



# EPILEPSY INDIA



INDIAN EPILEPSY ASSOCIATION & INDIAN EPILEPSY SOCIETY

## *N e w s l e t t e r*

*April - June 2012*

*Issue 2, 2012*



*A Lagoon in Lake Kochi part of Vembanad Backwaters*

**25th -26th February, 2012**

# EPILEPSY INDIA

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## NEWSLETTER OF INDIAN EPILEPSY ASSOCIATION & INDIAN EPILEPSY SOCIETY

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## **"Meetings Can Lower IQ, Make you Brain-dead"**

### **Dear Friends**

Just returned from a highly successful ECON2012 when I was confronted by a news headline as above. It seriously challenges the wisdom of those like me who are serial-attendees of meetings.

In addition to scientific meetings, we also attend Business Meetings (where other's business becomes everyone else's and yours is no one's!).

This earth-shattering wakeup call comes from the Virginia Tech Carilion Research Institute in the US. They claim that the performance of people after attending meetings was significantly lower than those who were left to decide on their own and were not part of the meeting.

The startling discovery has been authenticated by publication in Philosophical Transactions of the Royal Society B. That it is no longer a laughing matter lead author Read Montague says "meetings make us feel brain-dead". These actually make you act brain-dead as well.

The study included individuals matched for IQ who were placed in small subgroups and given tasks on cognitive parameters. After they attended meetings, their performance dropped dramatically in their ability for problem solving.

"Our study highlights the unexpected and dramatic consequences even subtle social signals in group settings may have on individual cognitive functioning. Through neuro-imaging, we were able to document the very strong neural responses that those social cues can elicit".

In simpler language, this proved that we are less intelligent in groups than on our own. Again in groups with others who we think are cleverer than us, we respond by becoming even more stupid than we are normally.

Business people have long joked that meetings make them brain-dead, so it is nice to get this reconfirmed by the white coats. (I recall with some discomfiture now, an argument in one of our Business meetings while discussing time territory as to whose meeting should be longer!)

Like many scientific studies the conclusions have still not come about and the jury may be out as they say. In medical parlance we put it that 'more studies are required' to prove the obvious.

### **"Two hours and 31 minutes of cuddles a day for pampered pooches"-a study**

Another astonishing finding by Irish pet expert Pete (not pet) Wedderburn that pet dogs in their average life span of 12 years receive 9912 hours of cuddle or a daily average of 2hr 31 min cuddling by their owners.

I can happily endorse this soft treatment for us humans too, but then there may be a spoilsport psychoanalyst to dwell on its personality-scarring effect.

**"Dogs look up to us. Cats look down on us. Pigs treat us as equals."**

said Winston Churchill. He was obviously more of a dog lover as he comes out a homophobe which I readily believe.

We may even call these no more than interesting studies. Millions before Newton saw apple fall but he asked "Why?" Regardless of how non-serious or mirthful, they may look, they could have sound scientific basis. Isaac Asimov says the most exciting phrase in science that heralds new discoveries is not *Eureka* but **'That's funny.'**

*Annals of Improbable Research* publishes such papers "honor achievements that first make people laugh, and then make them think".

The prizes are intended to celebrate the unusual, honor the imaginative — and spur people's interest in science, medicine, and technology. Prizes are handed out by genuinely bemused genuine Nobel laureates.

There is another academic study that I can find on how conditions at meetings can diminish brain power. It was given one of last year's Ig Nobel Prize.



**Study 1:** Category-Medicine '*The effect of acute increase in urge to void on cognitive function in healthy adults. Or, how micturition affects brain function*'.

The conclusion seems to be that if you are sitting tight, praying for the next "comfort break", then the speed at which your brain processes information will slow down to a crawl.

I will cite two more studies:

**Study 2:** Category-Psychology

*'Is sigh just a sigh? Sighs as emotional signals and responses*

*to a difficult task*'. This from an Oslo-based psychologist interprets Others' sigh against Own sigh.

Sigh representing 'Giving up' as a domain was higher in own sigh than others while 'Sadness' represented others sighs more than own.

**Study3:** Category- Literature. '*Theory of Structured Procrastination*'. The study author a Stanford professor concludes that to be a high achiever always work on something important, using it as a way to avoid doing something that is even more important.

Arthur C Clarke said "When a scientist says something is possible, he is almost certainly right. When he says something is impossible, he is very probably wrong".

Reason enough to keep believing in scientific studies.

With best wishes to you and your family.

**Dr VS Saxena**

**Editor**



## NATIONAL HONOUR FOR DR NOSHIR H WADIA



**Padma Bhushan,  
Dr NH Wadia**

MD, FRCP, FAMS, FASc, FNA

Our most esteemed member **Dr Noshir H Wadia** received the national honour of *Padma Bhushan* on the Republic Day, 2012.

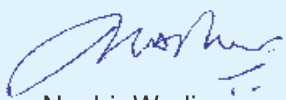
The members of IEA & IES congratulate the very distinguished award winner and take pride to rejoice in this celebration.

VSS

*The eminent neurologist acknowledges thus:*

*"...I firmly believe that with exceptions no one can achieve what he or she has done without God's grace and the help and support of others. And I am fortunate that I had such support from my dear wife Piroja, also my close partner at work and research, worthy colleagues, collaborators national and international with whom it was a joy to be involved, residents, fellows, secretaries and patients whose diseases I researched into. And as importantly two great institutions, the JJ Hospital and Jaslok Hospital & Research Centre which gave me facilities for my clinical practice, teaching and research, where I spent nearly half of my waking days.*

*"Currently, in my semi retirement I am involved as President of the Moving Academy of Medicine and Biomedicine whose avowed aim is to encourage and arouse science awareness in senior school students in villages and to enthuse medical students to undertake research even in smaller medical colleges. Further I am involved with Societies of the neurologically disabled, mostly as advisor...."*



Noshir Wadia

## ECON 2012, 25th-26th February-KOCHI



### List of Awards given by IEA-18th IEC Trust for

#### Best Papers and Posters

##### Best Paper - Medical

Disconnective epilepsy surgery : breaking the shackles of intractable pediatric hemispheric and sub hemispheric epilepsy

By Santhosh George Thomas, (Co-authors: Ari George Chacko, Maya Mary Thomas, K Srinivasa Babu, Roy Thomas Daniel, Paul Swamidhas Sudhakar Russell Department of Neurology, CMC Vellore

##### Best Paper-Non Medical

Triggering factors of seizures in people with epilepsy

Nitika Dang, (Co-authors: Balamurugan E, Manjari Tripathi, Meena Agarwal)

AIIMS, New Delhi

##### Best Poster- Medical

"Clinical profile and treatment outcome in febrile infection-related epilepsy syndrome (FIRES), a catastrophic epileptic encephalopathy in children."

Sandeep Patil\* (Co-authors: Vinayan K.P, Nidheesh, Deepak Dhami, Arun Grace Roy, Anand Kumar) Division of Pediatric Neurology, Department of Neurology, Amrita Institute of Medical Sciences, Kochi

##### Second Best Poster-Medical

Clinical characteristics and outcome of surgery for temporal lobe epilepsy in children and adolescents.

Sita Jayalakshmi\* (Co-authors: Manas Panigrahi, Shanmukhi Somayajula, Sailaja) Department of Neurology, Neurosurgery and Pathology, Krishna Institute of Medical Sciences, Hyderabad.

##### Best Poster - Non Medical

Predictors of Depression in patients with partial epilepsy

Varada Aravindan, (Co-author: Thomas Iype, Medical College, Trivandrum)



### EUROPEAN EPILEPSY DAY 2012 IN THE EUROPEAN PARLIAMENT

#### ***The Burden of Epilepsy***

Following the successful launch of the 1st European Epilepsy



Some of the many MEPs who attended the launch of Epilepsy Without Words pictured with Mike Glynn and Emilio Perucca

Day in the EU Parliament in Strasbourg last year, the Advocates for Epilepsy special interest group of MEPs again played a major role in celebrating the 2nd European Epilepsy Day on the 13th and 14th February. Hosted by **Gay Mitchell MEP**, the main celebration was an exhibition of the **Epilepsy Without Words** photography exhibition, which was officially opened by former **EU President Jerzy Buzek**.

Picking up on this theme, that *epilepsy can be summarised as 4,000 years of ignorance, superstition and stigma followed by 100 years of knowledge, superstition and stigma*.

Mr Buzek stated that the situation where people with epilepsy are still subject to stigma and superstition is totally unacceptable in 2012.

The co-chairs of Epilepsy Advocacy Europe – **Mike Glynn** and **Emilio Perucca** – thanked the 459 MEPs who had signed the Written Declaration in 2011 and the members of the Advocates for Epilepsy special interest group for their continued support at European level.



The ILAE, through the Taskforce on Sports and Epilepsy, is launching an exciting and innovative new project.

The aim is to create a collection of photographs of famous sportspersons meeting people with epilepsy. The photographs will convey the message that people with epilepsy, like athletes themselves, can be inspired to achieve their goals and lead full and active lives.

The collection will be exhibited at the London 2012 European Congress on Epileptology, which will be held shortly after the London Olympics. The images will be made available to National Chapters for advocacy initiatives in their own countries.

[contactlaura@epilepsycongress.org](mailto:contactlaura@epilepsycongress.org).



Olympic swimmer Stephanie Rice from Australia supporting Stand Up For Epilepsy

### EPILEPSY ADVOCACY EUROPE IBE/ILAE Joint Task Force



Emilio Perucca  
Co Chair



Mike Glynn  
Co Chair

#### Written Declaration on Epilepsy

Our first initiative was the European Written Declaration on Epilepsy. Since its passing in September, the declaration has now been sent by the European Parliament to the Commission and to EU national governments.



However, there is no legislation or directive in place that requires either the Commission or any national government to implement its recommendations. It is vital, therefore, that we interact at national level with health departments to encourage adoption of the key points in the declaration.

#### The Burden of Epilepsy

The theme for European Epilepsy Day 2012 is the Burden of Epilepsy. To promote and celebrate the day, the Co-Chairs will travel to Strasbourg for meetings with MEPs.



## "EPILEPSY IN OUR TIME"

### UCB



People living with epilepsy from across Europe share their personal stories

'Epilepsy In Our Time', a video diary, explores life with epilepsy from the perspective of those living with the condition on European Epilepsy Day 2012. The disease is the most common serious brain disorder worldwide, affecting 6 million people in Europe.

European Epilepsy Day is an initiative of the International



Bureau for Epilepsy (IBE) and the International League Against Epilepsy (ILAE) and this year's theme is the burden of epilepsy.

Within the 'Epilepsy In Our Time' video diary Marion Clignet, gives her perspective, "There are a lot of issues and a lot of questions on people's minds, but having epilepsy does not make you a burden

to society and on the contrary it can sometimes make you even stronger."

The 'Epilepsy In Our Time' initiative began in 2010 and will continue to visit people living with epilepsy each year to see how their daily lives with epilepsy have changed and whether their hopes or ambitions have been realised. Marion, Lloyd, Monica, Jérôme, David and Julie invite you to take a look at their personal experiences of living with epilepsy, through a short, self-filmed, diary.

"'Epilepsy In Our Time' provides a direct insight into what it means to live with epilepsy in 2012. It is important for people with epilepsy and those who care for them to connect with each other for support and inspiration. By sharing personal stories we hope to improve the perception and understanding of the condition," said Lode Dewulf, MD, Vice President, Global Medical Affairs, UCB.



