



Editorial

Dear Friends.

Smile Factor

Remember the happy movie of yore "Fiddler on the Roof" with the exuberant Topol singing:

'O Lord! You made many many poor people

I realise of course it is no shame to be poor

But it is not great honour either....'

Riches could bring more happiness though his poor self is not necessarily unhappy!

We in India may be a poor country but not all that unhappy. Statistically with rather low GDP of \$3200/capita we still rather blithely go about our lives. So we need to look beyond for this paradox of money and happiness.

Gross National Happiness (GNH) Index was formulated to address such seeming inequities. King Jigme Singye Wangchuk of Bhutan while studying in Oxford propounded GNH concept in 1972. He looked at his happy countrymen who had little reason to be so if GDP was the sole measure. He ascribed this to the communion of his Buddhist country represented as a microcosm within the larger *mandala* of the universe. Echoes for us too in our similar socio-religio-cultural ethos.

"If you are unhappy with GDP, go for GNH!" is the tongue-in-cheek remark of Prof Arvind Panagariya, Economist at Columbia University. He is the contemporary world's leading economist waiting on the side lines for a Nobel recognition (his sibling is Dr Ashok one of our best known neurologists).

The pursuit of happiness exercises many countries as they approach economists, sociologists and thinkers to know more about how people consider themselves happy. Scandinavia, USA and UK are way up in the GNH indices. Sarkozy in France has engaged Nobel Laureates Joseph Stiglitz and Amartya Sen. Canadians and Brazilians have mounted their own research. British PM David Cameron believes that this may be a good time to engage people in a loftier debate beset as the country is with some unpopular actions.

USA still scores very high on GNH index. But most good is done by people who have happily given away their wealth. Fifty-seven of their billionaires have parted with more than half of their personal wealth to charity. The latest in this roll of honour and the youngest Mark Zuckerberg is all of 26 years of age. His name may mean little to most but he founded Facebook at the age of 18. He has this amazing view

"Money or the ability of making money does not impress anyone here (his colleagues)."

This from a person who has contributed so much happiness to the world. You may truly believe that money and happiness are not connected.

Proponents of happiness index readily agree to the pitfalls of any methodology but consider none so insurmountable. There may be economic theories and practical realities, subjective and qualitative parameters against hardnosed objectivity, but we need to find satisfaction somewhere. In epilepsy we follow mixed bags of QOLIE-89 and shorter QOLIE-31, don't we?

Psychoanalyst and author Sudhir Kakkar who I avidly follow believes GNH measurement for India will do us a lot of good. Difficulty may be to reach consensus not on the constituents of happiness but how much weightage to give to each. Some of the elements will need to be judged indirectly as love could be measured by prevalence of the opposite that is domestic violence, divorce, separation. Such parameters can move away from material

to what ultimately matters in life.

Prof Panagariya puts it very simply. You may add family income but by adding or subtracting you will not achieve the actual state which member is happy or unhappy.

It is said that happiness in life can be derived from the simplest actions. The Norwegian musician Goran Mansson suggests "Listen, play, feel

music; relax in a comfortable posture; read a good book, funny stories, and cartoons, remember wise quotes; eat, enjoy and cook food for family and friends and together enjoy movies, take walks and exercise. Talk of creativity, enjoy technology; the simplest is digital photography as incremental cost is none, go through old photo albums. Spend time with children, have fun, enjoy a lazy day without feeling guilty. We may add

Don't be afraid to start new things or hobbies; have more beginnings than endings.

Don't waste time on past or look back in anger, nor fear the present or future as around us may be all the happiness.

Happiness is something to work for, someone to love and something to hope for.

**Wishing you and your family
an even happier year.**

Dr VS Saxena
Editor



EPILEPSY INDIA

NEWSLETTER OF INDIAN EPILEPSY ASSOCIATION & INDIAN EPILEPSY SOCIETY

EDITOR

Dr VS Saxena
Sannidhi, K-10/10 DLF CITY-II, GURGAON-122002
Telephone : (0124) 2350035, 4363036-37, Telefax : 4363035
e-mails : drvssaxena@gmail.com
sannidhivss@gmail.com

NOTICE

Election for IEA President- Elect 2011-2013

The above election for which the process had commenced has now been cancelled due to technical reasons.

The ballot papers posted to all members on 08 December 2010 which have got unduly delayed in postal transit, therefore, should not be sent to our Office for this election.

You may now participate in a new election schedule which has been planned with fresh deadlines.

Please see page 35 of this issue of Epilepsy India for these details and the Nomination Form.

DR VS Saxena

Returning Officer-IEA

Sannidhi

K10/10 DLF City-II,

Gurgaon 122002

email sannidhivss@gmail.com

DESIGNER & PRINTER

SURBHI PRINTOGRAPHICS
298, Indra Vihar, Dr Mukherjee Nagar, Delhi - 110 009
Tel. : (011) 2765 0396, 2765 8388 Fax : (011) 4705 4858
e-mails : surbhiprintographics@yahoo.co.in
ajay@surbhiprintographics.com

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HONOUR FOR OUR MEMBERS



ASIAN AND OCEANIAN OUTSTANDING ACHIEVEMENT EPILEPSY AWARD

For
PROFESSOR SATISH CHANDRA



Instituted by Commission on

Asian and Oceanian Affairs (CAOA)

INTERNATIONAL LEAGUE AGAINST EPILEPSY

Professor Satish Chandra, Bangalore

was chosen to receive the Commission of Asian and Oceanian Affairs Award of the ILAE introduced in 2010.

It is their highest honour, recognising and paying tribute to great leaders who have provided extraordinary contributions to epilepsy care in the region.

Prof Satish Chandra's outstanding service has been recognised by colleagues and by representatives of the entire Asian and Oceanian Region.

He was invited to attend the 8th Asian and Oceanian Epilepsy Congress in Melbourne 2010, to receive the award at the Opening ceremony.



OUTSTANDING PERSON WITH EPILEPSY

For
MRS KAVITA SHANBHAG



Mrs Kavita Shanbhag has been associated with the Indian Epilepsy Association Bombay Chapter since 1992, after being diagnosed with epilepsy.

Kavita is currently the Vice President of Indian Epilepsy Association (Bombay Chapter).

Kavita has taken an active interest in the development of the support group, running workshops, seminar and conferences on epilepsy, cultural and social entertainment programs during Epilepsy Day celebrations.

A talented writer, Kavita has presented skits, drama, monologues and theme songs based on epilepsy and assist Samman members to become advocates for epilepsy.

Recently, Kavita was felicitated for Social Service by Kanara Saraswat Association, Mumbai.

She has launched child raise Trust (www.childraise.com) with the objective of helping children who need special attention.

WHO INTERVENTION GUIDE

WHO simplifies treatment of mental and neurological disorders

New *Intervention guide* to facilitate the management of depression, alcohol use disorders, epilepsy and other common mental disorders in the primary health-care setting

Millions of people with common, but untreated, mental, neurological and substance use disorders can now benefit from new simplified diagnosis and treatment guidelines released today by WHO.

The *Intervention guide* extends competence in diagnosis and management to non-mental health specialists including doctors, nurses and other health providers. These evidence-based guidelines are presented as flow charts to simplify the process of providing care in the primary health-care setting.

Almost 95 million people with depression do not receive any treatment or care

The WHO estimates that more than 75% of people with mental, neurological and substance use disorders -- including nearly 95 million people with depression and more than 25 million people with epilepsy -- living in developing countries do not receive any treatment or care.

Expensive technologies are not required to improve mental health services

Implementing the guidelines

WHO in collaboration with partners will provide technical support to countries to implement the guidelines in Ethiopia, Jordan, Nigeria, Panama, Sierra Leone and Solomon Islands.

The *Intervention guide* will help scale up care for mental, neurological and substance use disorders - which is the aim of WHO mental health Gap Action Programme (mhGAP).

For more information, please contact:

Dr Shekhar Saxena Director, Mental Health and Substance Abuse Department WHO, Geneva

7 SECRETS OF SUCCESS



THE FIRST EUROPEAN EPILEPSY DAY

DATE: 14 FEB 2010



February 2011, European Parliament, Strasbourg

'The Many Faces of Epilepsy' is the theme for the first European Epilepsy Day. Materials supporting the theme are being identified and IBE Members in Europe are encouraged to use this theme.

Local activities

Events are being planned by IBE to take place in Strasbourg, but we need epilepsy associations in every country in Europe to develop their own national and local activities to promote awareness about epilepsy.

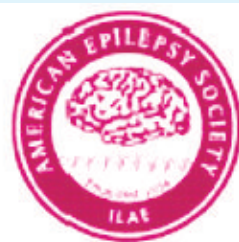
1. Adopt the theme 'The Many Faces of Epilepsy' uniformly
2. Set up meetings with health ministers;
3. Talk to the media
4. Create public information opportunities
5. Contact pharmaceutical industry to look for sponsorship and support.

Planned activities in Strasbourg

- 1) **Exhibition 'The Many Faces of Epilepsy'**
- 2) **Re-launch of the Parliamentary Advocates for Epilepsy Group during lunch discussion**
- 3) **Meeting with European Commissioner for Health**
- 4) **Contact programme**

One-on-one meeting with MEPs. Involvement of national association in this programme is recommended.

LENNOX AWARD 2010



AMERICAN
EPILEPSY
SOCIETY

Prof Simon D Shorvon of University College of London, has been named recipient of The William G Lennox Award for 2010.

The William G Lennox Award Established in 1966 is given annually to a senior AES member who has a record of lifetime contributions and accomplishments related to epilepsy.



Dr Shorvon is clinical subdean and professor of clinical neurology at the UCL Institute of Neurology and one of the foremost influential epileptologists in the world today.

Dr Shorvon was among the first to conduct studies documenting the treatment gap for people with epilepsy in the developing world. Among many contributions to the field are his creation of the world's first MRI unit dedicated solely to epilepsy research; extensive research on antiepileptic drugs; and, studies of prognosis, mortality and life expectancy in epilepsy.

Dr Shorvon is a leading authority on status epilepticus, prolonged seizures that can lead to neurological deficits. He is an author of over 300 original research articles in peer-reviewed journals, and the author or editor of 30 monographs and books, several of which are considered definitive texts. The journal *Epilepsia*, which he edits, is the leading journal in the field.

The award recognizes his extraordinary body of work in elevating the level of epilepsy care and bringing the disorder into the mainstream of medical research in England, Europe and elsewhere around the globe.

