



EPILEPSY INDIA



INDIAN EPILEPSY ASSOCIATION & INDIAN EPILEPSY SOCIETY

Newsletter

October - December 2009

Issue 4, 2009

Editorial

Dear Friends,

The recent 28th International Congress of Epilepsy (IEC) returned to Budapest to commemorate a landmark event of the founding of International League Against Epilepsy (ILAE) there on 30 August 1909. A century of healthy growth could be major achievement for any organization but within medical sub-specialties it is quite unique.

The 2009 Congress was a wonderful walk through this history. Momentous events put up as descriptive posters were the highlight in 28th IEC in the Exhibition Area. A commemorative volume under the authorship of Shorvon and six past and present Presidents of ILAE and an archivist encapsulated the events as they happened in the last 100 years.

The first meeting of ILAE took place on 30 August 1909 with 46 delegates on the sidelines of the much larger 16th International Medical Congress. Budapest was then a leading scientific centre and was very much a part of the affairs of Europe. This was the time of salvarsan therapy, coinage of new terms like gene, and discovery of RNA and DNA and the medical potential of radium. The scientific endeavour for epilepsy continued as it was realized then that it was a sadly neglected area. Right from the beginning, ILAE declared its main objectives to hold congresses and to publish scientific papers in *Epilepsia*.

Though many members of ILAE presented papers in 1909 but these were not specifically on epilepsy. The era of hospitality was very much evident with special packages of guide books and literature, free ticket for use at local baths and a specially minted bronze medal. In the welcome reception those present did not hesitate to push and struggle, climb and crawl to arrive at refreshment tables' (an illustrious precedence). Some politics was injected by regimes by their boycott or an anti alcohol lobby deriving vicarious pleasure in asking delegates to refuse the gift of bottles of the very fine local Tokaji wine. (This wine featured in Louis XIV's wine list as 'king of wines and wine of kings', some marketing clichés remain consistent). Thoughtfully in the 28th IEC, Budapest, there was a stall displaying their excellent regional wines but for

voluntary purchase.

The inception of ILAE was soon followed by the two World wars which involved almost whole of Europe and did not leave other Continents untouched. The history was beset with nothing short of cataclysmic events. Industrial revolutions followed by political upheavals, feudalism being replaced with new republics and invasions by dictatorships over time changed geographies and the socio-political landscape.

ILAE had to grow during these uncertain years. It has done rather well particularly in the last quarter-century. It now boasts of a membership of 104 Chapters spanning all continents. Since it represents the best of a professional body its opinion should matter over and above the styles of

medicine practiced and the ever alive public voice being raised in different parts of the world. ILAE could be the arbiter of specialist opinion on epilepsy.

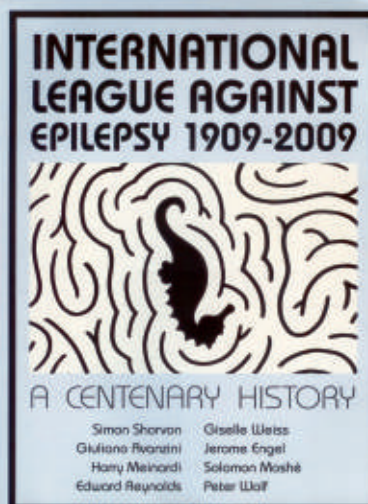
In another sphere, ILAE has made an exemplary contribution in its close association with International Bureau of Epilepsy (IBE) and WHO in a unique programme "Out Of The Shadows". Launched in 1997 this remains a singular achievement of joint international working of the two bodies towards awareness. The two bodies together have indeed made a difference to the person with epilepsy.

Another landmark, this time for the International Bureau for Epilepsy (IBE) is not too far ahead. IBE established in 1961 in Rome marches towards its 50th anniversary in 2011. IBE proposes to celebrate this suitably and in style during the 29th IEC in Rome.

Administratively ILAE and IBE have their own executives but they also have an interlocking joint executives for decision making. IEA got its affiliation to IBE in 1973 and IES to ILAE in 1997.

We of the membership IEA and IES enjoy fruits of this happy state of relationship which bodes well for the cause of epilepsy in India.

Best wishes for you and your families for the coming Season of festivities.



EPILEPSY INDIA

NEWSLETTER OF INDIAN EPILEPSY ASSOCIATION & INDIAN EPILEPSY SOCIETY

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Dr B Vengamma (Tirupati)



The authors of this book have held various positions on the ILAE executive. Giuliano Avanzini and Jerome Engel have each served both as treasurer and president of the ILAE. Harry Meinardi was previously ILAE secretary-general and president; Solomon Moshe is currently secretary-general and president-elect of the ILAE; Edward Reynolds was a previous ILAE president; Peter Wolf is currently president and has been secretary-general of the League; Simon Shorvon serves currently as co-editor-in-chief of *Epilepsia* and was previously ILAE information officer and vice-president. Giselle Weiss is the centenary archivist for the League.

The cover illustration was devised by David Cobley a British artist who has painted previously for the National Society for Epilepsy and the Institute of Psychiatry in London. The pictures represents the ILAE as a window on the brain within which is buried a sclerotic hippocampus, inverted and black because it is the *fatal flow*, the cause of much epilepsy.

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CONTENTS

- Editorial.....1-2
- Notices3-4
- Personal Achievements5
- Epilepsy Foundation.....6
- Book Reviews7
- 28th international Epilepsy Congress,
Budapest, 28th June-2nd July, 2009.....8-13
- AIIMS Epilepsy and EEG Workshop14
- Epilepsy Camp in Rural UP15
- Treating Epilepsy on board a Train in India's
Hinterlands.....16
- City of Angles: Lending a Hand17
- Personal Stories.....18
- News & Views on Drugs.....19-20
- Research on Epilepsy21-22
- Epilepsy Around the World23-25
- 10th Joint Annual Conference of IEA & IES,
Indore, 6-7 Feb 201026-27
- Heart Attack Slide Show-Worth 45 Seconds
of your Life28
- Forthcoming Events29-30
- IEA-GC and IES-EC31

NOTICES

NATIONAL EPILEPSY DAY 17 NOV.



During the General Body Meeting at Tirupathi it was decided to have theme based awareness on National Epilepsy Day and later during the Governing Council

meeting at Indore the theme was finalised. The theme chosen for the current year is '**Prevention of Epilepsy- Neurocysticercosis, Head Injuries & Birth Injuries**'. Dr. Pravina Shah, President Indian Epilepsy Association was entrusted responsibility to co-ordinate the activities.

All Chapters / Branches of the IEA and Neurology Departments are requested to focus their awareness programs on this theme so that unified widespread activities will have a deeper and meaningful impact. It may even be the beginning for national level programs.

Awareness should be raised using all possible media: print, emails, SMS, skits, radio and TV. We can prepare posters, catchy messages, articles on epilepsy prevention and send them to Chapters /Branches to distribute. We would appreciate if you/your chapter take part in this awareness program. Please let us know if you would be in a position to put up posters at strategic locations and if so how many would you need.

We look forward to your active participation in this mission. If you have any suggestion or query please contact Dr. Pravina Shah, cell no. +91 9820010328 or email drpushah@yahoo.co.in.

Please send reports/photographs on your chapters on National Epilepsy Day Celebration to the Editor, Epilepsy India

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We will try to accommodate as many reports.

IEA-18th IEC Trust

Information for members of IEA and IES Availability of Financial Grants



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

- Best paper award in ECON for medical and non medical papers
- Best and second best poster awards in ECON for medical and non-medical posters
- Rs. 5000 grant to each Chapter celebrating National Epilepsy Day.

Research projects, both medical and social. Conferences, seminars, workshops training and education of personnel.