### 13<sup>TH</sup> JOINT ANNUAL CONFERENCE OF INDIAN EPILEPSY ASSOCIATION AND INDIAN EPILEPSY SOCIETY

25-26 FEBRUARY, 2012 BOLGATTY PALACE, KOCHI



*Bolghatty Palace Hotel and Resort, Kochi*

ECON 2012 took place in Bolgatty Palace, the exclusive heritage hotel located on the picturesque Bolgatty Island in Kochi. The mansion was originally built by Dutch traders in 1744 and was leased to the British in 1909. It is the oldest of the kind that exists outside Holland. It served as the British residency till 1949.

It is encircled by a nine-hole golf course. The island is surrounded by Kochi Lake which is part of the estuary of Vembanad Wetland System an intricate network of estuaries, lagoons and canals which spans over nearly two hundred km in the north-south and 30 km in the east-west directions. Almost all villages in these areas can be accessed via water transport. It has been declared as a National

Waterway and is known for its beautiful lakes, rivulets, landscapes, tall swaying palms and fruiting trees.



*The faculty from abroad inaugurating EEG Workshop*



*Inauguration of ECON-2012*

ECON 2012 was organised by Dr B Rajendran, Chairman, and Dr KP Vinayan, Organising Secretary, with their band of able and energetic colleagues and workers. Nearly 330 delegates registered from all over India. Earlier, there were 130 registrants for the EEG Workshop held on 23-24 February, 2012. There was a very powerful international faculty comprising of Drs Solomon Moshe (USA), President ILAE, Simon Harvey, Andrew Bleasel, John Dunne, Ernest Somerville, Param Kharbanda (Australia), Kiyohito Tarada (Japan), Roy Thomas Daniel (Switzerland) and AN Prasad (Canada).

## Inaugural Programme

The Minister for Social Welfare Dr MK Muneer inaugurated the conference and mentioned about its focus on the theme 'Epilepsy in Teens'.

He felt that the social stigma is faced by such patients is prevalent even today when the most modern diagnostics and treatment facilities are available in the country. He informed that the State government will consider including epilepsy under the services provided by Thalolam Scheme of the Kerala Social Security Mission (KSSM).

The collective efforts by NGOs such as IEA, IES and medical fraternity are essential, he felt, in eliminating the social stigma surrounding epilepsy. The government will

support all such ventures in this regard as he informed the delegates present.

The minister also assured the active participation of KSSM in the awareness programmes of epilepsy society and said that the patients should be treated with some kind of ethics and dignity which should provide them all legal and social benefits.

After his address he honoured three of the seven past Presidents of IES who were present on the occasion with special awards in recognition of their contribution Dr VS Saxena(2005-2006), Dr R Shukla (2009-2010) and Dr S Jain(2010-2012).



*Dr VS Saxena*



*Dr R Shukla*



*Dr S Jain*

## Scientific Sessions

### Orations and Guest Lectures

The Presidential Oration for IEA was delivered by Dr HV Srinivas wherein he successfully amalgamated the needs for addressing to encompass both medical and non-medical audience at the same time. He discussed the salient relevance of prevention of epilepsy giving the commonest day to day and practical examples. The statistics quoted by him made a convincing case of how important such factors could become in control of epilepsy.

The Arjundas Sehgal Oration was delivered by Dr P Satishchandra Director NIMHANS, Bengalore.



*AD Sehgal Oration given by Dr SatishChandra flanked by Drs R Shukla, GT Subhash and K Radhakrishnan*

Mrs Shobha Arjundas Oration was delivered by Dr Satish Jain who made an interesting build up by tracing past history of epilepsy in ancient times through the present age which culminated in his suggestions on future approach for epilepsy management.





*Dr 'Nico' Moshe President ILAE*

The First Guest Lecture titled “Epilepsy Kills-A global Campaign Priority to Reverse” was delivered by Solomon Moshe. He cited how important if at times tragic it could be if this is ignored by making people feel falsely secure. The global campaigns have to bring right to the fore front that epilepsy could kill. He strongly argued that softer campaigns have not given adequate results as these were less successful in gaining attention of key decision makers. He mentioned about Stand Up For Epilepsy (SUFE) Campaign, the latest initiative which will become the central theme in the 10<sup>th</sup> European Congress in London in September 2012. This is being taken up by ILAE through the Task Force on Sports and Epilepsy. This will involve creating collection of sports persons being photographed with PWEs.

In another session later Solomon Moshe also spoke in a symposium on “Epilepsy in the very young-Infants and Neonates”. His topic was 'Biomarkers Predicting Epilepsy in early Life' wherein brought out extensive work done by him in the last 3 decades. (A clear revelation to those who knew less that how deeply and closely he has been

involved in pure and clinical research on epilepsy). Dr A N Prasad provocatively titled his talk as one on deadlocks and dilemmas in infantile spasms. His exposition clearly brought out his case by very relevant clinical case reports presented by him.

There was symposium during lunch to discuss drug treatment of refractory epilepsies. Dr Ernest Somerville gave an unusual presentation on his findings on refractoriness which were sometimes quite different. The obvious and very practical need to go into the simplest of factors often overlooked could make the therapy less refractory and his plea was look at all such causes in a spirit of total and open enquiry. Dr MM Mehndiratta spoke on use of newer AEDs once again highlighting the subject with a fresh look on a garden variety subject.

“Looking beyond Standard EEG Bandwidth-Unusual Rhythms in Epilepsy” by Dr Kiyohito Terada was a compact discussions of the issues more extensively taken up during the Pre-conference EEG Workshop. Where he was a faculty member on 23-24 February 2012.

There were two platform free paper sessions which ran parallel one on medical and another on non-medical subjects. There were similar two sessions on the second day as well in order to accommodate large number of papers entered by delegates and accepted by the Scientific Committee. Poster walk under Chairpersons Drs Bindu Menon and Garima Shukla were interestingly arranged on one side of the marquee where all delegates frequented for Poster Display, Exhibitor Stalls and refreshments.

The General Body meetings of IEA and IES were held on 25 Feb between 5-7 pm and were used by delegates to get acquainted by all decisions taken by the two respective bodies in furtherance of the objectives of the two national bodies.

### **Governing Council of IEA**

*Front row : Drs VV Nadkarni,  
PU Shah, Ms Carol D'Souza,  
Drs B Menon, S Jayalakshmi*

*Back row: Drs S Jain,  
MM Mehndiratta, HV Srinivas,  
Mr KV Murlidharan, Drs B Rajendran,  
CM Sharma, G Ganguly  
and VS Saxena*



The start of the sessions was early as there were breakfast sessions on both the days of the conference. There were also two parallel platform sessions on both the days to



*Dr John Dunne being felicitated*

accommodate large number of medical and non-medical papers.

The breakfast session on 25 February was on rational polypharmacy in epilepsy. Dr John Dunne spoke on this aspect in focal epilepsies while Drs Andrew Bleasel and Ernest Somerville gave an illustrative talk on case reports in generalised epilepsies.

## Award Paper Session

This was followed by the Award Paper Session where 4 medical and 2 non-medical papers were entered.

The incognito judges appointed gave the results in the two categories to choose the best papers ( please see results on page 4). The prizes are sponsored by IEA-18<sup>th</sup> IEC Trust and consist of silver salvers for papers and cash prizes of Rs3000 and Rs 2000 for best and second best posters in categories of medical and non-medical subjects.

The awarded paper-medical by Dr Santhosh George



*Dr Santhosh George Thomas receiving Best paper award-medical*

Thomas, CMC, Vellore talked about disconnective epilepsy surgery. The group obtained excellent seizure outcome. The results improved if operated in the group with onset of seizures took place at an older age.



*Dr M Tripathi receiving Best paper award-non medical on behalf of Dr Nikita Dang from Retd Justice Hariharan Nair*

The best non- medical paper prize was won by Dr Nikita Dang, AIIMS, New Delhi. This was on Trigger Assessment Tool. 87% had at least one triggering factor sometimes as many as ten, the commonest being missing medication or stress. The patients were encouraged to have self control and use avoidance strategies.

The best poster award-medical went to Dr Sandeep Patil, Amrita Institute, Kochi who reported on a large series of febrile infection related epilepsy syndromes. Treatment outcome remained poor despite multiple AEDs, immunotherapy and barbiturate anaesthesia.

The second best poster-medical award went to Dr Sita Jayalakshmi, KIMS, Hyderabad for clinical characterisation and outcome of surgery for TLE in children as they have been formed to have distinct clinical and EEG features as compared to adults and have better results.

The best poster award-non-medical went to Mr Varada Arvindam, Medical College, Thiruvananthapuram for his poster "Predictors of Depression in Patients with Partial Epilepsy"

The second day programme started with a Breakfast Session chaired by Drs Lakshmi Narasimhan and Thomas Iype where initiation and withdrawal of AEDs were discussed. There were two more medical sessions, the first one on women issues and the second one on surgical management of epilepsy.



### *Epilepsy and Society Programme*

The first session was chaired by Dr MM Mehndiratta and Mr Anand. This was a very useful though emotional session where patients or care takers described their positive stories in how they overcame the burden and stigma and became active proponents in bringing about more awareness and steps to enhance their usefulness in society.

Experiences with epilepsy care-patient and family perspectives had Mr Pramod Waratkar a farmer activist speak on what he is able to achieve in rural Nagpur region.

A neurosurgeon Dr Ashok Pillai described his own experience in delaying treatment till he had sleep problems, great irritability and lastly lost speech before he sought medical help.

Ms Nisha David who lives in Dubai specially came down to describe her experience when her third child developed seizures at the age of 4 months. She described her and her husband's difficulty to come to terms despite their own high education and professional jobs and had even their close relations being doctors explain it to them. They still found it easy to lapse into ignorance and superstitions of elders.



*Mr Pramod Waratkar*



*Ms Nisha David with her daughter and father*



*Dr Ashok Pillai*



*Mr Christopher Fernandez*

Mr Christopher Fernandez described a website developed for epilepsy care.

There was a presentation by Dr Nirmal Surya, Mumbai how he has been a spearhead in taking up the rural epilepsy as a mission. His partnership with public on one hand and the Government supported National Rural Health Mission has brought good results as in the 8 districts of Maharashtra.

Sh HC Bajoria Award this year was presented to Dr Prithika Chari, Chennai for her patient support programme aided by her innovative approach. She titled her talk "Power of Change-touching lives of people with epilepsy" as she described her experiences dealing with the social issues faced by her patients.

The Disability Act and Epilepsy were part of a special session chaired by Ms Carol D'Souza and Dr Mathew Abraham where an lawyer and social activist Mr Govind Bharathan spoke. He is a long standing friend of IEA so his understanding of epilepsy related legal issues is impeccable. Ms Suchitra Narayan President of local branch of IEA spoke in this session.



*Dr Nirmal Surya presented Epilepsy Care Programme through NRHM*



*Dr Mathew Abraham and Ms Carol D'Souza*

### KS Mani Session

KS Mani Session as usual drew large crowd. The theme this year was "Ensuring Social Justice for Patient with Epilepsy". Retd Hon Justice Hariharan Nair provided a backdrop to the legal issues faced by those who are affected by epilepsy. He displayed his good knowledge of our problems as he provided a set of good suggestions to enable us to deliver a better legal environment and ensure their better social upliftment.

Dr Vinod Saxena was required to catalogue the achievements of IEA as he traced the path of the Association over 40 years. Landmark achievements in improving care of PWEs by way of better treatment, medical and social education, support groups and

activities sponsored by IEA and some legislative changes were brought out. Dr Pravina Shah undertook how and where she will like to see the Association grow. She spoke in her usual informal and empathetic style to bring out an agenda for to further improve the state of PWEs.

