worldwide, with close affiliation with the WHO and consultative status on the UN

Economic and Social Council, working together can raise the bar for people with epilepsy around the world.

The 'E' word

Many of you may be aware that, over time, I've campaigned doggedly to eradicate the use of the term "epileptic" when describing a person with epilepsy. Considerable progress was made and, in the developed world at least, the term seemed largely to disappear.

However, recently there has been an alarming proliferation amongst journalists of the use of this appalling term. So I will continue with the campaign to get rid of the use of this word as a noun and I hope that you will also come on board in this struggle.

Unfortunately, part of the problem lies at our own doorstep, with a small number of IBE members using the term 'epileptic' in their association name or website address. This, I understand, is often the result of translation from another language to English. So, may I

set a New Year's Resolution for all IBE members:

to erase the term wherever it appears and to be vigilant in encouraging others to do likewise. I believe that this is an area where we may be able to call on our contacts at the WHO and the UN to help spread the gospel in eradicating this term in the same way that the words "cripple" and "spastic" are no longer acceptable in modern parlance.

In closing, may I take this opportunity, on behalf of all members of the IBE International Executive Committee, to wish you and your association a Happy, Peaceful and Prosperous New Year; I look forward to working with you in 2010!

All the best,

Mike Glynn
President

INTERNATIONAL EXECUTIVE COMMITTEE

The International Executive Committee of IBE met in Rome from 22 to 24 November 2009. There was a fairly extensive agenda and good progress was made to deal with all the issues.

The proposal from the President laid down the road map to be followed in the next four years. The recent initiative of IBE to finance Promising Strategies was taken to prepare a short list for action in 2010. Communication strategies, Regional committees, Global

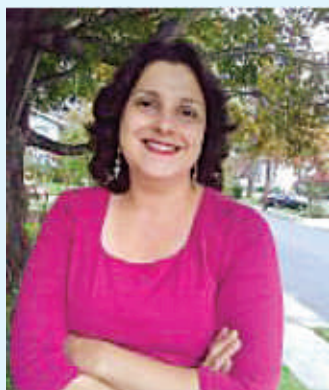


Campaign Against Epilepsy in coordination of WHO and Eucare programme plans were discussed.

The forthcoming Golden Jubilee of IBE which was founded in Rome in 1961 was planned particularly with special emphasis for people with epilepsy. Long term strategies and financial review and budgets for the coming year also engaged the attention of the committee.



EXCELLENCE IN EPILEPSY JOURNALISM AWARD



Aliyah Baruchin



Miguel Angel Tobias

The International Bureau of Epilepsy and UCB announced the winners of the Excellence in Epilepsy Journalism Award 2009. The award, an initiative of the IBE and UCB, aims to increase awareness, improve understanding, and encourage accurate reporting of epilepsy by inviting journalists submit stimulating, informed and compelling stories about knowledge, data and real life experiences of people with epilepsy around the world.

Award judge Susanne Lund, Immediate Past President of the IBE, commented, "We received high calibre entries from 17 countries around the world covering a range of

topics including facts about epilepsy, new developments in research, practical advice on travel as well as the stigma and challenges people living with epilepsy face at home, in the workplace and in the community."

The winner of the print/online category

Aliyah Baruchin for Epilepsy in the African-American Community: Access Education and Advocacy, published in EpilepsyUSA, Issue 4, 2008.

The winner in the broadcast category

Miguel Angel Tobias for program, Hora de Salud: Epilepsia (Health Hour: Epilepsy), broadcast on Spain's Canal 9 TV.

Highly commended award in print/online category

Julia Medew for article

Art Helps Lift the Veil on Epilepsy, published in The Age newspaper, Australia.

Highly commended in the broadcast category

Floriane Closuit for film - Par Surprise(s) (By Surprise).

Special mention

Majlinda Aliu for broadcast entry The Treatment of Epilepsy in Kosovo.

NATIONAL EPILEPSY DAY 2009

ANDHRA PRADESH-TIRUPATI



Reported by: B Vengamma

The 130th monthly camp for persons with Epilepsy was held on 15th November, 2009 (Third Sunday of the month). About 450 persons with Epilepsy and about 100 patients' attendants were present. Epilepsy awareness programmes were organized on that day for the benefit of all these people.

As advised by the General Body of the Association, the awareness programme this year was based on the theme "Prevention of Epilepsy – Neuro cysticercosis, Head Injuries & Birth Injuries".

Sri IYR Krishna Rao IAS, Executive Officer, Tirumala Tirupati Devasthanams, Tirupati was the Chief Guest Sri NYuvaraj IAS, Joint Executive Officer, Tirumala Tirupati



Devasthanams, Tirupati and Dr B Vengamma, Vice Chancellor and Director of Sri Venkateswara Institute of Medical Sciences, Tirupati, were the Guests of Honour.

Dr B Vengamma, Professor of Neurology, SVIMS, Tirupati,

and President of the Tirupati Branch of Indian Epilepsy Association, outlined the significance of this year's theme for the National Epilepsy Day.

She also reported about the camps being held for the past 130 months where in One Month's requirement of Medicines are distributed free to all the persons with Epilepsy who attend the camps.

A Painting Competition was organized for persons with Epilepsy in the age group of 5 to 14 years on this occasion. Nearly 25 boys and girls took part. Prizes were awarded for the winners and Participation Certificates were given to all. abbot laboratories were the sponsors of this event.



An Epilepsy Awareness Programme with the help of posters was organized by the students of the College of Nursing, SVIMS to the Guests of Honour, Persons with Epilepsy and their attendants.

The students of the College of Nursing, SVIMS, also enacted a skit bringing out the fact that Epilepsy is a Curable Disorder.

In both the programmes, the importance of medical treatment, precautions, life style modifications, education, empathy and empowerment for persons with Epilepsy were brought out very effectively.

On 20th and 21st November, 2009 the faculty and students of the College of Nursing organized similar Awareness Programmes in ten high schools located in tirupati town for the benefit of students of higher classes and the Teachers. Lecture cum Demonstration methods with the help of posters were utilized for conveying the message regarding various aspects of Epilepsy. The programmes were interactive in nature and the young students and teachers were greatly benefited by the programmes.

NATIONAL EPILEPSY DAY 2009

DELHI-GB PANT HOSPITAL



Reported by: Dr Meena Gupta

Like the previous years, epilepsy day was celebrated by the Department of Neurology GB Pant Hospital on 17th November 2009 under the aegis of Indian Epilepsy Association (Delhi Chapter). This day is specially marked in the neurology calendar to spread the awareness regarding epilepsy to the general public and the young generation. This time again an awareness lecture on epilepsy was organized and delivered to patients with epilepsy, their parents and school children. In this programme we invited 90 school children and 5 teachers from Ramjas Boys Sr. Sec. School, Darya Ganj, class IX and Commercial Sr. Sec. School Darya Ganj, class XIth. Dr V S Saxena, former President of Indian Epilepsy Association was a special invitee. More



than 150 patients, the staff and faculty of the Department of Neurology including Dr Meena Gupta, Dr MM Mehndiratta, Dr Geeta A. Khwaja, Dr. Debashish Chowdhury, Dr. Neera Chaudhry and Dr. Sanjay Pandey attended the session. Public lecture was delivered by Dr Debashish Chowdhary. The children and their teachers felt that the talk was very informative. This was followed by cultural programme by the children with epilepsy under the supervision of Mrs Lalita Gupta, Social worker of the department of Neurology. The unique aspect of the programme was that the children came forward themselves and decided the items to be presented. There were 6 children who recited poems, shlokas and sang songs on the stage. From the two schools four children participated in the debate on



epilepsy in Hindi and English, their understanding of the disorder and their presentations were remarkable. One of the patients shared her experiences that how she was again able to lead a normal life with regular medication and follow up.

Every body enjoyed the programme including the departmental staff. In the end, handouts about do's and don'ts about epilepsy were also distributed. It was a memorable event both for the patients, doctors, school children and other staff of the department of Neurology GB Pant Hospital.

NATIONAL EPILEPSY DAY 2009

DELHI -AIIMS



Reported by: Dr Manjari Tripathi

Epilepsy is the commonest neurological disorder with episodic manifestation. 17th of November THE EPILEPSY DAY was celebrated by AIIMS-IEA- Delhi Chapter by an introductory course by Dr Manjari Tripathi.

