



Editorial

Dear Friends,

When economic superpower, USA even as much as sneezes, the rest of the World catches cold. India had felt remarkably insulated but it took no more than 12-18 months for us to show symptoms of frailty and infirmity.

One keeps hoping that the lows will soon give place to highs but the extent of the economic downturn was not fully expected. Hazarding a forecast on economy is to make astrology look respectable according to the renowned economist JK Galbraith. We can see banks reducing lending and chasing recoveries and customers postponing purchase decisions. Shopping mall-rats (interesting term) now seem to be deserting despite goods being sold at seemingly below cost price. With the priority on essentials which are increasingly getting more expensive, the family budget is coming under strain. Inflation has become an additional unannounced taxation. With the drooping confidence of the moment, Jaspal Singh Bhatti's satirical Recession political party could win an election hands down.

And what are those at the helm doing? A series of knee-jerk populist reactions with little economic justification. While we dream of a better tomorrow, there is no time for planning for the nearly half of the country living below the official poverty line. We have churned out shopping malls some with designer hand-bags that will cost as much as we pay a bus drivers salary over 2 years. Airlines have lost more than Rs 3200 crores as we encourage more to come in. Prioritisation could not have been any different as more than two decades before a very popular Indian PM had incredulously justified to a journalist "I see houses with swimming pools, how can we be doing badly?" Yes only in the houses he knew!

Already the crème de la crème amongst us, the Management wiz kids are not so hot in campus selection any more. Why, their grading seems to be falling even in arranged matrimonial alliances. Today, it will be a brave father who will give away the hand of the apple-of-his-eye to an investment banker or an IT professional. Good times will be back as women will marry for love rather than money!

In such times not all is lost according to the World's No 1 wealthy man Warren Buffet. He engaged management graduates in what he would look for. Positives he said were; sincerity, effectivity, generosity, humour and forgiving nature. Negatives were hypocrisy, selfishness, envy, short temper. He goes less for material riches, academic achievements or high IQ (I note with much relief).

This comes from the wealthiest man who owns 63 of the Fortune 500 companies including one running business jets. Yet he

travels in commercial airlines, drives his own car and lives in a modest house with a spouse both of more than 50 years standing (unusual?)

His advice on facing the downturn is by the following simple principles

- **Spending:** if you buy things you don't need, you will soon sell things you need
- **Savings:** Don't save what is left after spending, spend what is left after saving
- **Borrowing:** the borrower becomes the lender's slave
- **Risk taking:** never test the depth of the river with both feet.

Take another example of facing the downturn from the Orient. An unexpected kind of spirituality from commercial Singapore an even cultural path to follow.

Dr Lee Wei Ling Director of the Singapore National Neurosciences Institute bemoaned the lot of Singaporeans in

this hard times. Decades of good life and consumerism like inability to upgrade from a Merc to Porsche may have made them soft and unable to tide over the true impact she says. She feels that may be the root cause of trouble as in USA.

She accepts that being wealthy is not a sin, yes, people should be in a position to enjoy the fruits of their hard labour. But being blinded by materialism could lead to more wanting and hankering.

Her Mother told her "Suffering and deprivation is good for the soul"

Her father is Lee Kuan Yew freedom fighter, their PM for over 25 years and architect of thoroughly modern Singapore changing its face and its work ethic. Do we know that he and his family continue to live in the same house where his Father lived in 1945. They feel it may be modest but quite comfortable for the family. Some visitors particularly from our region are surprised and may even call it shabby but that has not impressed Lee family. Mr Lee indeed tried to buy himself a flat but he came to know that the builder had given him 15% concession. He cancelled his booking as he refused to be treated any differently than his public. A belief in good old culture and integrity. Where is this political breed and have they served their country?

Men of such character and nobility deserve the honour to lead and command us. If we give them power to rule, they will reciprocate with honour and glory.

May be we can exercise our choice.

Best wishes

Dr VS Saxena

Editor



EPILEPSY INDIA

NEWSLETTER OF INDIAN EPILEPSY ASSOCIATION & INDIAN EPILEPSY SOCIETY

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NEWS ABOUT MEMBERS

MESSAGE FROM INCOMING PRESIDENT OF IEA



Dear Friends and Wellwishers

I take this opportunity to appreciate and thank Our outgoing President Dr V.S. Saxena and General Secretary Dr HV Srinivas for their tremendous hard work and having very useful and progressive tenure. Various achievements are highly commendable. We have definitely moved forward in our basic goals i.e. Awareness, Education, Better Management of epilepsy and improvement in quality of life and active participation of professionals and patients at both national and international conferences.

I sincerely wish that now our new team should further strengthen what is already achieved and then look at other pending issues ultimately for the best possible Quality of Life for all patients of epilepsy and their families in rural as well as in urban areas.

During last GBM at Tirupati it was decided to have 17th November celebrations theme based to have focused Nationwide impact. For 2009 we have decided theme to be PREVENTION OF EPILEPSY – i.e. Birth injuries, Head injuries and Neurocysticercosis. Let us use all types of media and infotainment strategies to have impact at all levels.

We shall appreciate your thoughts, ideas and suggestions and then formulate practical and effective plan. Local chapters and branches then modifies as suited to their scenario.

Your cooperation, support and our positive interaction will go a long way for the cause of Epilepsy.

With warm regards to all of you.

Dr Pravina Shah



Ms CAROL D' SOUZA

Reference:- Epilepsy India- Issue 1, 2009
Hope readers of EI will go to the blog
'ecellin.wordpress.com'

IBE EXECUTIVE COMMITTEE



**International Bureau for
Epilepsy**

**Executive Committee for
2009-2013**

**Election for Vice President
of the Region**

IBE has just announced the election of Dr VS Saxena to the above appointment. EI congratulates and wishes him best for his tenure of 4 years.

Dr Saxena has been a member of IEA since 1978 and has held all important executive posts at different times, the last being as President.

He has been Founder-member of IES and has been its President.

He is currently the President of IEA-18th IEC Trust. He was awarded International Ambassador for Epilepsy by ILAE and IBE in 1991.

IEA-18th IEC Trust

Information for members of IEA and IES Availability of Financial Grants



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

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

For further queries and application forms, please correspond at

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GEMIND

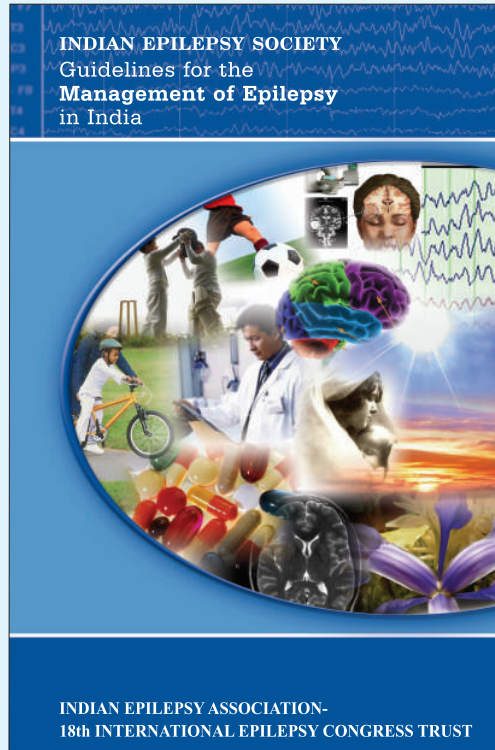
Indian Epilepsy Society Guidelines for the Management of Epilepsy in India GEMIND

The publication of GEMIND has been well received by the general physicians for whom the publication was specially designed. Uptil now a little over 6000 copies have been handed over.