The presence of Advocate Govind Bharathan was so very fruitful to channelize discussions so that the most relevant objectives can be taken up. Dr Vinod Saxena recalled his onerous contribution to amendment finally achieved in Hindu Marriage Act and Special Marriages Act which equated epilepsy with insanity. He had assisted IEA in filing a PIL in 1996 which finally brought out a change in legislation in Dec 1999.



*Dr VS Saxena in KS Mani Session*



*Dr Pravina Shah, Retd Justice Hariharan Nair,  
Dr U Shah and Adv Govind Bharathan*

### Cultural Show

The Organisers put up a very rich cultural programme which turned out to be a great favourite with the audience. The well appreciated programme was a smorgasbord of the very best from the much admired cultural heritage of the state in art of music, dance, attire and finally the internationally recognised cuisine. Though in short

samplings, the impact of the young performers was immediate and lingered on much after. A musical recital by a young PWE on veena was duly appreciated by the audience. (His mother Ms Dharma had participated in ECON2007 in Mumbai to describe bringing up of this gifted child).



*Vignettes of the rich dance and music show*



## PRE CONFERENCE EEG WORKSHOOP ECON - 2012



*The International & National Faculty for EEG Workshop*

Pre Conference EEG Workshop was held on 23rd and 24th February. The two-day course was modelled on the one designed by the Epilepsy Society of Australia which is mandatory for the neurology trainees in Australia.

All the international faculty who participated in ECON2012, were the tutors included aided by the national faculty of Drs KP Vinayan, Manjari Tripathi, Sita Jayalakshmi, Sangeeta Ravat, JMK Murthy, Asha Latha, Garima Shukla, Ram Menon, Sanjeev Thomas and Sanjib Sinha.

The two course co-ordinators Drs K Radhakrishnan and Andrew Bleasel. The design was in the form of a didactic lectures followed by hands on tutorials arranged in twelve computer work stations. There were eight such sessions on each day. The tutor to trainee ratio was kept at one tutor for twelve trainees at each of the stations. A two-hour Tutoring-the-Tutors session was arranged on 22 February to enable the tutors to familiarise with the modules.

The workshop was a great and an unqualified success according to the feedback of the trainees.



*Dr Arabinda Mukherjee inviting delegates to Kolkata for ECON 2014*



*Organisers: Ms Suchitra Narayan, Dr KP Vinayan (front), Ms Neera and Dr B Rajendran (back)*



*Smiles after a job well done*

### Valedictory Session

The valedictory session was an event of genuine appreciation of the efforts put in by the hosts in Kochi. The recipients of various best paper/poster prizes were announced which saw the delighted receivers feeling proud of their achievements. The invitation for ECON2013 in Hyderabad and ECON 2014 in Kolkata were repeated. This was also the occasion for installation of

Dr Pravina Shah as President of IES.

ECONs are now becoming eagerly anticipated annual events with quality of presentations steadily keeping an upward trend. Social evening was beautiful with classical and folk dances of the region followed by victuals in a unique atmosphere lent by the venue and the abundant gifts of Mother Nature to the fortunate State of Kerala.



*The attractive venues for various functions*

## PREVENTION OF EPILEPSY

*Dr H V Srinivas, President IEA*



Epilepsy is a common neurological condition affecting almost one percent of the population. The seizures may be well controlled in 70-80% of patients with the present antiepileptic drugs. However it is only suppression of seizures ie anti-epileptic activity. As of now there is no

cure (antiepileptogenic activity) offered to such patients.

In general "prevention is better than cure" and prevention of epilepsy becomes even more relevant till a cure is found. The prevention of epilepsy can be discussed under:

- Prevention of seizure in a person with epilepsy
- Prevention of development of epilepsy after a brain insult eg. head injury
- Prevention of brain diseases which are responsible for symptomatic epilepsy in eg. stroke, head injury or neuro infections.

The first two are in the realm of experimental medicine and clinical trials and the last one is more important and relevant to both medical and non-medical members in the audience.

At one time epilepsy was considered to be common only in children. However, with increase in longevity and cerebrovascular disorders ,epilepsy now has a bimodal distribution with first peak in the pediatric age group and another in the elderly population. Stroke is an important cause of acute symptomatic seizures and remote epilepsy in the elderly, with an incidence of 15% post stroke late seizures.

Prevention of stroke by attending to modifiable risk factors in particular hypertension will prevent not only morbidity ,mortality but also stroke related epilepsy.

The risk of late seizures in head injury ranges from 26% to 53% and constitute 20% of symptomatic epilepsy. Accidental deaths per year in road traffic accidents in

India is 1,34,000, in addition to severe injuries in twenty one million persons. Head injury is eminently preventable by certain precautions like properly worn helmets both for driver and pillion rider, using car seat belts, avoiding cell phone use while driving ,both hand held and hands free, avoiding driving under influence of alcohol etc.

In Bangalore only half of the 2.5 million two- wheeler riders wear proper helmets , 10% of pillion riders wear helmets and 27% use car seat belts. Proper care to prevent road traffic accidents will certainly bring down head injury related epilepsy.

Adverse perinatal events increase the risk of epilepsy by 3-8 fold which is preventable by improved obstetric and neonatal care.

Finally another important preventable cause of epilepsy is

a variety of neuro infections. Acute symptomatic seizures occur in 31% of CNS infections and late seizures in 6.8% to 8.3%. In developing countries neuroinfections account for 15% to 26% of cases of epilepsy.

Neurocysticercosis contributes to both active epilepsy (24.8%) and remote symptomatic epilepsy (9.9%). It is interesting to note that appropriate community

interventions in Honduras, Central America, epilepsy secondary to neuro cysticercosis was significantly reduced from 36.9% in 1997 to 13.9% from year 2000 to 2005. Bacterial meningitis in which remote epilepsy occurs in 6.8 to 8.3% - universal immunization has dramatically decreased in the rates of HIB ( influenza) and pneumococcal meningitis in developed countries. Japanese encephalitis, dengue fever which are dependent on the mosquitoes can be addressed by prevention of mosquito breeding and mosquito bites. Many of these are simple measures, but when implemented are very effective. There is need for education, awareness and appropriate action by one and all and in this regard and every one can contribute to prevent epilepsy.



*Dr Srinivas receives his plaque from Dr VS Saxena along with Chairpersons Dr S Jain and Dr PC Gilvaz*



## EVOLUTION OF EPILEPSY AND ITS MANAGEMENT

*Dr Satish Jain, President IES*



Epilepsy is referred to in the laws of Babylon (2080 BC). The name epilepsy originally came from the Greek word 'epilambanein' which means to seize or to attack passively.

There are abundant references to all aspects of epilepsy including symptomatology, etiology, diagnosis, and treatment in the *Ayurvedic* literature (1000–800 BC). The Greek physician Hippocrates wrote the first book on epilepsy, titled *On the Sacred Disease*, around 400 BC.

In Europe in the middle ages, epilepsy was called the falling sickness, and people looked to saints and relics for cures. During the Renaissance, people started to read ancient writings again, and the ideas of long ago came back into fashion. Under the leadership of three English neurologists - John Hughlings Jackson, Russell Reynolds, and Sir William Richard Gowers - the modern medical era

of epilepsy began (1859-1906). Jackson defined a seizure as "an occasional, an excessive, and a disorderly discharge of nerve tissue on muscles." In 1929, a German psychiatrist named Hans Berger recorded electric currents generated on the brain, graphically onto a strip of paper.

Despite over a century of pharmacotherapy and neuroscience research, rational design of anti-epileptic drugs (AEDs) is only now starting to yield results, because of the heterogeneity of the disease and our still limited understanding of it. Pharmacotherapy remains the mainstay of treatment and is effective in most patients.

second generation begins with felbamate and includes drugs approved from 1993 to 2000. "Next generation" drugs are still in clinical development and may reach the marketplace in the near future.

Several non-pharmacological therapies have also been developed. Brain surgery was first used more than a century ago. Ketogenic diet was first developed 80 years ago. Vagus nerve stimulator was approved in 1997 as an adjunctive therapy for reducing the frequency of seizures in adults and adolescents over 12 years of age with partial-onset seizures which are refractory to antiepileptic medications.

The first epilepsy surgery in India was performed on Aug



*Dr S Jain receives the plaque from Dr P Shah flanked by Drs Menka Jain, Ashok Kumar and VS Saxena*

25, 1952 by Dr Jacob Chandy at CMC Vellore. In 1995, epilepsy surgery programs were started at AIIMS (Delhi), RMNC (Trivandrum), and NIMHANS (Bangalore). These 3 centres together have undertaken over 2000 surgeries. Outcome data from the major epilepsy surgery

centres in our country is comparable to those from developed countries.

Deep Brain Stimulation, Radio-surgery by Gamma knife and Responsive Neurostimulator System (RNS) hold promise for treatment of difficult to treat cases with epilepsy. RNS is designed to continuously monitor brain electrical activity from the electrodes and, after identifying the "signature" of a seizure's onset, deliver brief and mild electrical stimulation with the intention of suppressing the seizure. Gene & cell based neuropharmacological approaches for treatment of epilepsy are also in various stages of development.

### THE POWER OF CHANGE - TOUCHING LIVES OF PEOPLE WITH EPILEPSY

*Dr Prithika Chary, Chennai*



Change is nature and happens all the time. Change is good especially if it is about growth and for positive change. Dr Prithika Chary, neurologist and neurosurgeon from Chennai passionately narrated her love story with epilepsy. She started

EPICENTRE (Epilepsy Institute & Centre for Treatment, Research & Education) in 1994 in Chennai, the ups and downs and the setbacks she faced. The resilience kept the spirit and soul of Epicentre going. The driving force was the cause of epilepsy and personal hurdles were irrelevant in her quest to enable people with epilepsy to "live a full life with everyone, like everyone in spite of epilepsy".

It was to give hope to people with epilepsy to touch the stars. The infrastructure was not mandatory, but doing what one could, where one is, with what one has was the emphasis, as long as one has purpose, passion, patience, persistence and a positive attitude, anything is possible.

She compared her journey in Epicentre to the life of a person with epilepsy. There is ecstasy when things go well

and agony when things go badly, but the trick of survival is to bounce back and keep going with eyes fixed on the final goal. Hell is when we look back at that fraction of a second before our death and know that we wasted an opportunity to dignify the miracle of life. Paradise is being able to say at that moment "I made some mistakes, but I was not a coward. I lived my life and did what I had to do".

She concluded with the message to people with epilepsy

and their advocates to remain hopeful as tremendous advances had been made in the field of epilepsy.

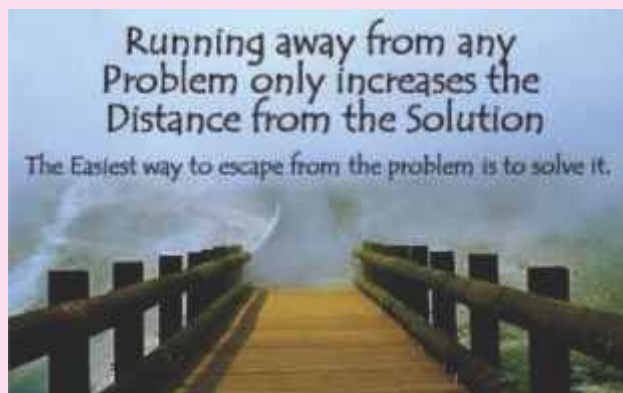
She also appealed to co-workers in the field to keep the flag of epilepsy care flying high in India and turn stumbling blocks into stepping stones remembering that each one of us has the power of

choice, and the power to change and touch lives around us and make a difference – because everything we do matters – nothing we do is too little to matter.