Travel grants for national and international meetings, public awareness campaigns. For further queries and application forms, please correspond at

Indian Epilepsy Association

-18th International Epilepsy

Congress Trust

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BUSINESS MEETINGS FEBRUARY 2010

3.00 to 5.00 pm

Governor Council of IEA

5.00 to 6.00 pm

Executive Committee of IES

6.00 to 6.30 pm

Joint Meeting IEA & IES

ELECTION NOTICE



INDIAN EPILEPSY SOCIETY: NOTICE FOR ELECTIONS EXECUTIVE COMMITTEE -2010 - 12

It is for the information of all members of the IES that elections are due for the posts of President, Vice-President, Secretary-General, Treasurer and 5 Executive Members. The election process will be completed as per the Constitution and Bye-laws of the Indian Epilepsy Society. The details are as follows:

1. The term of office of the President, Vice-President and 5 executive members shall be 2 years while that of the Secretary General and Treasurer shall be 4 years. One complete year shall be counted from one Annual General Body Meeting (GBM) to the next GBM.

In the present case from the GBM on 7 Feb 2010 to the GBM in 2012. (date not yet finalised)

2. Eligibility for various posts shall be as under:

- a) President: 10 years continuous, uninterrupted Membership of IES and should have served for minimum 4 years in the Executive Committee of the IES.
- b) Vice- President: 10 years continuous, uninterrupted Membership of IES and should have served for minimum 4 years in the Executive Committee of the IES.
- c) Secretary-General: 5 years continuous, uninterrupted Membership of IES and should have served for minimum 2 years in the Executive Committee of the IES.
- d) Treasurer: 5 years continuous, uninterrupted Membership of IES and should have served for minimum 2 years in the Executive Committee of the IES.
- e) Executive Committee Members: 3 years continuous, uninterrupted Membership of IES.

3. Election Procedure:

1. The last date for filing nominations is November 15, 2009. The last date for withdrawal is November 30, 2009.
2. Election shall be held by a single non-transferable vote.
3. No member shall concurrently hold more than one post in the Executive Committee.

4. No member shall concurrently contest more than one post of Office Bearer (President, Vice-President, Secretary -General and Treasurer).
5. A member elected to any particular post shall complete his/ her tenure of that post before contesting any other post whose tenure starts before the completion of office of the existing post.
6. Any person elected as President shall not contest for any post in future.
7. Ballot papers (if required) will be sent to all IES Members in the 1st week of December, 2009 and shall be sent to the Returning Officer by January 15, 2010 by post/courier.
8. The result shall be finalized by the Returning Officer by January 31, 2010.
9. Dr VS Saxena has very kindly agreed to be the Returning Officer.
10. Nominations can be sent on PLAIN PAPER mentioning the following:
 - a) Post nominated for
 - b) Name
 - c) IES membership number and year of joining IES
 - d) Postal address with telephone, fax and email address
 - e) Proposed by with IES number, Postal address with telephone, fax and email address
 - f) Seconded by with IES number, Postal address with telephone, fax and email address
 - g) Acceptance of the nominee: I accept the above nomination and agree to serve the IES if elected and abide by all the rules and regulations concerning the office and the IES
 - h) Canvassing in any form is not permitted. The nominees may however, send their CV (not exceeding 200 words) which shall be circulated to all the members with the ballot papers
 - i) All nominations/withdrawals should be sent to the Returning Officer at the following address:

Dr. VS Saxena
K-10/10
DLF City-II
Gurgaon-122022
Tele Fax : 0124-4363035

Please note that no individual communication will be sent to members in regards to the election process.

PERSONAL ACHIEVEMENTS

DR DEBASHISH CHOWDHURY, NEW DELHI

HIGHLY COMMENDED AWARD FROM ILAE FOR "TWO SISTERS"



A feature film on Epilepsy

A full length feature film on Epilepsy penned and directed by Dr. Debashish Chowdhury

Professor of Neurology, G.B.Pant Hospital, New Delhi has won "Highly Commended Award" in an International film competition for films made on the theme of EPILEPSY organized by ILAE (International League against Epilepsy).



The film called Two Sisters aims to sensitize people on the myths of an age old disease which is still considered a social stigma. The film boasts of a cast that includes Soumitra Chatterjee (National Best Actor Award, 2008) and Sabyasachi Chakroborty (of Parineeta fame).

Dr Debashish says "I have seen how the relationships of my patients suffer when they are diagnosed with

epilepsy. My film tries to spread awareness among the masses and allay the myths and fear that surround epilepsy. It tries to bring home the message that epilepsy is a brain disease (and not a mental disease) and it can be effectively treated.



Dr. Debashish Chowdhury has done a Film Appreciation Course from Film and Television Institute of India, Pune. This is his first film. He can be contacted at debashishchowdhury@hotmail.com

SYNOPSIS

Two Sisters"

The story revolves around the family of a sociologist Dr. Ashok Ganguly, his wife Alo and two daughters, Moni and Urmi. Moni is rejected by her fiancée's family when they come to know that she is an epileptic patient. The film marvelously captures the subtle nuances in the relationships amongst the family members before and after the diagnosis of this unforeseen illness. Will this family be able to gather courage to face this "stigmatized illness" and be able to seek the happiness that we all aspire? In a climactic last scene, the film probes this question and takes the audience into a plane of profound sublimity and thus is able to touch and move them deeply. A must watch for both doctors and lay public.

CITY OF ANGELS: LENDING A HAND



Ms Yashoda Wakankar

PUNE: For years, two successful IT professionals from respectable families could not find a suitable match. The reason: they were both suffering from epilepsy. However, life changed completely two years back

when they met each other through a city-based epilepsy support group, Sanvedana. Today, they are leading a happy and, more importantly, healthy life together.

Yashoda Wakankar, the founder of Sanvedana, has herself suffered from epilepsy since childhood.

Wakankar, along with Radhika Deshpande, the mother of a patient, founded Sanvedana in 2004. While the group has the support of medical professionals across the city, it is run entirely by epilepsy patients and their parents.

The members meet once a month to share and discuss problems related to the condition and aim at coming up with means of overcoming them.

Talking about the problems they faced after starting off, Wakankar said, "The biggest problem was getting people to talk about their problems. The society was not as open then about epilepsy as it is today. Parents took a lot of time to open up. However, after they become a member and spend time with us, they learn to trust us."

But her courage and will to fight has not only taken her towards recovery but also inspired her to lend a helping hand to others facing similar problems.

So how did Vivah happen? The idea of starting such a bureau struck Wakankar about two years ago when more and more young people started coming forward. "We realised that many of them faced a lot of problem finding partners. At that time, Mohan Phatak, a parent associated with the group, took the initiative and suggested setting up a marriage bureau. Even though

we were not very confident initially, we thought of giving it a try. We talked to neurologists across Pune to ask if this was a safe and viable option. All the doctors gave us full support and that was how Vivah came into being," she recalled.

And less than two years later, Wakankar proudly announces, more than 140 people are registered with it today, the number is growing steadily. And the most encouraging part is that people outside Pune are also showing interest in this activity. We have prospective alliances from places like Hyderabad, Bangalore and Vijaywada," Wakankar said.



Wakankar also points out that this has been possible because of growing awareness about epilepsy. "I got married when I was still getting about 8-10 fits per month. Epilepsy is not the end of life and finally people seem to be accepting this fact. We now have divorced people registering on our bureau website who say they do not have a problem even if their partner is epileptic. What they finally want is the love and companionship of a partner," she explained.

Wakankar is confident that more. "We are aiming at reaching out to more and more people. Our next step is the setting up of self-help groups in Satara and Nashik.

Source: Times of India, 16th June, 2009

BOOK REVIEWS

"TAKE ME OUT FOR DINNER TONIGHT":



"Take me out for dinner tonight" is a very informative and engrossing story on epilepsy that has been told in a very simple manner. Epilepsy has always been associated with a multitude of misbeliefs and misconceptions. The book clarifies these myths in a very simple manner and makes an average reader aware of how



little one knows about epilepsy. The book elaborates the "Dos and Don'ts" for people with epilepsy. The manner in which the story unfolds will surely help awaken the 'hidden spirit' in the readers' mind and motivate them towards helping people with epilepsy. The story has enough merit to be adapted into a script for a short documentary on epilepsy.