IES now proposes to extend the educational campaign by covering general physicians in different parts of the country in a coordinated programme so that with in this year , we are able to cover upto 10,000 physicians additionally.

Within our own group GEMIND has received favourable mention.

International Epilepsy News 2008 gave a report under



GEMIND is now available on ILAE and our website www.epilepsyindia.org.
VSS, Editor

the title “Tackling the Epilepsy Gap in India” where in a hope was held that GPs will use GEMIND in their clinical practices to diagnose and provide treatment for people with epilepsy.

Information Officer of ILAE ,Dr Ed Bertram wrote (excerpt) as follows

Dear Dr Saxena,

It downloaded well and the pdf looks as good or better than the original. I am having the ILAE staff download it as well and we hope to have it up and publicly available within the next 10 days or so.

Many thanks and also congratulations to the IEA for such an excellent and useful contribution.

Ed Bertam

THERE CAN BE TWO RIGHT ANSWERS !

This is a sample of some of questions posed to candidates appearing for the competitive examinations held by Union Public Services Commission for IAS/IFS/IPS etc.

Q. How can you drop a raw egg onto a concrete floor without cracking it?

A. Concrete floors are very hard to crack!

Q. If it took eight men ten hours to build a wall, how long would it take four men to build it?

A. No time at all as it is already built.

Q. If you had three apples and four oranges in one hand and four apples and three oranges in the other hand, what would you have?

A. Very large hands.

Q. How can you lift an elephant with one hand?

A. It is not a problem, since you will never find an elephant with one hand.

Q. How can a man go eight days without sleep?

A. He will sleep at night.

Q. If you throw a red stone into the blue sea what it will become?

A. It will become wet and will sink.

Q. What looks like half apple?

A. The other half.

Q. What can you never eat for breakfast?

A. Dinner.

Q. What happened when the wheel was invented?

A. It caused a revolution.

Q. Bay of Bengal is in which state?

A. Liquid state

(Contributed by Dr A Banerjee, New Delhi)

PRESIDENT'S letter

International Bureau for Epilepsy



Dear Friends

May I begin by wishing you all a wonderful New Year! A first and major activity to report on is the outcome of the Elections of IBE officers for the International Executive Committee 2009-2013.

I wish to congratulate Mike Glynn, as the new President, Eric Hargis as the Secretary General and Grace Tan as the new Treasurer. I am confident that they will be a terrific team with all their valuable experiences and the great leadership of Mike Glynn.

I sincerely hope that Dr Thanos Covanis will remain active in the IBE with his great expertise and his dedicated focus on children with epilepsy. I also hope that Dr Man Mohan Mehndiratta and Mr Frank Gouveia will continue their great contributions for people with epilepsy. IBE needs all of this great commitment to help it achieve its goals.

I would also like to take this opportunity to congratulate the newly elected Vice Presidents in the International Executive Committee. I am happy to see Dr Abdulaziz Alsemari (Saudi Arabia), Mrs Mary Secco (North America), Dr Shunglon Lai (Western Pacific) and Dr Carlos Acevedo (Latin America) re-elected for a second term. I am also delighted to welcome some new members to the Executive Committee - Anthony Zimba (Africa), Janet Mifsud (Europe) and Vinod Saxena (South East Asia). All of these Vice Presidents are committed to their work and experienced in the field of epilepsy and I look forward to their important contributions to the progress of IBE in their new positions. I am also confident that the "old" members will take good care of the new ones and that the great and constructive atmosphere in which we work will continue to inspire us. The new committee over assume its duty on 1st July during the General Assembly in Budapest.

You will have been informed of the next election process regarding members to the seven Regional Executive Committees. I would like to encourage all of you to take an active part in the nomination process so all the positions will be filled in due time. Don't hesitate to contact the IBE office if you need further information.

Best wishes to all!

Susanne Lund
President



CONGRATULATIONS!

10TH JOINT ANNUAL CONFERENCE OF IEA & IEA ECON 2009- 7th / 8th Feb, TIRUPATI



Inauguration Ceremony for ECON 2009 with a spectacular National motif
seated on dais from left to right Drs S Jain, R Shukla, VS Saxena, G Arjundas and Dr Kanaka



**Reported by: Dr Vengamma,
Organising Secretary**

The inaugural function of the 1st
stand-alone, 10th Annual

Venkateswara Institute of Medical Sciences (SVIMS),
Tirupati and IEA Tirupati Branch took place at the Sri
Padmavathi Auditorium, SVIMS, Tirupati on the evening
of 7th February.

Conference of the Indian
Epilepsy Association
(IEA) and the Indian
Epilepsy Society (IES) ,
ECON2009 (7th & 8th
February) organized by
the Department of
Neurology, Sri



Traditional Rangoli Art on display during ECON 2009

ECON 2009 is of historic
importance because, for
the first time it has been
dissociated from the
Annual Conference of the
Indian Academy of
Neurology and is being
conducted as a "stand
alone" conference.



Release of the Souvenir
from left to right Drs S Jain, R Shukla, VS Saxena,
G Arjundas, Dr Kanaka and Dr G Subramanyam

Dr B Vengamma, Professor and Head, Department of Neurology, SVIMS and the Organizing Secretary of ECON 2009 delivered the welcome address. In his address, Dr VS

Saxena, President IEA spoke about the past history of IEA & the first scientific conference held in Chennai. He reminisced that Dr G Arjundas, who was the Chief Guest of the inaugural function of ECON 2009, coincidentally,

had chaired the first annual meeting of the IEA that was held in Chennai in December 1993.

Dr Rakesh Shukla, President IES, narrated that epilepsy is a growing problem and over three quarters of the global burden of epilepsy (more than 50 million people) is found in developing countries like India. He outlined the efforts made by the IES, which is affiliated

to the International League against Epilepsy (ILAE) and has over 200 life members, in struggle to conquer epilepsy.

Dr HV Srinivas, Secretary General of the IEA, remarked that epilepsy which does not spare the rich or the poor, the developed or the developing world, still remains to be a disease bogged down by stigma, superstition and myth. He remarked that while people do not hesitate to talk openly about cancer and AIDS, they hesitate to do so about epilepsy. He suggested that all epilepsy caregivers including doctors need to be counselled to provide holistic care for persons with epilepsy. He also appreciated the active part taken by IEA, Tirupati Branch in the fight against epilepsy.



Cultural during Inauguration with an exhilarating dance performance

Dr Satish Jain, Secretary General, IES, mentioned that though 70%-80% people with epilepsy can lead normal lives with proper treatment, in developing countries, 70%-80% people with epilepsy have been estimated to

receive inadequate treatment or no treatment. He mentioned that IES was the first professional body in India to have come out with guidelines for the management of epilepsy, the "Guidelines for epilepsy management in India (GEMIND)".