The invited Chief Guest was Shri TD Dhariyal who is the Deputy Chief Commissioner Disabilities and Empowerment, Ministry of Social Justice and Empowerment. He has been steadily assisting the efforts of the Association for disability privileges and benefits and anti discrimination. A preliminary introduction to epilepsy was followed by a panel discussion on Living with epilepsy. The discussion which was open to lay people, patients and caregivers, school children from 3 major schools in Delhi, social workers, epilepsy counselors and cognitive behavior therapists providing their views on daily life matters such as treatment, employment, pregnancy and marriage in



order to lead a healthy and effective life. Two teachers helped formulate a social

support group. The social support group would consist of persons affected and their caregivers; this would enhance sharing of experiences and problem issues, specially those related with marriage and employment. Prof M Behari Head of the Department neurology, Prof K Prasad and Dr G Shukla also participated and delivered talks and answered questions in the panel.

An educational video on epilepsy as by the Epilepsy partnership India was also shown. Magician Shri BK Pandey – President magicians association of India performed simple but enthralling magic tricks to deliver the message of epilepsy care, regular treatment, myths of epilepsy all through magic with the help of his daughter. Many patients and caregivers expressed



frustration on their experience with the outside world in coping with their children's seizures. They were assured of help by the chief guest. Many questions were asked about the disease.

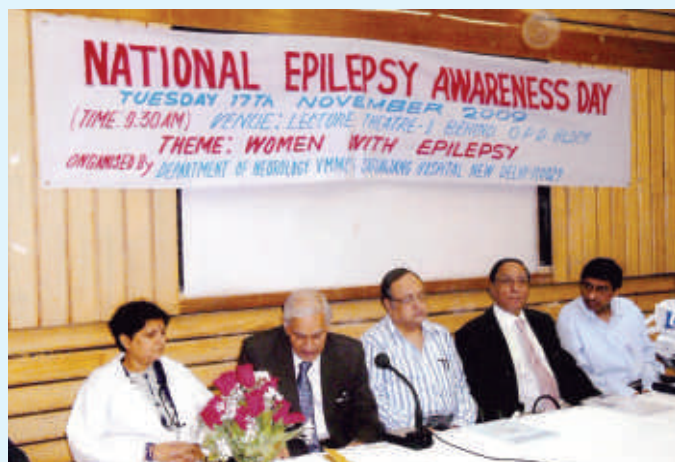
Apart from this Dr M Tripathi delivered talks on the FM Radio, AIR Delhi on epilepsy and its care; these were broadcast on the 17th and 20th of Nov.

SMS on epilepsy awareness was sent to various mobile services- with the message epilepsy is curable "don't delay treatment."

Various newspaper clippings in Hindustan Times, Times of India, Guardian healthcare were also bought out.

NATIONAL EPILEPSY DAY 2009

DELHI-SAFDARJANG HOSPITAL



Reported by: Dr AK Jain

The National Epilepsy Awareness Day was held on 17.11.09 at VMMC & Safdarjang Hospital, New Delhi organized by the deptt of Neurology. On this occasion patients and their relatives were invited for educating them regarding epilepsy and its treatment. Various social, educational, economical issues were also discussed on this occasion.

The eminent panelists included Dr DC Jain, HOD Neurology, Dr Sudha Salhan, HOD Obst & Gynaecology, Dr VS Saxena, Past President Indian Epilepsy Association, Dr Harish Chelani, Senior Paediatrician and Neonatologist and Dr S Raghavan from Deptt of Neurology.

It was brought to the notice of audience that in most of the cases epilepsy can be well controlled.

Epilepsy is not a disease caused by bad spirits.

The panelist specifically told that epilepsy was not a ground for divorce.

Dr Sudha Salhan informed that women suffering from epilepsy can marry and can have normal children in most of the cases. She advised that all pregnant women should have a proper checkups.

Dr Saxena informed that medicines can be stopped after two years of regular treatment, but this decision should be taken only after consulting the treating doctor.

Dr Harish Chellani emphasized that children suffering from epilepsy can have normal education. They should not be denied education on the basis of epilepsy.

It was also brought to the notice that in a prospective study conducted in the deptt of Neurology, that the children born of women with epilepsy are not affected by anticonvulsive drugs expect poly therapy.

It was also brought to the notice that newer anticonvulsive drugs are being screened for their teratogenicity. (Foetal malformation).

Dr D C Jain informed that 'Yogasana' should be performed under physician's consultation. Patient should have proper sleep as it can help in treating epilepsy patients. Food like liquor, excess tea, coffee should not be consumed. He also suggested that patient should avoid fasting (Upvas) and if absolutely essential, should be undertaken under medical supervision.

Dr S Raghvan informed that during epileptic attack, forceful opening of mouth or pouring water into the mouth should be avoided as it can be harmful for the patient. Shoe smell is not at all advisable. During convulsion patient should be leaned on one side to avoid water or saliva to enter in the lungs.



Dr Rakesh Verma cardiologist informed that decrease in heart rate can cause seizure but it can be treated by pace maker.

The patients and their relatives participated in the function certain questions which were replied.

also raised certain questions which were replied.

In the Safdarjang Hospital for the patients awareness it was informed that most of the anticonvulsant drugs are being provided free of cost.

Dr Bhaumik, Medical Supdt. Safdarjang Hospital was also present on this occasion. He wished all the patients to be cured as soon as possible.

A painting competition for children with epilepsy held on this occasion and given awards.

NATIONAL EPILEPSY DAY 2009

KARNATAKA-BANGALORE



Reported by: KV Muralidharan

This year's National epilepsy day was more of a 'National epilepsy week', as it was celebrated over five days. The theme, was "Prevention of Epilepsy". The IEA Bangalore Chapter planned the awareness programme to focus on school children and the general public and make it interesting and informative for them.

Letters an exhibition on "prevention of epilepsy." were written to over 180 schools requesting the principals to send their students at staggered timings. Most of the school authorities were met personally by Mr.Damodar Rao .

The exhibition was held at Rajendra Prasad Auditorium (Bangalore Medical College) on three days 13, 14th & 15th of November 2009. In all there were seven stalls Anatomy, Physiology. Neurology, Neuropathology, Neuro epidemiology, stroke and IEA stalls.

In addition to the specimens relevant posters were also displayed with lot of useful information.

The IEA stall was full of pictures of various activities of the chapter and the various works and projects undertaken over several years.

The exhibition was declared open on Friday 13th November by Sri. Ramachandra Gowda the Hon'ble Minister of Medical Education Govt of Karnataka. He was highly appreciative of the efforts, the function was presided by Mr Vishukumar - Director of Information and publicity government of Karnataka which gave us a further boost to the publicity.

The response was overwhelming and had over 3000 children visiting and carrying home a message and quite a few of them bringing their parents the next day. The volunteers worked tirelessly in three shifts from 10-A.M.to 5-00 P.M on all the three days.

National Epilepsy Day was celebrated on the 15th Nov., Hon'ble Justice Shivaraj Patil retired judge of the Supreme Court of India, who gave suggestions regarding "Law and Epilepsy". There was a talk on prevention of epilepsy by Dr Sanjib Sinha, and a very informative skit in English by the Students of St John's Medical College under the stewardship of Dr Chanda Kulkarni followed by a skit in Kannada by students of Mahaveer Jain College ably directed by our executive committee member Mr Venkatesh.

Our activities continued as we had a painting competition for children with epilepsy on 17th and

20th, at the department of Neurology Bangalore Medical College.



Such a stupendous activity would not have been possible with out the active involvement of all the members of the Executive committee, and the active cooperation and collaboration of the Departments of Anatomy, Physiology, Neurology of Bangalore Medical College and Departments of Neuropathology. Neuro epidemiology of NIMHANS

In conclusion I can say that the message on the prevention of epilepsy has gone down very well to the future generation of our country- the school and college students.

NATIONAL EPILEPSY DAY 2009

KARNATAKA-SHIMOGA



'Epilepsy – Preventable causes' –
Talk to the public by Dr.Vaman Shanbhog

Reported By: Dr A Shivaramakrishna

The following activities were conducted by IEA, Shimoga branch on the occasion of National Epilepsy Day .