Dr Satish Jain, New Delhi



DR. SHAILENDRA JAIN

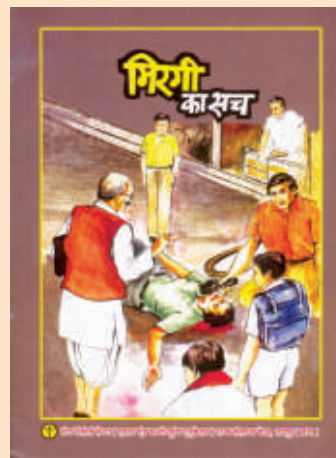


Dr. Shailendra Jain

Dr Shalendra Jain, Neurophysician, JLN Hospital, Bhilai Steel Plant, Bhilai 490020 has been a regular promoter of the cause of epilepsy. He has helped spread awareness about epilepsy in a scientific manner for the last so many years.

He has taken lead in writing very useful booklets on epilepsy which are distributed either free or at a nominal price. Two recent publications by him in Hindi are as follows:

1. Mirgi -Kuchh Kahaniya (Epilepsy-A few stories). Price Nil – Published self
2. Mirgi ka Sach (Facts about epilepsy). Price 12 Rs. – Published by State Resource Centre, RAIPUR .



Mirgi Ka Sach
(Fact about epilepsy)

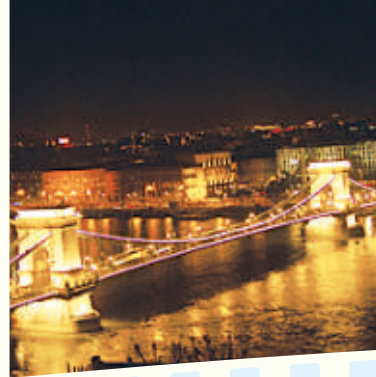


Mirgi - Kuchh Khaniya
(Epilepsy A few stories)

❖ *To teach is to learn twice. ---Joseph Joubert*

❖ *We cannot hold a torch to light another's path without brightening our own. ---Ben Sweetland*

28TH INTERNATIONAL EPILEPSY CONGRESS, BUDAPEST, 28TH JUNE - 2ND JULY, 2009



Budapest, the capital city of Hungary, was created out of the unification of the separate historic towns of Buda on the west, Pest on the east and the historic Obuda in 1873, with the majestically but quietly flowing Danube (slightly in spate during our stay). The city possesses a rich and vibrant cultural heritage and there are many wonderful places to visit, including the Parliament, Heroes Square, Gellért Hill, the Opera House, the spectacular view of Buda Castle and the Bank of the Danube officially listed by United Nations as World Heritage Sites.

The Music Academy and the new National Concert Hall with brilliant acoustics is the home of the famous Hungarian music rooted from Liszt, Bartók and Kodály. Budapest is also known as 'City of Spas', as there are a dozen thermal bath complexes served by over a hundred natural thermal springs with the famous Gellert possessing an old world charm of its own.

Budapest was also known as the city of cafes, some of these like Gebeaud dates back to mid-nineteenth century and the century old Café New York reminding of its century old history retained in pristine state. The city's tasty local dishes as also the wines seem to have an overall influence over the centuries of the Carpathians, Turks, Hapsburgs, the French and lately the Russians. The country finally gained its independence in 1990 and became a part of European Union in 2004. See pics.



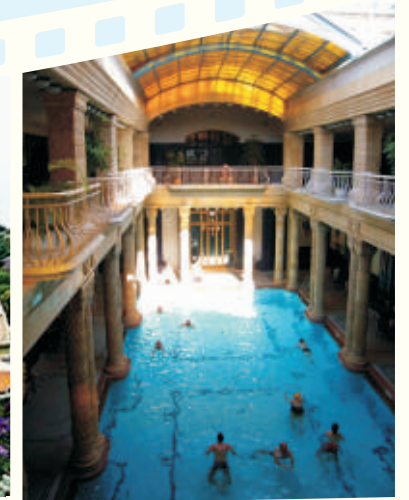
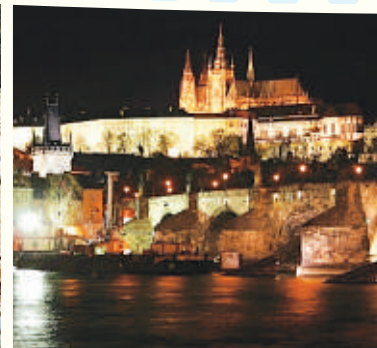
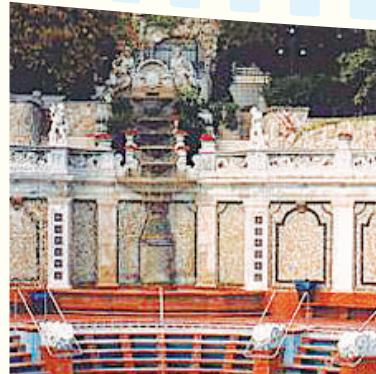
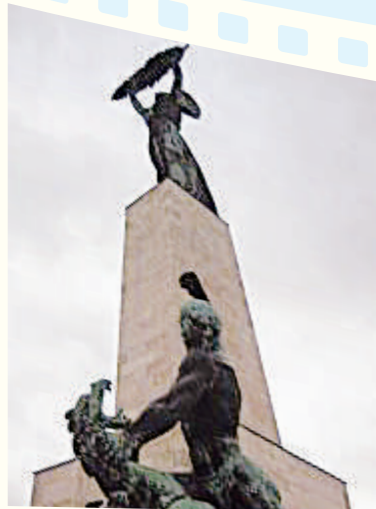
The 28th International Epilepsy Congress took place in Budapest, Hungary, from June 28th – July 2nd, 2009.

It was attended by over 3200 delegates from around the world. This was a very large collection of people despite the WHO advisory on travel due to swine flu. Over 700 abstracts were presented.

The scientific content was rich with, with the following seven Main Topics:

- Autonomic Functions and Biorhythmicity
- Searching for a Cure – Experimental Models and Human Epilepsy
- Comprehensive Care around the World
- The Family and Epilepsy – Clinical and Social Dimensions
- Brain Development, Plasticity and Epilepsy
- Imaging Epilepsy Networks and Cortical Dysplasia
- Non-Specialist Management of Epilepsy

ILAE was founded in Budapest on 30th August 1909. At the congress, there will be various centenary events including a centenary reception, an historical exhibit, centenary lectures, a film festival (100 years of epilepsy in film) and the launch of a centenary history book. Dr Simon Shorvon, London was the Chairman of the Centenary Committee of ILAE. ILAE and Epilepsy 1909-2009 exhibition was put up as a series of 65 posters which were based on the historical record of 100 years and published as a book. (see pages 1,2).



28TH INTERNATIONAL EPILEPSY CONGRESS, BUDAPEST, 28TH JUNE - 2ND JULY, 2009



ILAE started from 1909 in Hotel Bristol (no longer existing) and completes with an allegorical arch symbolising the next 100 years.(see centerpiece) A display of historical books of this era was also put up.

Epilepsia was launched in 1909 and became the official organ of ILAE.

100 years of epilepsy in film the centenary film festival and film competition

Epilepsy has featured in films for almost 100 years and continues to be a strong plot device for modern film makers. It was fitting that the ILAE should celebrate their centenary with a film festival. Four films were selected for screening as part of the ILAE centenary celebrations to show the representation of epilepsy on the silver screen.

ILAE held a Centenary Film Competition to encourage fresh perspectives on epilepsy and seizures in film. The competition was for the films made since January 2000 inspired by or related to epilepsy or seizures. The competition was not for educational or clinical films, but rather for creative or artistic works which used epilepsy as a theme. The Indian entry Two Sisters won "Highly Commended Award" (please see page 5)

Members Posters

An impressive exhibition of posters highlighting the activities and achievements of the Members was mounted during the congress.

SOLIDARITY FUND

In a move widely appreciated in IBE, the Past President Susanne Lund started Solidarity Fund to get some developing countries take active part in the progress of IBE. Members in



countries officially listed by World Bank as Low Income were included.

In 2008, 7 country Chapters, including India contribute and while in 2009, atleast 10 Chapters have already contributed. During 28th IEC, General Assembly, certificates were given to the donor Chapters by Mike Glynn and Susanne Lund, President and Past President resp of IBE. Dr MM Mehndiratta received the certificate on behalf of IEA.