8TH AOEC, MELBOURNE

OUTSTANDING PERSONS WITH EPILEPSY AWARD



Dr Michelle Bellon, Australia



Mrs Kavita Shanbhag, India



Dr M. Hills, New Zealand



**Ms J Desiree on behalf of
Dr Ronald S Magbitang,
Philippines**



**Outstanding Persons with Epilepsy Award winners pose
with the President IBE Mike Glynn,
Regional VPs Shunlon Lai & Vinod Saxena**



**Dr Ding Ding on behalf of
Ms Cindy Li, China**



Ms Shih Min Li, Taiwan



Ms Li Ying Yi, Hong Kong



Mrs Norika Fukui, Japan

SPARKS FOR CREATIVITY

The Bright Spark Jim Chambliss Attorney, Artist with Epilepsy but who refuses to focus on negatives

Reported by: Dr VS Saxena

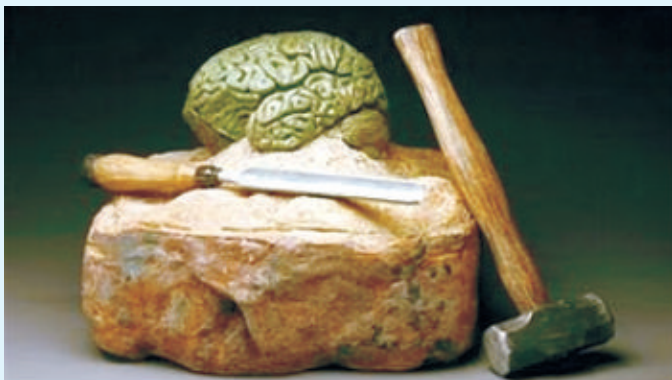
I had the great pleasure of conversing with Mr Jim Chambliss on three occasions while in Melbourne for the



Jim Chambliss against the backdrop of a portrait of Mr/Mrs Chambliss

8th AOEC where he was a speaker. He also organised a special exhibition of paintings by those with epilepsy/migraine. The organisers had invited him for a talk in the special session Epilepsy and Art. It was an uplifting experience to talk to a man who took out only the best from his adversity which could have completely derailed the life of any ordinary human being. Not Jim. What a wonderful understanding of art he acquired though it seemed that he always had that deep inside him. His enthusiastic pursuit and his eagerness to explain the nuances of each exhibit to even non-cognoscenti or uninitiates in art forms like myself was very appealing as he brought out so much of passion in what could have only been his second choice.

A beautiful part of the meeting was the chance knowledge



of the harmonious relationship in his married life. Twice blessed!

The following is the account of his life mostly in his own words.

His story is another inspirational account for us in the field of epilepsy.

Jim Chambliss likes to call himself "a reformed attorney" who successfully rebounded from traumatic brain injury in 1998 that led to temporolimbic epilepsy (TLE), migraines and temporary cognitive damage. He is a dual PhD program candidate that combines creative art and medicine. The study that he is doing, is called "**Sparks of Creativity: The Influence of Epilepsy and Migraines in Art.**"

The inspiration for this research came from a personal metamorphosis in a series of life-changing events after the injury that opened the door to a new life and undiscovered artistic ability.



"Damage to my left hemisphere impacted on functions such as reading, writing, numerical calculations, listing and those things associated with mental efficiency. However, I remain a licensed attorney in good-standing. During the recovery process and resulting medical expenses I lost most everything I had of monetary value. This was most unexpected, frustrating and humbling for a formally cocky attorney.

"In spite of my challenges I refused to become a person who continued to focus on the negative or dwell on what life could have been without the dramatic changes. Subsequent to the brain injury, I discovered a talent for art. I had no artistic training or recognized creative talent before my brain injuries and the resulting seizures. Subsequently, my art has won numerous awards and has been published on multiple occasions."
He believes that 'your most effective mission will come out of your deepest hurts.'

You can contact him by e-mail at jimchambliss@msn.com



Reported by: Dr HV Srinivas, Bangalore



A report on Indian Participation.

The conference was held in the sprawling MCEC Convention Centre, Melbourne situated on the banks of river Yarra.

There were over 1500 delegates for the main conference, and 234 delegates for Epilepsy & Society programme 116 delegates from India were the largest group, after nearly 500 Australian delegates.

On the first day (21 October 2010) Epilepsy & Society Programme was conducted for People with Epilepsy and the Community Organisations. This programme was developed by local and regional committees of IBE. The main topics focussed on “Epilepsy and Stigma”, “Employment and Advocacy” and “SUDEP”. Dr V S Saxena chaired the interesting session of “Epilepsy & Stigma” in which the two eminent celebrities, Prof Graham



Scambler, Medical Sociologist from University of Central London and Wally Lewis the popular Australian television sports presenter and author shared their thoughts and experiences. Prof Scambler gave a scholarly view of stigma in today's context and described how real the problem remains even in developed countries.

The story of the other speaker Wally Lewis as the greatest rugby player of all time was uplifting to all those who are



held back due to the attitude of the society. His story was published in Epilepsy India (Issue 1, 2010) under the title “Profiles in Personal Courage”. Wally Lewis showed how with a sense of realism & positivity went through his greatest challenge in life.

In the session of “Employment and Advocacy” Dr H V Srinivas chaired the session along with Mr Robert Cole. Dr Mehndiratta in his talk emphasized the need of advocacy programmes to improve the public awareness



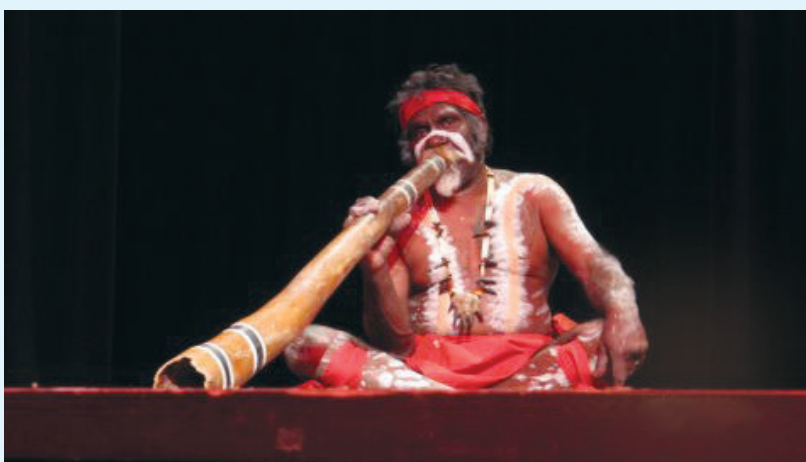
in developing countries in general, with a focus on India. Later in the day there was a parallel discussion group on the topic of "Epilepsy & Art". Mr K Janardhan, Calligrapher from Bangalore was an invited speaker for this session. He shared his experiences, trials and tribulations as a PWE in an effective manner and implored for people with epilepsy to come out openly and share their experiences, so that the myths and stigma attached to epilepsy can be reduced.

The final part of the Epilepsy & Society Programme consisted of presentation of awards to Outstanding Persons with Epilepsy. There were nine recipients who were presented with special certificate of achievement by IBE President, Mike Glynn. It is indeed a matter of pride that Ms Kavita D Shanbhag, received this from India.

In the later part of the evening a Welcome Ceremony was held which is akin to inaugural function in our country, but the welcome ceremony was business like and it was entirely an inhouse programme without any invitees from outside or politicians!. The highlight of the programe was

the presentation of AOOAEA – The Asian and Oceanian Outstanding Achievement Epilepsy Award. The Award was introduced this year in order to recognize and pay tribute to medical or non-medical professionals for their extraordinary contributions to epilepsy care in this region. It is again a matter of pride that Dr P Satish Chandra Bangalore was one of the recipient of this award, the other recipients being Drs Hasan Aziz (Pakistan), Prof Tatsuya Tanaka (Japan), Xun Wu (China) and Kazuichi Yagi (Japan).

The Welcome Ceremony included a brief presentation of the Australian aboriginal group playing the famous instrument didgeridoo. The proceedings of the day was



rounded off with a brief welcome reception.

IBE (International Bureau for Epilepsy) had a stall for posters on the activities of Epilepsy Associations of IEA Bangalore Chapter and IEA Nagpur Chapter,

each one highlighting the activities of the respective organisations.

There were quite a few business meetings in which the





Meeting of the SE Asian Region IBE

Indian representatives were there . This included South East Asia Regional Executive Committee Meeting. Joint Meeting of SEA and WP Regional Executive Committee Meeting, Editors Network; ILAE/IBE –WHO Global Campaign Against Epilepsy. All in all we had made a mark in every activity of the conference.

The following two and half days witnessed a feast of scientific delight covering various aspects of epilepsy - from the laboratory to the bed side, from genetics to social aspects through - didactic lectures, parallel sessions, platform sessions, practical sessions, workshops, video sessions and poster sessions. ASEPA conducted the workshops and didactic lectures throughout the programme.

Dr Saxena chaired on important session on prevention of symptomatic epilepsy where the speakers were Nico

Moshe President of ILAE. Ben Selladurai, Malaysia and Dr V Udani and Dr Gagandeep Singh from India.

Guidelines on management of epilepsy become a separate session with presentations from Dr Satish Jain, India, Dr Xun Wu, China and Dr N Akamatsu, Japan.

The Indian participation was very much there in the form of chairing various sessions, presentation of papers, main lectures, platform presentations and main sessions. What I liked most was the frugal lunch which made sure that

people kept awake in the post lunch session!, unlike our conferences where the lunch is served from soup to icecream and even pan beeda!!.

With the overwhelming hospitality in India the post lunch session is a dampner, to the consternation of the



V Saxena



Xun Wu



Satish Jain



N Akamatsu

speakers in that session. What I wished is some colorful cultural programme and a sumptuous dinner (including vegetarian) in the Welcome Reception.





EDITORS NETWORK MEETING

INTERNATIONAL BUREAU FOR EPILEPSY 23 OCTOBER 2010



Welcome

Mr Robert Cole Chair welcomed attendees:

Denise Chapman, Australia, Ann Little, IBE Executive Director, Dr H Kubota, Japan, Frank Gouveia, New Zealand, Dr Vinod Saxena, India, Michael Alexa, Austria, Reachelle Beasley, Australia (Tasmania), Leanne Eastham, Australia (Tasmania), Dr C T Choong, Singapore, Dr Ding Ding, China

Best Article in your Association's Newsletter

Participants were asked to bring 12 copies for discussion & distribution.



Distribution of 'Best Articles' from Association Newsletters occurred followed by discussion.

All countries made presentation

Discussion took place about publishing articles in other languages.

India

- Dr Saxena detailed that their Indian Newsletter contained information on teaching programs, general information for physicians, promotion, epilepsy information to their 27 chapters both in cities and rural areas. They will now report on National Epilepsy Day.

They have made a film in Hindi plus 8 regional languages to create awareness. They have a section on drugs for lay and doctors.



Mr Robert Cole and Ms Denise Chapman
the local hosts

They also feature research and patient stories. A special feature is their "Epilepsy Around the World" section where many source of the articles were tapped & quoted.

They also promote their events and feature famous people living with epilepsy. Circulation is 3,000 and their magazine is free to members. One of their members has commenced a "Marriage Bureau" in India and this article might be interesting to share with others.

Another article circulated was on epilepsy & women which has wide interest.

Other countries also encouraged to promote 29th International Epilepsy Conference, Rome 28th August to 01 September 2011.

The next face to face meeting will be held during the Rome Conference.

THE STORY OF PRIYA

Or

MIRGI

SAHI GYAN SAHI SMADHAN

In Hindi and eight regional languages all with subtitles in English

Priya a young school-going girl is part of a happy family. Suddenly one morning while getting ready to go to her school she gets a fit which disturbs the equanimity of the family. Both the parents seem to approach the problem in their own way till a doctor-friend seems to nudge them to a proper course of action. The story brings about the course of action and expert opinion on the subject.