- 1) An article was written in the local newspaper on epilepsy – preventable causes' stressing on birth injury, Neurocysticercosis, Head injuries.
- 2) An educative program was conducted in Adichunchanagiri high school



Educative talk on epilepsy to students of
Adichunchanagiri High school

Dr A Shivaramakrishna spoke on 'Epilepsy – types, identification and treatment'

Dr KR Sridhara spoke on 'Social and psychiatric aspects of epilepsy'.

There was good interaction with students and teachers.

- 3) Special activities were conducted on 22nd Nov 2009 at Rotary Blood Bank.
 - sports were conducted for the patients
 - drawing and painting competition was conducted for the patients

- Educative program on epilepsy

Dr Vaman Shanbhog spoke on 'Preventable causes of epilepsy'

Dr A V Nagaraj spoke on 'Treatment of epilepsy'

Dr Harish spoke on 'Epilepsy and married life'

Dr P Narayan who was the chief-guest spoke on 'Epilepsy and social issues'



Programme on epilepsy at Adichunchanagiri School

- Free medical checkup of patients with epilepsy and distribution of drugs at concessional prices was conducted.
- 4) An essay competition was conducted for the public. They were invited to write

Essay on 'Role of Society in helping patients with epilepsy to lead normal life'

Best three articles were chosen , awarded prizes and all the participants were given consolation prizes.



Prize distribution to the winners by chief-guest Dr P Narayan

NATIONAL EPILEPSY DAY 2009

KERALA-COCHIN



Reported by: Dr B Rajendran

IEA Cochin started the programmes on the 1st day of November.

To enlighten and create awareness, parents of school going children with epilepsy were invited to participate in an interactive seminar.

Dr Arun Grace, Neurologist, Amritha Institute of Medical Sciences (AIMS) spoke on preventable epilepsies with emphasis on Road Safety, Safe Pregnancy and Motherhood and Neuro infections. This was followed by



the talk on Co- Morbidities in School children with epilepsy. The President Mrs. Suchitra Narayan, a special education consultant and Dr. Anitha Rajah, Neuropsychologist at AIMS spoke on the subject. A lively interaction followed.

November 17th

The Round Table India 131 and IEA Cochin organized a motor vehicle rally on the morning of November 17th which was flagged off by Dr P Sreekumar, the first President of IEA Cochin. The Rally started from Jawahar Lal Nehru Memorial stadium and ended at the Durbar Hall grounds – a distance of 6.5 kms. 53 cars participated. The lead omni van carried huge posters on epilepsy awareness. All the cars carried window stickers saying epilepsy is preventable and treatable. There were continuous mike announcements on the way and flyers in

English and Malayalam were distributed all along the route. The messages were on preventable causes of epilepsy and the need for early treatment to reduce the treatment gap. The motor vehicle rally was greatly appreciated and beamed all over Kerala by the Asianet News channel.

The evening witnessed a panel discussion on epilepsy which was inaugurated by the District Collector,



Dr (Mrs) M Beena, IAS, who herself is a medical doctor.

Dr T K Manoj, of St. James Hospital Chalakudy, spoke on head injuries and epilepsy with some poignant video clippings.

Dr. Serena Gilvaz, HOD Dept of OBs. and Gynecology, Jubilee Medical College, Trichur, spoke on safe motherhood and special issues relating to women with epilepsy.

The last speaker was Dr Muralikrishna Menon, of Lake Shore Hospital who spoke on special issues in the management of school going children with epilepsy.

Over 100 doctors from various disciplines, like pediatrics, gynecology general practitioners and IEA Cochin family were involved in the excellent interaction that followed.

The Round Table India 131 chairman Mr. Rakesh Ramachandran handed over a cheque of Rs. 50000 to Dr Rajendran as a contribution to IEA Cochin, for various community activities.

All in all, we were left with a sense of satisfaction for the solidarity expressed for persons with epilepsy.



NEWS ABOUT CHAPTERS

MADHYA PRADESH -INDORE



Reported by: Dr VV Nadkarni

WE had organized a rally cum seminar on 15th November 2009 (Sunday). The rally started from Gandhi Pratima at 09:00 am to create public awareness for epilepsy control and prevention program. The rally was co-joint program of IEA & IMA Indore. Dr. Anil Kutumbale president of IMA and Dr. Dakwale president of IEA M.P Chapter inaugurated the rally. There were motor bike participants in front to promote prevention of head Injury by wearing helmets this was followed by doctors, IMA members, Neuro club

members, Queens Welfare Society, para medicals, social workers & Students holding the posters to create public awareness. This rally we distributed hand outs for prevention of epilepsy. The rally ended at Jal Auditorium. Approximately 35 bikers and 100 people walkathon was organized. There was inauguration of the National Epilepsy Day program at 10:00 am Chief Guest was Shri Banwarilal Jaju (Trustee Gita Bhawan Hospital). There was a poster exhibition on epilepsy awareness, two painting competition is organized for the children suffering from epilepsy 35 children participant in painting competition is (Abbott Pharma & Sun Pharma) distributed the prizes and



there was epilepsy quiz for care givers had 50% awareness on fact on epilepsy – causes investigation treatments and 10% of the participants had full awareness on epilepsy. Dr. Jaymala Shah gave yoga demonstration. There were 109 patient participation in the camp and care gives of patients who also attended NED Celebration, free refreshments were served for 300people inclusive of patient present we have 60 Life members and 63 Annual member's. We have 9 life members added in the year 2009.



Indian Epilepsy Association

M. P. Chapter - 2009

News Letter

National Epilepsy Day Celebration

We had an auspicious National Epilepsy celebration was organized on Sunday 14th November 2009. Prof. Suresh Kumar well known poet & writer was the chief guest and Shri. Bahadur Babbar, Chairman of Gita Bhawan Trust was special guest for the function. Prof. Suresh Kumar was impressed as the welfare of the people with epilepsy and he showed keen interest in our activities. He was touched by the stories narrated by the patients who suffered from epilepsy. He has decided to give his help in the future for our work. Dr. A.M. Garghele presided the function. Dr. Nadkarni gave the detail report about the activities of the chapter in the past year. Mrs. Urvasi Wagle President of Queen's Welfare Society spoke on the continuous support for the free medicines and vocational guidance from QWS.

We also released a Newsletter of M.P. Chapter highlighting the activities carried out from November 2007 to October 2008.

An educational film on epilepsy "Dancing Bacha" was presented by the audience gathered in the auditorium. For patients, care-givers and social worker and trainers.

In the cultural program children suffering from epilepsy Miss. Ruena, Pihu and Mr. Lokesh gave musical performance.

Yoga Demonstration was coordinated by Dr. Haride (Yog Visharad).

During the scientific session Dr. Deepak Jain Neurologist from Vishesh Hospital spoke on "Epilepsy in Adults: Diagnosis & Management."

Honorable Psychiatrist Dr. Manish Verma spoke on "Epilepsy in Children: Aetiology & Prevention."

"Is there a need for special Diet in Epilepsy?" Lecture on Ketogenic diet was delivered by Dr. Rashmi Narwani, Ph.D. in Dietetics from Gita Bhawan Hospital. Dr. Pravin Deshmukh occupational therapist provided slide show in education and sensory integration technique in epilepsy with disability.

Poster Exhibition on epilepsy was organized at the venue.

Painting competition, Quiz Competition & Poetic Competition organized by the IEA M.P. Chapter. In painting competition 35 children participated and Quiz competition on epilepsy 60 adults participated, 98 patients and their caregiver participated in the epilepsy camp.

In the afternoon they received free medicines to promote drug compliance. They also received the news letter & handouts. Needless to say we have support of our NGO and pharma companies who helped to make the event a great success.

Guests for Medical Check-up 2009



Inauguration 14.11.2009
Shri. Banwarilal Jaju, Trustee Gita Bhawan Hospital
Dr. A.M. Garghele
Dr. Suresh Kumar, Prof. Suresh Kumar



Release of News Letter 2009



Dr. Deepak Jain Neurologist presiding at painting competition 2009

LIVING WITH EPILEPSY
GLOBAL CAMPAIGN AGAINST EPILEPSY

NATIONAL EPILEPSY DAY 2009

MAHARASHTRA-BOMBAY



Reported by: Carol D' Souza

Epilepsy Awareness Programs – November 2009

The Bombay Chapter of the Indian Epilepsy Association had 4 programs in the month of November.