*"Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring, all of which have the potential to turn a life around" Leo Buscaglia.*



*Dr Prithika Chary receiving the plaque from Dr AS Girija*



*"If you live in the past you'll stay there, if you learn from the past you're guaranteed a better future."*

**Michael G. Collier**



## CHAPTER NEWS-ANDHRA PRADESH-TIRUPATI

### EPILEPSY TEACHING PROGRAM

*Reported by: Dr B Vengamma, Tirupati*



Department of Neurology, SVIMS in association with the Indian Epilepsy Association, Tirupati Branch organized an Epilepsy Teaching Program on 10<sup>th</sup> December, 2011 at Tirupati. It was inaugurated by Dr J Vasudeva Reddy, Principal, SV Medical College, Tirupati.

The program was conducted keeping in view the pressing need for educating, equipping and inspiring Primary Care Physicians to be involved actively in delivering better Epilepsy Care Services especially in the rural areas of our country.



The primary aim of this program is to convey that close interaction among physicians, general practitioners, neurologists and epileptologists could make a great difference in spreading the message that Epilepsy could be easily treated at primary and secondary levels and thus building confidence among Persons with Epilepsy (PWE).

Dr P Satish Chandra, Director, NIMHANS, Bangalore.

Dr B Vengamma, Director, Professor of Neurology and President, IEA, Dr AK Roy, Dr M Dorasanamma, Dr J Vijaya Bhaskar Rao were the Resource Persons.

The Government of AP deputed 55 medical officers. About 30 doctors from SVIMS attended the course.

### SECOND IEA-TIRUPATI ORATION IN EPILEPTOLOGY



The SECOND Oration was organized on 10<sup>th</sup> December, 2011 at Sri Padmavathi Auditorium, SVIMS.

It was inaugurated by Dr J Vasudeva Reddy, Principal, S V Medical College, Tirupati. Sri K Rami Reddy IAS(Retd) was the guest of Honour.

Dr Satish Chandra delivered an erudite lecture bringing out the intricacies involved in the present day Diagnosis of Epilepsy and the problems that have to be overcome in the process. He also enumerated the chronological development of remedies for the disorder. He presented the details of efficacies of various medicines available at present for different types of Epilepsy. He also touched upon the Surgical Treatment of Epilepsy being practiced at NIMHANS as a collaborative effort between various departments of NIMHANS. There was a discussion following the lecture.

Dr P Satish Chandra was felicitated by the Chief Guest Dr J Vasudeva Reddy, Sri K Rami Reddy IAS(Retd), President of Friends of SVIMS Society and Dr B Vengamma Director, Professor of Neurology, SVIMS and President, IEA, Tirupati Branch. He was also presented with a silver memento, on behalf of the Department of Neurology, SVIMS, Tirupati.

# NATIONAL EPILEPSY DAY-2011

## MEDANTA EPILEPSY CENTRE, GURGAON-NCR

**Reported by: Dr Manvir Bhatia, New Delhi**

Medanta Epilepsy Centre organised an Epilepsy support group meeting "HUMRAHI" on the occasion of Epilepsy Day. The response was overwhelming with an attendance of over 60 patients and family members of epilepsy patients. The patients and doctors came together & shared their queries, Myths and Epilepsy expert team of Dr Manvir Bhatia, Dr Sumit Singh, Dr Nitin Maheshwari (Child Neurologist), Dr Atma Ram Bansal and Dr Aditya Gupta (Epilepsy Surgeon) compassionately shared the Do and Don'ts about the condition, newer treatment modalities available etc.

The patients who were benefited from epilepsy surgery,



"HAMRAHI" Meet at Medanta Epilepsy Centre, Gurgaon

Ketogenic diet, who were initially misdiagnosed and then were correctly diagnosed at medanta shared their own experiences as success stories taking an ownership of creating awareness for epilepsy patients. Enthusiastic participants showed initiatives to start a blog, website, face book account to create more awareness.

A painting competition was also organized for children



Dr Nitin Maheshwari & Dr Manvir Bhatia distributing prizes for the painting competition



Patients sharing their success stories



Doctors Sharing Information

Dr Sumit Singh, Dr Nitin Maheshwari,  
Dr Atma R Bansal & Dr Manvir Bhatia

with epilepsy on the same day, and was well appreciated by all. Medanta Epilepsy Centre has suggested organizing such meeting twice a year.

For general public posters and banners were displayed which had encouraging information with a theme of Achievers with Epilepsy "If They Could Do It, So Can You! With examples of achievers in various profession like writer, painter, cricketer, scientist, musician etc Jonty Rhodes, Alfred Nobel, Leonardo Da Vinci, Alexander the great etc to name the few.

Medanta Institute of Neurosciences

### Medanta Epilepsy Centre

Celebration  
Epilepsy Awareness Week | 17th - 25th November, 2011

## If they could do it, so can you!

Jonty Rhodes Cricketer	Sir Isaac Newton Scientist	Alfred Nobel Scientist	Leonardo da Vinci Artist	Alexander the Great Ruler
Gandhi Leader	Shakespeare Writer	Beethoven Musician	Einstein Scientist	Walter Scott Writer

**Medanta Epilepsy Team:**  
Chairman - Dr. A. S. Bhatia  
Child Epilepsy Neurologist - Dr. Nitin Maheshwari  
Adult Epilepsy Neurologist - Dr. Manvir Bhatia  
Epilepsy Surgeon - Dr. Sumit Singh  
Dr. Atma Ram Bansal  
Dr. Aditya Gupta

**Free Epilepsy OPDS**  
Full week of consultation  
Medanta - The Medcity  
01.00 pm - 03.00 pm  
at 5th Floor, OPD Block,  
Institute of Neurosciences,  
0124-4541416

**Medanta - Medcity:**  
B-18, DLF Phase 2, Gurgaon, Haryana  
0124-4541416  
Mon - Sat: 7 pm - 8 pm  
Dr. Nitin Maheshwari  
Tue & Fri: 10 am - 2 pm

**Medanta Epilepsy Support Group "HUMRAHI" Epilepsy Helpdesk No. 0124 4855 111**  
For registration, please contact: Dr. Aruna Bhatia on +91 999-926-2333



# NATIONAL EPILEPSY DAY-2011

## KERALA-THIRUVANATHAPURAM

*Reported by: Dr D Jayachandran*



National Epilepsy Day – 2011 was observed on 17<sup>th</sup> November 2011 in AMC auditorium. Director, SCTIMST, Prof K Radhakrishnan inaugurated the program. Mr Aswinikumar, Deputy Directory and Head Vocational Rehabilitation Centre, Ministry of Labour, Government of India was the Chief Guest who delivered the Key note address. Dr KG Vijayalakshmi, Director Women Development India and Director, Sanjeevani School gave a talk on “Handling learning issues of children with epilepsy – Role of parents”. Dr Sanjeev V Thomas, Professor Neurology, Dr Mathew Abraham, Associate Professor, Neurosurgery, Dr Bejoy Thomas, Associate Professor, Radiology, Dr V K Sasidhar, President Epilepsy Self help group offered their felicitations. Dr Ramsekhar Menon, Assistant Professor Neurology welcomed the gathering. Ms Sunitha, Secretary, Epilepsy Program proposed a formal vote of thanks.



In morning there was a painting competition for children with epilepsy. There were 18 participants in the painting competition. The students were divided into two groups and prizes were distributed to winners and participants by the speakers.

After the inaugural session there was a panel discussion in which all the speakers and Dr Ashalatha R Associate Professor were present as panel experts. Patients/relatives asked many questions regarding their illness and treatment and clarified their queries.

### **Epilepsy Camp and Awareness Program in District Hospital, Idukki**



An Epilepsy Camp and awareness Program was conducted on 20<sup>th</sup> November 2011 in District Hospital, Idukki. The program was organized and sponsored by HOPE (Health Oriented Project Establishment, Pilathara, Kannur, a Charitable Organization). 108 patients with Epilepsy were examined and counseled by a team comprising of Dr Ashalatha R, Dr Gopal Dash, Dr Pournami Sarathchandran, Dr Prasanth Varghese, Dr Himanshu Drayachandran D.

An awareness Program and question answer session was conducted for the patients/relatives and general public. Film on epilepsy (Sahi Gyan Sahi Samadhan – Malayalam) was also shown to participants and public. The participants and organizers conveyed their satisfaction for providing the service.

# NATIONAL EPILEPSY DAY-2011

## MAHARASHTRA-MUMBAI

**Reported by: Ms Carol D'Souza, Mumbai**

Epilepsy week is always a time to raise awareness and



celebrate. This year there were two reasons to do so: **IEA completed 40 years and SAMMAN our epilepsy support group completed 20.**

Epilepsy awareness programs in Mumbai began on the **13<sup>th</sup> of November** with a program organized by the epilepsy team of **Kokilaben Dhirubhai Ambani Hospital, at their hospital in Andheri.**

On the **15<sup>th</sup> November** IEA Mumbai Chapter organized a **Press Conference** at the Press Club Mumbai. Dr Pravina Shah spoke on Epilepsy Management & Treatment whilst Dr Urvashi Shah addressed the psychosocial aspects of epilepsy. Ms Carol D'Souza then enumerated what the IEA / Samman has achieved in the last 40 / 20 years. 18 persons from the media (print & TV) attended this event, after which we got coverage in the Indian Express, Maharashtra Times & Sakal newspapers.

On the **16<sup>th</sup> of November** a **radio interview** with Kavita Shanbhag was aired on Rainbow FM News channel. We organised an **awareness drive at Highstreet Phoenix, a large and busy mall** in Mumbai city. A lot of people enquired about our activities and were given leaflets and brochures.

The **Epilepsy Foundation** held awareness campaigns at the two busiest **railway stations:** Churchgate & Chatrapati Shivaji Terminus (formerly VT) **on the 17<sup>th</sup> of November.** The same day they also had **street plays** at different timings at Dadar, Dadar TT, Andheri, Ghatkopar, Borivli and Thane.

Two other support groups had events: '**Uttejan**' held an all Maharashtra **Talent Contest** for people with epilepsy and

'**Protsahan**' held an **epilepsy awareness** program in Dombivli.

The week ended with the **E 40-20 (40 years of IEA and 20 years of SAMMAN) celebrations at Hotel Krishna Palace on 19<sup>th</sup> evening.** This program was both informative and entertaining. Dr Joy Desai spoke on Epilepsy & Teens enumerating the special problems faced by teens. Ms Carol D'Souza spoke on achievements in past 40 years; after the formation of SAMMAN, ECell activities e.g.

Counselling, Special Education, Yoga & Meditation, Support Group meetings, Medicines at a discount, Sheltered work, Skill training and Rural epilepsy clinics.

Dr Ravin Thatte who is an activist, author and cosmetic surgeon gave us insights on how to refuse to be unhappy. This enlightening and practical talk was a good morale boost for persons with epilepsy, their families and professionals. There were awards and felicitations as well.

The '**Achiever of the Year**' award went to **Santosh Tholar and Keyur Vaghela.** **Sachin Khot** who is married to our own ECell caretaker Sharvari received '**The Caregiver of the Year**' award for the loving support shown to his wife over the last 3.5 years.

**Dr Pravina Shah** Social Accomplishment Awardee was **felicitated by Samman** with a shawl and a specially designed photo album on her days at KEM Hospital to current day. Samman also presented her with a collage of



photographs which had the words 'Thank you for being with us'. **The highlight of the evening was the dance performance by Samman members to popular Bollywood numbers.**

A sumptuous buffet dinner ended the perfect evening.