The film has been made by the Trust with full involvement and assistance from Dr Satish Jain, ex - Professor of Neurology, AIIMS and now Director of Indian Epilepsy Centre, New Delhi and current President of Indian Epilepsy Society.



It is with great pleasure to know that apart from our own Chapters activities, Zydus undertook major program to show the film widely. They involved more than 120 centres in India with the subject being discussed by more than 200 neurologists, 3000 physicians and covering nearly 10000 patients.

These sessions included free check up camp, free starter treatment and epilepsy awareness literature were affected. The sessions were interactive with patients and carers seeking clarifications on treatment and follow up.

Edit: The film has been widely appreciated for its easy to understand content, good flow and proper advice delivered in patient-appropriate language. It is particularly satisfying that the merit of the film has been commented upon by several countries to whom the film was sent. The different socio-cultural milieu seem to have reacted remarkably in a similar manner. This brings us to believe that message on epilepsy is equally important across geographical barriers as plenty still needs to be done to overcome the common and stifling attitudes working against the interest and welfare of those suffering from epilepsy. The film may help in this endeavour.

VSS

NATIONAL EPILEPSY DAY

ANDHRA PRADESH-NELLORE

Reported by: Dr Bindu Menon, Nellore

IEA Nellore celebrated the National Epilepsy day with programmes spanning over a week. The first programme was on 18th Nov 2010 in Narayana Hospital Auditorium. Patients and relatives attended the awareness



programme. The programme started with lighting of the lamp followed by the inaugural address by Dr Bindu Menon where the myths and facts of epilepsy were highlighted. Chief guests of the function Mr T Seetharamaiah, Additional joint collector Nellore spoke how as a non medical person one perceives epilepsy and requested the audience to initiate treatment at early stages. The guest of honour Dr T Venkata Ramanareddy (District Medical Health officer DMHO) spoke about the recent advances in epilepsy. Medical Director Dr G Subrahmanyam elaborated in detail about causes and beliefs of epilepsy. A patient education pamphlet highlighting in brief about epilepsy and the preventable causes of epilepsy in Telugu was released by the chief guest. After the function, a rally was flagged outside the auditorium. 410 nursing students attended the rally. The rally was flagged at NMCH and the road rally walk was done in the heart of the city in the afternoon. Prior

permission from the police was taken for the same. The students shouted slogans as well as displayed placards during the rally. Pamphlets released by the chief guests were distributed. The event was covered by all channels and newspapers. All students who participated in the rally were given participation certificates.

Another function for Epilepsy awareness for all patients, relatives and bystanders attending the hospital was conducted in the outpatient lobby on 23rd Nov. Nursing students enacted 3 plays clearly depicting the sorcery done in earlier days and the proper medical management in the present scenario. The Film in Telugu sent by Trust was also shown to the audience. Education pamphlets were distributed to all. Patients and relatives interacted and cleared doubts.

A painting competition for primary school children was held in Rainbow school on 23rd November. 33 children participated in the competition. Director of the school Mrs. Padma had made appropriate arrangements. Prizes were



distributed to winning students.

Keeping the theme of Epilepsy and women an educative talk on epilepsy was conducted in DKW government women's college. An essay competition on topic "My friend has epilepsy" was conducted the precious day. There was a good response from the students. More than 200 students attended the educative programme. Prizes were distributed to 3 winning students. Book marks sent by IEA was distributed to the students. Students cleared their doubts about epilepsy.

All the events of NED celebrations were covered by local newspapers like Saakshi, Eenadu. An article on epilepsy in local newspaper Saakshi by Dr Bindu Menon was also published on Nov 17th.

The message of prevention of epilepsy, women's and children issue was well propagated to all. The IEA Nellore wishes to thank the nursing students, local school, college and media for the support given for all the activities.



NATIONAL EPILEPSY DAY

KARNATAKA - BANGALORE

Reported By: Mr KV Muralidharan, Bangalore

The epilepsy day started with the inauguration of the exhibition on the 11th by Dr Hemachandra Sagar, sitting M L A of the city and the chair person of the Sagar Group of Institutions.



It was decided to make the NED a highly educative one with a special emphasis on women and epilepsy and have an exhibition and invite various schools and the woman's organization to actively participate.

Stalls were divided in to (a) Anatomy stall Normal where normal skull and various parts of the brain was displayed (b) Physiology stall where with the help of an electronic model it was displayed hoe various signals are conveyed and interpreted from the brain to various organs. This was followed by the(c) Neuro pathology stall where various models of the brain from the brain bank of NIMHANS were displayed. These included models of brain with cysticercosis,Traumas, brain hemorrhage, brains with various developmental disorders were displayed. This was followed by the (d) neuro epidemiology stall where with the help of statistics and charts importance of wearing a proper helmet and other safety measures were displayed. Then came the Neurology stall where how the



epilepsy is treated various diagnostic criteria (like MRI,EEG,CTScan) were displayed. And lastly it was the stall of the IEA and the activities of the IEA was displayed. A special stall on Women and epilepsy was also put up.

All these stalls were manned by highly qualified personnel who painstakingly to all the visitors.

We decided to invite school children of 9th 10th standards and pre university children. We invited over 150 schools special invitations were sent and also there was enough publicity in the News papers.

There was an overwhelming response with over 3500 school children and public visiting the stalls. One very satisfying aspect was that the children who visited from the schools went back and came with their parents and siblings again.

On the second day we continued with the exhibition and on the third day that is on the 13th we celebrated the National epilepsy day. The function was inaugurated by the Director General of Police, Ms Jija Hari Singh, who was thoroughly impressed that she wanted us to have a programme her staff.



Dr P Satishchandra Director NIMHANS spoke on "women and Epilepsy" and Dr G T Subhas Director and Dean Bangalore Medical college and Research Institute spoke on IEA and its various activities.

Meeting ended with a highly appreciated drama on women and epilepsy by Mr Venkatesh and his troupe.

This stupendous activity would not have been possible but for the whole hearted involvement of Dr Shankar. Prof of Neuro Pathology,NIMHANS,Dr Gururaj Prof of Neuro epidemiology, NIMHANS, Dr Priyarananath Dept ofAnatomy Bangalore Medical college. Dr Suguna, Dept of Physiology, Bangalore Medical College. and their staff.

A special word of thanks to Dr GT Subhas and Dr Satishchandra for their constant guidance and suggestions at every level.

NATIONAL EPILEPSY DAY

KARNATAKA - SHIMOGA

Reported by: Dr A Shivaramakrishna, Shimoga

IEA, Shimoga branch celebrated the National Epilepsy Day in the month of November 2010 through many activities.



View of audience

1) A free medical check-up camp for patients with Epilepsy was conducted. About 60 patients with seizures attended and free drug was distributed to them.

2) Games were arranged for the patients. The following games were conducted

- musical chair
- lemon and spoon race
- to put ball in the bucket

Winners were awarded prizes.

3) Drawing and painting competition for patients. This was conducted in two batches – for below 10 yr age group



Prize distribution to winners in drawing competition by Dr P Satishchandra

and above 10 yr age group. The winners were awarded prizes.

4) An essay competition was arranged for the public. The subject given for the essay was “Women with Epilepsy – problems faced by them”. There was good response and the first three best articles were selected for prizes and all the participants were given a consolation prize.

5) Two articles were published in local newspaper –

→ 'Women with Epilepsy – Medical problems' By Dr A Shivaramakrishna

→ 'Epilepsy – Psycho-social problems' By Dr K R. Sridhara

6) Public programme was arranged on 21-11-2010

- Quiz on Epilepsy for the patients and their relatives Conducted by Dr Harish



Quiz programme by Dr Harish

- Film on Epilepsy sent by the Trust was screened
- Educative programme

Chief-guest – Dr P Satishchandra Professor of Neurology & Director NIMHANS, Bangalore

He spoke on “Myths and Misconcepts about Epilepsy” and there was interesting interaction with patients with Epilepsy.

7) A CME programme was organized for the Doctors. Chief-guest – Dr P Satishchandra delivered a talk on “Management of Emergencies in Epilepsy”

NATIONAL EPILEPSY DAY

KERALA-COCHIN

Reported by: Dr B Rajendran, Cochin



Audience listening to the awareness program with rapt attention

The IEA Cochin along with Kerala Association of Neurologists (KAN), IMA

Cochin and Cochin West, conducted a series of programmes in connection with the National Epilepsy Day, which was spread over three days.

On the 17th Nov we had an awareness programme at the Town Hall inaugurated by the Worshipful Mayor. Delegates included patients, Parents of children with epilepsy, Final Year Nursing Students, Psychiatric Social Workers, Special Education Teachers and members of public. About 200 delegates attended the programme. Mrs. Suchithra Narayan (President IEA Cochin), Dr KP Vinayan, Prof Paediatric Neurology, Amritha Institute of Medical Sciences (AIMS), Mr VR, Parameswaran (former Secretary IEA Cochin) and Dr B Rajendran interacted with the delegates.

The local Asianet TV channel gave wide coverage of this event.

The same evening, an update on Epilepsy, special issues concerning women with epilepsy and school going



Ms Suchithra Narayan, President IEA Cochin interacting in group discussion

children was held, which was under the auspices of IMA Cochin West and IEA Cochin. The delegates included Gynaecologists, Paediatricians, GP's and Physicians. DR Reji Paul, Cons. Neurologist, Sun Rise Hospital & Dr KP Vinayan, Prof Paediatric Neurology, AIMS, addressed the gathering.

The talks were followed by a lengthy interaction.

On Nov 16th, President IEA Cochin, Mrs Suchithra Narayan and Dr Murali Krishna Menon, Neurologist, Lake Shore Hospital gave awareness talk on epilepsy at the Vidyodaya School Thevakkal. Dr P Sree Kumar, Sr Cons.

Neuro Surgeon introduced the topic and the speakers. The High School students and Teachers who participated actively interacted with the speakers.



Mr VR Parameswaran, Former Secretary IEA Cochin, answering queries on Social aspects of Epilepsy

Radio Mirchi (FM) carried fillers on various aspects of epilepsy on 18th Nov. Later in the day Asianet TV had a phone in programme on epilepsy. Dr Mathew Abraham, Sr Cons. Neurologist, Indira Gandhi Co-operative Hospital, gave a brief overview on epilepsy with emphasis on WWE and children with epilepsy. There were a large number of callers seeking doubts on epilepsy.

The Hindu, Cochin edition, carried an article on epilepsy and special issues concerning women and children, on Nov 17th and gave a wide coverage of the awareness programme of the 17th in the paper dated 18th Nov. We thank The Hindu for this wide coverage.

We wish to acknowledge the help provided by M/S UCB Pharma and M/S Sun Pharma in organizing the events.

At this juncture we gratefully thank M/S Sun Pharma and M/s Nicholas Pharma in unstintingly supporting the rural epilepsy outreach programme of IEA Cochin-CORES.