Dr Arjundas, senior Neurophysician and the Chairman of the First IEA annual meeting in December 1993, was



the Chief Guest of the inaugural function. Dr Arjundas, in his address lamented that, inspite of the advances in technology, not much has happened in the field of epilepsy research and remarked that there was a need for the young doctors to take up serious research on this disease so as to benefit the humankind.

Dr G Subramanyam, Director, Vice-Chancellor, SVIMS, Tirupati expressed his happiness in ECON 2009, a prestigious national conference, being held at SVIMS. He also mentioned that the presence of luminaries in



the field of epilepsy at SVIMS would serve as a stimulus for the young minds to carry out quality research in the field of epilepsy and was hopeful that SVIMS would emerge as a centre of excellence for epilepsy research.

Dr Kanaka, the first lady neurosurgeon in Asia, who has been serving the Tirumala Tirupati Devasthanams

(TTD) since the last 30 years released the "Souvenir and abstract book" that was brought out to mark the occasion.

Dr P Subramanyam, delivered the vote of thanks. A cultural programme by talented children representing Srivari Kalakshetra ensued.

ECON 2009 was attended by over 200 delegates from all the parts of the country. The scientific programme of ECON2009 was unique in that it covered both the



medical and social sciences streams. In addition to the award, free paper and poster sessions that showcased original research and the orations that go with the IEA, IES joint annual conference, sessions on discussion of interesting cases, symposia on epilepsy and sleep, mortality in epilepsy and alternative methods treatment of epilepsy such as ketogenic diet and yoga, psychosocial dimensions of epilepsy were unique features that marked ECON 2009.

Dr KS Mani Patients Forum saw inspiring presentations by the students of College of Nursing, SVIMS, Tirupati, the IEA Mumbai branch (performed by persons afflicted with epilepsy). Several persons suffering from epilepsy from Tirupati, Mumbai boldly shared their views and experiences on living with epilepsy.

MANAGEMENT OF SOLITARY CYSTICERCUS GRANULOMA: AN ONGOING CONTROVERSY



Dr Rakesh Shukla receiving Presidential Oration Award from Dr VS Saxena and Dr K Venkateswarlu

Dr Rakesh Shukla, Lucknow

Neurocysticercosis (NCC) is an infection of the brain caused by the larval form of the pig tapeworm. It develops when humans become the unintended intermediate hosts in the life cycle of *Taenia solium* by ingesting its eggs after taking contaminated food or due to poor personal hygiene. Solitary cysticercus granuloma (SCG) is a specific form of NCC that was reported in Indian patients about 30 years back when the CT scan became available in our country as a single, small computerized tomography (CT) enhancing lesion (SSCTEL) measuring less than 20mm in size. Initially thought to be a phenomenon peculiar to our country it was later observed that similar lesions have been reported from other countries. In Latin American countries single enhancing CT lesions are frequently seen and considered as cysticercus granuloma.

SSCTEL generated a lot of debate amongst neuroscientists in the country. For about a decade there was controversy regarding its aetiology, however histopathological studies have revealed neurocysticercosis to be the most likely cause of these lesions provided that they fulfil a rigid set of clinical and radiological criteria. SCG represents the colloidal and nodular granular stages of Escobar's pathological classification of natural evolution of parenchymal cysticercus cyst. It is the most common finding in patients with symptomatic epilepsy in the Indian subcontinent and is reported to be the cause of seizures in up to 50% of patients presenting with new onset epilepsy. An interesting feature of SCG is their spontaneous disappearance within a few weeks in upto 2/3rds and calcification in the rest of the patients. Factors associated with granuloma calcification or incomplete resolution need to be defined. Persistence of imaging

abnormalities is a known risk factor for seizure recurrence in patients with SCG. The treatment options that have been evaluated in these patients include antiepileptic drugs, corticosteroids, cysticidal drugs, and antitubercular therapy. Controversy exists regarding the efficacy of various modalities of treatment. A systematic review of the published literature was done from the PUBMED using search words 'albendazole', 'praziquantel', cysticidal drugs 'single cysticercus granuloma', neurocysticercosis.

There is an agreement among experts that these patients require antiepileptic drugs (AED) therapy to control seizures even after a single seizure although no controlled study has been done. Knowledge of the risk of seizure recurrence is a necessary pre-requisite for making rational decisions regarding the duration of AED therapy. It is generally believed that SCG is a benign form of NCC and epilepsy associated with it is acute symptomatic lesion related epilepsy so AEDs can be stopped after resolution of lesion in 3 to 6 months. However a longer duration of therapy of 2 to 3 years would be required in those with a persistent of lesion or calcification.

Corticosteroids have also been used in patients with SCG as the seizures are caused by host inflammatory response to the dying parasite in the brain parenchyma. The anti-inflammatory and immunosuppressive properties of prednisolone on the ongoing inflammatory process in brain parenchyma and cyst wall results in better seizures related prognosis. The role of cysticidal drugs in SCG remains controversial. Praziquantel and albendazole are the two cysticidal drugs. Antitubercular therapy has also been used in those with a persisting granuloma.

A conclusive and definitive answer is yet to emerge as these studies provide conflicting evidence on the efficacy of albendazole in improving the outcome in patients with SCG most of these studies suffer from one or more flaws in terms of study design, small sample size, poorly characterized outcome variables, and short duration of follow-up. A multicentric properly conducted, placebo controlled study with a 2 to 5 years follow-up will establish the place of albendazole in the management of solitary cysticercus granuloma. A prospective follow-up study regarding duration of antiepileptic therapy is also needed to precisely define the ideal duration of treatment. This will enable early withdrawal of the AED immediately also resolution of the lesion. Eradication of the tape worm requires improvement in the sanitation, public education to improve personal hygiene and regulation of the pig farming industry.

MIGRAINE AND EPILEPSY



Dr Ambar Chakravarty being felicitated by Dr Pravina Shah

Dr Ambar Chakravarty, Kolkata .

The association between migraine and epilepsy was first pointed out by William Gowers in 1907 and migraine was considered to lie in the borderland of epilepsy. Gowers thought that cortical centres in the brain were involved in migraine and postulated of a peculiar form of activity which seemed to spread like the ripples in a pond. This sounds very similar to the concept of spreading depression in the pathogenesis of migraine aura demonstrated by Leao, many years later. Gowers noted the distinguishing features of migraine and epilepsy specially in relation to duration of the aura. We, however, now know that migraine auras are monochromatic whereas epileptic visual auras are generally coloured. The principal similarity between migraine and epilepsy is that both are paroxysmal disorders of the brain.

The incidence of migraine in epilepsy patients and vice versa is extremely variable. In the VIMS study, the incidence of epilepsy in migraine subjects had been low whereas the incidence of migraine in JME subjects had been relatively high.

Certain brain diseases may present with both migraine and epilepsy and include cerebral AVM, MELAS and Cerebral lupus.

Occipital epilepsy whether idiopathic (Benign Occipital Epilepsy in Children of Gastaut) or

symptomatic (vascular, neoplastic, inflammatory like NCC) may present with visual aura like migraine. Hemispheric Epileptica is a rare entity and had been described in a handful of patients where focal epileptiform discharges were noted during migraine aura and where removal of the affected area ameliorated both the migraine and the seizures.

On the other hand, migraine aura can occasionally result in a seizure. This may occur in Basilar Migraine where interictal EEG changes may occur in 20 % of subjects. These are probably variants of occipital epilepsy. The International Headache Society however gives a rather strict definition of migralepsy which should occur only with migraine with aura. But exceptions have been reported.