IBE at the 28th International Epilepsy Congress

With the biennial General Assembly on 1st July, the newly elected International Executive Committee began its term of office (Dr VS Saxena is the Vice President from South East Asia).

In addition to the scientific and social sessions, IBE also held the following other meetings :

- 8th AOEC Meeting with the Presidents of ILAE&IBE and E.C. Members on 29th June
- Second Meeting for the 8th AOEC on 30th June
- IBE Commission for the Regions on 30th June
- Editors Meeting on 30th June
- IBE General Assembly on 01st July
- New E.C Meeting of IBE on 02nd July
- Joint Executive Meeting of ILAE & IBE on 02nd July

Several Regional Committees took the opportunity to arrange meetings to discuss past activities and future plans. In due course reports from these meetings will be available on the relevant regional pages of the site.





INDIAN EPILEPSY ASSOCIATION

INTRODUCTION

Indian Epilepsy Association (IEA) was established in 1970 with the following principal objectives:

- To promote the better treatment and care, welfare and rehabilitation of persons suffering from Epilepsies.
- To disseminate knowledge and understanding of Epilepsy amongst the lay public and the patients and their relations and to make known to the public the various difficulties facing the disabled and handicapped, so as to facilitate their adjustment into Society.
- To promote, guide, co-ordinate, organize, finance and conduct research and experimental work in all aspects of Epilepsy.
- To provide training facilities to medical, scientific and other technical staff working in the Society.



ADDITIONAL INFORMATION

- Since its formation IEA has steadily grown. The movement spread with enthusiasm and by 1972 the Central Office in Bombay had 35 members (including 9 founder members), Bombay branch had 8, Madras 25, Delhi 31 and Bangalore 24 members.
- IEA members started having regular meeting of its Governing Council and general body. In the first meeting held on 27th Jan 1971
- The decision to seek affiliation to International Bureau of Epilepsy was taken in the G.C. Meeting held on 18 Dec.1973. The same year IEA received with deep gratitude a major contribution of Rs.10,000 from the P.C. Bharucha Trust.
- In the Indore General Body Meeting held on 17th Dec 1990, it was decided to have 17th November every year as the National Epilepsy Day.

MEMBERS: 1855 (Medical, Non-medical, People with epilepsy)

PUBLICATION: Epilepsy India. The newsletter of Epilepsy India is published quarterly. It is circulated to all the members of Indian Epilepsy Association. This publication is also sent to IBE central office and to secretariat of other country chapters of IBE.

GOVERNING COUNCIL MEMBERS: 12 from different regions of the country.

CHAPTERS OF IEA: 27 (Figure 2: Showing distribution of various chapters of IEA)

Activities for Persons with Epilepsy (PWE)

- Counseling;
- Monthly camps: Diagnosis & free drug distribution
- Essay, painting & Quiz competitions
- Subsidized medicines, counseling, special education & support groups
- Sports
- Rural Epilepsy programme (CORE)

HIGHLIGHTS OF ACTIVITIES OF GUWAHATI CHAPTER (Eastern part of India) (2008-2009)

- Figure 3: Painting drawn by children
- Figure 4
- Figure 5: Thoughts about epilepsy being shared
- Figure 6: National Epilepsy day celebrated by the Bangalore Chapter of IES. The children enacted a play on epilepsy.
- Figure 7: National day was celebrated at New Delhi. A child who won the first prize in painting competition is being given an award and words of encouragement by a senior neurologist.

DIPLOMA IN EPILEPSY CARE

(Bangalore University, in Collaboration with CBR Network & Indian Epilepsy Association):

Open to National & International students

For further information contact: ieablr@vsnl.net or visit www.epilepsyindia.org

ANNUAL CONFERENCES

Joint annual conference of Indian Epilepsy Association and Indian Epilepsy Society is organized every year. Next year it will be held in Indore 6-7th February 2010.

The 10th joint meeting was held on February 6-7th February 2009 in Tirupati, Andhra Pradesh.

Figure 8: Shows the dignitaries on the stage releasing the souvenir.

IBE ELECTIONS

Dr. V.S.Saxena has been elected Vice President of IBE from South East Asia Region

GUIDELINES FOR THE MANAGEMENT OF EPILEPSY IN INDIA

A number of chapters run support groups for people with epilepsy. Mumbai, Pune, Bangalore, Indore, Trivandrum etc chapters run very active programs to counsel PWE and their caregivers.

Figure 10 shows members of Mumbai support group.

RURAL CAMPS FOR ADEQUATE MANAGEMENT OF EPILEPSY AND AND ENHANCEMENT OF PUBLIC AWARENESS

Camps in rural areas of different states are held by the state chapters of IEA. Mumbai and Trivandrum chapters hold these camps on regular basis. These camps help to provide adequate management of epilepsy and enhancement of public awareness

WEBSITE

www.epilepsyindia.org

B U D A P E S T
28th INTERNATIONAL EPILEPSY CONGRESS

Eisai Supported by an educational grant from Eisai Co. Ltd



28TH INTERNATIONAL EPILEPSY CONGRESS BUDAPEST, 28TH JUNE-2ND JULY 2009



EDITORS NETWORK

MEETING held on

Tuesday 30th June 2009, 3.30pm to 5.00pm,

The chair: Robert Cole welcomed attendees:

- | | |
|----------------------------------|--------------------------|
| 1. Susanne Lund | – IBE President |
| 2. Ann Little | – IBE Executive Director |
| 3. Dr Vinod Saxena | – India |
| 4. Dr M M Mehndiratta | – India |
| 5. Dr Christine Walker | – Australia |
| 6. Denise Chapman | – Australia |
| 7. Robert Cole | – Australia |
| 8. Frank Gouveia | – New Zealand |
| 9. Michael Alexa | – Austria |
| 10. Paul Sharkey | – Ireland |
| 11. Peter Murphy | – Ireland |
| 12. Dr Chew Thye Choong | – Singapore |
| 13. Grace Tan | – Singapore |
| 14. Carlos Acevedo | – Chile |
| 15. Lilia Núñez-Oruzco | – Mexico |
| 16. Carol D'Souza | – India |
| 17. Beatriz Gonzalez de Castillo | – Venezuela |

All Countries representatives made their presentations

Dr V Saxena reported on behalf of Epilepsy India

Epilepsy India provides all its members (27 chapters) with a copy of their newsletters. They produce 2,500 copies with 85% pharma sponsorship and 15% is provided by their Epilepsy Trust sponsorship.

The newsletter is mostly 24 pages but some times 32 pages. These were both emailed and posted.

Epilepsy India

has been in

existence for

more than 30

years. IEA is

now uploaded

to their

website

www.epilepsyindia.org.

Dr S a x e n a

supports the

concept of

regional

sharing of

information

and to publish

appropriate



articles. In their last issue of Epilepsy India, three pages international issues were devoted and he is a great believer in following best practice.

One of the main objectives of Indian Epilepsy Association is to help people fight stigma and they have been holding patient meetings since as early as 1982.

Robert Cole reported On IBE Website Development

Ann Little advised that the new IBE website is working well and that more information is needed on the regional pages. The newly improved Editors Network pages now contain some uploaded articles.

Articles from other members of the network are needed to build the resource. A suggestion was made as to whether the Member posters could be uploaded to website. Ann will investigate the possibility.

Members were requested to send information/articles etc to Ann Little or Vânia Silva for uploading to the Editors Network webpage.

Debate over last three meetings canvassed the issue of producing and supplying electronic newsletters only, versus hard copy. Evidence and feedback strongly suggested that both were needed.

Vinod Saxena tabled a very interesting article form Time Magazine, March 2, 2009, titled "How to Save Your Newspaper" written by Walter Isaacson. The article will be forwarded separately and focuses on people moving away from paper because people don't want to pay. Conventional wisdom that we like to handle what we read which is supported by this article, clearly so in developing countries.

IE NEWS REGIONAL SUB-EDITORS & SOURCING CONTENT FOR IE NEWS

Carlos Acevedo presented the idea of sub-editors for International Epilepsy News. The thinking is that they will be able to provide him with more information from the chapters.