NATIONAL EPILEPSY DAY

MADHYA PRADESH-INDORE

Reported by Dr VV Nadkarni, Indore

On 10th of November 2010 Indian epilepsy Association M P Chapter conducted Epilepsy awareness program in RK Daga Academy School Chhattribaugh Indore. 9th & 10th



Releasing Newsletter of IEA M P Chapter

standard students (approx 200) participated in the Quiz on epilepsy after the lecture on epilepsy through slide show & video film. Best students were awarded the prizes by IEA. Principal Mrs Taneja, Teachers, Trustees of the school Mr Jhavar, Mr Dhoot & BL Jajoo were present during the three hour program. IEA Secretary Dr VV Nadkarni, Dr Amit Vyas, Dr AM Gandhe, Mrs Neelam Ranade, Mr Sanjay Tiwari also helped in the seminar on epilepsy. We distributed IEA bookmarks to all students.

We had an excellent National Epilepsy day week celebration was organized on 14th November 2010. Mayor of Indore Shri Krishnamurari Moghe released a Helium Balloons in the sky in the Regal Chouraha to create an awareness of epilepsy. Children of the school, Doctors, Paramedical people & people suffering from epilepsy and their well wishers were attend program in Regal Chouraha. Mayor Shri Krishnamurari Moghe was the



Painting & Drawing Competition

chief guest & Shri Sanjay Rana IPS (I.G.Indore Zone) was the guest of honor for this function.

Shri Banwarilal Jajoo Secretary Gita Bhawan Trust Inaugurated the function followed by Saraswati Vandana by RK Daga Academy School.

Dr VG Dakwale President of IEA M.P.Chapter spoke on epilepsy Surgery Progress. Dr A M Gandhe presided the function.

Dr Nadkarni gave the detail report about the activities of the chapter from Nov.2009-Nov. 2010.

Shri BL Jajoo released a Newsletter of MP Chapter highlighting the activities carried out from November 2009 to November 2010, copy of which is enclosed herewith.

There was a screening of the educating film on Epilepsy "Mirgi Sahi Gyan Sahi Samadhan" by 18th IEA 18th IEC Trust for the awareness of epilepsy. This was highly appreciated by the audience, patients doctors.



Patient Forum-Mrs Madhvi Tiware,
Dr Swati Mule & Dr Pravin Deshmukh

Yoga Demonstration by Dr Jaymala Shah took place on 14th Nov.

During the scientific session Renowned Pediatrician Dr Swati Mulye spoke on "Facts & Myths on Epilepsy" Dr Pravin Deshmukh Occupational Therapist provide slide show on "Role of Occupational Therapy in epilepsy plus group"

Poster Exhibition on epilepsy was organized at the venue.

We organized painting competition in which. 30 children participated & quiz competition 70 adult participated.

100 patients & their caregiver participated in the epilepsy camp, In the afternoon they received free medicine to promote drug compliance. They also received the news letter & handouts. Needless to say we have support the Pharma companies who helped to make the event a great success.

NATIONAL EPILEPSY DAY

MAHARASHTRA-BOMBAY

Reported by Ms Carol D'Souza, Mumbai



The evening started at with a happy mingling of members accompanied with soft drinks and snacks. Later there were fun and games (four corners and musical chairs) which were enjoyed by the young and old followed.

Kavita Shanbhag started the formal program with a prayer. Our President Dr Bhim Singhal then addressed the audience appreciating the work being done by Dr Pravina Shah and her team. Dr Pravina Shah welcomed everyone and announced that national awareness this year was focused on children and women with epilepsy. A presentation by Carol D'Souza on the current work being done by our Association followed. It focused on the E-STAR program (Epilepsy Student & Teacher Awareness Reachout) being conducted at various schools in Mumbai in the months of Nov'10-Jan'11, the Rural Camps and Support Group Meetings.

We then felicitated our supporters – Dr Wagle, Dr Dhruv and Ms Hemaben for their support in conducting the Rural Camp. If it were not for Hemaben and Ashokbhai who provide us with the infrastructure, these camps at Pen would not happen. Ruchi Saxena on behalf of UCB

Pharma for their tremendous support to us these last two years and Dr Joy Desai were then felicitated. Samman member Ashish and his newly wedded wife Bhavna and Sharvari Khot whose birthday coincides with NED were given gifts to a rousing applause.

What a woman with epilepsy and her caregiver go through was aptly brought out by Kavita Shanbhag with her mono act. Her portrayal was so real it brought tears to our eyes. Dr Pravina Shah then had a chat with women with epilepsy asking them questions which brought out the challenges faced by them especially with regard to coping after onset of epilepsy, education, getting employment, finding eligible suitors and getting married. This was totally unrehearsed and the women spoke from their hearts. We ended the formal program with the Samman theme song 'Sun, Sun, Sun' after which we had a sumptuous dinner.

Two more epilepsy awareness programs were held during the epilepsy week: one at Fortis Hospital on 20th November and the other at Kokilaben Ambani Hospital on the 21st where patients shared their experiences and were educated about epilepsy.



NATIONAL EPILEPSY DAY

RAJASTHAN - JAIPUR

Reported by: Dr CM Sharma, Jaipur

On national epilepsy day 17th November 2009, Jaipur branch of Indian epilepsy association organized two public education programs. The organizing secretary Dr Chandra Mohan Sharma delivered a lecture to educate



the students and the teachers of Shri Mahaveer Digamber Jain Higher Secondary School. The teachers and the students have actively participated in the discussion and asked the queries regarding epilepsy. The book marks prepared by the IEA trust were also distributed to the students. The second program held 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 program.

Patients, their relatives, doctors & journalists, attended the program; approximately 200-250 people have participated. After formal inauguration by the principal & controller of SMS Medical college, Dr Chandra Mohan Sharma addressed and stated that this year the Association with the help of the trust have prepared the book marks for the children and decided to spread the knowledge regarding epilepsy their causes, management



and prevention through children of our country. This message should reach to every one in our country. Press and public can play important role in it.

Dr BL Kumawat, explained about the myths in epilepsy, its causes in various age groups, precautions during pregnancy and “Do's and Don'ts” in epilepsy. Dr Trilochan Shrivastava, explained the audience the importance of preventive aspects of the disease. Dr Dinesh Khandelwal, addressed the gathering and discussed about general guidelines regarding treatment and side effects of the drugs.

Dr Dinesh Sharma, 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 and Dr Anjani Kumar Sharma, also addressed the audience and explained them the details about the disease.

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 in Hindi 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 Lenbrook Pharma. School bags, color pencils and drawing boxes were distributed to all the children who attended the program by various other pharmaceutical companies. Free anti-epileptic drugs were distributed to patients.

EXHIBITION BY SANVEDNA FOUNDATION PUNE

Reported by: Yashoda Wakankar, Pune

Sanvedana Foundation Epilepsy Support Group got a good opportunity to participate in the exhibition of NGOs



in Maharashtra, "Dene Samajache" which was held in Pune, on 24th to 26th Sept '10, before Diwali as many people like to donate to some NGOs, instead of buying Diwali Fire Crackers.

The main purpose of this exhibition is to make common people aware of this unusual selfless work of NGOs. This is Sanvedana Foundation's second year of participating in



this exhibition. The past events had a grand success & more than 3500 people visited the exhibition. But this year more than 5000 people visited to the exhibition. Pune people are getting aware day by day. Artistry provided

stalls to 20 social organizations from different sectors, and these organizations got an overwhelming response & also receives lot of help in various ways. Visitors also expressed their gratitude towards "Artistry" for conducting such an unusual event.

Many people, who visited to the exhibition asked what is epilepsy and what should be done when a person gets seizure. Sanvedana's volunteers provided information to the visitors very enthusiastically. We have trained our volunteers about how to approach people, how to provide them information. All the volunteers, who are living with epilepsy, did this this work extremely well. We also gave



our support group's brochures and epilepsy books to the visitors.

Some visitors visited twice, second time with some one with epilepsy!! We immediately enrolled that person in our group, guided him in our capacity, helped his family members and that was a very good relief for the family suffering with epilepsy. Many people gave their names/phone numbers and addresses and they started coming to the epilepsy meetings and epilepsy counselling centre in Pune.

The visitors also came from Pune Mumbai, Ahmednagar, Satara, Kolhapur etc as there was good publicity done by Artistry.

Many people donated money to Sanvedana Foundation. I am sure that it will help us to expand our epilepsy activities. I assure to the society, that we will use the donations in a very right way.

LIVING WITH HALF A BRAIN: THE MIRACLE OF BRAIN PLASTICITY



Kanhaiya (name changed) is a 15 year old boy, who studies in the ninth standard. He is a bright and a cheerful boy, participates in all activities and scored among top ten in the last examination. However, he walks with a slight limp and has mild weakness on the left side of his body. His classmates know that he underwent a brain surgery because he had epilepsy. However, no one seeing him can ever imagine that he actually lives on half a brain!

This was after his entire right cerebral hemisphere was disconnected from rest of his brain, while undergoing a very complex surgery called 'hemispherotomy', seven years ago at the All India Institute of Medical Sciences (AIIMS), New Delhi.

Kanhaiya had severe epilepsy since the age of 5 years. Despite appropriate medication, his seizures worsened till he was totally debilitated.

At the time of admission AIIMS, he was having as many as 100 attacks of seizures a day. Dr Manjari Tripathi, epileptologist at AIIMS diagnosed this as Rasmussen's Syndrome. Due to severe inflammation the neurons lose

their protective covering of insulation and continuously short circuit with each other resulting in epilepsy.

He underwent a complex surgical procedure by Dr PS Chandra, senior neurosurgeon. Kanhaiya was a difficult case, as his epilepsy was badly neglected. Following a 8 hour long surgery, his entire right brain was disconnected from the left side. Even though the diseased brain was retained within the skull, it was not 'electrically' connected to the rest of the brain.

"It is like a defective electrical circuit. Instead of removing defective circuit, we simply cut the electrical connections so that the rest of the normal circuitry does not fuse anymore" said Dr Chandra, who has performed over 40 of these over the past 10 years.

"Cases like Kanhaiya give us an amazing insight into the functioning of brain" said Dr Chandra. "When a portion of brain gets diseased, the functions of that area of brain gets transferred to the other areas of brain, a function called plasticity. His activities and even intellect becomes better because the disease is now eliminated" said Dr Chandra.

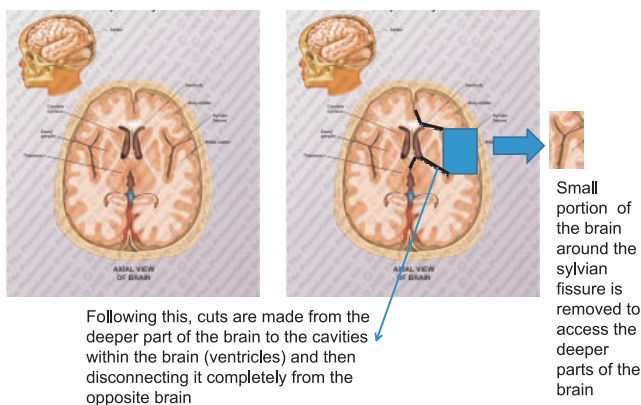
Greek philosophers like Herophilus and Galen proposed that it was brain (and not the heart) which is the seat of emotions. Much later that different functions were localized to different areas of the brain. Paul Broca discovered that the left frontal lobe was responsible for speech, when he noticed a person with a fractured skull in this area was unable to speak but able to understand speech. Soon, later in 1874, Carl Wernicke found area of brain responsible for understanding speech.