# NATIONAL EPILEPSY DAY-2011

## MAHARASHTRA-NAGPUR

**Reported by: Dr Poornima Karandikar, Nagpur**

**1) Epilepsy camp + public awareness in Bhandara**

A diagnostic camp was conducted in Bhandara by Dr Poornima Karandikar, Dr Pawan Adatia and Dr Neeraj Baheti. Mrs Sandhya Durge and Mr Arun Joshi conducted public awareness program. 60 patients attended the camp.

**2) Epilepsy camp + public awareness + CME for doctors on GEMIND:** Diagnostic camp was conducted in Gondia in collaboration with IMA Gondia. Dr Mukund Baheti, Dr Poornima Karandikar, Dr Pawan Adatia and Dr Shibu Acharya assessed the patients. Mrs Shobha Sarode and Mr Arun Joshi conducted public awareness program. 70 patients attended the camp.

This was followed by a CME (MCI points accredited) for the local general practitioners with a talk based on GEMIND. Booklets of GEMIND were distributed amongst the practitioners present. This was attended by 50 doctors.

**3) Public Awareness program** was conducted in the Medicine OPD of Lata Mangeshkar Hospital. Dr Poornima Karandikar gave information to the gathered people on epilepsy. This was followed by personal experiences of Mr. Waratkar, who is a PWE and also does counseling.

**4) Walkathon with 600 school children:** On National Epilepsy Day: In collaboration with Sarasvati Vidyalay, Shankar Nagar, Nagpur and VNIT (Visvesvaraya National Institute of Technology, Nagpur).



**5) Article on 'Adolescence and Epilepsy'** was published in Tarun Bharat, (on 19.11.2011) which is a newspaper in Marathi. This article focused on the psychosocial problems faced by PWE in the adolescent age group.

**6) Personality Development Program:** An innovative program on Personality Development was held in Sarasvat Sabhagriha, Nagpur. Dr Shrikant Chorghade, senior pediatrician and psychologist and Dr G M Taori, senior neurologist, were the honoured seniors under whose blessing this program was conducted.



**7) Article in Times of India on IEA, National Epilepsy Day and support group:** Mrs Snehal Srivastav published the interview of Mr Waratkar (farmer and PWE from Selu village, who is an active member of the support group and does counseling in his village), along with the information on the planned walkathon.

**8) CME on epilepsy:** in collaboration with API, Vidarbha Chapter and Kokilaben Dhirubhai Ambani Hospital, Mumbai, a CME on epilepsy was held for the practitioners in Nagpur.

**9) GEMIND talk for doctors:** On 1<sup>st</sup> December 2011, a lecture was taken by Dr Poornima Karandikar for the PG students of Lata Mangeshkar Hospital and NKP Salve Medical College.

**10) Annual picnic for 85 PWE:** On 4<sup>th</sup> December 2011, annual picnic for PWE was arranged. The theme was 'Adventure Sports' under a controlled environment.

# NATIONAL EPILEPSY DAY-2011

## RAJASTHAN-JAIPUR

**Reported by: Dr RK Sureka, Jaipur**

### EPILEPSY AWARENESS PROGRAMME AT JAIPUR



An epilepsy awareness programme was organized on 17<sup>th</sup> Nov, 2011 on the occasion of the NATIONAL EPILEPSY DAY by the Epilepsy Care Research Foundation at JMA Hall, SMS Medical College, Jaipur.

The function was inaugurated by Chief Guest Dr Ashok Panagaria (Professor Emeritus Neurology and member of



State Planning Board (Health) and was attended by leading neurologists, epileptic patients, and relatives.

On this occasion, the Chairman of the Foundation and Professor of Neurology at SMS Medical College Dr R K Sureka emphasized the need of awareness of epilepsy and the role of health education and removal of the prevailing myths and believes about the disease in general masses.

For this, purpose a poster depicting the causes, precipitating factors and the Do's and Don'ts was released by the Chief Guest Dr Ashok Panagaria along with Dr Subhash Nepalia Principal SMS Medical College. Also, a video prepared by Dr Sureka in Hindi about epilepsy awareness was launched on YouTube and on website [www.epilepsycrf.com](http://www.epilepsycrf.com).

On this occasion Dr Panagaria praised the efforts of Dr R K Sureka who is also spreading awareness about the



disease in rural areas specially Churu District of Rajasthan where he is making special efforts to help Epilepsy Patients. The foundation provides free consultation by neurologist, health education and medicines every month to all epileptic patients who are attending the camp since last 17 years. He also expressed concern over the indigenous methods of treating epilepsy.

On this occasion students also took out a rally with awareness posters about Epilepsy and a message regarding misbeliefs was also relayed on FM 94.3.





# NATIONAL EPILEPSY DAY-2011

## UTTAR PRADESH-LUCKNOW

**Reported by: Dr Atul Agarwal, Lucknow**

1. Dr Atul Agarwal lectured pharmacy & management students and teachers of Sherwood Nursing and



*Students of Sherwood Nursing & Business School, Barabanki*

Business Schools of Barabanki about epilepsy, its causes, first aid, various myths associated with illness.

2. Dr Rakesh Shukla gave a lecture on epilepsy in Deptt of Psychology at Lucknow University.
3. Dr V D Tewari and Dr S K Poddar at Varanasi spoke on Radio about myths associated with epilepsy & about need of awareness in masses.
4. Dr Atul Agarwal spoke on epilepsy on FM Radio Mirchi channel Lucknow discussing.

The message was aired throughout the day 12 times.

5. Dr Rakesh Shukla gave a lecture on epilepsy at Dr Ram Manohar Lohia Institute of Medical Sciences, Lucknow attended by doctors, nurses & general public.
6. Dr Rakesh Shukla & Dr Atul Agarwal gave interviews on wide ranging issues related with epilepsy on Sadhna TV channel which was aired in evening.
7. Dr S K Poddar had an interview program on epilepsy on Doordarshan at Varanasi.



*Children participating in painting competition*

8. Dr Rakesh Shukla discussed various issues of women with epilepsy with staff of OBG at Queen Mary Hospital.

9. Painting competition for children with epilepsy was organized at Vivekanand Hospital, Lucknow in which 36 children participated. The prizes were distributed by the chief guest swami Shri Para Roopanand ji Maharaj of Ram Krishna Mission, Lucknow. All the participants were also given coloring books, Tiffin boxes and participation certificates. After the competition Public awareness lectures were given by various specialists. Dr Atul Agarwal discussed about types of fits & importance of history.

Dr Niranjana K Singh elaborated on management issues,



first aid, do's & don't and other precautions to be observed by patients. Dr Madhumita Bose told the gathering about various tests done.

10. Dr Atul Agarwal lectured students and teachers of Babu Banarasi Das Colleges of Pharmacy & Management, Faizabad Road.
11. Dr Atul Agarwal discussed about epilepsy, its types, investigations and management with students of Jaipuria School, Lucknow.



*Audience at Public awareness lectures at Vivekanand Hospital after painting competition*

# NATIONAL EPILEPSY DAY-2011

## WEST BENGAL-KOLKATA

**Reported by: Dr Prasanta Kumar Ganguly, Kolkata**

The doctors of Neurology Department of National Medical College, Kolkata along with AFX Animation celebrated the National Epilepsy day by conducting various awareness programmes. Our prime objective was to increase consciousness on epilepsy among patients, their caretakers and people in general.

Two years back we had released an animation documentary on epilepsy. It was created by AFX animation in Bengali language. We got great response from the doctors, patients, parents and the media people. The news was extensively published by the print and electronic media. A large number of epilepsy CDs were distributed among the patients and they got the benefit of the CD. We have shown the CD at various schools, clubs and hospitals throughout the year especially during festive season and holidays. But there was a demand from the non-Bengali speaking population for the Hindi and English version. Hence we have created the CD in Hindi and English language. Hope that a bigger section of the society will be benefited.

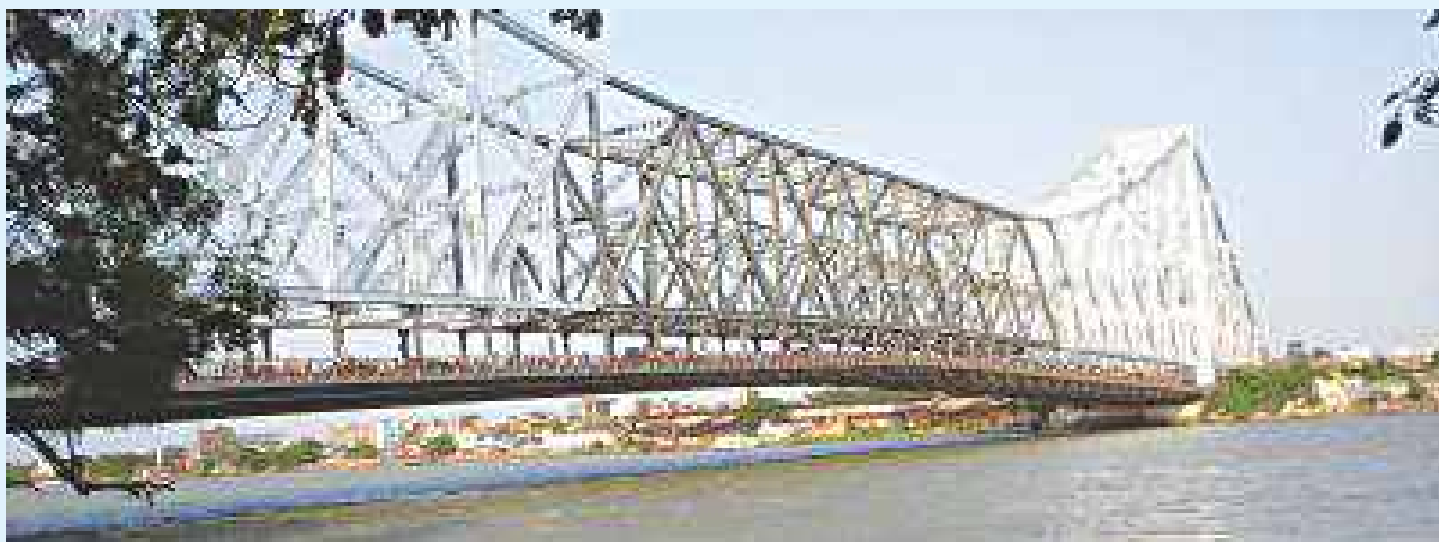
A press conference was conducted on 16<sup>th</sup> Nov 11 at Calcutta Press Club for a wide publicity on epilepsy and epilepsy awareness. We also formally released the Hindi and English version of the documentary during the

programme. There was an interaction session between neuro physicians and social workers regarding various aspects on Epilepsy. The session was covered by various Newspaper and Electronic media.

On 20<sup>th</sup> Nov 11 we organized a day long programme for the epilepsy affected children at Regent Place, Tollygunge, Kolkata. Neurologists from various hospitals and epilepsy affected children with their present/care givers participated in the event. Animation CD on epilepsy was shown. There was an interaction session between the doctors and parents of the effected children regarding their problems.

Entertaining animation CD show, Sit and draw contest, marshal art and magic show were organised for the children with Epilepsy.

Dr PK Ganguly, HOD, Neurologiy department Calcutta National Medical Collage, Dr Debasish Bose, HOD, Medical College, Dr.SN Ghosh, HOD,BIN, Dr A Biswas,BIN, Dr D Das,Shri D Majumder, Mayor in Council, KMC, Mr Mrinal Kanti Das,Educationist and Social Worker, Dr Amarendra Nath Mahapatra were present during the programme. The programme was organized by the Neurologist and AFX Animation. Local people also involved in theprogramme. Parents/Care givers demand frequent such meeting.