NEXT MEETING (face to face)

The next face to face meeting will be held at the 8th Asian & Oceanian Epilepsy Congress, Melbourne, Australia, 21-24 Oct. 2010.

AIIMS EPILEPSY AND EEG WORKSHOP-MAY 2009

Reported by: Dr Manjari Tripathi, New Delhi



The first IES AIIMS Epilepsy and EEG workshop was held on the 5th and 6th Feb 2008. The second such workshop was held on 27th and 28th December. This was followed by the third in May this year. This

meeting was unique in that it was organised and executed in a hands on manner with computer and EEG reading access to all attending such that participants could read EEG records and report during the workshop. The workshop was directed by Dr Manjari Tripathi. Hands on EEG lessons were given by Prof Meena Gupta, Dr Manjari Tripathi, Sheffali Gulati, Garima Shukla, Neera Choudhary, Mamta Singh, Vibhor Pardasani. The workshop was attended by 30 participants from in and around Delhi, few participants also came in from Nepal, Bihar, Gujrat, Kerala, Rajasthan, Saudi Arabia. The workshop size was deliberately kept small to allow personal interaction and attention by the teaching staff. The workshop was inaugurated by Prof Satish Jain and Dr VS Saxena who spoke on the history and importance of EEG.



The topics covered were extensive and exhaustive ranging from EEG Physiology, polarity concepts, normal patterns and variations, finding in different epilepsies and the classification of epilepsies with video demonstrations of each type, metabolic encephalopathies, PLEDs and EEG quiz. Topics like malignant epilepsy syndromes in childhood and seizure semiology were also covered with video demonstrations of each type.

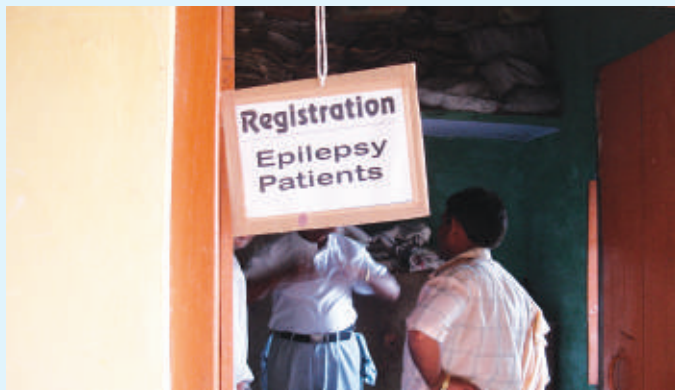


Enough time was given for interaction and question and answers. The workshop was entirely conducted with no finances involved and teachers were drawn from the local pool of trained Neurologists with an interest in epilepsy. Examples of the feedback obtained were as follows participants stated that it was a wonderful experience and most felt that the teachers were very supportive and good. Most felt it gave them a good knowledge of the basics of EEG which they were not very confident of before. Some suggested regular further workshops held in the similar manner so as to benefit people doing EEG and seeing patients with epilepsy. Some participants felt that apart from being very informative the best part of the workshop was enough time given for interaction with the speakers and all their doubts and questions could be cleared. Most participants wanted to have an extended experience in the department with short term observerships and training. Some participants were researchers and did EEGs in research settings the course helped them get sure of the basics.

These workshops will be held biannually at AIIMS. The next being in December 2009. The website for the same is <http://www.aiims.edu/aiims/events/eegepilepsyaiims.htm>, and Email: eegepilepsyaiims@gmail.com All DNB students, PG students and practitioners in Neurology and pediatrics are encouraged to apply. As the number of seats is limited the earlier done the better.

EPILEPSY CAMP IN RURAL UP

Reported by: Dr Manjari Tripathi, New Delhi



An epilepsy camp was organized by a group of local volunteers at Gandhi Memorial Inter-college, village Ravli Kalan, near Muradnagar, Ghaziabad, UP. Epilepsy education and OPD services were provided by a group of neurologists from various institutes under the aegis of Indian Epilepsy Association. Participants included: Dr Manjari Tripathi, AIIMS, Dr Vibhor Pardasani, IHBAS, Dr Deepti Vibha, Neurology, Institute of Liver and Biliary diseases, Dr Anuradha, Sir Ganga Ram Hospital, Dr Hardeep Singh Malhotra, Dr Nipu Bharat, Dr Rajeev Pal, all IHBAS.

The organization aspect was handled by Shri Rajesh Mahajan, Manager, Syndicate Bank, Ravli Kalan.

Under the leadership of Dr Tripathi, the participants talked on various aspects of epilepsy: types, causation, management, prevention, first aid, etc. The audience comprised largely of the illiterate and semi-literate population of Ravli Kalan unexposed and ignorant to even basic information about seizures and epilepsy. Queries of the villagers were also addressed in a general way. The day started with all the villagers accumulating to the local government school. They were educated about various aspects of epilepsy.

The basic message which was conveyed was that epilepsy is a disorder in which people experience repeated seizures.

Not everything that looks like a seizure is a seizure and people may get mislabelled. Simply put, a student with epilepsy is prone to having repeated seizures—but, someone who has just one seizure may not have epilepsy. Non-epileptic seizures can be caused by a number of things, including: alcohol intake, high fever, stress, IN FACT in the camp there was a young boy with non epileptic seizures lasting 2-3 hrs at a time. He was asked to be under counselling from IHBAS hospital.

It was conveyed to them that, the more they understood about seizures, the better prepared they would be to recognize and respond appropriately. They could also take charge of their lives and that of their loved ones and make them socially responsible. They were told that not all seizures were alike. There are numerous types of seizures, which fall into two broad categories—[generalized seizures](#) and [partial seizures](#). They were told about the various precipitants of seizures like lack of sleep, not following regular food habits, stress, missing medications etc.

Various common and preventable causes of seizures like infections in the brain like neurocysticercosis and the reason why proper sanitation and hygiene must be followed were discussed. The life cycle of the cyst was discussed too. Details about hand to mouth and cooking hygiene were emphasised. The reasons for a proper and careful pregnancy and delivery were told. The importance of giving birth in a hospital and the need for preventing perinatal hypoxia described. Use of protective gear while riding a two wheeler, safe road practices and hence preventing head injury were emphasised.

The education aspect also emphasised the role of regular medication and compliance. It was told that marriage and pregnancy were no contraindications and



most pregnancies were safe with proper precautions.

The people were apprised of various first aid measures and also of dos and don'ts and the myths of epilepsy. What can be done and what can be achieved was highlighted.

The meeting concluded with service of seeing many patients with epilepsy, some of them treatment naive and ignorant of the availability of medicines.

TREATING EPILEPSY ON BOARD A TRAIN IN INDIA'S HINTERLANDS

By Shweta Srinivasan, IANS



'If you have fits, it can be treated. You are not possessed by evil spirits!' Trying to dispel myths about epilepsy in India's rural hinterlands, the Lifeline Express - the country's only hospital-on-tracks - has now introduced epilepsy treatment and awareness on board.

When the Lifeline Express, a five-coach train-hospital, chugged in at the Vidhisha station in Madhya Pradesh in July this year, Mamta Bhushan Singh, assistant professor of neurology at the All India Institute of Medical Sciences (AIIMS), was also on board as a guest.

She told the train's in-charge, 64-year-old retired Colonel Randher Singh Vishwen, that she would be interested in seeing patients.

She by evening had examined 30 patients of epilepsy. I could not finalise the diagnosis and line of treatment in all patients, but there were many where I could start treatment right away. Most patients were drug naive,' Bhushan Singh told IANS.



Bhushan Singh said she saw patients mutilated with scars of injuries, knocked-out teeth and burns - 'who had been having seizures for most of their lives but had never ever been treated'.

'Adding to that there is mistreatment. Unaware, villagers often deem a person with epilepsy as someone taken by spirits. Superstition and myth coupled with discrimination - epilepsy patients are shunned,' she said.

'Poor sanitation, malnutrition, birth hypoxia, tumors, accidents or injury, all can cause various forms of epileptic attacks. The course for treatment is just regular medication to keep the condition in control,' Bhushan Singh added.