While the neurons within the brain cannot multiply and remain constant right from the time of birth (in fact start depleting with age), they have a tremendous capability of taking over the functions of damaged neurons, ('plasticity'). "It is only recently that we have finally started understanding the tremendous capabilities of brain" said Dr Tripathi.

"Surgeries like hemispherotomies, have provided us with immense insights towards the functioning of the brain with growth of normal hemisphere and regression of the disconnected hemisphere. The patients adjust to the society and perform all their day today activities remarkably well with just half a brain!" concluded Dr Tripathi.

Source: The Times of India, New Delhi, 08 November, 2010

How the surgery is done



NEWS & VIEWS ON DRUGS

BRAND VS GENERIC DRUGS

No Scientific Evidence of Problems in Switching Bioequivalent Anti-epileptic Drugs.

Further Studies Warranted

The issue of generic anti-epileptic drug substitution has been brewing for a few years. Questions have been raised about whether there is an increased risk of so-called “breakthrough” seizures or toxic side effects when patients are switched from a brand name anti-epileptic to a generic version.

FDA comments that “to date, we have not seen any scientific evidence that demonstrates a problem with therapeutic equivalence for this group of products or any other class of generic drug products. Those who are questioning the quality of generic epilepsy products have produced only anecdotal evidence.”

Nevertheless, FDA further states:

We believe that the concerns of some of those raising questions (in particular, physician groups) can not be dismissed lightly. Because of FDA's respect for these groups and the concern that patients may lose confidence in their prescribed medications, we have sought to conduct further study. Our decision to further study this issue does not stem from doubt within the agency about data we currently have on approved generic epilepsy products. Rather, it is based on a desire to obtain further independent scientific evidence that might address these concerns.

FDA report should examine the pharmacokinetic profiles of “A” rated anti-epileptic drugs from different manufacturers of the same therapeutic agent.

FDA, USA -November 4, 2010

MULTIPLE ANTIEPILEPTIC DRUGS USED DURING PREGNANCY MAY CAUSE POOR SCHOOL PERFORMANCE IN CHILDREN



A large population-based study revealed that multiple antiepileptic drugs (AEDs) used by pregnant women to control seizures may

cause poor school performance in their teenagers. The research team from Karolinska University Hospital and the University of Lund in Sweden confirmed that exposure to AEDs in utero may have a negative effect on neurodevelopment.



Prior studies suggest that exposure to AEDs in utero may cause permanent damage to exposed children. Cognitive and behavioral issues, malformations, psychomotor delay, and lower intelligence quotient (IQ) have all

been reported in research of standard therapies for epilepsy. Medical evidence also points out that polytherapy—when multiple AEDs are used—is more harmful than monotherapy.

Results showed 641 children out of 1,307,083 were exposed to monotherapy, 429 to polytherapy, and 165 to no known AED treatments in the womb. Those children exposed to two or more AEDs had an increased risk of not receiving a final grade upon completion of schooling, while those exposed to a single anticonvulsant, mainly carbamazepine (CBZ) or phenytoin, did not.

The findings support current recommendations based upon a study by Harden et al., that if adequate seizure control can be obtained, polytherapy should be replaced by monotherapy during pregnancy to reduce the risk of poor cognitive outcomes.

Epilepsia - November 4, 2010

NEWS & VIEWS ON DRUGS

PREGABALIN VERSUS GABAPENTIN IN REFRACTORY PARTIAL EPILEPSY: A META-ANALYSIS OF DOSE-RESPONSE RELATIONSHIPS

Eight randomized placebo controlled trials investigating the efficacy of pregabalin and gabapentin over 12 weeks were identified with a systematic literature search. The endpoints of interest were "responder rate" at least a 50% reduction in seizures and "change from baseline in seizure-free days over the last 28 days (SFD)".

Results of all trials were analyzed using an indirect comparison approach with placebo as the common comparator. The base-case analysis used the intention-to-treat last observation carried forward method.

Two sensitivity analyses were conducted among completer and responder populations.

The base-case analysis revealed statistically significant differences in response rate in favour of pregabalin 300 mg versus gabapentin 1200 mg (odds ratio, 1.82; 95% confidence interval, 1.02, 3.25) and pregabalin 600 mg versus gabapentin 1800 mg (odds ratio, 2.52; 95% confidence interval, 1.21, 5.27).

All dose levels of pregabalin (150 mg to 600 mg) were more efficacious than corresponding dosages of gabapentin (900 mg to 2400 mg) in terms of SFD over the last 28 days.

Conclusion: In patients with refractory partial epilepsy, pregabalin is likely to be more effective than gabapentin at comparable effective doses, based on clinical response and the number of SFD.

Source: *BMC, Neurology, 10:104, 2010*

UPSHER-SMITH LABORATORIES ANNOUNCES INITIATION OF OPEN-LABEL EXTENSION STUDY OF USL255 (EXTENDED-RELEASE TOPIRAMATE) FOR PARTIAL ONSET EPILEPSY

PREVAIL, the Phase III study, entitled "Randomized, Multicenter, Double-Blind, Placebo-Controlled, Parallel-Group, Phase III Study to Evaluate the Efficacy and Safety of USL255 as Adjunctive Therapy In Patients with Refractory Partial-Onset Seizures." An open-label extension study for PREVAIL, global Phase III clinical trial for USL255 (extended-release topiramate) is planned. An internally developed program for the adjunctive treatment of adult epilepsy patients with partial-onset seizures, USL255 is designed to provide convenient once-daily dosing and reduce fluctuations in topiramate blood levels observed with currently available topiramate options.

ANTI-CHOLESTEROL DRUGS COULD HELP STAVE OFF SEIZURES: UBC VANCOUVER COASTAL HEALTH RESEARCH

Statins, which lower cholesterol, might also reduce the risk of epileptic seizures in people with cardiovascular disease, study by a drug safety expert.

The study, based on a database of 2,400 Quebec residents aged 65 and older, showed that those taking statins were 35 per cent less likely to be hospitalized with a diagnosis of epilepsy than those not taking the drug. The data was culled from a larger database containing detailed information on 150,000 cardiovascular patients in Quebec.

The study does not prove causation but only reveals an association between use of statins and the incidence of epilepsy. Such "observational" studies are crucial to generating hypotheses about drugs, providing a basis for clinical trials.

This is the first large study involving humans to show a correlation between statins and seizures. Atorvastatin has been shown to decrease seizures and neuron death in rats.

Statins also have shown protective effects in other neurological disorders, including multiple sclerosis and spinal cord injury.

The study suggests that statin use reduces the risk of developing epilepsy in persons over the age of 65 with cardiovascular disease. The most plausible explanation is that statin use reduces the risk of stroke in this population, and since strokes can increase the risk of epilepsy, statins reduce the risk of epilepsy because of stroke prevention.

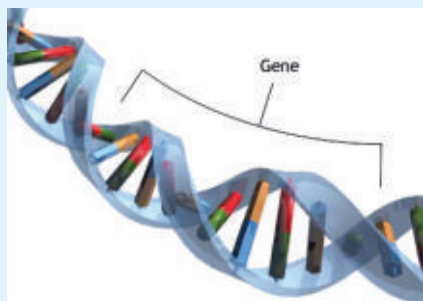
But beta-blockers and ACE inhibitors, also reduce the risk of stroke, and yet they did not show the same effect. Therefore, statins may reduce the risk of epilepsy in this patient population by mechanisms other than just stroke prevention.

Source: *University of British Columbia and Vancouver Coastal Health Research Institute Neurology, October 25, 2010*



RESEARCH IN EPILEPSY

GENE LINK FOUND FOR SUDEP



Australian scientists have identified faulty genes which offer some explanation for otherwise poorly understood, and tragic, cases of "Sudden

Unexpected Death In Epilepsy".

About 150 Australians with epilepsy die mysteriously of "SUDEP". Each one with a history of epilepsy who dies suddenly with no apparent cause of death.

Prof Semsarian worked with research colleagues to investigate 68 SUDEP cases which occurred in Australia from 1993 to 2009.

Blood samples were available for 48 of these cases and this allowed for an examination of each person's DNA.

The study, the largest of its kind ever conducted, uncovered a common fault in a family of genes (KCNQ1, KCNH2, SCN5A) known to play a key role in the function of areas including but not specifically the brain.

"It's responsible for the rhythm of the heart," Prof Semsarian said.

"It's a critical part of the normal cardiac function and if you disrupt those genes ... ultimately it can cause problems and that's what we believe is the case."

The discovery provides at least some explanation for grieving parents and loved ones, while it hands scientists a rare target for a possible protective therapy or intervention.

Prof Semsarian said up to 600,000 Australians had epilepsy - and the research suggests those who carry the problematic genes could be at higher risk of SUDEP.

Source: Brain Pathology, November 7, 2010

RESEARCHERS LINK CEREBRAL MALARIA TO EPILEPSY AND BEHAVIOUR DISORDERS



Gretchen Birbeck examines a child looking at the links between cerebral malaria and epilepsy.

Almost a third of cerebral malaria survivors developed epilepsy or other behavioural disorders in the most comprehensive study to date of the disease in African children, solidifying the link between malaria and neuropsychiatric disorders that affect hundreds of thousands of children.

Children with cerebral malaria are at risk of developing several adverse neurological outcomes including epilepsy, disruptive behavior disorders and disabilities characterized by motor, sensory or language deficits. Cerebral malaria occurring predominantly in children, with a mortality rate of 15-25 percent affects about one million children every year, primarily in sub-Saharan Africa.



Gretchen Birbeck is seen with a family in Malawi in Africa

Most of the neurologic effects did not present themselves immediately, but after discharge from the hospital.

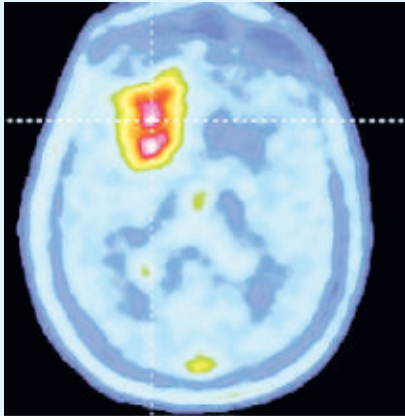
The findings of our study are generalized, then about 135,000 African children younger than 5 years develop epilepsy due to cerebral malaria-induced brain injury each year, and cerebral malaria may be one of the more common causes of epilepsy in malaria-endemic regions.

The study looked at several hundred children during a nearly five-year period in Blantyre, Malawi; it was the first-ever prospective study of cerebral malaria survivors that included a control group. The study was funded by the National Institutes of Health and the Wellcome Trust.

Source: The Lancet Neurology, 16 November 2010

Gretchen Birbeck, Dept of Neurology & Ophthalmology, Michigan State University, USA

PET/MR REVEALS LONG-TERM BRAIN CHANGES AFTER BRAIN TRAUMA



Simultaneous MRI + PET of a brain.
(Image source: Siemens Healthcare)

PET fused with MRI can help researchers better understand the long-term functional and structural changes that take place after traumatic brain injury (TBI).