Seizures may induce migraine as in postictal migraine which would fulfill the diagnostic criteria of migraine and would respond to triptans. Postictal migraine commonly occurs following occipital lobe and temporal lobe seizures.

The pathogenetic link between migraine and epilepsy had been postulated on the basis of ionic shift in neurons during spreading depression phase of migraine aura. Recent studies indicate dorsal pontine activation in migraine. This sounds very similar to the concept of centrencephalon in epilepsy proposed by Hughlings Jackson over 100 years back.



Dr Meena Gupta receiving Shri HC Bajoria Award from Dr Nirmal Surya

Dr Meena Gupta, New Delhi

Epilepsy is one of the most common disorders of the brain which is defined by two or more unprovoked seizures. There has been a long journey for evolution of epilepsy from “Madness to sickness” but the associated stigma still haunts the patients with epilepsy. According to WHO epilepsy accounts for 1% of the global burden of disease. Though we have gone far in the treatment of epilepsy (seizures), however the psychosocial problems in persons with epilepsy (PWE) are possibly neglected and least understood.

The health related quality of life (HRQOL) in PWE depends on physical, mental and social impact of epilepsy. Multiple factors influence risk of psychosocial problems in PWE like demographic, neurological, seizure related, therapeutic etc. Research has suggested that psychosocial adjustment in the early phases of epilepsy is a strong predictor of future adjustment.

Studies done in PWE at Department of Neurology, GB Pant Hospital, and Institute of Human Behavior and Allied Sciences (IHBAS), Delhi revealed that co-morbid anxiety and depression was present in 38.8% and 32.9% cases respectively. It was also observed that many caregivers still practice religious rituals to get rid of the

disease while a sizeable number of PWE think that epilepsy is caused by evil spirits. Significant interictal behavior disorder was found in children while significant aggressive traits were found in adults with epilepsy when compared with healthy controls. In a community based door to door study to assess the treatment gap in PWE done in the east of Delhi funded by IEA from semi urban and urban area, 30000 population was screened. Treatment gap was observed to be 14.60-17.68 %. This was attributed to adequate health services and availability of free drugs in the area. The department of Neurology, for almost two and half decades has been active in spreading awareness and educating the public regarding epilepsy, and also eliminating the myths and stigma attached to the disorder. This has been accomplished through public lectures, work shops for teachers, students, social workers, legal and traffic personnel etc. Printing of books, handouts, organizing cultural programmes, plays, and puppet shows with a message has been a yearly affair.

Professionals dealing with PWE should identify and prevent the development of psychosocial co-morbidity from the very beginning. Myths and stigma can be eliminated and wide treatment gap can be bridged by persistent efforts, thus bringing epilepsy “out of the shadows”.



Prof S Prabhakar receiving Dr BC Bansal-Uma Bansal Oration from
Dr Subhash Kaul and Dr B Rajendran

ALTERNATIVE METHOD OF TREATMENTS

THE KETOGENIC DIET - AN INDIAN EXPERIENCE

Dr K Nathan, Mumbai



Dr K Nathan being felicitated by Dr HV Srinivas

The ketogenic diet (KD) has witnessed a surge in its use for uncontrolled epilepsy all over the world.

However the original protocol used by the Johns Hopkins Hospital and in many other centers has several drawbacks. These include:

- The fasting and hospitalization period.
- American and western recipes

- High keto ratios, high fat content and poor palatability.
- High lipid levels

Indianisation of the ketogenic diet which was started in Mumbai 1996 has tried to address the above and find easier solutions for Asian and developing countries to counter the above problems.

Additionally, maintaining normal uric acid levels are achieved by less of animal protein or soy products

- Introduction of 4++ concept – If the urine ketone strip changes to the darkest (4+ - 120mg/dl) in less than 10 seconds we designate as 4++. We have found that this correlates well with high ketosis and is a harbinger of poor appetite, apathy and even vomiting. Caregivers are taught to use this as a warning marker.
- We have trained around 16 teams from various centers in India and several teams from Malaysia and Indonesia.
- We have used modified Atkins diet (mAD) and found that the results are almost as good as the ketogenic diet.
- Use of mAD in rural areas could be more convenient. Training and spreading the use of the ketogenic diet in India and other parts of Asia.

GROUP DISCUSSION 8 FEBRUARY 2009



Mr KV Muralidharan, Ms Carol D'Souza, Dr JW Subhani

Chair Persons: Sri KV Muralidharan, Bangalore
Mrs Carol D'Souza, Mumbai

AIM : To learn about running of Epilepsy Centres of various IEA Chapters and to discuss about the setting up such centres where none exist.

Mrs Carol D'Souza welcomed the members from various chapters present and explained the aims of the session.

Prof P Subramaniam of Tirupati Branch presented a detailed account of the activities of the Branch. He mentioned about the various awareness programmes being arranged for the public, especially for the rural folk, and to the students of the area. He also gave details of the **Special Monthly Camps for Persons with Epilepsy** being organized by the Branch since February, 1999 for the past ten years. On an average 400 people are attending these camps and are being given ONE Month's requirement of anti-epileptic drugs free of cost. This is a unique activity which is going a long way in alleviating the sufferings of many poor persons with Epilepsy who can not afford the prolonged treatment required. The Branch has also donated a portable digital

EEG machine to the Department of Neurology costing Rs 6 lakhs for the benefit of the poor persons. The Branch also has a Counselling Centre.

Sri KV Muralidharan of Bangalore, the oldest Chapter in India, gave the details of the activities of his Chapter. The Rural Awareness Camps through Street Plays and the Epilepsy Run / Walkathon arranged on the National Epilepsy Days were the significant activities of their chapter.

Another unique activity highlighted was the **DIPLOMA in EPILEPSY CARE** – a **ONE YEAR** course – being offered by the chapter under the aegis of the Directorate of Correspondence Courses and Distance Education of the **Bangalore University**. This course meant for Parents, Teachers, Nurses, Health Care and Community Workers, and is offered in the **DISTANCE MODE**. He felt that this course will result in effective delivery of proper service to people with Epilepsy.



From left to right-Drs VV Nadkarni,
HV Srinivas, Mr KV Muralidharan, Dr JW Subhani,
Ms Carol D'Souza, Dr Ghosh, Mr Damodar Rao and Dr PU Shah

Mrs Carol D'Souza of the Mumbai presented an account of their well recognized **SAMMAN** and **ECell** activities. Samman, is an Epilepsy Support Group, which interacts with love and care with all persons and works at improving the quality of all, especially those with Epilepsy. Ecell is the Mumbai Chapter's Epilepsy Centre. The centre conducts the following programmes:

- I. Support Group Meetings
- ii. Counselling(individual / family)
- iii. Special Education
- iv. Yoga
- v. Training Programmes
- vi. Provide anti-epileptic drugs at subsidized rates.

These presentations were followed by a lively group discussion and exchange of views and ideas.