The Lifeline Express has treated as many as 600,000 patients since its inception in July 1991 and carried out general health checks and 81,000 surgeries for cleft lip and polio deformities as well as corrective eye surgeries. Since July it has introduced a dental department on board.

Now with Bhushan Singh's involvement and a regular epilepsy care and awareness service, the train will halt for around two weeks each at destinations across rural Rajasthan, Uttar Pradesh, Jharkhand, West Bengal, Bihar and Madhya Pradesh till March 2010.

The train has seven to eight doctors who interact with around 300 patients a day. There are two operation theatres on the train, while one coach acts as an OPD.

The Lifeline Express covers 10 destinations a year. The train is booked for the next two years.

IANS 23 August 2009



EXPERTS URGE COGNITIVE TESTING OF KIDS WITH EPILEPSY

Children recently diagnosed with epilepsy should have their language, memory, learning and other cognitive skills tested because they're at increased risk for problems, say U.S. researchers.

The recommendation stems from a study of 282 school-age children with an IQ of at least 70 who had experienced their first epileptic seizure within the previous three months. The researchers looked at additional risk factors for cognitive problems, including multiple seizures, use of epilepsy drugs and signs of epilepsy on early tests of brain waves. For comparison, they examined the same data for 147 of the children's seizure-free siblings.

Among the children who'd had at least one seizure, 27 percent showed cognitive difficulties at or near the time of the first seizure, and 40 percent of children who had additional risk factors showed signs of cognitive problems. Children with all four risk factors were three times more likely to have cognitive problems by their first clinic visit than were children who'd not had seizures.

The children who took epilepsy drugs had problems associated with processing speed, language, verbal memory and learning, compared with children who didn't take epilepsy drugs.

Surprisingly, the study also found that academic achievement in these children was unaffected around the time of the first visit, about three months after the first seizure in this study, suggesting there is a window early in epilepsy for intervention to avoid hurting a child's performance at school.

However, David Loring, of Emory University in Atlanta, said in an accompanying editorial that, because the cognitive problems were noted near the time of the first seizure, it was clear that neither the epilepsy nor the drugs caused the cognitive difficulties.

"It provides strong evidence that these cognitive problems can be attributed to underlying brain abnormalities that lead to epilepsy, rather than from extended exposure to epilepsy drugs or the effect of numerous seizures," Loring said.

SOURCE: American Academy of Neurology, August 12, 2009

FOUNDATION RESEARCH PROGRAMS

Research Grants

Each year the Foundation invites research investigators to apply for grants and fellowships to test new ideas and follow new research leads. The applications, more than a hundred in an average year, are ranked according to merit by a blue ribbon panel of research scientists, and funded according to available resources.

Research Fellowships

The future of epilepsy research depends on attracting the best scientific minds to the study of seizures and seizure disorders. To do just that, the Epilepsy Foundation offers a series of training fellowships in basic, clinical and behavioral science to scientists at the start of their careers.

The Epilepsy Foundation's William Gowers Clinical Research Fellowships have been supported by grants from Abbott Laboratories since 1986. The Gowers Fellowship is awarded annually to a physician/scientist who is embarking on a career in academic clinical medicine and who wishes to undertake a specific project in epilepsy research. Find out more about the [Gowers Fellowships](#).

EPILEPSY FOUNDATION OF FLORIDA

FREE SEIZURE AWARENESS SEMINARS

Would you know what to do if you saw someone having a seizure? Many people don't. That's why the Epilepsy Foundation of Florida is offering three free seminars to get you informed.

According to the EFOF, one in every 10 people will experience a seizure in their lifetime, and this doesn't necessarily mean you have epilepsy. The seminars will explain the different types of seizures. They are being moderated by members of the EFOF, as well as family members whose loved ones experience seizures.

Some other topics that will be discussed during the seminars include: learning First Aid steps that need to be taken for seizure care and emergencies; the importance of having a seizure plan; and a question and answer session with local experts.

The first of the three seminars was on Sept. 10 at Hendricks Ave. Baptist Church.

The next two on Sept. 24, and Oct. 17.

visit Epilepsy Foundation of Florida's website

PERSONAL STORIES

REAL LIFE: EPILEPSY - I USE TO HAVE SEVEN SEIZURES A DAY



Olivia Coughlan, with her son Aaron, underwent radical brain surgery to stop her epileptic seizures.

To mark Epilepsy Awareness Week, Olivia Coughlan how she finally overcame the illness which blighted her childhood

For almost 30 years, epilepsy played havoc with Olivia Coughlan's life. One day, when she was six months' old, she started shaking uncontrollably in her mother's arms. By the time she began school, she was having up to seven seizures a day.

"I always knew when the fits were coming but there was nothing I could do," she recalls.

"They'd start off with a desperate pain in my stomach, then I'd see stars in my eyes, and pins and needles would shoot down my arms and hands. Then, the blackout came. It was terrifying. I used to wish myself dead."

Growing up in Waterford Ireland, Olivia found herself the victim of schoolyard slurs.

"They would call me schizo and I got a terrible mocking in class. Between seizures, Olivia found it impossible to focus on her schoolwork and spent her time daydreaming through class. She was also on a cocktail of drugs as doctors struggled to stabilise her condition. As Olivia got older, the seizures intensified.

Five years ago, when she was 27, her consultant at Beaumont Hospital suggested operating to remove the abnormal tissue on her brain that was causing her seizures.

Olivia left hospital nine days after the surgery and hasn't looked back since. In five years, she has not had one seizure. Today, the mother-of-one is planning to make up for her lost years and go back to school.

"Epilepsy is just a memory for me now. I would say to anyone who gets the chance, to go for surgery.

By Gemma O'Doherty

EPILEPSY SURVIVOR: 'LIFE IS INCREDIBLE'



Sarah Hansen is seen with her youngest daughter, Maddy.

-- Five years ago, a Utah woman spent her honeymoon at Harborview Medical Center.

Instead of a romantic getaway, Sarah Hansen was in the operating room, undergoing brain surgery. I was in the OR, too.

On Thursday, I saw Hansen again for the first time in five years.

We first met in 2003 when she was wrestling her life back from epilepsy. Weekly seizures knocked her unconscious without warning.

We bonded back then. After all, I was with Hansen on her honeymoon in the hospital.

She and her husband, Michael Hansen, gave up their honeymoon in lieu of brain surgery to rid Sarah's of her severe seizures. It was their wedding gift to each other.

More than anything, Sarah wanted to be a full-time mom but couldn't, knowing at any moment a seizure could paralyze her.

"My entire life I wanted to be a mother, knew I would be a mother," Sarah said.

Risky surgery was her only chance and on Thursday, Sarah returned to Seattle to show us just how successful her surgery was.

Sarah is now a mom, not once but twice. Maddy just turned one and her big sister, Ally, is two and a half. And Sarah is now seizure-free.

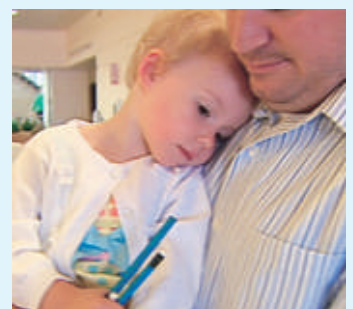
"I've accomplished so many of the goals I set out to reach," Sarah said. "Life is incredible."

"It's a huge blessing, and sometimes we take it for granted," said Michael. "It's in those moments when you remember what it was like before, it's easy to realize what a huge blessing it is."

Sarah says her children complete her and without the surgery, she says, she never would have known that.

"I have it all!" she said and thanked her surgeon, Jeff Ojemann, and told him there's nothing she can give or say to him that would come close to what he gave her.

Source: Michelle Esteban, Komo News, Seattle June 18, 2009



GANAXOLONE

Ganaxolone is a synthetic neurosteroid and a derivative of the naturally occurring GABA-alpha neuromodulator, allopregnanolone. It is being investigated as a first in class treatment for epilepsy.