TBI has a high incidence of long-term neurologic and neuropsychiatric morbidity. The results provide new insights into the progressive nature of the brain changes occurring following TBI, demonstrating that changes in brain structure and function after TBI are dynamic and continue to progress and evolve for months.

The model used in the study was lateral fluid percussion injury in rats. The metabolic and structural changes in rat brains were assessed after TBI using serial 18F-FDG PET and 3D MRI in vivo. The researchers acquired PET and MR images at one week and at one, three, and six months after injury.

Many of the brain regions that showed early hypometabolism on 18F-FDG PET images later showed progressive atrophy on serial MRI scans, particularly the cortex and hippocampi. The functional changes occurred earlier and decreased or resolved by six months after fluid percussion injury, while the structural changes were delayed in onset and continued to progress for at least six months after fluid percussion injury, according to Bouilleret and colleagues.

Journal of Nuclear Medicine, November 2010.

CONTROLLING YOUR WORLD WITH A SINGLE NEURON



Consider that everyday, 100 billion neurons punch in for work and they're all linked to one another in trillions upon trillions of ways. You wouldn't think one or two of them would make any difference, but don't take your cellular workforce for granted. A new collaborative study by UCLA and the California Institute of Technology (Caltech) shows just how powerful an individual neuron can be — and how that power can be harnessed.

For 20 years, Itzhak Fried, a professor of neurosurgery at UCLA, has been studying how neurons talk to one another, with the help of neurosurgical patients who allowed him to take electrode readings during surgery. Clearly, a single neuron cannot do all that recognition work by itself, but it does seem able to set off the more complex series of connections that can.

In a new study, published in *Nature*, Fried and Koch, worked with a dozen patients who underwent brain procedures for severe epilepsy had electrodes implanted in their brains to pinpoint the sites that triggered their seizures — sites which could then be targeted for surgery.

The new study provides a better understanding of how the brain operates and of how we, in turn, can control it.

More important, it could provide a whole new level of independence for quadriplegics and other people who have lost mobility. Hands-free computing remains in its relative infancy, limited mostly to often-unreliable voice commands or the painstaking business of tracking eye movements as users select options on a screen. Weaving the brain and the computer together so that a simple thought elicits a response strips out any of those middle steps, putting the mind in direct control of the surroundings.

Jeffrey Kluger, Time, 29 October 2010

EPILEPSY ORGANIZATIONS AWARD GRANTS FOR NOVEL TECHNOLOGIES TO IMPROVE TREATMENT, MONITORING AND DETECTION OF EPILEPSY

The Epilepsy Therapy Project (ETP) and the Epilepsy Foundation (EF) announced the latest grant recipients of their New Therapy Grants Program, a unique joint venture of two non-profit epilepsy organizations, to advance promising epilepsy research in clinical development.

The grant awards, totaling \$400,000 in funding, will support the development of three new technologies.

The Grant Recipients

SmartWatch for Seizure Detection (Smart Monitor Corporation, San Jose, CA)

- *New easy-to-use device for continuous monitoring and recording convulsive movements that also issues alerts to care-givers*
- *3D motion/accelerometer sensor detects fine and gross body movements*

Chandan Gope, PhD, of Smart Monitor Corporation received a grant for continuing the development of the company's SmartWatch, a novel device that continuously monitors, detects, alerts upon and records rhythmic, repetitive convulsive movements of the limbs, caused by a generalized tonic-clonic or grand-mal seizure. A low cost, passive, non-invasive device, SmartWatch contains a motion sensor that detects fine and gross movements of the body part (arm, wrist or ankle) and is easy to use. A mathematical detection algorithm embedded in the Smart Watch analyzes the movements to determine if they are consistent with those caused by a seizure. The product uses everyday devices such as mobile phones and pagers to issue timely alerts to caregivers upon the onset of seizures and is also a reliable tool to record seizure data. The new grant will continue patient testing and commercialization for the SmartWatch.

EpiLert Seizure Alert Device (BioLert, Ltd., Even Yehuda, Israel)

- *A unique approach to the detection of epileptic seizures using mathematical algorithms to minimize false alerts*
- *Provides both visual and audible alerts*

Amos Shaham, BioLert Ltd., received a grant to refine algorithms for EpiLert, an epilepsy alert device based on limb movement, for which a robust seizure identification algorithm is an essential element. BioLert has developed and refined these algorithms from a database of seizure and non-seizure movements that were accumulated via unique hardware and software in a hospital setting. In this proposed project, the algorithm is to be embedded in the microprocessor that is incorporated in the EpiLert set. Grant funding will be applied to construct prototypes of the EpiLert which will include a sensor unit with a form factor similar to a wristwatch, and an alert unit the size of a cell-phone. These prototypes will be further evaluated in hospitalized patients to confirm optimum performance.

MR-Guided Laser Ablation of Epilepsy Foci (Visualase, Inc., Houston, TX)

- *Laser induced thermal therapy (LITT) precisely targets epileptogenic foci*
- *Minimally invasive technique provides surgical alternative*

Ashok Gowda, PhD, Visualase, Inc., received a grant to study the feasibility of MRI-guided laser ablation of epileptogenic seizure foci as a treatment for patients who are refractory to pharmacologic therapies. Surgical resection offers a potentially curative therapy, yet few patients elect to undergo resection due to the invasive nature of the procedure and risk for morbidity. The hypothesis is that precise destruction of epileptogenic foci using a minimally invasive technique known as laser induced thermal therapy (LITT) would provide results approaching surgical resection in terms of seizure relief, and could be carried out with a far lower risk of surgical morbidity to the patient. The possibility of a minimally invasive ablation procedure would provide medically intractable patients with an alternative to more invasive surgical procedures while keeping open all possible therapy options in the future including subsequent ablation or surgical procedures if necessary.

About the Epilepsy Foundation

The Epilepsy Foundation, a national non-profit with affiliated organizations throughout the United States, has led the fight against epilepsy since 1968. For additional information, please visit www.epilepsyfoundation.org.

EPILEPSY AROUND THE WORLD

CANADA



Stylist sheds locks to raise awareness for epilepsy relief

Eight-year-old Hillier twins Lainey (pink) and Chloe (blue) are the poster girls for

Epilepsy Education Month in November, 2010.



The hair stylist Sarah Spadafora's locks, is one of 16 people who will be shedding her hair this week to raise money and awareness for epilepsy will be gone by week's end -- transformed into a Mohawk for the sake of her older brother Dominic who died after an epileptic seizure at the age of 29.

"Epilepsy is a highly stigmatized condition," said Kathy Fyfe, executive director of the Epilepsy Association of Calgary. "Seizures take many forms and you can't see them until they happen. They can be really frightening."

The idea for the annual head shaving came from Ethan Drage, who at nine-years-old decided to become bald to raise money for the condition which a girl in his Grade 4 class had.

Ethan continues to take part in the fundraiser since the Epilepsy Society of Calgary took over and expanded it.

"Not everybody knows what epilepsy is," said the now 12-year old. "I wanted to get everybody aware."

BY SARAH MCGINNIS, CALGARY HERALD NOVEMBER 18, 2010

Edit:- In India, head shaving is known for religious reasons but for a social cause?

VSS

Canadian Teen Has Seizures After Drinking Too Much Red Bull Energy Drink

An 18-year-old man appears to have had seizures after drinking two cans of Red Bull energy drink on an empty stomach. The teen had no prior history of a seizure disorder or brain injury and was not taking any medications. No drugs or electrolyte abnormalities were found in his system at the time of the seizures.

After a long night of studying, the teen drank two 355 ml cans of Red Bull in the course of about 30 minutes. About an hour afterwards, he experienced two grand mal seizures.

He has not experienced any further seizures at the time of his one-year follow-up.

Health Canada concludes that the teen's seizures were caused by a reaction to the energy drink. Four cases of energy-drink associated seizures have been published, according to the agency.

High doses of caffeine may increase risk of seizures and brain injury

Red Bull and other energy drinks are marketed as providing both mental and physical stimulation, fighting fatigue and improving endurance. Active ingredients include caffeine, a carbohydrate called glucuronolactone and the amino acid taurine.

Source:

"Teen has 'seizures' after drinking Red Bull" (Toronto Sun, October 5, 2010)

Edit:

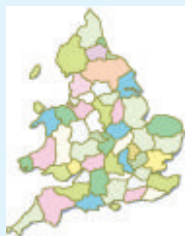
University of Maryland researchers found a link between consumption of high caffeine energy drinks (Red Bull, Monster & Rockstar) could lead to higher consumption of alcohol and may even become alcohol dependent.

They could face greater risk of black-outs, missing classes due to hang over, so the problems could be multiple.

VSS

EPILEPSY AROUND THE WORLD

ENGLAND



Epilepsy sufferer hoping to trek to South Pole

An adventurer from Gloucester is hoping to become the first ever epilepsy sufferer to trek to the South Pole.



Staff Sergeant Instructor Alex Toseland has been chosen as one of only four members of the British Antarctic Expedition 2011 planned for next year in celebration of 100 years of British Polar exploration. He will be facing a journey of over 1,000 miles in -40C temperatures with no logistical support, meaning that the team must train to be entirely self-sufficient.

He explained why he wanted to attempt the challenge.

Doctors... are happy for me to take that risk based on my history and the activities I've done before.

In recent weeks Alex has been training by dragging car tyres behind him, to simulate pulling the sledge weight over the ice. Already Alex has been getting used to the extreme cold he'll encounter at the South Pole by taking part in a series of training camps in Norway and north Sweden.

He encountered temperatures of -35C, but may be burning up to 10,000 calories.

"Although doctors both here and in Antarctica are happy for me to take that risk based on my history and the activities I've done before."

As far he knows Alex will be the first person with epilepsy to reach the South Pole.

On their return, expedition members will undertake talks and workshops in the local community, schools and colleges, on their experience.

PAKISTAN



Epilepsy patient killed during exorcism

FAISALABAD: A person with epilepsy died after allegedly being tortured by a witch doctor who had been called by the family to exorcise him.

A 'pir' (sooth sayer) was brought to exorcise, what the family believed to be due to evil spirit. The sooth sayer as best known to him tried to reduce the suffering, pir tortured the patient with epilepsy with iron rods and inflicted even more cruel methods, all in a show of treatment.

The poor patient, however, succumbed to his injuries. Apparently close to death, this pir told the family to take the patient to a hospital but the patient died on way.

Published in The Express Tribune, November 21st, 2010.

Edit: Exorcism, witch craft and such superstitions are tragically still common in many parts of the world, including India. We have tried to tackle this social, evil through our Chapters and in our recent film. "Story of Priya" (see page 12)

THE ULTIMATE REJECTION LETTER

Herbert Millington
Chair - Search Committee
Whitson University
College Hill, MA

Dear Professor Millington,

Thank you for your letter of December 16. After careful consideration, I regret to inform you that I am unable to accept your refusal to offer me an assistant professor position in your department.

This year I have been particularly fortunate in receiving an unusually large number of rejection letters. With such a varied and promising field of candidates, it is impossible for me to accept all refusals.

Despite Whitson's outstanding qualifications and previous experience in rejecting applicants, I find that your rejection does not meet my needs at this time. Therefore, I will assume the position of assistant professor in your department this August. I look forward to seeing you then.