9th November - Press Conference 22 reporters came for the press conference. After an opening prayer by Kavita Shanbhag, and presentations by Dr Pravina Shah, Carol D'Souza and Dr Sangeeta Ravat, the press interacted with people with epilepsy and caregivers. Some press members interviewed Dr. Sangeeta Ravat. The outcome of this conference was 9 press articles in different languages and an airing on Doordarshan Sahyadri channel. Cheers to a healthy association with the press to raise epilepsy awareness and improve the quality of life of people living with epilepsy.

11th November – Medical Camp at Pen

It's been 2 years since we started the medical camp at Pen for people with epilepsy in the rural district of Raigad. This 16th camp had the maximum turnout of 80 patients! 22 of them were new cases. A local TV channel covered this camp and the patients decided that they too needed to form a support group. One of the patients volunteered to take the lead. There was a session where feedback from patients was obtained and a counseling session followed. The prognosis of the follow up patients is very good and encourages us to continue with this project.

15th November – Picnic to 'Silent Hills Resort' a Water Park

The picnic to Silent Hills Resort was anything but silent! It was filled with fun & games and prizes galore. The guys, girls and little children enjoyed the water and the rain dance. For that one day 70 of us enjoyed the 'openness and fresh air'. The well landscaped resort is spread over 60 acres of sprawling lush green hills in Manor and is perched on the confluence of two perennial rivers, the Vaitarna and the Deherj. The picnic also had an informative and healing aspect. Before lunch, Psychiatrist, Dr. Manoj Bhatavdekar spoke to people with epilepsy and caregivers about 'reducing tension' and 'proper communication' after which caregivers had a lot of questions for him.

29th November – Epilepsy Education for General Practitioners & Launch of Bombay Chapter Website: ieacell.org

The IEA, Bombay Chapter along with the General Practitioners' Association of Greater Bombay organized a one day epilepsy education program for GPs at the Krishna Palace Hotel, Grant Road. It was well attended by approx. 90 general practitioners who came well on time for the program.

The different sessions focused on:

- Clinical Spectrum
- Investigations
- Medical Management
- Surgical Management
- Epilepsy Comorbidity
- Special Issues in Children
- Prevention of Epilepsy

We are thankful to Dr Jayanti Mani, Dr Sangeeta Ravat, Dr. Joy Desai, Dr C Deopujari, Dr Urvashi Shah, Dr Anaita Hegde and Dr Pravina Shah who were the faculty members. Dr Meeta Adhiya & Dr Deepak Jumani of GPA and Dr Pravina Shah and Dr KN Shah chaired the sessions.

We also took this opportunity to launch the website of the Bombay Chapter: ieacell.org. Dr Pravina Shah thanked Dr SN Bhagwati for supporting this website and our web designers Santosh Tholar and his partner Himanshu of Neoadvertising. Carol D'Souza briefly described the site. At the end of the day we felt that this program was well worth the effort.

We appreciate the enormous support provided by UCB India Pvt Ltd that made the month of November, usually celebrated as 'Epilepsy Month', very successful.

17th November, 2009 – Ad in Times of India

A one page ad was brought out by UCB India Pvt. Ltd. In the Times of India, Mumbai, Delhi, Bangalore, Hyderabad, Ahmedabad & Chennai editions. This ad which was very well laid out brought out important aspects of epilepsy and focused on prevention as well. Dr Pravina Shah, Carol D'Souza and Ruchi Saxena of UCB India Pvt. Ltd. worked hard to coordinate with various neurologists from all over India to get articles for this full page ad.



NATIONAL EPILEPSY DAY 2009

RAJASTHAN-JAIPUR CHAPTER



Reported by: Dr CM Sharma

On national epilepsy day 17th November 2009, Secretary of the Jaipur branch of Indian epilepsy association Dr Chandra Mohan Sharma has organized a patient education program at Jaipur Medical Association hall in the SMS Medical college campus. All the local newspapers covered the news on 16th November about this program for awareness in people to attend the event.

Patients, their relatives, doctors & journalists, attended the program; approximately 300-350 people have participated. After formal inauguration Dr Chandra Mohan Sharma addressed and educated the participants regarding the year slogan of Indian epilepsy association that "Prevention is better than cure" He told that



prevention of epilepsy starts with safe child birth and till old age to prevent the stroke and head injuries. He also advised them to wear helmet while riding on motorbike, scooter to prevent head injury, which is also a preventable cause of Epilepsy. This message should reach to every one in our country. Press and public can play important role in it.

A young patient of epilepsy Miss Paiker haq presented a lecture on epilepsy and shared her experiences with participants.

Dr BL Kumawat, Assistant Professor of neurology SMS hospital, explained about the myths in epilepsy, its causes

in various age groups, precautions during pregnancy and "Do's and Don'ts" in epilepsy. Dr Dinesh Khandelwal, Neurophysician, addressed the gathering and detailed about general guidelines regarding treatment and side effects of the drugs.

Dr Dinesh Sharma, Senior Neurologist of Jaipur hospital had an interactive session, solved the queries of patients, their relatives and explained the people regarding importance of the role of detail history narrated by the eyewitness for the correct diagnosis of epilepsy. He stressed that the video recording by mobile camera



phone is a very convenient tool for this purpose. He also explained the people regarding the role of surgery in patients with intractable epilepsy. Dr RS Jain Associate professor neurology and Dr Trilochan Srivastva were also participated in panel discussion.

To sum up the function Dr Chandra Mohan Sharma stated that epilepsy is treatable with drugs and surgery and stressed more on taking treatment from qualified doctors and to avoid quacks.

On this occasion exhibition of posters was put on to explain the details of epilepsy, its treatment & remedies. Drawing competition was held among the children with epilepsy and the best five of them were awarded cash prizes courtesy Len brook Pharma. School bags, color pencils and drawing boxes were distributed to all the children who attended the program. Free anti-epileptic drugs were distributed to patients.



NATIONAL EPILEPSY DAY 2009

UTTAR PRADESH-MORADABAD



Reported by: Dr Tarun Aggarwal

Free Epilepsy Camp on the occasion of National Epilepsy Day

Like the previous years, National Epilepsy Day was celebrated by us at Neuro Care Clinic, Gandhi Nagar, Moradabad.

On the occasion of National Epilepsy Day a free treatment and diagnostic camp, 16th in row organized for the persons with epilepsy.

In this free epilepsy camp, we cover various aspects of epilepsy; types, causation, management, prevention, first aid etc.

The theme was chosen for the current year was "prevention of epilepsy- Head Injury, Birth Injuries & Neurocysticercosis", as per our Indian Epilepsy Association.

We show the posters like proper sanitation and hygiene, cooking hygiene, reasons for a proper and careful

pregnancy and delivery, importance of giving birth in a hospital and also use helmet while riding two wheeler and hence preventing head injury.

In this free Epilepsy camp, 295 patients were registered and given free of cost 79 EEG, 25 CT and 13 MRI scans as well as free consultation. All patients also provided medicines without any penny. Free Consultation throughout the year will be given for all registered patients. All patients and relatives also served free snacks, tea and fruits.

Material regarding Epilepsy i.e information leaflets, booklets and other material printed in local language (Hindi) circulated to all participants. Video Films on Epilepsy awareness also shown to all.

A lot of Publicity regarding Free Epilepsy Camp was in Hindi daily newspapers and cable network of the surrounding area. An article on National Epilepsy Day published in all Newspapers. The program was widely covered in local TV network and other news media.



TIME TO START AN EPILEPSY LOCAL SUPPORT GROUP

By **Wayne Witkowski**

Editor's Corner

Earlier this year, I looked at a cover story in Newsweek on epilepsy and how it affects so many people and, after reading the article, I thought, "Thank heaven my family doesn't have to deal with that."

A few weeks later, my 9-year-old daughter, Jayna, started suffering seizures and was diagnosed with frontal lobe epilepsy. Like many illnesses, it is devastating to families. It makes it even harder when you have a child adopted internationally from a country that does not want to disclose the family background as we have.

We've seen our child who was always vibrant and worried about how everyone else was doing around her, with a broken spirit from her ordeal over the past five months and adjusting to medication that has led to a recent setback.