LATIN AMERICAN SUMMER SCHOOL ON EPILEPSY (LASSE-III)

Reported by: Dr P Satishchandra, Bangalore



SAO-PAULO - Brazil 5-14th February 2009

International League Against Epilepsy (ILAE) in association with Latin American Epilepsy Association organized an educational programme for Latin American region called Latin American Summer School on Epilepsy (LASSE

III). This is an annual 10 days programme conducted in the same place at Sao Paulo, Brazil. This year it was held from 5-14th February 2009 at Santa Monica Hotel, a resort, away from the busy crowded Sao Paulo.

It was a serene atmosphere on the top of small hillock where Neurology postgraduate students and younger faculty from different parts of Latin America participated. There were 80 students, selected on merit and having keen interest in epilepsy research by the organizers and wholly funded by the educational grants. Countries represented includes Brazil, Argentina, Peru, Cuba, Venezuela, Bolivia, Mexico etc. Participants included neurologists, neurosurgeons, pharmacologists, psychologists, Radiologists and Neurobiologists. The theme of this year Lasse-III was "Epileptogenesis in the developing brain: basis for treatment and prevention".

Wide-ranging topics covering neurobiology of epilepsy, In vivo cellur recording, Neuropathology of Hippocampus, Special MRI techniques in Epilepsy, Classification of Epilepsy, Childhood Epilepsy Syndrome – Diagnosis and Management, Infections and Epilepsy, Reflex Epilepsies, Progressive Myoclonic epilepsy etc were covered over these 10 days.

Resource faculty were from all over the globe including USA, Switzerland, Denmark, Paris, Italy, Sweden, Argentina, Mexico and Brazil. I was invited from Asia pacific region as sole representative. Prof Wolf President, ILAE inaugurated the programme on 5th February 2009. He was actively involved in getting the research projects written from the students.

Format of the programme involved one hour didactic lecture from the faculty with extensive interaction from

the floor, both by the participating students and other faculty. There was no time limit. Daily programme extended even after dinner on few days as late night lectures. Prominent faculty included Prof Peter wolf (Denmark), Prof Oliver Dulac (France), Prof Pouline (France), Prof Fernando Cendes (Brazil), Prof Natalima Fegerman (Argentina), Dr Roberto Carlballo (Argentina), Prof Beat Gahwiler (Switzerland), Prof Machado (Brazil), Dr Marina B (Italy-IBRO), Dr M Medina (Mexico) etc. Few of these lectures were in Spanish with English Slides and few in Portuguese. Apart from this, all the students were divided into batches of 10 and were encouraged to write research project proposals under one resource faculty. They were expected to interact closely amongst themselves and with their monitors and complete the projects, which were to be presented on the last day of the meeting.



I was invited to deliver two talks one on 'Hot Water epilepsy' – Pathogenetic mechanisms and another on Progressive Myoclonic Epilepsy – 'Lafora's disease'. Both the topics received lots of appreciation and interaction was excellent. They commended these lectures as "Outstanding". All the slide materials were printed and published in a book and handed over to each of the participants

even before the meeting. So as to facilitate active participation and interaction. They appreciated the Video Clippings of these unique forms of Epilepsy.

Sao Paulo is a beautiful city having population of nearly 20 million with tall Skyscrapers everywhere. People were very friendly, hospitable and were very keen to know about the developments in Asia pacific region.

This Meeting was organized by Prof Esper Cavalheiro, Head of Neurobiology, Sao Paulo university and Prof Yacubian, Head of Epilepsy Division along with Prof Wolf, President ILAE.

I had wonderful experience interacting with people from Latin American countries learning about their culture, education and medical practice specially in the field of epilepsy. I am of the opinion that we should have similar summer school on epilepsy for the people of SAARC Countries. It will definitely kindle interest in epilepsy among the budding neurologists of this region.

INAUGURATION IEA NELLORE BRANCH

Reported by: Dr Bindu Menon



Lighting of the Lamp by Dr VS Saxena, President, IEA

A meeting of the Nellore branch was held on the 3 of December, 2008 and the following office bearers were elected.

President	Committee Members
Dr Bindu Menon	Dr JN Rao.
Vice President	Dr B Lokesh.
Dr Vidya Sagar.	Dr RV Bharath.
Secretary	Dr K Prasanth.
Dr M. Rajesh Kumar MD	Mr AV Suresh
Treasurer	
Dr Sree Ram Sateesh.	

The inauguration of Indian Epilepsy Association (IEA), Nellore Branch was conducted on 3rd of January at Narayana Medical College and superspeciality Hospital. The association has 28 members with Dr Bindu Menon as the President of the IEA, Nellore branch.

Dr V S Saxena, President Indian Epilepsy Association was the Chief Guest and Prof Gourie Devi was the Special Guest of Honour. The inauguration started in the



Release of Patients Education Booklet in Telugu by Prof M Gourie-Devi

college auditorium beginning with a Ganapati vandana and lighting of the lamp. Dr Bindu welcomed the speakers and the audience. Dr Bindu added that the department of Neurology will have a counseling center for people with epilepsy and the association will also focus on educating the public in the rural and public sector. Dr V S Saxena and Prof Gourie Devi gave their inaugural address and wished the Branch all success in their future endeavors. A patient education booklet in Telugu was also released on this occasion.

The inaugural function was followed by a CME



Members of Nellore Branch of IEA

programme. The function was attended by around 260 people who included specialists, physicians and general practitioners. Dr V S Saxena spoke on missions and goals of IEA. He showed the GEMIND book and also left few copies of the book for the association. Prof Gourie Devi gave a talk on the 'Controversies in the management of the first seizure'. Dr Bindu showed few videos of epilepsy patients. There was an excellent interaction among the audience and the speakers.



A view of the audience

NATIONAL EPILEPSY DAY 2008

JHARKHAND -RANCHI CHAPTER

Reported by: Dr Sayeed Akhtar, Ranchi

The Indian Epilepsy Association, Jharkhand State branch, Ranchi Chapter has been working for the cause



Dr S Haque, Director, CIP inaugurating the Epilepsy Day 2008

of management and increasing awareness about epilepsy and related conditions among people of this state which remains on the sideline of the stream of development with respect to primary health care services. Under the privileged patronage of Dr HP Narayan, Past President of Indian Epilepsy Association, Ranchi Chapter who has been driving the association on his able back leaping new heights, the association conducted various awareness camps in the suburban areas and adjoining rural areas of Ranchi, providing free consultation services to the general population. The association also conducted seminars for resource persons and facilitated training of primary health care workers who are working in the interiors of this poorly developed state. The Indian Epilepsy Association, Jharkhand State branch, Ranchi Chapter observed National Epilepsy Day on 17th November 2008 and an awareness programme was held on 20th November 2008 at the Epilepsy Clinic held weekly at Central Institute of Psychiatry (CIP), Ranchi, which was attended by 200 participants including patients and their caregivers. The occasion was inaugurated by the Director of CIP, Dr S Haque by flagging off balloons symbolizing "Freedom from Epilepsy" after which a documentary show and pamphlet distribution was arranged for the patients. This event marked a weeklong celebration during which various awareness programmes were conducted in association with the Central Institute of Psychiatry in the community, local schools and colleges. On the next day a team of doctors and clinical psychologists visited a local hospital and addressed a gathering of patients and answered their queries regarding epilepsy. Subsequently a symposium was organized at Women's College, Ranchi and a local Madarsa where the team presented an audio-visual session on recognition of common symptoms of epilepsy and need for regular treatment. Various awareness programmes were held in association with the Government where free medications were

distributed to the patients suffering from epilepsy at nearby villages and sub-urban areas of Ranchi.