Ganaxolone has been administered to more than 950 healthy adult volunteers and patients in more than 35 Phase 1 and Phase 2 studies. Early epilepsy studies involved more than 250 patients and generated data supportive of the efficacy and safety of ganaxolone in the treatment of both children and adults suffering from refractory epilepsy (patients who continue to have seizures despite taking multiple anticonvulsant drugs).

Marinus has successfully developed several proprietary and novel patented formulations of ganaxolone.

Marinus is a specialty pharmaceutical company dedicated to the reformulation, development, and commercialization of novel drugs to treat serious neurological, psychiatric, and pain disorders. Marinus is located in Branford, Connecticut. For additional information, please visit the company's Web site at www.marinuspharma.com.



SEPRACOR ADVANCES EPILEPSY DRUG

The FDA is now formally reviewing the drug called STEDESA, for final approval. The application was submitted March 31 as a potential therapy to treat partial-onset seizures in adults with partial-onset seizures are the most common form of epilepsy. If approved, the drug would be used in conjunction with other AEDs. Stedesa has been studied in three Phase III trials involving more than 1,000 patients from 23 countries. Patients involved in the trials had a history of at least four partial-onset seizures per month despite treatment with one to three anti epileptic drugs.

S.A., a privately held Portuguese pharmaceutical company, was responsible for the research and development of the drug In, 2007. The FDA is expected to make a decision on approval of STEDESA by Jan. 30, 2010

toddlehman.wordpress.com

FDA TOLD TO SKIP 'BLACK BOX' ON EPILEPSY DRUGS AND SUICIDE



Until yesterday, the FDA had been rolling steadily toward [slapping a black-box warning on epilepsy drugs](#) because they may

increase the risk of suicidal thoughts and behaviors.

But a committee of outside experts convened by the FDA thinks that is a bad idea. The panel voted 14-4 against the black-box warning yesterday, with three abstentions.

The committee members did agree that some risk may be associated with the drugs. But the panel did not seem to think that the risk, which the FDA found by pooling data from many studies, is high enough to merit a black-box — the most serious warning commonly used for prescription drugs. Among the medicines reviewed were Pfizer's Lyrica, Abbott Laboratories' Depakote and Johnson & Johnson's Topamax.

One panel member said the risk appears to be "modest." And some worried that the black-box warning might prevent some patients from taking the drugs in cases where the benefits of reducing seizures would outweigh the risk of suicidal thoughts and behaviors.

The panel did support a more moderate step: Sending a medication guide to doctors detailing the risks.

Suicide risk has been a big issue for the agency with [other drugs](#), so yesterday's vote puts the agency in a bit of an awkward spot on a very sensitive subject. The FDA is not required to follow the advisory committees' suggestions, but it usually does so.

Source: By Jacob Goldstein, Wall Street Journal

FDA STAFF CALLS FOR MORE STUDIES ON DEPAKOTE'S RISKS

Additional studies must be done to prove that Abbott Laboratories' anti-seizure drug Depakote does not cause developmental delay in children, FDA staff members recommended. Employees issued a memo in light of six reports of delayed development, including two cases of autism, in children exposed to Depakote since its approval in 1983. Abbott said it will continue working with the agency "to further evaluate any risks related to anti-epileptic drugs, neurodevelopment and pregnancy." Reuters 19, June 2009

FDA APPROVES FIRST DRUG FOR INFANTILE SPASMS



Dr. W. Donald Shields

The Food and Drug Administration approved the first drug for treating infantile spasms, a rare and devastating disease that wracks infants with hundreds of spasms every day, interferes with neurological development and kills as many as 20% of victims.

The approval of the drug, Sabril, represents the end of a 15-year odyssey for Dr. W. Donald Shields, a pediatric neurologist at UCLA's Geffen School of Medicine, who pioneered studies of the drug in the U.S.

"I can't tell you how excited I was yesterday when I found out" the drug was approved, he said today. "This is a drug we really need to have."

The drug, known generically as vigabatrin, is not perfect. As many as 30% of those who use it suffer from a loss of peripheral vision, although it does not affect central vision and such tasks as reading. Patients who use the drug will have to be monitored very closely for loss of vision, but most parents Shields has encountered are not overly concerned about the problem. "If you lose peripheral vision but are developmentally normal, it is probably worth it," he said.

The FDA also approved the drug for use in epilepsy patients suffering from complex partial seizures, which can cause impaired consciousness. About a third of the 3 million American epileptics suffer from such seizures and about a third of those do not get relief with existing drugs. Sabril would be a treatment of last resort for them.

Infantile seizures, which affect about 2,500 American infants each year, usually strikes those ages 3 to 6 months. Victims have as many as 100 seizures per episode, and several episodes a day. There is no approved treatment for the seizures in the United States, but parents who can afford it have been importing Sabril from Canada and Europe, where it is available.



Vigabatrin was developed by French scientists in the 1970s as a inhibitor of the enzyme gamma-aminobutyric acid transaminase, which breaks down gamma-aminobutyric acid or GABA in the brain. Researchers postulated that infantile seizures were caused by a deficit of GABA in the brain and hoped the drug would raise levels by preventing its destruction. The drug was originally owned by Sanofi-Aventis.

In the early 1990s, Shields talked to the president of Aventis and persuaded him to give his team 65,000 tablets of the drug and to provide funding for a research study. But when the visual-field problem emerged in 1993, the company lost interest in the drug. All of the pills given to Shields expired in 2001, and he had to stop his research. "We thought that was the end of it, even though it works really well for a lot of patients," he said.

At the beginning of this decade, however, he talked to Mike Burke, head of Ovation Pharmaceuticals Inc. --

now Lundbeck Inc. of Deerfield, Ill. When Burke asked if there were any drugs he needed, Shields pointed him to Sabril. By 2003, Lundbeck had acquired U.S. rights to the drug, and the company helped Shields assemble his data from the previous trial into a form that could be submitted to the FDA. The data were presented to an FDA

advisory committee in January, and the committee unanimously recommended approval.

As a condition of approval, physicians who prescribe the drug must do a baseline test of visual acuity before the patient begins taking the drug, and then every three months afterward. It is usually clear within a month or two if the drug is going to work, Shields said. If it doesn't, the patient should stop taking it to avoid side effects that are not counterbalanced by benefits.

In infants, the drug is normally given for six to nine months, then tapered off to see if the symptoms reappear. If they do, then the cycle is repeated.

Because so few infants have the condition, Sabril is designated as an orphan drug, so that the government provides Lundbeck with financial incentives to promote its development.

Some research suggests that the drug is also useful in blocking cravings for heroin and other addictive substances, and Lundbeck has applied for approval for that application as well.

-- Thomas H. Maugh II, Credit: UCLA

SEIZURES, NOT EPILEPSY ITSELF, MAY RAISE BIRTH RISKS



Epileptic seizures during pregnancy increase the likelihood of premature and small babies, says a new study.

Taiwanese researchers compared children born to 1,016 women with epilepsy with those born to 8,128 women without epilepsy. During pregnancy, 503 of the women with epilepsy had seizures and 513 did not.

Those who had seizures while pregnant were 36 percent more likely than women who did not have epilepsy to have had a baby that weighed less than 5.5 pounds (considered low birth weight), 63 percent more likely to deliver prematurely (before 37 weeks) and 37 percent more likely to have a baby who was small for gestational age.

In another comparison, women with epilepsy who had seizures during pregnancy were 34 percent more likely to have a baby who was small for gestational age than were women with epilepsy who did not have seizures while pregnant.

Some earlier studies suggested a link between epilepsy and adverse pregnancy outcomes, but others found no connection.

The findings of the new study "suggest that it is the seizures themselves that seem to contribute greatly to the increased risk of infants being delivered preterm, of low birth weight and small for gestational age," wrote Yi-Hua Chen, of Tai Pei Medical University in Taiwan, and colleagues. "For women who remained seizure-free throughout pregnancy, null or mild risk was identified, compared with unaffected women."

Epileptic seizures can affect pregnancy outcomes in a number of ways. Seizures can cause trauma that ruptures fetal membranes, increasing the risk for infection and early delivery. Or seizures can cause contractions in the uterus that cause tension and acute injury.