It's heartbreaking to see the days she's missed stuck in a hospital bed and taking tests for the right medication with 28 electrodes clipped to her hair, the time that she would spend playing in soccer games or picking apples and wondering, worrying whether she'll make her older girlfriend's Sweet 16 party coming up or even Halloween that she enjoys so much.

What I've learned since this has happened is that more people have epilepsy than you'd suspect, but few talk about it. When they do, some shroud it in the phrase "seizure disorder."

"They don't want to call it epilepsy, although that's what it is," said Ellen Baca, the Lehigh Valley coordinator of the Epilepsy Foundation of Eastern Pennsylvania, which reaches into Monroe County as well as Carbon, Northampton, Lehigh and Schuylkill.

"The biggest issue is that it's such a stigma. People have not talked about it in the past and it's so common. Just getting the word out there is hard. People get scared."

She said 1 in 10 people have a seizure in their lives. One in

100 have epilepsy, which is more than autism, which afflicts 1 in 150, said Baca.

She said she'd like more representation from Monroe

County. Perhaps parents with children who have it can gather for a support group. Baca said she welcomes the idea and will work with a local organizer.

"That would be fantastic," Baca told me enthusiastically.

There are so many support groups for other diseases. If you want to get involved or to join a local support group, call me at the Community News at 570) 420-4334 on weekdays. This invitation comes from the heart. Maybe we parents can do something together to help our children live better lives with this dreadful affliction. Knowledge is a formidable tool.



Dr. Martha Lusser will speak about children with epilepsy to age 16 and Dr. John Margraf will discuss age 16 to adult. Advocate Bruce Sham will speak about resources out there for families, government programs that can help you and how to deal with and live with the diagnosis, prescription plans and assistance for people who can't afford medication or insurance.

Last year, there was a program about women with epilepsy because they have more cases with

changes in hormones as they grow older and it showed ways they can deal with seizures.

Baca said one of the things in meetings was to warn parents to be wary about prescription switching by pharmaceuticals to replace brand drugs with generics. "Just check the labels every time," she said.

For those who have had to deal with a family member suffering with epilepsy, or even their own personal challenge, now is an opportunity to come forthright and take action.

Gathering with others is the best way to confront something that you may have difficulty dealing with yourself.

Munnabhai (not yet) MBBS



**Answers in a medical college examination...!!
(or learning from classes attended by proxy)**

Antibody	- against everyone
Artery	- The study of art.
Bacteria	- back door to a cafeteria.
Caesarean section	- a district in Rome.
Cardiology	- advance study of poker playing.
Cat scan	- searching for lost kitten.
Chronic	- neck of a crow.
Coma	- punctuation mark.
Cortisone	- area around local court.
Cyst	- short for sister.
Diagnosis	- person with slanted nose.
Dilate	- the late British Princess Diana.
Dislocation	- in this place.
Enema	- not a friend.
False labour	- pretending to work.
Genes	- blue denim.
Hernia	- she is close by.
Impotent	- distinguished/well known.
Labour pain	- hurt at work.
Lactose	- people without toes.
Lymph	- walk unsteadily.
Microbes	- small dressing gown.
Obesity	- city of Obe.
Pacemaker	- winner of Nobel peace prize.
Proteins	- in favour of teens.
Pulse	- grain.
Pus	- small cat.
Red blood count	- Dracula.
Secretion	- hiding anything.
Tablet	- small table.
Ultrasound	- radical noise.
Urine	- opposite of you're out.
Varicose	- very close.

Some Revelations of Married life

- ♡ Every man wants a wife who is beautiful, understanding, economical, and a good cook. But the law allows only one wife.
- ♡ When a man steals your wife, there is no better revenge than to let him keep her.
- ♡ By all means marry. If you get a good wife, you'll be happy. If you get a bad one, you'll become a philosopher... and that is a good thing for any man.
- ♡ Marriage is bliss. Ignorance is bliss. Therefore ...
Marriage is not a word, it is a sentence - A Life sentence!
- ♡ Marriage is when a man and woman become one, the trouble starts when they try to decide which one.
- ♡ Marriages are made in heaven. But so again, are thunder and lightning.
- ♡ If you want your wife to listen and pay strict attention to every word you say, talk in your sleep.

Finally
International symbol
of marriage
is approved...



Don't believe ?
Make a google search !!

ESLICARBAZEPINE

Adjuvant Therapy Eslicarbazepine Acetate Reduces Seizure Frequency

Eslicarbazepine acetate (ESL) can be safely administered to epilepsy patients with partial-onset seizures refractory to common antiepilepsy drugs (AEDs),

The drug has proven to be most efficacious in reducing seizure frequency when given at daily doses of 800-1,200 mg,

The investigators aimed to evaluate the efficacy and safety of ESL used as adjuvant therapy in epileptic adults presenting with ≥ 4 partial-onset seizures monthly, although they were taking up to 3 AEDs. Secondary study goals were to determine the median relative reduction in seizure frequency and the responder rate in this patient population.

This was a phase 3 randomised, double-blind, placebo-controlled study testing ESL in patients accrued at 46 centres in 13 countries. Of the 503 patients (aged 18-69 years; mean duration of epilepsy 23.9 years), 395 were randomised and treated in the double-blind treatment phase, and 325 completed the trial. Most of the patients were on 2 AEDs, including carbamazepine (60%), valproic acid (22%), and lamotrigine (21%).

Patients were randomised to receive ESL 400, 800, or 1,200 mg once daily or placebo for 14 weeks. Those in the 1,200-mg group received 800 mg of study drug during the first 2 weeks of study.

Patients in the 800- and 1,200-mg groups had significantly fewer seizures ($P < .01$ and $P < .0001$, respectively) than those in the placebo group. Median relative reduction in seizure frequency during the 12-week maintenance period was similar in the ESL 800- and 1,200-mg groups (33%), which was greater than in the 400-mg (21%) or placebo (5%) groups. Interestingly, the number of concomitantly taken AEDs did not seem to affect the responses of patients given ESL.

At least 2% of patients reported dizziness, somnolence,

headache, nausea, vomiting, diplopia, and abnormal coordination as adverse events. Most ESL-related toxicities were mild (38%) or moderate (44%) in intensity; however, 18% of all drug-related adverse events were severe, warned the investigators.

The dropout rates due to drug-related adverse events were 12.5%, 18.8%, and 26.5% in the 400-, 800-, and 1,200-mg groups, respectively. Three percent of patients on placebo discontinued treatment.

In the intent-to-treat population, the responder rate (defined as the proportion of patients with at least a 50% reduction in seizure frequency) increased with the dose of ESL -- from 18% in the placebo group to 20% at 400 mg, 32% at 800 mg ($P < .01$), and 35% at 1,200 mg ($P < .001$ of the study drug).

The investigators concluded that ESL given as adjuvant therapy is well tolerated and reduces seizure frequency."

Source: Versavel, American Neurological Association 134th Annual Meeting. Abstract M-45, Baltimore, 15 Oct 2009



RETIGABINE

Retigabine is a neuronal potassium channel opener currently in late-stage development as an adjunctive treatment for patients with partial-onset seizures. In Phase III epilepsy trials, retigabine reduced seizure rates compared to patients taking placebo. The most common adverse reactions (incidence greater than or equal to 5% and twice placebo) across all completed trials to date are dizziness, fatigue, confusional state, vertigo, tremor, coordination abnormal, diplopia (double vision), disturbance in attention, asthenia (weakness), and visual blurring.

Three retigabine modified release (MR) technologies will be assessed in a Phase I clinical study to evaluate these candidate formulations to identify a lead MR compound that will be advanced in further research intended to support a product with either a once- or twice-daily dosing regimen.

MIDAZOLAM RECEIVES ORPHAN DRUG DESIGNATION FOR RESEARCH

Ikano Therapeutics, Inc. (ITI) announced that it has received Orphan Drug designation for midazolam in the acute treatment of certain forms of epileptic seizure known as cluster seizures or alternatively, as acute repetitive seizures. ITI has a nasally administered form of midazolam called ITI-111 in late stage clinical development that is aimed at the treatment of these specific seizure types in an outpatient setting where other routes of administration can be difficult or inappropriate. Orphan Drug status confers seven years of marketing exclusivity for medicines that meet specific criteria in the treatment of qualifying conditions and patient populations.