# NEWS & VIEWS ON DRUGS

## POTENTIAL NEW ROLE FOR A 19TH CENTURY EPILEPSY DRUG

Since mid-nineteenth century when Charles Locock, physician to Queen Victoria, introduced bromide as the first effective treatment for epilepsy, it was the sole anticonvulsant available until 1912 till the introduction of phenobarbital.

Research reported at the American Epilepsy Society's 65th annual meeting by investigators from Germany suggests that bromide may have promise in treating patients with SCN1A-associated Dravet syndrome with intractable seizures.

A retrospective analysis of patient medical histories and structured parent interviews on a cohort of Dravet patients 2 to 25 years of age with SCN1A mutations of twenty-one anticonvulsant drugs, including bromide, were found in the analysis. Most of the anticonvulsants provided at least some degree of seizure control. The investigators also found that fifteen of the twenty-one drugs were associated with an aggravation of the condition. Aggravation was not observed with six of the medications, including bromide.

Bromide showed a clear effectiveness comparable to clobazam and clearly above valproate, both first-line therapies for Dravet syndrome.

Bromide builds up slowly in the bloodstream taking time to achieve therapeutic levels. Usually the drug is well tolerated, significant toxic side effects are seldom to be found.

Jan Lotte et al Schön Klinik, Vogtareuth, Germany

(Abstract 2.243)

Comment

**"Meanwhile Epilepsy Foundation of America has announced a grant of \$100,000 for research in this rare but serious condition"**

VSS



## NEW GUIDELINE: CAUTION NEEDED WHEN CHOOSING SEIZURE DRUGS FOR PEOPLE WITH HIV/AIDS

A new guideline issued by the American Academy of Neurology recommends doctors use caution when choosing seizure drugs for people with HIV/AIDS to avoid potential drug interactions. The guideline was co-developed with the International League Against Epilepsy (ILAE), is published in the January 4, 2012, online issue of Neurology®, the medical journal of the American Academy of Neurology and in Epilepsia, the journal of the ILAE.

Seizures and seizure disorders are common in people infected with HIV, with more than one in 10 patients experiencing seizures.

According to the guideline, when certain seizure drugs are combined with certain HIV/AIDS drugs, one or more of the combined drugs may become less effective or more toxic. Seizure drugs that decrease HIV/AIDS drug levels, such as phenytoin, phenobarbital and carbamazepine, may cause HIV/AIDS drugs to fail.

## "DEPAKOTE WHISTLE-BLOWER LAWSUITS FOR ABBOTTS OFF-LABEL MARKETING OF ANTI-EPILEPTIC DRUG

The U.S. Department of Justice has intervened in several whistle-blower Depakote lawsuits to determine whether Abbott Laboratories' marketing of its epilepsy drug Depakote violated civil and criminal laws, including fraudulently charging Medicaid and Medicare. Last month, Abbott announced that it had set aside \$1.5 billion to resolve disputes involving the Depakote investigation. The FDA is constantly investigating off-label marketing cases, which are often filed under the False Claims Act. According to the FDA, the agency has received dozens of whistle-blower cases in the past two years, in which a private citizen files a lawsuit claiming suspected fraud is being committed against the federal government.

**Abbott Faces Penalties for Off-Label Depakote Sales**

The recent lawsuits against Abbott allege that the company encouraged and trained sales reps to market Depakote off-label to nursing home directors, geriatric doctors and other long-term care facilities for the treatment of agitation associated with dementia.

## NEWS & VIEWS ON DRUGS

### PERAMPANEL ACCEPTED FOR REVIEW BY EMA

Anything that has the potential to disturb the normal activity of brain cells – disease of brain damage abnormal mass, can lead to convulsions. Eisai, a Japanese pharmaceutical company, has discovered that its application for marketing authorization (MAA) for the first of a new class of drugs, perampanel, has been accepted for review by the European Medicines Agency (EMA). The drug is intended to treat the most common type of epilepsy (partial seizures) and is highly selective non-competitive AMPA-type glutamate receptor antagonist.

“As pharmaceutical research with a focus on epilepsy, we



are committed to providing innovative therapies that offer new patients with epilepsy in the market the opportunity to better control the voice,”

“perampanel is a new product that has the potential to meet the unmet needs in patients with epilepsy and fits completely in the mission of Eisai.

### PERAMPANEL SHOWING BENEFIT IN TREATMENT-RESISTANT EPILEPSY

New evidence from a phase 3 study of perampanel demonstrates that it reduces seizure frequency in even the most clinically severe cases.

Most epilepsy drugs target channel activity, but this agent uses a different approach and focuses instead on excitatory damage.

Perampanel is a highly selective, noncompetitive antagonist for alpha-amino-3-hydroxy-5-methyl-4-isoxazolepropionic acid. It is currently being evaluated by the US Food and Drug Administration and the European Medicines Agency.

## KEEP A STRAIGHT FACE

### Is this all legal?

☺ Attorney: Now doctor, isn't it true that when a person dies in his sleep, he doesn't know about it until the next morning?

Doctor: Did you actually pass the bar exam?



☺ Attorney: Doctor, how many of your autopsies have you performed on dead people?

Doctor: All of them. The live ones put up too much of a fight.



☺ Attorney: Do you recall the time that you examined the body?

Doctor: The autopsy started around 8:30 PM

Attorney: And Mr. Denton was dead at the time?

Doctor: If not, he was by the time I was finished.



☺ Attorney: Were you present when your picture was taken?

Witness: What are you insinuating?



☺ Attorney: How was your first marriage terminated?

Witness: By death...;

Attorney: And by whose death was it terminated?

Witness: Take a guess.



☺ Attorney: Can you describe the individual?

Witness: He was about medium height and had a beard

Attorney: Was this a male or a female?

Witness: Unless the Circus was in town I'm going with male.



☺ Attorney: Doctor, before you performed the autopsy, did you check for a pulse?

Doctor: No.

Attorney: Did you check for blood pressure?

Doctor: No.

Attorney: Did you check for breathing?

Doctor: No.

Attorney: So, then it is possible that the patient was alive when you began the autopsy?

Doctor: No.

Attorney: How can you be so sure, Doctor?

Doctor: Because his brain was sitting on my desk in a jar.

Attorney: I see, but could the patient have still been alive, nevertheless?

Doctor: Yes, it is possible that he could have been alive and practicing law.



## RESEARCH IN EPILEPSY

### RESEARCH COULD PROVE GROUNDBREAKING FOR TREATING EPILEPSY IN CHILDREN

It can look as if a child is simply in a daze, awake but daydreaming. Yet inside their brain, a flurry of high-frequency signals is firing from neurons resulting in a so-called absence seizure.

A Canadian-led research team has developed a new drug that completely suppresses absence seizures in rats, and



It can look as if a child is simply in a daze, awake but daydreaming. Yet inside their brain, a flurry of high-frequency signals is firing from neurons resulting in a so-called absence seizure.

could have groundbreaking effects on the treatment of epilepsy in children.

Although the drugs have only been completely tested on rats so far, earlier tests on cloned human cells had the same effect.

The new drugs, called Z941 and Z944, work by blocking the flow of calcium ions into what are called T-type calcium channels in the brain.

Scientists believe absence seizures are caused by a mutation in the T-type calcium channels that causes them to fire at a high frequency, allowing too much calcium to enter, said Snutch.

"This T-type calcium channel (mutation) causes the frequency and the patterning of that firing to go haywire up to hundreds of times a day," he explained.

The mutation was first discovered in 2009 by Terry O'Brien, one of the co-authors of the University of Melbourne in Australia.

However, as calcium channels are responsible for a number of important bodily functions like heartbeat, the researchers said they needed to ensure the drug only targeted those that fire at a high frequency causing the seizures.

The study was a collaborative effort between researchers at the University of British Columbia, Zalicus Pharmaceuticals Ltd. in Vancouver, and the University of Melbourne in Australia.

**Source: *Science Translational Medicine*, 15 Feb, 2012**

## LAUGHING SEIZURES

### 'Laughing Seizures' Patients Shed Light on Laughter's Origins

A rare condition may help researchers understand the



origins of laughter in the brain.

The study involved patients with gelastic epilepsy, an uncommon condition characterized by seizures that manifest as uncontrollable laughing spells. Researchers pinpointed these lesions in a specific region in the back of the hypothalamus in mammillary bodies.

Parvizi and colleagues reviewed brain imaging information from 100 patients with gelastic epilepsy. Because the condition is so rare, the study of this size was hard to achieve, Parvizi said.

In every case, the patient's brain lesions were centered in an area of the hypothalamus called the mammillary bodies. The findings suggest laughing involves the mammillary bodies and areas connected to them.

The researchers also found that the longer patients had had their seizures, the more likely they were to have a more severe form of gelastic epilepsy, in which patients develop additional types of seizures in addition to laughing seizures.

The laughter is often abnormal, and usually described as being "hollow," "empty" and not very pleasant,

The laughter is often abnormal is out of place and usually described as being "hollow," "empty" and not very pleasant.

Gelastic epilepsy usually begins at age 3 or 4, if untreated will get worse. (American Epilepsy Society Meeting Baltimore Dec 3-6, 2011)

## RESEARCH IN EPILEPSY

### TREATMENT OF EPILEPSY IN ADULTS

Pei-min Yu, Guo-xing Zhu, Ding Ding, Lan Xu, Ting Zhao, Xing-hua Tang, Yun-bo Shi, Zhen Hong Institute of Neurology, Huashan Hospital, Fudan University, Shanghai, China Epilepsy is currently estimated to affect up to 9,000,000 people in China, with an additional 660,000 developing the condition each year. New treatments for epilepsy have proliferated over the past 20 years in China. However, the increasing number of choices poses a challenge for physicians in identifying the best treatments for a given individual.

We conducted a survey to collect the opinions of Chinese epileptologists on the use of antiepileptic drugs (AEDs). Objective: The goal of this study was to survey in the treatment of

adult epilepsy.

Methods: A questionnaire on treatment of adult epilepsy was sent to a group of opinion leaders in the field of epilepsy.

Results: For initial monotherapy for idiopathic generalized epilepsy (IGE), valproate was rated as the treatment of choice. In symptomatic localization-related epilepsy (SLRE)/simple partial seizures and SLRE/ complex partial seizures, carbamazepine and oxcarbazepine were the respective treatments of choice, whereas in SLRE/secondarily generalized tonic-clonic seizures, carbamazepine, lamotrigine, and oxcarbazepine were treatments of choice. For women who were pregnant or trying to conceive, lamotrigine was the treatment of choice for both IGE and SLRE. In people with epilepsy who were HBsAg positive, whether liver function was normal or not, topiramate and levetiracetam were treatments of choice for IGE. Valproate and levetiracetam were treatments of choice for seizures in the emergency department.

Conclusion: A high level of consensus was reached on most treatments of choice and first-line treatments for patients with epilepsy, which were in accordance with published US expert opinion.

Our methods were based Epilepsy & Behavior 23 (2012) 36–40.

## ST. VALENTINE: PATRON OF LOVERS – AND EPILEPSY



The Rev Steve Saint Valentine

Fourteenth February is the feast day of St. Valentine, the martyred Catholic saint who is best known as the patron of lovers.

But St. Valentine is also the patron of people with epilepsy, an association that's just as old, but much less recognized.

Historians offer two versions of how St. Valentine became an “epilepsy saint.” (He's one of 40 such patrons). Some say it was because his name sounds like “fall” in German, and epilepsy was known as “the falling disease” for centuries.

Others say it was because he supposedly cured someone of epilepsy — a young woman engaged to be married, according to one legend.