A Continued Medical Education (CME) was organized on the theme "Epilepsy: Identification and Management" at CIP. The CME was held on 20th December 2008 which was attended by more than 150 delegates from Ranchi and the whole eastern region. The CME was inaugurated by Prof Shashi K Pandey, an eminent psychiatrist from John Hopkins University, USA who happened to be the director of CIP in 1980s. He in his welcome address pointed out problems associated with social and cultural aspects of epilepsy. This was followed by an enriching experience for the delegates



Epilepsy Awareness Programme at Anjuman Islamia Hospital, Ranchi

with lecturers on various aspects of epilepsy. Dr H P Narayan spoke on "How and When to Start Antiepileptic Medications". This was followed by lectures from Dr S Haque who spoke about classification of epilepsy and Dr Tarun Adukia, who spoke on Neurosurgical Management of epilepsy. Dr Dilip Jha, Associate Professor, Department of Neurology, RIMS, Ranchi and Dr Anil Kumar, Psychiatrist, MECON Ispat Hospital, Ranchi spoke on management and investigations of epilepsy, respectively. This was followed by lunch and then a panel discussion was held in which common problems regarding assessment and management was discussed. This was led by Dr S Akhtar, Secretary IEA, Ranchi Chapter. The programme also featured a quiz for postgraduate trainees. Annual General Body Meeting was held in which Secretary and Treasurer Reports were presented. Issues of membership and regular liaison with the National Branch were discussed and a vote of thanks was proposed by the organizing secretary, Dr Sayeed Akhtar. The meeting concluded with a pledge to strengthen the base and functioning of society and to extend the services to the realms of common people suffering from epilepsy.

A newsletter of the Indian Epilepsy Association, Ranchi Chapter was published and distributed to members and persons who attended the CME. Besides, we published "Brochure for the patient and their relative of Epilepsy" in Hindi; which is being distributed to all patients, relatives or any other person who is keen to know about this disorder.

NATIONAL EPILEPSY DAY 2008

UTTAR PRADESH - MORADABAD

Reported by: Dr Tarun Agarwal, Moradabad



The National Epilepsy Day was celebrated at Neuro Care Clinic, Gandhi Nagar, Moradabad. On this occasion a free diagnostic and treatment camp was organized for persons with Epilepsy at this centre.

The main aim of the camp was to provide scientifically correct information about the Epilepsy to improve awareness about it.

In this free camp, 304 persons having epilepsy were registered. They were given free consultation. 72 EEG, 26 CT Scans, 12 MRI Scans & many pathological tests were also done free of cost.

Information leaflets, booklets & other material regarding Epilepsy were circulated to all the persons. All patients were printed in local language i.e. Hindi.

All the patients registered in this camp will be provided free consultation through out the year. Free snacks, coffee, tea & fruit were also served to the patients & their attendants.



The camp was preceded by lots of publicity in Hindi daily news papers & cable TV of the region. All the papers published an article on the occasion of National Epilepsy Day. The program was widely covered in local TV channel & other news media.



NEWS & VIEWS ON DRUGS

ZONISAMIDE FDA ALERT

Following a review of updated clinical data, the FDA has determined that treatment with zonisamide can cause metabolic acidosis in some patients. Zonisamide is indicated as adjunctive therapy in the treatment of partial seizures in adults with epilepsy.

Metabolic acidosis can result in hyperventilation, and non-specific symptoms such as fatigue and anorexia, or more severe symptoms including cardiac arrhythmias or stupor. Chronic metabolic acidosis can have adverse effects on the kidneys and on bones, and can retard growth in children. Patients with predisposing conditions or therapies, including renal disease, severe respiratory disorders, diarrhea, surgery, ketogenic diet, or certain other drugs may be at greater risk for developing metabolic acidosis following treatment with zonisamide. The risk of zonisamide-induced metabolic acidosis appears to be more frequent and severe in younger patients.

The FDA recommends that healthcare professionals measure serum bicarbonate before starting treatment and periodically during treatment with zonisamide, even in the absence of symptoms. If metabolic acidosis develops and persists, consideration should be given to reducing the dose or discontinuing zonisamide (using dose tapering), and modifying the patient's antiepileptic treatment as appropriate. If the decision is made to continue patients with metabolic acidosis on zonisamide, then alkali treatment should be considered.

The FDA is working with the makers of zonisamide to revise the product labeling to reflect this new safety information.

SODIUM VALPROATE MAY HARBOUR CURE FOR ALZHEIMER'S

Researchers at the University of Leeds have found that Sodium valproate could help clear the plaques in the brain associated with Alzheimer's disease.

The plaques are known to lead to the progressive death of nerve cells in the brain linked to many forms of dementia.

Sodium valproate has been shown by the research team to reactivate the body's own defences against a small protein called amyloid beta peptide, which is the main component of the brain plaques characteristic in Alzheimer's.

The fact that we've been able to show that a well-established, safe and relatively inexpensive drug could

help treat Alzheimer's is an extremely exciting development," said lead researcher Professor Tony Turner from the University's Faculty of Biological Sciences.

FIRST STEPS TOWARDS A NEW APPROACH TO EPILEPSY TREATMENT

Alzheimer's disease is the most common form of dementia and has no cure.

The most prestigious funding body in the world for epilepsy has financially backed Australian research into new approaches to treat the condition.

The Epilepsy Therapy Project will provide almost US\$300,000 over the next two years to a group of researchers from leading Australian institutions including the University of Newcastle.

The group will further develop new ways to treat the one-third of epilepsy patients for whom current treatments do not control their seizures.

Associate Professor Adam McCluskey from the University's School of Environmental and Life Sciences said the new funding would build on recent discoveries involving brain cell communication in sufferers of epilepsy.

"We have already found that compounds designed to block the action of a protein called dynamin are effective against laboratory models of epilepsy – in these

models they appear to block progression of key elements associated with epileptic seizures," Associate Professor McCluskey said.

"Four classes of drugs have been tested and two of these show real potential in stopping epileptic seizures, which is promising news for the one-third of people who don't respond to current treatments."

Approximately one in 120 people have epilepsy, while up to five per cent of the world's population will have a seizure at some time in their lives.

"The funding will allow us to continue clinical development of the new drugs and move towards commercialisation. If all goes to plan a new treatment for epilepsy could be entering clinical trials within the next three to five years," Associate Professor McCluskey said.

Research partners include the Children's Medical Research Institute in Sydney, the University of Newcastle and the University of Melbourne. Bio-Link Partners Pty Ltd will coordinate the commercialisation of the new therapies. The Epilepsy Therapy Project provides funding for the world's most promising research projects targeting new therapies for epilepsy patients.



NEWS & VIEWS ON DRUGS

PFIZER, NOVARTIS, GSK ALSO UNDER USFDA SCANNER

Amid reports of a US Congress probe against India's largest drug maker Ranbaxy Laboratories, data show that many leading multinational companies such as Pfizer, GlaxoSmithKline, Novartis and Merck are also under the scanner of the US drug regulator, for more or less similar violations as Ranbaxy is alleged to have committed.

Data available from the US Food and Drug Administration (FDA) website reveal that the regulator has issued about 200 warning letters since January this year to various manufacturers, both in the US and outside, at an average of about 30-35 letters every month.