Best of luck in rejecting future applicants.

*Sincerely,
Chris L. Jensen*

EPILEPSY AROUND THE WORLD

SCOTLAND



Newarthill man skydives for charity

A BIG-HEARTED Newarthill man Allan Felvus (21) last week leapt more than 10,000 feet from an aeroplane in support of his close friend.

He raised more than £800 for an honour fund in the name



Allan Felvus and Steven Stewart (inset)

of 18-year-old Steven Stewart, who has Progressive Myoclonic Epilepsy.

Although wheelchair-bound Steven lives life to the full and is an avid football fan.

Steven's honour fund supports the work of

the Scottish Epilepsy Initiative, a charity founded by epilepsy specialist, Professor Martin J Brodie.

The Scottish Epilepsy Initiative support the 8550 young people with epilepsy in Scotland, with more than 500 of that number currently living in North Lanarkshire.

Allan explained: "I've always wanted to do a sky dive and the opportunity to help Steven's fund made it too good an opportunity to miss.

"The jump itself lived up to all my expectations and more. It was absolutely amazing. Believe me – 10,000 feet is a long, long way to fall."

He continued: "I've been thinking of other ways to try and raise money for such a worthy cause and, because I enjoyed the skydive so much, I'm considering enquiring about doing a wing walk. That would be exciting."

by Graham Miller, Wishaw Press, 6th October 2010

UGANDA



Brain surgeon shares his skills with Uganda

Dr Haglund not only performs operations but also helped set up the neurosurgery program in Uganda.

Dr Michael Haglund remembers how a Ugandan pastor visiting his Raleigh church in USA four years ago gazed into his eyes and predicted he would soon visit the East African nation.



Dr Michael Haglund

At the time, Haglund, a neurosurgeon and surgical director of Duke Hospital's epilepsy center, replied: "I don't think that's going to happen. I go to Ecuador for missions trips."

This month, Haglund returned from his eighth trip to Uganda, to which he has shipped 22 tons of mostly used medical equipment worth at least \$5 million. He helped start the country's first neurosurgery training program.

Haglund's enthusiasm for the 48-year-old nation has transformed the government-funded New Milago Hospital in Kampala, from a primitive facility where brain surgeons used hand drills and saws into an up-to-date medical center equipped to perform every type of procedure, from a common appendectomy to brain surgery including high-powered tumor, epilepsy and skull-based surgeries.

The Ugandan Ministry of Health pays half their stipends; Haglund raises money in the United States to pay the rest.

Source: www.newsobserver.com, 31st October 2010

EPILEPSY AROUND THE WORLD

USA



David And Susan Axelrod Discuss Their Daughter's Long Battle With Epilepsy

President Obama's senior adviser David Axelrod and his wife Susan discussed their daughter's long battle with epilepsy.

"For many many reasons, this disease has been really kept in the dark ages," said Susan. "Epilepsy's been known since biblical times, and yet nobody has really been out there saying, why? Why is this happening? What can we do to stop it?"

Lauren Axelrod developed a severe case of epilepsy at



age seven. She began experiencing constant seizures -- sometimes up to five times a day. The seizures caused tremendous damage to her developing brain, and her doctors did not know how to make them stop.

"It was a very lonely feeling; no one could give us answers, David told Fox News. "We didn't know anyone else at that time that was going through this."

The only available treatment was large doses of medicine that could put Lauren into a coma-like state. By age 15 she had tried 20 different kinds of drugs, various special diets, experimental therapies and even surgery, to no avail.

Susan and a group of parents founded a nonprofit called the Citizens United For Research In Epilepsy, or CURE, to raise money for epilepsy research and awareness.

Fox News 22 November 2010

Edit:

Mike Glynn, President IBE recently met with Susan Axelrod to request her to come on board with IBE
-VSS

WON'T LET EPILEPSY STOP HER

FAMILY BOND: Mirinoa Smith won't let epilepsy stop her children Darcee, 12 and Amergin, 2, living their life to the full.

Rotorua mother Mirinoa Smith is determined epilepsy won't hold her children back from living a full life.

Her daughter Darcee, 12 and son Amergin, 2, have both



FAMILY BOND: Mirinoa Smith won't let epilepsy stop her children Darcee, 12 and Amergin, 2, living their life to the full.

been diagnosed with epilepsy and take medication to control their seizures.

However, Mrs Smith, who has seven children, said she and her husband raised their children as normally as possible.

"We haven't done anything to change their lifestyle. She lives a pretty normal and full life. She loves dancing and has loads of friends."

Mrs Smith is sharing her family's experience as part of National Epilepsy Week.

"It was harder hearing the second child has it because I realised it had to be hereditary.

Mrs Smith said she wanted people to know epilepsy was not something to fear. "If someone is having a seizure, just sit with them and make sure nothing is around that may hurt them. If you really don't know what to do then call an ambulance," she said.

EPILEPSY AROUND THE WORLD

MYSTERIOUS FORM OF EPILEPSY TRIGGERED BY HANNAH MONTANA

Teen sensation Hannah Montana makes a Florida girl shake all over. The problem: She can't make it stop.

Certain sounds -- barking dogs, the clash of cymbals and



Hannah Montana

Miley Cyrus

a song by the alter ego of celebrity offspring Miley Cyrus -- all trigger seizures in the girl, making her body shake and jerk forward.

The 12-year-old has a mysterious form of epilepsy that set off when sufferers hear, see or feel a trigger. Warm water, Beethoven music and reading even a specific kind of font can all spawn seizures. In 1997, hundreds of Japanese kids suffered seizures triggered by the flashing lights of a Pokemon cartoon.

In the Florida girl's case, low baritone-type sounds like dog barks caused as many as 25-30 seizures a day, was diagnosed reflex epilepsy.

There was a patient with reading-related epilepsy. If he read something in a book with a certain type of font, he would have a seizure.

Reflex epilepsy is treated with anti-seizures medication and patients should avoid the triggers.

Hollywood Movie Premiere Highlights National Epilepsy Awareness Month

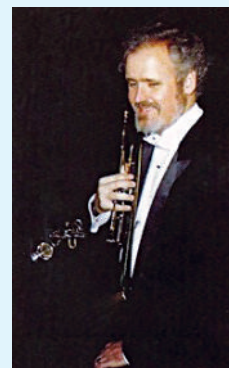
Greg Grunberg and Epilepsy Foundation Get Stars to Talk About It!



The Epilepsy Foundation's National Epilepsy Awareness Month gets a boost from Paramount Pictures and JJ Abrams' Bad Robot Productions *Morning Glory*, starring Harrison Ford, Diane Keaton, and Rachel McAdams.

The event benefits TalkAboutIt.org, created by Greg Grunberg (star of the upcoming NBC series 'LOVE BITES') in collaboration with

the Epilepsy Foundation. Grunberg, the father of a child with epilepsy, and chair of the National Walk for Epilepsy since its inception, joins the Foundation to educate people about seizures, including the proper first aid of never putting anything in the mouth of someone having a seizure.



Stacy Blair
Solo Trumpet Player

Blind trumpeter with epilepsy played inspirational tunes

Trumpeter Stacy Blair, who died in mid- September 2010 was dealing with diabetes and epilepsy in addition to his blindness.

Humble about his accrued honors, Blair had an amazing life that is revealed in notes in his albums. He suffered severe sight loss since birth from too much oxygen in an incubator. He studied piano, later inheriting his older brother's trumpet, he listened to Herb Alpert and Al Hirt records through headphones at night and played the songs the next day.

He received a bachelor's then a master's degree and in 1979, he received a Fulbright Scholarship to study in Paris where he won the Maurice Andre International Trumpet Competition three times. He was awarded a contract to record Baroque trumpet concertos with the Jean-Francois Paillard Chamber Orchestra. He was inducted into the international Hall of Fame for Persons with Disabilities in 1998.

It was amazing how he overcame his dual handicaps of blindness & epilepsy and made an international mark in very competitive world of music.

Less by the Day

Are we becoming less by the day ?

Yes, more or less

Our relationship - Loveless

Our attitude - Careless

Our feelings - Heartless

Our politics - Shameless

Our education - Valueless

Our follies - Countless

Our arguments - Baseless

Our communication - Wireless

Our telephone - Cordless

Our cooking - Fireless

Our youth - Jobless

Our dress - Topless

Our food - Fatless

Our labour - Effortless

Our conduct - Worthless

Our Job - Thankless

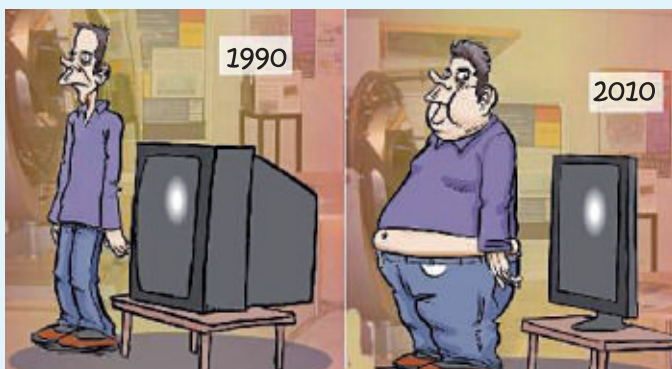
Our Salary - Very less

Our Boss - Brainless

(not all, though)

&

How technology changed us.....



HEADLINES THAT NEED A SECOND LOOK

Man Kills Self Before Shooting Wife and Daughter

Something Went Wrong in Jet Crash, Expert Says

No, really?

Police Begin Campaign to Run Down Jaywalkers

Now that's taking things a bit far!

Panda Mating Fails; Veterinarian Takes Over

What a guy!

Miners Refuse to Work after Death

No-good-for-nothing' lazy so-and-so's!

Juvenile Court to Try Shooting Defendant

See if that works any better than a fair trial!

War Dims Hope for Peace

I can see where it might have that effect!

If Strike Isn't Settled Quickly, It May Last Awhile

Ya think?!

Cold Wave Linked to Temperatures

Who would have thought!

Couple Slain; Police Suspect Homicide

They may be on to something!

Red Tape Holds Up New Bridges

You mean there's something stronger than duct tape?!

New Study of Obesity Looks for Larger Test Group

Weren't they fat enough?!

Hospitals are Sued by 7 Foot Doctors

Boy, are they tall!

Typhoon Rips Through Cemetery; Hundreds Dead

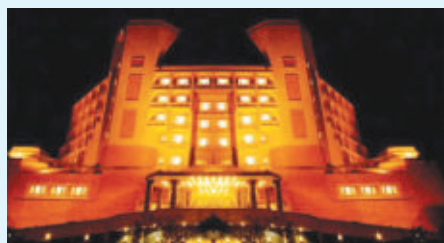
Did I read that right?

Now that you've smiled at least once is maybe even a chuckle. We all need a good laugh, at least once a day!

FORTHCOMING EVENTS

☞ **25th - 27th February, 2011**
LUDHIANA

ECON 2011



Pre Conference Workshop and 12th Joint Annual Conference of Indian Epilepsy Association and Indian Epilepsy Society
at Hotel Majestic Park Plaza,
Ludhiana.