*God, grant me the serenity  
to accept the things  
I cannot change  
Courage to change the  
things I can  
And wisdom to know the  
difference.*

*(Theologian Reinhold Niebuhr)*

*God when I grow old grant  
me the senility to forget  
people I never liked  
The good fortune to run into  
the ones I do  
And the eyesight to tell the  
difference.*

*(With apologies to Niebuhr)*





# EPILEPSY AROUND THE WORLD

## INDIA



### HC relief for deceased driver's family

Coming to the rescue of the family of a transport corporation driver, who was affected by epilepsy and later died while in service, the Madurai bench has directed the corporation to pay Rs

10,000 as compensation for making them run from pillar to post for relief.

The judge also directed the corporation to give compassionate employment to any one member of the family of the deceased within two weeks.

In his order, Justice N Kirubakaran said, "This is a classic case as to how people acted inhumanely and illegally while dealing with the service of their own sick employee." It is very disheartening to note that a driver affected by epilepsy was discharged from service unfairly and in a manner unknown to law, consequently throwing his family with two minors to indigent circumstances."

## MALTA



### Standing by the vulnerable

Since my election as vice-president of the European Parliament's Epilepsy Working Group last April, I have been especially keen to keep an eye out

for strides the European Union takes toward raising awareness of the needs of the 80 million European citizens with disabilities - 40,000 of whom reside in Malta.

In 2010, the UN ratified and the EU adopted the UN Convention on the Rights of People with Disabilities. Many Europeans wish that there would be more rapid action taken in implementing this legislation.

For our part, the Maltese government has continuously supported the European Disability Strategy for 2010-2020, which is another initiative being taken to address issues facing people with disabilities. Some of the strategy's main objectives include accessibility, participation, equality, employment, education and training. These are to be implemented by raising awareness, and providing financial support.

**Article published on 28 January 2012**  
**Malta Independent Online by David Casa, Nationalist MEP**

## WOMEN ARE FROM VENUS & MEN ARE FROM MARS

### THEY CAN NOW ATTEND CLASSES

#### CLASSES FOR WOMEN

Training courses are now available for women on the following subjects:

- Topic 1. Silence, the Final Frontier: Where No Woman Has Gone Before
- Topic 2. The Undiscovered Side of Banking: Making Deposits
- Topic 3. Parties: Going Without New Outfits
- Topic 4. Bathroom Etiquette: Men Need Space in the Bathroom Cabinet Too
- Topic 5. Communication Skills I: Tears - The Last Resort, not the First
- Topic 6. Communication Skills II: Getting What you Want Without Nagging
- Topic 7. Driving a Car Safely: A Skill You CAN Acquire
- Topic 8. Telephone Skills: How to Hang Up
- Topic 9. Advanced Parking: Backing Into a Space
- Topic 10. Cooking III: How not to Inflict Your Diets on Other People
- Topic 11. Classic Footwear: Wearing Shoes You Already Have
- Topic 12. Oil and Petrol: Your Car Needs Both

#### EVENING CLASSES FOR MEN

ALL ARE WELCOME! OPEN TO MEN ONLY!

Evening classes for men. Starting this month!  
Note: due to the complexity and level of difficulty of their contents, each course will accept a maximum of eight participants each.

Topic 1. How to fill ice-cube trays. Step by step with slide presentation.

Topic 2. Toilet paper rolls: do they grow on the holders? Round-table discussion.

Topic 3. Differences between the laundry basket and the floor. Pictures and explanatory graphics.

Topic 4. Loss of identity: losing control of the TV remote... Helpline and support groups.

Topic 5. Learning how to find things, starting with looking in the right place instead of turning the house upside down while screaming. Open forum.

Topic 6. Real men ask for directions when lost. Real-life testimonials.

Topic 7. How to be the ideal shopping companion. Relaxation exercises, meditation and breathing techniques.

Topic 8. How to fight cerebral atrophy: remembering birthdays, anniversaries, other important dates and calling when you're going to be late. Cerebral shock therapy sessions and full lobotomies offered.

# EPILEPSY AROUND THE WORLD

## PAKISTAN



### Youngest Microsoft certified professional from Pakistan dies

Arfa Karim Randhawa, the world's youngest Microsoft certified professional died in a hospital at the age of 16.

Arfa was admitted to a military hospital in Lahore two weeks ago after she reported by suffered from epileptic seizures that caused brain damage (See also report below-Ed.)

Arfa was hospitalised in a critical condition with meagre chances of survival because of a severe attack of idiopathic epilepsy fits.

There were almost no signs of life as neither her heart was functioning nor blood was circulating to the brain," senior neurosurgeon Zafar Iqbal said.

Microsoft owner Bill Gates, who invited Randhawa to visit his company's headquarters in the US in 2004, had offered to bear the expenses of her treatment in America but the teenager could not be taken abroad due to her fragile health.

Randhawa was only nine when she became the youngest Microsoft professional after completing her MCP in 2004.

She received numerous awards and gold medals from public and private institutions for her achievements, including the President's Award for Pride of Performance and Fatimah Jinnah Gold Medal.

Pakistanis took to social networking sites to express their grief at the death of the girl and President Asif Ali Zardari and Prime Minister Yousuf Raza Gilani were among those who paid tributes to her.

Comment

"Prof Hasan Aziz , senior neurologist sent his comments published in Dawn, Karachi that Arfa did not suffer from epilepsy. While it may be too late of being any benefit to the deceased child prodigy, perhaps it may underline the fact that the label of epilepsy may be incorrect in up to 25% of the cases"

VSS



## SOUTH AFRICA



### Epilepsy: To drive or not to drive

Epilepsy South Africa has expressed its heartfelt condolences to the family of the driver who crashed his car into a primary school in Elsies River outside Cape Town,

apparently while suffering an epileptic seizure, and to the families of the children injured in the crash, praying for their speedy recovery.

Studies have shown that people with controlled epilepsy are at no greater risk while driving than the general population, although, as a general rule, they should be seizure-free for two years before driving, and they must be taking their medication as prescribed.



Epilepsy SA has formulated the guidelines for people with epilepsy, considering both your doctor's advice and the law.

## TRUST NEWS



### Indian Epilepsy Association - 18<sup>th</sup> International Epilepsy Congress Trust

#### Details of financial grants given during the financial year 2011-12.

##### 1. Travel grants for attendance at international meetings-applications received

Drs UK Misra, J Kalita, MM Mehndiratta, Meena Gupta, Kiran Bala, P Sarat Chandra, M Tripathi, Bhaskar Malla Rao, Ms Asha Latha, Ms Aley Alexander, Drs Amit Batra, S Jain, UP Dave, Ms Y Wakankar and Ms A Nair

##### \*Travel grants not approved

Dr Amit Batra and Ms A Nair

##### \*\*Travel grant not yet released or in process

Drs MM Mehndiratta, Meena Gupta, Kiran Bala

##### 2. Grant for research

Dr P Sanchetee approved and released.

##### 3. Public education and conference grants

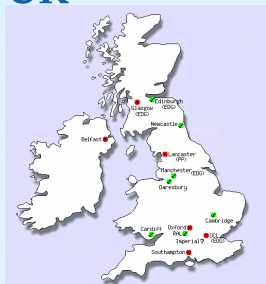
ECON 2012

NED grants for Delhi, Nellore, Tirupati, Bangalore and Bombay Chapters

Dr VS Saxena, President, IEA-18th IEC Trust, Gurgaon



## UK



### Singing sensation Susan Boyle's was diagnosed with epilepsy.

Singing sensation Susan Boyle's school years were blighted by



fainting fits after she was diagnosed with epilepsy.

The star has previously revealed she was teased and tormented by classmates while growing up in her native Scotland, admitting they targeted her because of her learning disabilities.

Boyle has now revealed her problems were heightened when doctors told her she was suffering with epilepsy.

She says she was protected in cotton wool. Her parents thought they were doing the right thing. She used to faint a lot but she never talked about epilepsy.

"People in the public eye don't have things like that. All through my childhood they'd say epilepsy is to do with mental function. And now I realise it's not. I was up against all those barriers. It wasn't easy."

"People in the public eye don't have things like that. All through my childhood they'd say epilepsy is to do with mental function. And now I realise it's not. I was up against all those barriers. It wasn't easy."

"Susan won the reality show 'Britains Got Talent 2009' against much odds, main ones being her first appearance on any such show and at the 'mature' age of 47 much to the sniggers of the audience and the judges. More sniggers awaited her when she said she wants to emulate Elaine Paige. Even Elaine herself being skeptic, apologized later on hearing her sing"

VSS

## Leon winning epilepsy battle



LEON LEGGE'S toughest opponent is off the pitch — a daily battle with epilepsy.

Brentford defender Legge is the only known player in England's top four divisions to suffer with the potentially deadly brain condition.

The 6ft 1in centre-back, 26, has to dose himself up with medicine before every match to make sure he does not suffer a fit on the field.

Dad-of-two Legge, who was almost forced to quit playing, said: "I was 16 when I was first diagnosed with epilepsy.

"I didn't sign as a professional footballer until I was 24. I was looking for other career options by that time. I was working with adults with learning disabilities which I enjoyed.

## Citroen ad ban over epilepsy claim



A Citroen car advertisement has been banned after it sparked a string of complaints from viewers claiming it brought on epilepsy symptoms and caused a seizure.

The ad, which contained flashing images, was broadcast on channels including Sky, ITV and UK Gold. But 10 people objected to its content, with some reporting the onset of symptoms associated with photo-sensitive epilepsy and one viewer apparently suffered a fit.

The commercial featured scenes in rapid succession and showed the word "YES" flashing an orange background. In total, the same word appeared some 304 times across the screen, in black and then white writing.

Photo-sensitive epilepsy is brought on by flashing light but this only affects 5% of people living with the condition. More common triggers of an epileptic fit include stress; lack of sleep; alcohol; illegal drugs or a fever.

## EPILEPSY AROUND THE WORLD

### USA



#### **Driver with Epilepsy in Fatal Crash Gets Nine Year Sentence for Violating Probation by Driving**

A Florida man with epilepsy who admitted driving after his driver's license was revoked for causing a crash that killed a woman has been sentenced to nine years in prison.

Despite his epilepsy, had been driving against his doctor's order in 2002 when he suffered a seizure and crashed his car into a real estate office, killing a woman.

### **SASHA AZEVEDO WINS OVER EPILEPSY**



Sasha Azevedo, American actress, athlete and model who overcame epilepsy.

"I certainly don't regret my experiences because without them, I couldn't imagine who or where I would be today. Life is an amazing gift to those who have overcome great obstacles, and attitude is everything!"

She has played competitive sports since she was a child.

She lived with epilepsy for almost 20 years. Had brain surgery at age 21 and didn't start driving until age 23.

Now she has become a published medical success story.

She was born in 1978 in USA. She discovered her love for performance early in life as a baton twirler and gymnast, and is equally passionate about competitive sports and the great outdoors.

She began modeling at age 11, was graduated from Trident Technical College with a degree in Business Technology, and traveled the world as a magician's assistant aboard Princess and Norwegian Cruise Lines. In her free time - when not being sawn in half or levitated - she honed her skills as a nature photographer. As a model and as an actress, she appeared in film TV.

### ZAMBIA



#### **Fight epilepsy stigma, Dr Kaseba urges**

FIRST Lady Christine Kaseba says it is important for all stakeholders to stop discrimination against people living with epilepsy.

Dr Kaseba said stigma has been identified as a major barrier to seeking care and managing their condition effectively.

She was speaking in Lusaka yesterday during the commemoration of the Seizure Free Day under the theme "No seizure and living well" at Chainama Hospital.

The First Lady said partnerships in epilepsy management are highly recommended through provision of education, equal employment opportunities, a loving family environment and quality health care.