These are mainly for deviating from manufacturing and quality assurance systems and for selling adulterated or misbranded products, the same charges levelled against Ranbaxy during the inspection of its Paonta Sahib facility in February 2006.

Interestingly, records reveal that only three Indian drug companies have been served with warning letters – Ranbaxy and Wockhardt in 2006 and Granules India in 2001 – compared with numerous warnings to major drug makers.

Though Business Standard could not independently verify whether these companies have responded to the warnings of the regulator, sources said the companies might have responded as per the deadline for replies.

The US FDA website regularly posts responses on warning letters to the companies, but so far has not posted the feedback on most of the warnings issued this year.

Warning letters are issued by the US regulator to caution the company of punishments such as possible suspension of production at the site or withdrawal of approvals, in the case of failure to meet recommended standards.

In addition, pending new drug applications, abbreviated new drug application, or export certificate requests submitted by the company may not be approved until the violations are corrected, said sources.

"Normally, the regulator will inspect the manufacturing site before giving approval, and will convey its inspectional observations in Form 483, issued at the closeout of the inspection detailing the problems in manufacturing and quality assurance systems. If the violations are not rectified and are serious, then only the regulator will issue a warning letter," elaborated a senior regulatory expert with a major drug company.

"The US regulator maintains stringent quality standards and employ over 8,000 professionals."

The US is the largest drug market in the world, which accounts

Business Standard : P B Jayakumar

'WHAT GENDER IS 'COMPUTER'?

A SPANISH teacher was explaining to her class that, in Spanish, unlike English, nouns are designated as either masculine or feminine.

'House' for instance, is feminine: 'la casa.'

Pencil,' however, is masculine: 'el lapiz.'

So, a student asked, 'What gender is 'computer'?'

Finding the opinions to be greatly divided, the teacher split the class into two groups, male and female, and asked them to decide for themselves whether 'computer' should be a masculine or a feminine noun.



Each group was asked to give four reasons for its recommendation. The men's group decided that 'computer' should definitely be of the feminine gender ('la Computadora'), because:

1. No one but their creator understands their internal logic;
2. The native language they use to communicate with other computers is incomprehensible to everyone else;
3. Even the smallest mistakes are stored in long term memory for possible later retrieval; and
4. As soon as you make a commitment to one, you find yourself spending half your paycheck on accessories for it.

(THIS GETS BETTER!)

The women's group, however, concluded that computers should be Masculine ('el computador'), because:

1. In order to do anything with them, you have to turn them on;
2. They have a lot of data but still can't think for themselves;
3. They are supposed to help you solve problems, but half the time they ARE the problem; and
4. As soon as you commit to one, you realize that if you had waited a little longer, you could have gotten a better model.



The women won.

TRENDS IN EPILEPSY RESEARCH

UNIQUE SCHOLARSHIP HELPS PEOPLE AFFECTED BY EPILEPSY FULFILL LIFE AMBITIONS

Since 2005, UCB has awarded over half a million dollars to qualified recipients UCB, The Epilepsy Company(TM), honoured 31 recipients of the 2008 UCB Family Epilepsy Scholarship(TM) at a reception in Seattle, WA on December 7, 2008 during the American Epilepsy Society Annual Meeting.

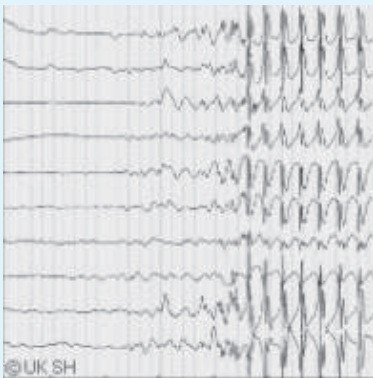
The scholarship is awarded to inspiring people whose lives have been affected by epilepsy, and who seek personal growth through higher learning.

Each year, the UCB Family Epilepsy Scholarship is offered to people living with epilepsy, their caregivers and family members to provide financial support for academic and personal achievement. This year, UCB awarded a total of \$150,000 to 31 recipients; twenty-one recipients are people living with epilepsy, and the remaining 10 are family members or caregivers of someone living with epilepsy.

The scholarship money can be used toward tuition at any United States-based center for higher learning, including colleges, graduate schools and technical schools. Since 2005, UCB has awarded over half a million dollars in scholarships to qualified recipients.

"There are many people living with epilepsy who continue to have a positive impact on their families, schools and communities. The UCB Family Epilepsy Scholarship allows us to recognize their achievements by making higher education more attainable for deserving recipients," said Rich Denness, Vice President and General Manager of CNS at UCB. "This scholarship is one of several innovative patient programs that demonstrate UCB's commitment to improving the lives of people living with epilepsy."

SCIENTISTS IDENTIFY MUTATION LINKED TO COMMON FORM OF EPILEPSY



development of new drugs to treat the condition.

A team of EU-funded scientists has discovered that a mutation on chromosome 15 is linked to a common form of epilepsy. The findings add to our understanding of the underlying causes of epilepsy and could eventually lead to the

EU support for the work came from the EPICURE ('Functional genomics and neurobiology of epilepsy: a basis for new therapeutic strategies') project, which is financed through the 'Life sciences, genomics and biotechnology for health' Thematic area of the Sixth Framework Programme (Fp6).

Around half of all cases of Epilepsy have a strong genetic component, and so far about 20 genes linked to the condition have been discovered. However, these genes are linked to very rare forms of epilepsy, and the genetic risk factors behind more common forms of the disease remain unknown.

This study focused on idiopathic generalised epilepsy (IGE), which accounts for one third of all epilepsies. The scientists studied the DNA of over 1,000 people with IGE and compared it to the DNA of over 3,500 people without the condition.

They found that a small section of chromosome 15 was missing in 1% of the IGE patients. None of the healthy people tested had this deletion. Previous research has linked the same deletion on chromosome 15 to intellectual disabilities, schizophrenia and other neuropsychiatric conditions.

Further research on the patients with the deletion revealed that some had inherited the mutation from their parents, while in others the mutation appears to have arisen spontaneously.

The deleted section of DNA contains at least seven genes, including one that codes for a protein called CHRNA7 (neuronal nicotinic acetylcholine receptor). CHRNA7 regulates signalling between nerve cells, and mutations in related genes have been linked to epilepsy in previous research.

The new findings add considerably to our knowledge of the molecular mechanisms involved in both epilepsy and the other disorders linked to this mutation. At the same time, the discovery that the mutation is linked to such a wide range of conditions, but leaves some patients unaffected, means that it would be difficult to use this mutation in a genetic counselling session, for example.

Nevertheless, the researchers are optimistic that their work will eventually lead to the development of new treatments for epilepsy. Meanwhile, more research is needed to unravel the complex genetics behind this neurological disorder.

Source: Nature Genetics <http://www.nature.com/ng>

TRENDS IN EPILEPSY RESEARCH

A MULTI-PARAMETRIC SEIZURE SCREENING ALGORITHM FOR CLINICAL EEG

Study Conducted at Johns Hopkins University School of Medicine

A new seizure diagnostics algorithm developed by Infinite Biomedical Technologies (IBT) accurately screens patients with nonconvulsive seizures. The algorithm is part of a comprehensive neurodiagnostic system designed by to help emergency room staff to screen such patients and make rapid triage decisions, including timely referral to a specialist.