The product has potential value for patients with poorly controlled epilepsy of the cluster-type included in this designation. With

this nasal preparation, patients will be able to function with greater independence and greater confidence that their seizures can be treated successfully when they occur. In addition, this is a much more practical and acceptable dosage form than any currently approved acute treatment of seizure clusters in the outpatient setting. Having a well studied, standardized midazolam formulation that is optimized for intranasal delivery and absorption will be a major advance in the outpatient care of patients with epilepsy.

Midazolam belongs to a class of medicines known as benzodiazepines that are a commonly recognized acute treatment for seizure. While the use of nasally administered midazolam to patients having seizures has been extensively documented in the clinical literature, there is no form of the drug currently approved for treatment of epilepsy or seizures.

REPORTS ON PFIZER DRUG STUDIES MISLEADING

Analysis of a dozen published studies testing possible new uses for a Pfizer Inc. epilepsy drug Neurontin found that reporting of the results was often misleading, indicating the medicine worked better than internal company documents showed.

According to the report, when a company-funded study's primary finding was not favorable, that result was usually buried and something else positive was highlighted.

The documents used in the review were obtained by lawyers suing Pfizer in class action status for the cases, claiming Pfizer concealed evidence the epilepsy drug Neurontin did not work for those unapproved uses, including nerve pain, migraines and bipolar disorder.

Pfizer disputes the report's conclusions, saying the company never "attempted to mislead the medical community about the effectiveness" of the drug for certain uses.

"We believe the review suffers from significant bias, insufficient data, poor methodology, and cannot pass the threshold of credible scientific research," Pfizer said in a statement.

The report, by researchers at the University of California at San Francisco and the Johns Hopkins Bloomberg School of Public Health, comes two months after Pfizer was fined a record \$2.3 billion — including an unprecedented \$1.2 billion criminal fine — for illegally marketing other blockbuster drugs.

For the new review, the researchers examined 20 patient studies funded by Pfizer.

Parke-Davis on Neurontin for preventing migraines or treating nerve pain or bipolar disorder.

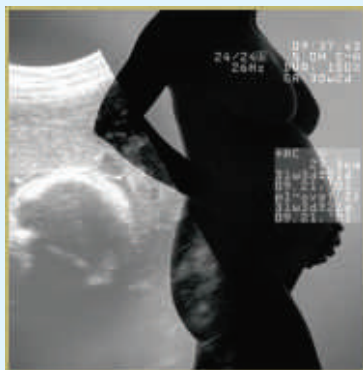
In eight of the 12 published studies, the main outcome listed in internal documents differs from the one later given in the published report. In half the cases, a new primary outcome was substituted and in others, the original main outcome was instead reported as a secondary measure or was not disclosed at all.

Arthur Caplan, director of the University of Pennsylvania's Center for Bioethics, called the report "one of the most ethically disturbing papers I've read in some time."

Caplan said the FDA should have the power to audit industry drug studies. Wolfe said there should be bigger fines and jail terms for manipulating study data, plus tougher rules for studies being published in journals.

Source: Linda A. Johnson (AP), Associated Press
New England Journal of Medicine, 13 Nov 2009

FOLIC ACID SUPPLEMENTATION



An epidemiological study in Israel that included 84,832 babies born at Soroka Medical Center, in Beer-Sheva concluded that medications taken during the first trimester that block folic acid more than double the risk of congenital

malformations.

The study team involved Epidemiologists, Pediatricians, Clinical Pharmacologists, Obstetricians and Gynecologists who examined birth and abortion data collected in Israel between 1998 and 2007.

The medications that act as folic acid inhibitors are the antibiotics trimethoprim, sulfasalazine for treating ulcerative colitis, and the chemotherapy drug methotrexate.

This group of drugs prevents folic acid from being converted to its active metabolites.

Anti-epileptic drugs and cholesterol lowering drugs are among the group of medications that lower serum and tissue concentrations of folic acid.

Folic acid (B9) is also known as folate or folacin. It is essential for building new cells, and everyone needs it. But it is especially crucial for a woman's physiological fetal function during pregnancy. Abundant folic acid during early pregnancy is important for preventing neurological and spinal birth defects.

Doctors are now recommending extra folic acid intake for women during the first trimester of pregnancy. Folic acid is abundant in leafy green vegetables, grains, dried beans, peas, nuts, and fruit. Adding daily supplements of folic acid is usually recommended.

The most common major birth defect from folic acid deficiency is spina bifida, or open spine. It is the result of the fetal spinal cord not closing completely during the first month of pregnancy. Nerve damage can result in the child's paralysis of the legs, fluid in the brain, learning difficulties, and urinary or bowel problems. There is no cure for this birth defect.

Source: *Natural News* <http://www.eurekalert.org>

GABAPENTIN MAY BE UNSAFE FOR DEVELOPING BRAINS



A study performed in mice and in cell culture suggests that gabapentin halts the formation of new synapses in the brain.

But the findings also suggest that the medication may harm fetuses and young children, whose brains are still developing.

Stanford University researchers examined the

interaction between neurons and astrocytes. Previous studies showed that a protein that astrocytes secrete, thrombospondin, is critical to the formation of the brain's circuitry. In the study, researchers found that thrombospondin binds to a receptor, alpha2delta-1, on the outer membrane of neurons. They showed in mice that the neurons that lacked alpha2delta-1 could not form synapses in response to the presence of thrombospondin.

Alpha2delta-1 is the receptor for gabapentin. But the new research revealed that when gabapentin was given to mice, it prevented thrombospondin from binding to the receptor, thus stopping the synapse formation.

While gabapentin, does not dissolve pre-existing synapses, it prevents the formation of new ones, if given to pregnant women or young children, the authors said. The majority of the brain's synapses are formed in utero and early childhood.

"It's a bit scary that a drug that can so powerfully block synapse formation is being used in pregnant women," Dr. Ben Barres, a professor of neurobiology and the senior author of the study, said in a news release. Right now, doctors have the view that gabapentin is the safest anticonvulsant.

Pregnant women with epilepsy who have been advised to continue their anticonvulsant treatment with gabapentin during their pregnancy should definitely remain on this drug until instructed otherwise. But there is no long-term registry being kept to track gabapentin-exposed babies.

Source: *Cell* 9 Oct 2009



RESEARCH ON EPILEPSY

GENE MUTATION IN FEBRILE SEIZURES



Finding could lead to better treatment options, study suggests

Mutations in a sodium channel gene are associated with seizures and a severe form of epilepsy called Dravet syndrome in children 6 months

and younger.

American and Dutch researchers studied a large family with a history of febrile seizures and zeroed in on mutations in the SCN9A sodium channel gene. When the mutation was introduced into mice, the rodents had significantly lower thresholds for seizures than those without the mutation. The researchers then confirmed their findings by expanding the study to include people who were not related.

SCN9A is the fifth gene determined to be linked to febrile seizures.

"This gene gives us a much-needed novel target for developing more effective drugs to treat those children with debilitating seizures," the study's first author, Nanda A. Singh, from the genetics department at the University of Utah, said in a news release from the university.

Febrile seizures, the most common form of early childhood seizures, affect about one in 20 North American infants. Though most infants outgrow the problem, some continue to have seizures into adulthood.

Dravet syndrome is a type of epilepsy that begins with febrile seizures. The researchers said their findings suggest that infants with Dravet syndrome should be tested for the SCN9A mutation to determine whether sodium channel blockers should be used to treat their seizures.

Source: PLoS Genetics, Sept. 18 2009

'MOLECULAR TRIGGER' FOR SUDDEN DEATH IN EPILEPSY

The most common gene for a syndrome associated with abnormal heart rhythms and sudden death triggers epileptic seizures and could explain sudden unexplained death in epilepsy, said researchers from Baylor College of Medicine in a report.

The identification of this particular potassium channel KvLQT in neurons of the central nervous system gives scientists a clue about which epilepsy patients face the greatest risk of dying unexpectedly, said Dr. Jeffrey Noebels, the study's senior author and director of the Blue Bird Circle Developmental Neurogenetics Laboratory at Baylor College of Medicine. The channel has been identified in heart muscle cells and now for the first time in brain or nerve cells.