Organising Secretary: Gagandeep Singh, Department of Neurology,
Dayanand Medical College,
Ludhiana, 141001, Punjab, India; Tel:
+919915554561

Fax: 0161-2308383; e-mail:
econ2011@econ2011.in ; Website:
www.econ2011.in

Scientific Topics

- How Does Semiology Arise?
The Anatomy & Physiology
- Primary/Secondary Spread
Localizing Value of Seizure
- Semiology: The Inverse Problem
 - Semiology at the Fringes
 - The Infants, Adults & Elderly
 - Frontal Lobe Semiologies
- Advantages of Classifying Seizures
into Syndromes - Research - based
Vs Clinic - based
 - Single Semiology: Multiple
Syndromes (Overlap) What are the
clues?
- I am a General Physician treating
Epilepsy (without PET/MRI) - What
syndromes should I know?
 - Role of Video EEG Monitoring/
Functional Imaging in Syndrome
Classification
 - Newer Surgically Remediable
Syndromes - Tuberous sclerosis



☞ **8th - 10th April, 2011**
TOKYO, JAPAN

International Symposium on Neonatal Seizures and Related Disorders (ISNS)



8-10th April, 2011

**Under the Endorsement of ILAE,
Pediatrics Commission**

**[The 14th Annual Meeting of
Infantile Seizure Society (ISS)]**

Juntendo University Campus, Tokyo,
Japan, April 8-10, 2011

website: www.iss-jpn.info

President : Professor Shinichi
NIIJIMA, Department of Pediatrics,
Juntendo University Nerima Hospital,
Tokyo Japan

Only electronic application on line
will be accepted. Instructions on
website

**Fellowships for younger attendees
and others are available.**

ISS Secretariat :

<iss-contact@iss-jpn.info>

Yukio FUKUYAMA, MD

Child Neurology Institute
6-12-17-201 Minami-
Shinagawa, Shingawa-ku, Tokyo,
140-0004, Japan



☞ **17th - 29th July, 2011**
VENICE, ITALY



Advanced International Course: Bridging Basic with Clinical Epileptology-4

Sponsored by ILAE and by the
Fondazione Istituto Neurologico C.
Besta

Course Directors: Marco de Curtis
(Italy), Astrid Nehlig (France) and Jeff
Noebels (USA)

ISNV President: Giuliano Avanzini
(Italy)-INSV Director: Francesco
Paladin (Italy)

Registration Form are available on
web sites: www.ilae.org;
www.epilearn.eu Applications should
be sent to the Course Secretary,
Metella Paterlini, at
epilepsysummercourse@univiu.org
(fax +39-02-700445211) before
March 1st 2011.

Full and partial financial support is
available for a limited number of
applicants.

Registration fee (2300 € and 2000€)
includes 12 night accommodation in
single or double rooms, full board
and coffee breaks for the entire
duration of the course, access to the
course and to the Venice
International University
course syllabus.



FORTHCOMING EVENTS

📅 **28th August - 1st September, 2011**

29th International Epilepsy Congress, **ROME** 2011

Dear Friends and colleagues,

We are delighted to announce that the 29th International Epilepsy Congress will be held in the ancient city of Rome, from 28th August to 1st September 2011, and with great pleasure we invite you to join us there.

29th IEC SAOC

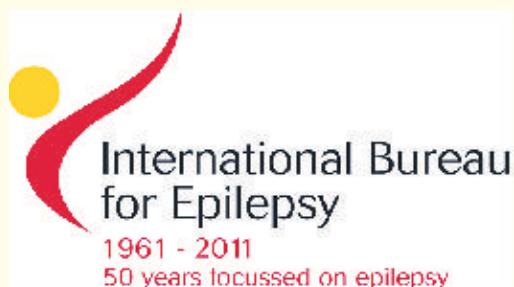
Mike Glynn (Ireland), Co-chair
Emilio Perucca (Italy), Congress Director
Janet Mifsud (Malta)

Solomon Moshe (USA), Co-chair
Federico Vigevano (Italy),
Scientific Programme Director
Giovanni Battista Pesce (Italy)



CELEBRATING 50 GOLDEN YEARS OF IBE

The 29th International Epilepsy Congress in Rome will mark the high point of a year of activities being planned by the International Bureau for Epilepsy to celebrate its Golden Jubilee in 2011.



IBE has launched the "Epilepsy without Words" photography competition.

To commemorate the creation of the Ambassador for Epilepsy Awards by IBE in 1968, a special event is being planned and it is hoped that as many as possible of those who have received the award will be able to attend. Watch out for a special commemorative Ambassador pin!

A poster display highlighting the initiatives and achievements of IBE's 122 member associations will act as visible testament to the endeavors of members in 92 countries. With these posters forming a backdrop to the congress walkways, this is sure to be an impressive sight.

Other events being planned include a spectacular exhibition booth, a document history of IBE in a special edition of International Epilepsy News.

Susanne Lund (Sweden),

Chair IBE Golden Jubilee Task Force

CONGRESS INFORMATION

DATES FOR YOUR DIARY

Deadlines	
Abstract Submission	31st March 2011
Early Registration	13th May 2011
Mid Registration	15th July 2011
Late Registration	12th August 2011
Congress Opening	28th August 2011

TRAVEL BURSARIES

A limited number of travel bursaries will be available
The deadline for Bursary Application is 31st March 2011.

GENERAL INFORMATION

VENUE

Marriott Rome Park Hotel, Rome, 00148 Italy

ACCOMMODATION INFORMATION

please contact: Mrs Gemma van Bakel at
IEC2011.hotel@congrex.com

SECRETARIAT CONTACT DETAILS

29th INTERNATIONAL EPILEPSY CONGRESS

ILAE / IBE Congress Secretariat

7 Priory Hall, Stillorgan, Dublin, Ireland

Tel.: +35312056720 Fax.: +35312056156

E-mail.: +rome@epilepsycongress.org.

Website.: www.epilepsyrome2011.org.

INDIAN EPILEPSY ASSOCIATION ELECTION
For President Elect 2011-13
NOMINATION FORM

Name of the Post: President Elect

Name of

Candidate _____

Address: _____

Proposed by: _____ Seconded by: _____

Address _____ Address _____

IEA No. _____ IEA No. _____

Proposer's Signature _____ Seconder's Signature _____

I, _____ hereby give my cosent for my nomination for the post of
the _____

_____ Indian Epilepsy Association, for the GC 2011-2013.

Telephone No. _____ Signature _____

e-mail Id. _____ Membership Number _____

Last date to receive nominations 29 January 2011

Last date to withdraw nominations 12 February 2011

In case of an election ballot papers will be sent by 16 February 2011

Last date to receive ballot papers by the Returning Officer 30 March 2011

Counting of votes and declaration of results 31 March 2011

Only valid members can file nominations or propose

A bio-data of the nominee in upto 400 words may be enclosed

Eligibility Criteria: Continued valid membership for President Elect-8 years

Completed nomination form should be sent to:

Dr VS Saxena

Returning Officer-IEA

SANNIDHI, K/10/10, DLF Qutab Enclave II, Gurgaon-122002.

email: sannidhivss@gmail.com

In partial seizures

Start

Vinlep™

Oxcarbazepine 150, 300 & 600 mg tablets

The *Winning advantage* of efficacy and tolerability

A winning start in newly diagnosed patients



High seizure free rate¹

- At 1 year, 72.2% patients achieved complete seizure freedom¹



1. G. Pauletto, Seizure 2006; 15, 150-155.

For the use only of a registered Medical Practitioner, Hospital, Laboratories

Oxcarbazepine Tablets VINLEP™

COMPOSITION: Vinlep 150, 300, 600: Each film coated tablet contains Oxcarbazepine IP 150mg, 300mg, 600mg respectively. **INDICATIONS:** Monotherapy and adjunctive therapy in the treatment of partial seizures (which include seizure subtypes of simple, complex and partial seizures evolving to secondarily generalized seizures) in adult patients. Adjunctive therapy in the treatment of partial seizures in children aged 4-16 years. **POSOLGY AND METHOD OF ADMINISTRATION: Adults and elderly patients:** Monotherapy and adjunctive therapy - Treatment should be initiated with a dose of 600 mg/day (8-10 mg/kg/day) given in 2 divided doses. Good therapeutic effects are seen at doses between 600 mg/day and 2400 mg/day. Dose may be increased by a maximum of 600 mg/day increments at weekly intervals. **Children:** In adjunctive therapy, Vinlep should be initiated with a dose of 8-10 mg/kg/day given in 2 divided doses. Dose may be increased by a maximum of 10 mg/kg/day increments to a maximum daily dose of 60 mg/kg/day. **Hepatic impairment:** No dosage adjustment in mild to moderate hepatic impairment. Caution when dosing in severely impaired patients. **Renal impairment:** Vinlep therapy should be initiated at half the usual starting dose (300 mg/day) and increased slowly. **CONTRAINDICATIONS:** Hypersensitivity to the active substance or to any of the excipients. **SPECIAL WARNINGS & PRECAUTIONS FOR USE:** *Hypersensitivity* - Drug should be discontinued and alternative treatment started. *Dermatological effects* - includes Stevens-Johnson syndrome, toxic epidermal necrolysis and erythema multiforme. Median time to onset was 19 days. Discontinue Vinlep and prescribe another anti-epileptic drug. *Hyponatraemia* - In patients with pre-existing renal conditions associated with low sodium or in patients treated concomitantly with sodium-lowering medicinal products, serum sodium levels should be measured prior to therapy, thereafter two weeks and monthly intervals for first three months. Patients with cardiac insufficiency and secondary heart failure should have regular weight measurements to determine occurrence of fluid retention. In case of fluid retention or worsening of the cardiac condition, serum sodium should be checked. Patients with pre-existing conduction disturbances should be followed carefully. *Hepatic function* - Discontinue Vinlep in case of suspected hepatitis. *Hematological effect* - Discontinue drug if significant bone marrow depression develops. *Hormonal contraceptives* - Treatment with Vinlep may render the contraceptive ineffective, non-hormonal forms of contraception are recommended. *Alcohol* - Possible sedative effect, exercise caution. *Withdrawal* - Withdraw gradually to minimize potential of increased seizure frequency. **PREGNANCY & LACTATION:** Potential benefits must be carefully weighed against the potential risk of foetal malformations. Minimum effective dose should be given. Monotherapy should be administered. Folic acid supplementation recommended during pregnancy. Vitamin K1 should be administered as a preventive measure in the last few weeks of pregnancy and to the newborn. Vinlep should not be used during lactation. **UNDESIRABLE EFFECTS:** The most commonly reported adverse reactions are somnolence, headache, dizziness, diplopia, nausea, vomiting and fatigue occurring in more than 10% of patients. **For full prescribing information, please write to:** Sanofi-Synthelabo (India) Ltd., 54/A, Sir Mathuradas VasANJI Road, Andheri (East), Mumbai - 400 093, India. Source: Vinlep PI dated March 2009. Date: March 2009.

Group
sanofi aventis
Because health matters

Sanofi-Synthelabo (India) Limited, 54/A, Sir Mathuradas VasANJI Road, Andheri (E), Mumbai 400 093. Tel: (91-22) 2827 8000. Fax: (91-22) 2837 0939

IN.OXC.10.03.01