The researchers studied IBT's Seizure Vector (SV) algorithm, which expresses EEG (electroencephalogram) readings as a numeric score to classify seizure patients into one of two categories: those with epileptic seizures and those with no evidence of seizures.

The advanced algorithm is an important component of IBT's new Vigilant™ neurodiagnostic system, which is designed to improve screening and care of patients in an emergency department environment who demonstrate altered medical status (AMS).

If left undiagnosed and untreated, patients with epileptic or nonconvulsive seizures can suffer severe neurologic damage. Research shows that the window for optimal

therapeutic treatment is 30 min. to one hour following the onset of seizures.

IBT has developed the following key components of the next-generation Vigilant™ platform to work in tandem with the SV algorithm:

1) Vigilant(TM) Tele-Consultation: enables emergency department physicians to reach an off-site neurologist or EEG specialist and share clinical information. 2) Vigilant™ EEG: provides real-time EEG results and patient video for off-site review by a neurodiagnostic specialist.

Together, the components of the Vigilant™ system are designed to enable an emergency department care team to identify seizure patients promptly and consult with a specialist via the Internet for timely, accurate seizure diagnosis and treatment.

A Zcademic institutions, and has received more than \$20 million in funding from the National Institutes of Health. Infinite Biomedical has research and development facilities in Baltimore, Maryland and Los Angeles, California. More information about IBT is available at www.i-biomed.com.

WHEN SURGERY IS BETTER FOR EPILEPSY

A surgery to remove a paper clip-sized sliver of brain may help some epilepsy patients live as much as five years longer than those on anti-seizure drugs, according to a computer-generated analysis of patient data and studies.

The surgery can also boost quality of life, allowing patients with temporal lobe epilepsy, the most common form of the disorder, to live more years with fewer seizures, the analysis found.

Doctors have known the surgery to be effective since the 1950s in patients whose seizures stem from the temporal lobe, the part of the brain that processes emotions. Still, many patients that might benefit don't get the surgery because doctors overestimate the likelihood of complications, the study's authors said. The surgery is most effective when performed early enough to prevent permanent disabilities, said neurologist Jerome Engel, the author of an accompanying editorial.

"The objective for treatment should be no seizures and no side effects, and as soon as possible," said Engel, a professor of neurology at the University of California, Los Angeles, in a telephone interview today. He was not involved in the study. "The longer the seizures go on, the less likely patients are to be rehabilitated."

The report was created by using quality-of-life data obtained directly from patients and published data from medical studies to create a model. The researchers ran the model 10,000 times to get their results. The model patient used in the report was 35 years old.

About 20 percent to 40 percent of patients aren't helped by anti-seizure medications, according to the study.

"The rule of thumb we use is when patients fail two medications at optimal doses, doctors should consider referring patients," for the surgery, said Hyunmi Choi, an assistant professor of neurology at the Columbia University Medical Center and the study's lead author.

To perform the surgery, doctors first confirm that the anterior part of the temporal lobe is causing the seizures, said Choi. If that's where the seizure begins, doctors remove 2 to 3 centimeters of tissue.

Surgical Side Effects

Side effects of the surgery, which may be performed on children and adults, include complications from anesthesia, some sensory changes, partial loss of vision or speech, or infection, according to the Epilepsy Foundation, an advocacy group.

"The likelihood of patients noticing any cognitive changes are small," Choi said "because seizures arise from that part of the brain, it's dysfunctional already."

Source: Journal of the American Medical Association
09 Dec 2008.

FORTHCOMING EVENTS

☞ **28 June -2 July 2009**

28th International Epilepsy Congress, Budapest



REGISTRATION PROCEDURE:

Please note that in order to register: You should complete the online registration form ensuring you provide the delegates' full postal and e-mail address(es). This information is required for security and insurance regulations. Registrations submitted with companies' or agencies' details will not be processed until delegates' details are provided.

The only form of payment accepted through the online registration system is credit card (Visa, MasterCard or American Express).

Invoices can be only issued per delegate.

The online registration system for the 28th International Epilepsy Congress – Budapest 2009 is now open! Please note that the early registration rate will be applicable until April 14th.

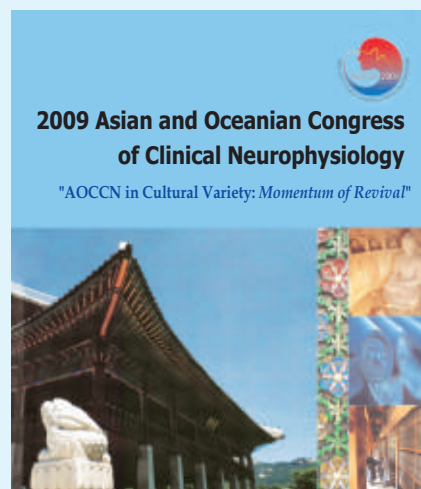
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11TH JOINT MEETING OF IEA & IES 6,7 FEBRUARY 2010, INDORE



IEA



IES



IEA-18th IEC Trust

Pre-conference workshop on Paediatric Epilepsy on 5th February 2010.

	upto 31.8.09	upto 30.11.09	Late/Spot
Registration fee for members	Rs 1500	Rs 2000	Rs 2500
Pre-conference workshop	Rs 800	Rs 1000	Rs 1200

Please contact

Conference Secretariat

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Gita Bhawan Hospital & Research Centre Manoramaganj Indore 452001

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INDIAN EPILEPSY ASSOCIATION



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Sodium valproate



VALPARIN® CHRONO / ALKALETS / SYRUP

Composition : VALPARIN® 200 ALKALETS : Sodium valproate I.P. 200mg, VALPARIN® 500 ALKALETS : Sodium valproate I.P. 500mg, VALPARIN® 200 : Sodium valproate I.P. 200mg/5ml, VALPARIN® CHRONO 200 : Sodium valproate I.P. 133mg + Valproic acid U.S.P. 58mg, VALPARIN® CHRONO 300 : Sodium valproate I.P. 200mg + Valproic acid U.S.P. 87mg, VALPARIN® CHRONO 500 : Sodium valproate I.P. 333mg + Valproic acid U.S.P. 145mg. **Indications :** (1) treatment of generalized or partial epilepsy, particularly with the following patterns of seizures : absence, myoclonic, tonic-clonic, atonic, mixed, as well as for partial epilepsy : simple or complex seizures, secondary generalized seizures, specific syndromes (West, Lennox-Gastaut). (2) treatment of manic episodes associated with bipolar disorders. **Contra-Indications :** acute and chronic hepatitis, personal or family history of severe hepatitis, especially drug related, hypersensitivity to sodium valproate, porphyria. **Warnings and Precautions:** Liver dysfunction. SLE. Pancreatitis. **Administration:** For seizure control : Initial daily dosage 10- 15mg/kg, then titrated up to 20-30mg/kg. Careful monitoring when receiving daily doses higher than 50mg/kg. Valparin®Chrono allows to give the drug once daily. For treating mania : Initially dosage 600mg daily increasing by 200mg/day at three-day intervals (Range : 1000 to 2000mg /day). When control is not achieved dose may be further increased to 2500 mg per day.



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