Idiopathic epilepsy is one of neurology's oldest mysteries. While most persons with epilepsy will have a normal lifespan, our finding now points the way to a simple and essential test to identify risk for sudden death in persons with seizures of unknown origin. In these patients, a routine cardiology evaluation consisting of an EKG, and if indicated, a genetic screening test for this family of genes can positively identify this new risk factor," said Noebels. "If the gene test is positive, there are effective treatments for the heart irregularity, including drugs known as beta blockers, as well as the use of a cardiac pacemaker to prevent lethal arrhythmias."

As many as 18 percent of deaths in epilepsy come suddenly without warning, devastating families.

Goldman found that mice with a mutation in the gene that encodes for the KvLQT1 ion channel had frequent epileptic seizures as well as life-threatening heart rhythm irregularities.

"This demonstrates the long-sought molecular link between heart and brain in epilepsy.

Goldman is now screening epilepsy patients to determine whether they have the same gene mutation.

Source: Science Translational Medicine, Oct. 15, 2009

RESEARCH ON EPILEPSY

BROCA'S AREA INVOLVED IN BOTH READING AND SPEAKING WORDS

Electrodes used to pinpoint the source of epileptic seizures. Researchers also used the electrodes to show that Broca's area computes the meaning, structure and sound of words in split-second sequences.



The brain goes from zero to speech in 600 milliseconds. Scientists have known this fact, but have debated exactly how the brain processes language and then converts the thoughts to speech.

Questions have centered on the role of Broca's area, a language-processing center located on the left side of the brain and first described by the French doctor Pierre Paul Broca in 1865. Since then, researchers have made little progress in understanding the details of how the area helps a person speak, partly because tools such as functional MRI are too slow to measure the activity of single neurons or groups of neurons.

Now, patients with epilepsy are giving researchers split-second insight into language processing in Broca's area. Three people with epilepsy had a rare surgery to implant electrodes in their brains. The surgery allows doctors to pinpoint the source of seizures and treat the condition while sparing parts of the brain that control language, vision and other important processes. The patients gave permission for Ned Sahin of the University of California, San Diego School of Medicine and his colleagues to measure activity in their brains during pre-surgery tests.

Those measurements showed that Broca's area is able to do more than scientists had thought, including executing all steps from reading to speaking. The area recognizes words within 200 milliseconds of a person seeing them. Then it takes only another 120 milliseconds to mentally change the tense of a verb or make a noun singular or plural. By 450 milliseconds after first seeing a word, the brain is ready to silently articulate it.

These findings may help dispel a commonly taught notion that Broca's area is only involved in speaking while a different part of the brain, known as Wernicke's area, handles reading and hearing.

Source: Tina Hesman Saey, *Science*, Oct 16 2009

RADICAL BRAIN SURGERY VIA NOSE BEGINS IN UK



Surgeons in British hospitals are carrying out groundbreaking brain surgery that involves entering the skull through a patient's nose to remove tumours.

The new technique means a patient can be back at home within 48 hours and swiftly return to a normal life.

Images from an endoscope inserted into a nostril are beamed on to a high definition TV screen, allowing a neurosurgeon and an ear, nose and throat surgeon working together to remove tumours at the base of the skull and the top of the spine. The procedure, endonasal endoscopic skull base surgery, is being pioneered in the UK at a handful of hospitals, including the Wessex Neurological Centre in Southampton. It has previously been performed in the US.

Consultant neurosurgeon Nijaguna Mathad and ENT surgeon Salil Nair began using the technique,

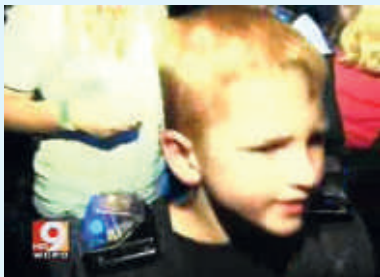
The result of initial operations had been "very, very encouraging," he said. "It can be done with both hands, using both nostrils ? that's the beauty of it. You've got four hands and two heads. It's a learning curve. The first one I did took four to five hours, the most recent took an hour and 20 minutes. As you keep doing it, you get better and better every day."

To put the endoscope and operating instruments into the right positions, the surgeons have to open the sphenoidal sinus that forms the barrier between the head and the nose. When they have finished removing the tumour they have to rebuild the barrier.

Source: Rachel Williams, guardian.co.uk

EPILEPSY AROUND THE WORLD

USA-LOCAL BOY ORGANIZES EPILEPSY FUNDRAISING



A local boy's dream to make a difference came true Thursday night, thanks to a game of laser tag.

Eight-year-old Xavier Legault suffers from epilepsy. But instead of complaining about his difficult disease, Xavier is trying to help others who also suffer.

On Thursday at "Laser Kraze" in Maineville, Xavier and his "Team X-Treme" hosted a laser tag fundraiser to benefit the Epilepsy Foundation of Greater Cincinnati.

Xavier's mom, Sara, was thankful for all the support:

"The kids came out from all over Kings School District, Little Miami, everywhere tonight to support a really great cause that doesn't get a whole lot of showtime," she said. "So, I guess now we're just kind of spreading the awareness for epilepsy."

Xavier's goal is to raise \$5,000 through multiple fundraisers to help the Epilepsy Foundation.

Source: Dana Smith, danasmith@wcpc.com

US TRUCK DRIVER WITH EPILEPSY TO BE SENTENCED FOR COUPLE'S DEATH AFTER HAVING FIT WHILE DRIVING

Truck driver Auvryn Scarlett knew he had epilepsy and yet drove New York dustbin lorry. He had a fit while driving and ran over a couple killing both.

Scarlett, 54 years of age had stopped taking his medicine and failed to inform his employer about his condition, the prosecutor charged.

It took jurors just three hours to return a guilty verdict.

Under American law, they had to find that Scarlett behaved with "depraved indifference to human life" and "recklessly engaged in conduct that produced a great risk of death", in order to find him guilty of murder, Judge Richard Carruthers said.

He is likely to face a sentence of 15 years to life imprisonment.

AUSTRALIA-PROFILES IN PERSONAL COURAGE



Wally Lewis with a scar on his skull after brain surgery

Wally Lewis tells how he overcame epilepsy

RUGBY league legend Wally Lewis former Australian captain talks more about epilepsy these days than the game,

he kept his epilepsy under wraps for more than 20 years. Decades of embarrassment, shame and secrecy have made way for a passion to inspire, educate and inform. He is determined to shine a light on the condition that saw him plunge into depression and suicidal thoughts during his darkest days.

Lewis, 49, has pulled no punches in the revealing book, *Out of the Shadows: A Champion's Return to the Spotlight* which courageously details his terrifying fight against epilepsy.

Source: Greg Davis journnews@thesundaymail.com.au
20 September 2009

MALAYSIA-LIVING WITH FITS



Serene Low, who lives in Bangsar, Kuala Lumpur. 49-year-old wife and mother of a 21-year-old son is convinced that having epilepsy is neither a death nor life sentence.

"Life is still beautiful with epilepsy," she told Wheel Power last week. Low has epilepsy for nearly 40 years, experiencing more than 100 attacks.

"With proper diagnosis and the right medication, seizures can be fairly well, if not, very well controlled," added the prominent epileptic awareness activist whose blog www.epilepsylegacy.blogspot.com won a top health blogger award in February this year.

I stay connected with other epilepsy activists, caregivers and (PwE).

Epilepsy has opened a whole new dimension in my life," she explained. "I have loyal followers and readers".

Vincent Van Gogh's paintings have inspired me in my art which is one of my greatest interests."

She submitted 13 paintings to Jim Chambliss, Australia who calls himself "a reformed attorney" after successfully rebounding from traumatic brain injury in 1998.

Low was delighted that her works were picked as part of a study by Chambliss, entitled *Epilepsy and Creativity*.

ANTHONY THANASAYAN *Wheel Power, Malaysia*

KENYA-RADITIONAL HEALERS PLAY KEY ROLE IN EPILEPSY MANAGEMENT



People with epilepsy in rural Kenya choose to consult traditional healers over biomedical health practitioners because they provide culturally acceptable reasons for the illness, better

support to the family and are more conveniently located.