### **JOURNEY TO EMPOWERMENT- A RESOURCE GUIDE BY MS KAVITA SHANBHAG**



This Resource Guide '**Journey To Empowerment**' serves as a light-house amidst the unclear waters of ignorance, feeling of being lost, confused or unguided. Dissemination of information regarding certain handicapping conditions in simple words is effective in enabling people to understand the condition from all perspectives.

The provision of addresses of Service Centres, has made 'Journey To Empowerment' a very useful parent guide.

**Dr Dharmishta Mehta**

**Formerly S.N.D.T. Women's University, Mumbai.**

This is a book written from the heart of a mother, a special educator, a versatile creative mind who gives us enormous information. Some of the phrases used by Kavita are very apt. 'Children are not disabled but differently abled'. As mentioned in the book there are no short cuts. One has to seek advice from the right person and follow it to enable your child to be as independent as possible and try to make him a contributory member of society.

**Dr Surekha Rajadhyaksha**

**Consultant in Pediatrics & Pediatric Epilepsy**



## LEXIPHILES:

or **(lovers of words)** -

- To write with a broken pencil is . . . pointless.
- A thief who stole a calendar . . . got twelve months.
- The batteries were given out . . . free of charge.
- A dentist and a manicurist married. . . . They fought tooth and nail.
- A will is a . . . dead giveaway.
- A boiled egg is . . . hard to beat.
- When you've seen one shopping center . . . you've seen a mall.
- Police were called to a day care where a three-year-old was . . . resisting a rest.
- Did you hear about the fellow whose whole left side was cut off? . . . He's all right now.
- A bicycle can't stand alone; . . . it is two tired.
- When a clock is hungry . . . it goes back four seconds
- He had a photographic memory . . . which was never developed.
- When she saw her first strands of gray hair, . . . she thought she'd dye.
- Acupuncture: . . . a jab well done

## Harry and Bess

**43rd President of USA (1945-1953)**



Harry Truman was a different kind of President. He probably made as many, or more important decisions regarding our nation's history as any of the other 42 Presidents preceding him. However, a measure of his greatness may rest on what he did after he left the White House.

The only asset he had when he died was the house he lived in, his wife had inherited the house from her parents. Other than their years in the White House, they lived their entire lives there.

When he retired from office in 1952 his income was a U.S. Army pension of \$13,508 a year. The US Government, noting that he was paying for his stamps and personally licking them, granted him an "allowance"

After President Eisenhower was inaugurated, Harry and Bess drove home in Missouri by themselves. There was no Secret Service following them.

When offered corporate positions at large salaries, he declined, stating, "You don't want me. You want the office of the President, and that doesn't belong to me. It belongs to the American people and it's not for sale."

Even later, on May 6, 1971, when Congress was preparing to award him the Medal of Honor on his 87th birthday, he refused to accept it, writing, "I don't consider that I have done anything which should be the reason for any award, Congressional or otherwise."

As president he paid for all of his own travel expenses and food.

**Good old Harry Truman once observed, "My choices in life were either to be a piano player in a whore house or a politician. And to tell the truth, there's hardly any difference!"**

## FORTHCOMING EVENTS

☞ **6th - 10th May, 2012**  
**Eilat, Israel**



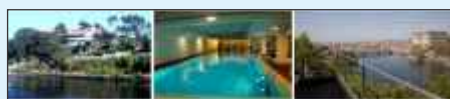
Eleventh Eilat Conference on  
New Antiepileptic Drugs (Eilat  
XI)

at Royal Beach Hotel, Eilat, Israel

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



**6th - 17th June, 2012**  
**Oporto, Portugal**



International League against  
Epilepsy  
Commission on European  
Affairs

Liga Portuguesa Contra a Epilepsia  
6th Migrating Course on Epilepsy  
The Commission on European  
Affairs (CEA) is presenting the  
educational initiative – “Migrating  
Course on Epilepsy” that will take  
place once a year in different  
European Countries.

The course is clinically – oriented,  
targeted to specialists at the second  
and third level of  
epilepsy care.

The course is limited to a maximum  
of 50 applicants. Applicants should  
submit together with the application  
form, an updated

CV and a recommendation letter  
signed by department or head of  
research lab.

A limited number of bursaries have  
been approved.

Registration fee: 1500 Euro.



☞ **21st - 23rd June, 2012**  
**Nairobi, Kenya**



Welcome

On behalf of the Scientific Advisory  
and Organising Committee, it is with  
great pleasure and pride that we invite  
you to the 1st African Epilepsy  
Congress which will take place in  
Nairobi, Kenya from 21st-23rd June  
2012.

☞ **11-12th August, 2012**  
**New Delhi, India**

IES - 7th EEG Workshop  
(Clinical Perspectives)

Organised by the Indian Epilepsy  
Society (IES)

Local Course Organiser:

Dr MM Mehndiratta

National Course Director:

Dr Manjari Tripathi

Venue: Auditorium GB Pant Hospital,  
New Delhi-110002

Course fee IES Members Rs 1000/  
non members Rs 1500/ payable at

Delhi to Indian Epilepsy Society  
Registration first come first served  
basis limited seats only

Only for Residents in training DM  
neurology/ pediatric neurology/ DNB  
students and Neurologists and  
pediatricians doing neurology.

Contact Email:

[eeg.ies.workshop@gmail.com](mailto:eeg.ies.workshop@gmail.com)



☞ **30th September -**  
**4th October, 2012**  
**London**



Welcome

On behalf of the scientific advisory and  
organising committees, we wish to  
invite you to attend the ILAE's 10th  
European Congress on Epileptology  
(ECE), in London on September 30th -  
October 4th 2012.

**Important dates**

On-line registration:-

available Now open

Abstract submission deadline:-OVER

Early registration deadline:-  
June 29th 2012



☞ **23rd - 27th June, 2013**  
**Montreal**



ILAE / IBE Congress Secretariat,  
7 Priory Hall, Stillorgan,  
Dublin 18, Ireland

Tel: +353-1-2056720

Email: [info@epilepsycongress.org](mailto:info@epilepsycongress.org)

If you do not wish to receive any  
further updates from the ILAE/IBE  
Congress Secretariat,  
[newsletter@epilepsycongress.org](mailto:newsletter@epilepsycongress.org)





## NOTICE BOARD

### UCL Distance Learning Diploma in Clinical Neurology – A World First for UCL!



A novel postgraduate distance learning diploma has recently been launched by University College London (UCL), UK. The new curriculum has been designed and written primarily by leading UK neurologists, including those at Queen Square. This is a world first for UCL and will give access globally to Queen Square practice. This diploma is highly suitable for Indian neurologists with their similar clinical approach to those in the UK. The Diploma is a formally recognised qualification from one of the world's top universities.

The online programme comprises approximately 550 sessions covering a comprehensive range of neurological topics, including sessions on epilepsy, neurosurgery, neurophysiology and neuropathology, amongst many others. The text is accompanied by interactive multimedia features such as videos, interactive graphs and tables, as well as clinical graphics and line drawings. Written material will also include the Queen Square Neurology textbook which was recently published.

The diploma is interactive and competitively priced and all students will be offered dedicated online tutorial support from Queen Square. As this is a distance learning diploma, timing is completely flexible and students can access the course material in their own time from the comfort of their home, work or any other computer. The diploma can be completed at a speed suitable for the individual student, and we envisage that this will be typically 12-18 months. On completion students will be awarded a Postgraduate Diploma in Clinical Neurology, which will be globally recognised and a valuable asset for any medical doctor with a specialist interest in neurology.

Students can start the diploma at any point in the academic year and recruitment onto this course has already begun. Further details about the diploma can be found by visiting this website:

<http://www.ucl.ac.uk/ion/education/courses/distancelearningdiplomaneurology>



**No.12011/07(ii)/2011-Estt.(AL) Government of India Ministry of Personnel, Public Grievances and Pension Department of Personnel and Training**

**New Delhi, 21-02-2012**

#### OFFICE MEMORANDUM

**Subject: Children Education Allowance.**

Subsequent to issue of Department of Personnel & Training's O.M. No.12011/03/2008—Estt.(Allowance) dated 2nd September, 2008 and clarifications issued from time to time on the subject cited above, a number of references have been received on certain aspects of Children Education Allowance / Hostel Subsidy. After due consideration of the references, in consultation with the Ministry of Finance, Department of Expenditure, the following modifications/alterations are carried out with effect from the date of issue of this O.M. on pro-rata basis:

i. Development Fee/Parents' Contribution charged by the school/institution in lieu of tuition fee shall be reimbursed. The Government servant will have to certify to the effect that tuition fee has not been charged by the school/institution.

ii. Fee charged directly by the school/institution for catering to the special needs of the child with disabilities, duly certified by the school authorities, shall be reimbursed in addition to items mentioned in para 1 (e) of O.M. dated 2-9-2008. The school/institution shall be aided or approved by the Central/State Government/UT Administration or whose fees are approved by any of these authorities.

iii. The minimum age of 5 years, stipulated in O.M. No.12011/03/2008—Estt.(Allowance) dated 11th November, 2008, for disabled children, pursuing non-formal education or vocational training stands removed. Henceforth, there will be no minimum age for any child for claiming reimbursement of Children Education Allowance/Hostel Subsidy.

2. Cases where reimbursement has been made on the basis of earlier O.M, on the issues need not be reopened.

Hindi version will follow

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**Vibha G. Mishra**

Director



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**References:** 1. Gambardella A et al. Neuropsychiatry Dis Treat. 2008; 4(1):33-8. 2. Brodie MJ, Perucca E, Ryvlin P et al. Neurology 2007; 68:402-408. 3. Noachtar S, Andermann E, Meyvisch P et al and the N166 Levetiracetam Study Group, Neurology 2008;70:607-616. 4. Sills GJ, Leach JP, Wilson EA et al. Poster presented at 61st AES, Philadelphia USA Dec 2007. 5. French J and Arrigo C. Epilepsia 2005; 46(2): 324-326. 6. Glauser TA, Ayala R, Elterman RD, et al. Neurology 2006; 66:1654-60. 7. Morrell MJ, Leppik I, French J et al. Epilepsy Res 2003; 54: 153-161. 8. Ferrendelli JA, French J, Leppik I et al. Epilepsy Behav 2003; 4: 702-709. 9. Keppra\* (levetiracetam) prescribing information, UCB India, Aug 2009. 10. Otoul C, Arrigo C et al. Clin Neuropharmacol 2005; 28: 72-78. 11. Cereghino JJ, Biton V and Abou-Khalil, et al. Neurology 2000; 55: 236-242. 12. Perucca E, Gidal BE, Baltes E. Epilepsy Res, 2003; 53: 47-56. 13. Panayiotopolous CP, Principles of therapies in epilepsies. Epileptic syndromes and their treatment, 2007:161-163. 14. Ragueneau-Majlessi I, Levy RH, Meyerhoff C, Epilepsy Res. 2001;47:55-63. 15. Levy RH, Ragueneau-Majlessi I, Baltes E, Epilepsy Res, 2001;46:93-99. 16. Panayiotopolous CP, Principles of therapies in epilepsies. Epileptic syndromes and their treatment. 2007:156. 17. Ragueneau-Majlessi I, Levy RH, Janik F. Epilepsia. 2002;43:697-702. 18. Sazgar M, Bourgeois BFD. Pediatr Neurol. 2005;33:227-234. 19. Mullin P, Stern JM, Delgado-Escueta AV, et al. Epilepsia. 2001;42(suppl7):184. 20. Diaz RA et al. Neurologist. 2008 Nov;14(6Suppl 1):S55-65. 21. Gomer B., Wagner K., Frings L, et al. Epilepsy & Behavior 2007 (10)486-494.

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