Members of a Kenyan community perceived traditional healers to be more understanding of their circumstances - listening more and offering deferred payments - as well as giving better explanations for their illness, according to research at the Kenya Medical Research Institute (KEMRI)/Wellcome Trust Collaborative Programme in Kenya.

The researchers surveyed a group of 10 families, 8 traditional healers and 12 biomedical health workers in the Kenyan district of Kilifi, north of Mombasa, over a 10-month period.

"Biomedical practitioners would benefit from considering the cultural context of neuropsychiatric conditions," says Professor Charles Newton, a Wellcome Trust Senior Fellow at KEMRI.

"Training in culturally accessible ways of framing epilepsy, symptoms, causation, and treatment may improve access to antiepileptic drugs and reduce the treatment gap."

Source: *Rural Remote Health* 2009, 9(4): 1253

SWAZILAND- DRIVERS WITH EPILEPSY MUST BE OFF THE ROAD - POLICE

People living with epilepsy are not supposed to be granted driver's licenses for the safety of road users unless a doctor deems that individual fit to obtain one. This is according to The Road Traffic Act of 2007.

This was stated by Officer in Charge of Traffic Section in Mbabane Hezekiel Themba Motsa during the launch of the Epilepsy and Driving Campaign by the Swaziland Epilepsy Organisation.

Motsa said people who had epilepsy yet they were drivers should alert the police, so they can be assessed.

Meanwhile, Mbuso Mahlalela encouraged stakeholders to join hands with them financially and otherwise towards the success of The Epilepsy and Driving Campaign.

Source: *Simon Shabangu*

UGANDA-WHAT UGANDA NEEDS TO KNOW ABOUT EPILEPSY

LAST week as I travelled in a taxi, a child who was crossing, suddenly fell in the middle of the road in a fit. It took about three minutes before he regained consciousness. This child must have had epilepsy.

Many people in Uganda have this condition and are not aware it is epilepsy. A number of students suffer from seizures leading to poor performance; they are grouped as 'dense' yet great potential lies in them if the condition could be diagnosed and treated. Others have been sent out of school on grounds of disrupting class sessions.

It should be noted that a person with epilepsy when under tension, scared, anxious or traumatised, can get a seizure. Socially, people with epilepsy are stigmatised and most times left out of development and leadership initiatives. Most do not disclose their condition and in the villages they are kept metres away from the main house in small huts.

So many myths surround epilepsy, one of which is that epilepsy is contagious. It is not and it is our role to support and care for people with epilepsy.

Some people with epilepsy have been denied employment, an infringement on their rights. True, medication may not be sufficient in health centres, but how can the Government plan for what is not known?

It is, therefore, our responsibility to refer people with epilepsy to hospitals or health centres so that they do not get secondary disabilities and permanent brain damage.

Until we appreciate epilepsy, Uganda will keep losing valuable human resource over a controllable condition. Together, let us bring epilepsy out of the shadows.

Source: *Ms Angela Ssempala, Advocacy Officer, Epilepsy Support Association Uganda.*

FORTHCOMING EVENTS

☞ 16th & 17th January 2010



WORKSHOPS
ON EPILEPSY
AND EEG
Department of
Neurology,
AIIMS, New Delhi



Contact: manjari.tripathi@gmail.com



☞ 28th January - 6th February, 2010

Epilepsy and Time
Santa Monica Hotel and Conference
Center in
Sao Paulo, Brazil



☞ 19th - 21st February, 2010

International Workshop on Epilepsy
G.B. Pant Hospital, New Delhi

For further details contact

Prof. Vinod Puri, Academic Block
Department of Neurology

G.B. Pant Hospital, New Delhi- 110002.

Ph: 91-11-23231298, 23233001

M: +919811105060, 9718599302

E-mail:

internationalworkshop2010@gmail.com,
vpuri01@gmail.com



☞ 4th-6th March, 2010



2nd East Mediterranean Epilepsy
Congress, Dubai Infantile Seizure
Society

www.dubaicongress2010.org



☞ 26th - 28th March, 2010



13th Annual Meeting of the Infantile
Seizure Society (ISS)
International Symposium on Epilepsy
in Neurometabolic Diseases (ISENMD)
Hosted by the Taiwan Child Neurology
Society and Infantile Seizure Society
Howard Plaza Hotel, Taipei, Taiwan



☞ 25th - 29th April, 2010

Tenth Eilat Conference on New
Antiepileptic Drugs



(Eilat X) Isrotel Royal Beach Hotel,
Eilat, Israel

25 - 29 April 2010 Abstract
submission deadline:

1 February 2010 Send to

eilatx@targetconf.com

<http://www.eilat-aeds.com>



☞ 19th - 23rd June, 2010

7th Turkish Epilepsy Congress
Cappadocia is source of history,
culture, and which is adorned with
extraordinary natural miracles. We are
honoured to invite you to our congress
which is held in cooperation with
Turkish Epilepsy Society and
Department of Neurology of Gulhane
Military Medical Academy.
Prof Dr Ibrahim BORA, MD
President of Turkish
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Prof Dr Zeki GOKCIL, MD
Chairman of Turkish
Epilepsy Congress



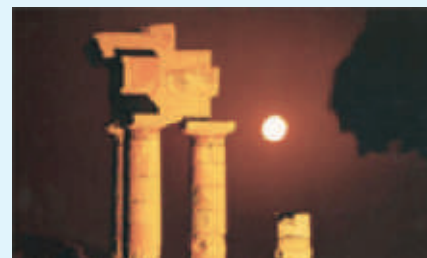
☞ 19th - 23rd June, 2010

20th Meeting of the European
Neurological Society
Berlin, Germany www.ensinfo.org



☞ 27th June - 1st July, 2010

The 9th European Congress on
Epileptology



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Marika Capsis 2000

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☞ 1st-4th August, 2010



CATAGENA

1-4 August 2010

6º Congreso Latinoamericano de EPILEPSIA

6th Latin American Congress on
Epilepsy (6th Congreso
Latinoamericano de Epilepsia),
Cartagena,



FORTHCOMING EVENTS

☞ **25th - 27th August, 2010**

12th European Conference on Epilepsy and Society
Porto, Portugal
www.epi-epsycongress.org www.epilepsyandsociety.org



Come join us in Porto next year for the 12th European Conference on Epilepsy & Society. Portugal's second city is first class and promises delegates a terrific time:

Visit the old town where you'll find steep, narrow streets, lovely neo-classical buildings and baroque churches with stunning views over the rest of the city as it curves away towards the Atlantic;

Go for a walk at the Ribeira Waterfront where the terraced, disordered rows of the old city loom over you. It's also well worth catching one of the city's charming wooden trams to the seafront;

Stopover at one of the Port wine cellars! Porto features many Port Houses, most of which offer free tours, with a tasting included.

Go shopping! From the old traditional market places to the new and bustling shopping centres, you'll no doubt find something irresistible in a city renowned for its good taste.

Take a river cruise! There's no better way to discover Portugal's lush vineyards, storied culture and stunning natural beauty than on a Douro River cruise. On a Douro River cruise, you'll see restored palaces in modern cities and lovely rural villages along one of Europe's most charming rivers.

See you in Porto in 2010!!!

Contact: porto@epilepsycongress.org

☞ **21st - 24th October, 2010**

8th Asian & Oceanian Epilepsy Congress - Melbourne, Australia

Melbourne has been selected as the venue for the 8th Asian and Oceanian Epilepsy Congress. This will be the first IBE/ILAE congress to be held in Australia after the 21st International Epilepsy Congress held in Sydney in 1995.

The second announcement is already available on website. There will be a special programme for people with epilepsy and their carers during the congress.

For further information or to receive a copy of the programme.

Contact: melbourne@epilepsycongress.org

Abstract Submission deadline 11 June 2010

Registration Fees

	Early Registration (On/Before 9th July 2010)	Late Registration (10th July to 8th October 2010)	On-site (From 21st October 2010)
Senior	US\$ 300	US\$ 350	US\$ 400
Trainee / Non Physician*	US\$ 150	US\$ 175	US\$ 200
Subsidised Registration**	US\$ 150	US\$ 150	US\$ 150
Accompanying person	US\$ 100	US\$ 100	US\$ 100

INDIAN EPILEPSY ASSOCIATION



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