The researchers emphasized the need for intervention strategies, such as helping women control seizures for a period of time before pregnancy, assisting them in sleeping better, providing education about the risks of seizures while pregnant and teaching them how to cope with stress.

Source: *Archives of Neurology*, August 2009

PROLONGED INPATIENT EEG AIDS SEIZURE DIAGNOSIS

In patients with refractory seizures, long-term monitoring frequently leads to a change in diagnosis.

The diagnostic yield of a routine outpatient EEG for epilepsy patients is between 30% and 50%. But what is the diagnostic yield of inpatient long-term monitoring (LTM) of EEG in patients with medication-refractory seizures? That is, how often does LTM change or clarify the diagnosis in these patients? To find out, researchers retrospectively reviewed data from 230 patients admitted to a tertiary-care hospital for diagnostic classification in 2004 and 2005.

Because of monitoring, the postadmission diagnosis differed from the preadmission diagnosis, or was further refined, in 71% of patients. Among the 133 patients with a change in diagnosis, the most common change (55%) was from epilepsy/non epileptic attack disorder (NEAD) to either epilepsy or NEAD. In about 35% of these 133 patients, the epilepsy syndrome was reclassified from partial to generalized or vice versa.

The authors concluded that LTM is useful for classifying or refining a diagnosis for patients with refractory seizures who are referred to a tertiary care center. The authors also estimated that the high upfront cost is recouped in about 7 years and cited other research showing that patients with NEAD typically are misdiagnosed for about 10 years.

Comment: These results are in line with prior research. They demonstrate that many patients with refractory seizures are reclassified after LTM. Not surprisingly, the largest category of reclassification was patients whose diagnostic considerations included NEAD. Other research shows that the earlier a patient is diagnosed with NEAD, the better the prognosis. Partial syndromes also become more refractory over time. The current study findings provide strong support for using LTM in patients with refractory seizures. But we must consider LTM when the patient has been refractory for 1 year or failed to respond to two or three medicines, before their seizures become more resistant to treatment.

— J. Layne Moore

(Ohio State University, Columbus.)

Neurology June 9, 2009

RESEARCH ON EPILEPSY

"SINGING BRAINS" OFFER HOPE FOR BETTER EPILEPSY, SCHIZOPHRENIA TREATMENTS



A team of scientists at Cardiff University, led by Professor Singh, has discovered that studying the way a person's brain "sings" could shed light on conditions such as epilepsy and schizophrenia and help develop better treatments.

Professor Singh of Cardiff University's School of Psychology, who led the research, and his colleagues found that a person's brain produces a unique electrical oscillation at a particular frequency when a person looks at a visual pattern.

They also found that the frequency of this oscillation appears to be determined by the concentration of the neurotransmitter, GABA, in the visual cortex of each person's brain.

The more GABA was present, the higher the frequency or "note" of the oscillation. GABA is a key inhibitory neurotransmitter and is essential for the normal operation of the brain.

"Using sophisticated MEG and MRI brain imaging equipment, we've found that when a person looks at a visual pattern their brain produces an electrical signal, known as a gamma oscillation, at a set frequency," Prof Singh said.

"In effect, each person's brain 'sings' at a different note in the range 40-70 Hz. This is similar to the notes in the lowest octaves of a standard piano keyboard or the lower notes on a bass guitar. Importantly, we also found that this frequency appears to be controlled by how much of GABA, is present in a person's visual cortex."

According to the researchers, these findings will have important implications for future clinical studies, especially in terms of increasing our understanding of conditions such as epilepsy and schizophrenia, where it is known that there may be a problem with GABA.

"The study of gamma oscillation frequency will provide a new window into the action of neurotransmitters such as GABA and how their function is compromised in diseases such as epilepsy and schizophrenia."

"These findings could have important implications for the development, production and effectiveness of drugs to treat these and other neurological conditions."

Source: Proceedings of the National Academy of Sciences, USA., July 2009

LIFE ON SONG: IS MUSIC KEY TO HAPPINESS?

SWEET SOUL MUSIC



The study, based on a survey of over 1,100 choral singers, found that 98% rated their quality of life as good or excellent

Humming tunes is known as good stress buster. Now, a new research suggests that people who sing regularly are happier than their non-singing counterparts. In fact, choristers have a better quality of life than other people.

The results of the study are based on a survey of more than 1,100 choral singers in Australia, Germany and the United Kingdom.

The research found that while people who join singing groups tend to be less healthy than the average person, they are in fact happier.

"They're actually much more satisfied with their health overall and their life in general than everyone else," stuff.co.nz quoted Don Stewart, head of public health at Griffith University in Queensland, as saying.

"It's a quite a remarkable find really, and quite inspiring," Stewart added.

The research, presented at a national public health conference in Brisbane, involved 21 choirs, including five from southeast Queensland.

It found 51% of the choralists had long-term health problems, more than twice the Australian norm. They also scored below average on a WHO scale of psychological health and social functioning. However, 98% rated their quality of life as a good or excellent, and 81% were satisfied or very satisfied with the health. "That's definitely above the norm so there's something special happening here," Stewart said.

EPILEPSY AROUND THE WORLD

THE LANCET CALLS FOR IMPROVEMENTS TO EPILEPSY SERVICES, UK

Policy makers must increase investment in services to improve the lives of people with epilepsy, according to The Lancet Neurology July 2009 highlights how health services are failing many people with epilepsy, an often overlooked and misunderstood condition. This is despite epilepsy being the most common neurological condition in the UK, with 456,000, or one in 131, people affected. The article also highlights how greater investment and awareness of the personal and economic burden of epilepsy is needed.

The piece follows various reports by epilepsy organisations, which show that epilepsy is still a worryingly low priority for England's health providers. Epilepsy Action, Epilepsy in England: the National Institute for Health and Clinical Excellence (NICE)[i].

The report, which draws on results from a survey of primary care trusts (PCTs) and acute trusts across England, exposed a bleak picture for people with epilepsy.

- Despite NICE guidelines that all people with suspected epilepsy should be seen by an epilepsy specialist, half (49 per cent) of acute trusts do not employ one.
- Despite NICE guidelines stating that all people with suspected epilepsy should be seen urgently (within two weeks), most trusts (more than 90 per cent) have waiting lists of longer than this.
- Despite NICE guidelines stating epilepsy specialist nurses (ESNs) should be an integral part of the medical team providing care to people with epilepsy, well over half of acute trusts (60 per cent) and of PCTs (64 per cent) do not have one.

Simon Wigglesworth, deputy chief executive at Epilepsy Action, said: "Epilepsy services in the UK are not good enough. Despite NICE guidelines setting out key recommendations for improving epilepsy services, health services are still not prioritising the condition. We are calling on the government and policy makers to take a lead in driving improvements to epilepsy service provision, to ensure people with epilepsy receive the level of care they deserve."

Source: Epilepsy Action July, 2009

'THE PUBLIC DO NOT CONSIDER EPILEPSY A WORTHY CAUSE'

A BOREHAMWOOD woman who had to go all the way to Brussels for effective treatment for epilepsy has called for better services in the UK.

Emma Kon, 25, has suffered from viral encephalitis, at the age of 17.

She suffered from short and long-term memory loss and was prone to regular seizures when she was first diagnosed.

After trying almost all the drugs available in the UK in a bid to control her seizures, which she was suffering from twice daily at times, her parents paid privately for her to fly to Brussels for treatment.

She had a metal plate inserted in her brain to test what was causing the seizures, and surgeons removed seven parts of her brain in a bid to stop them.

Since the surgery, Emma says her life has been transformed, drastically reducing the number and severity of seizures she has, and she believes this kind of treatment should be readily available in Britain.

She supported a delegation who visited the House of Commons on Wednesday to lobby for more awareness and attention on epilepsy and possible treatments available.

Epilepsy Action, which organised the Parliament visit, is calling for the government to invest in epilepsy treatments and showing the true effects on the lives of sufferers.

Philip Lee, chief executive of Epilepsy Action, said: "It's appalling the treatment of epilepsy can vary so much because of a postcode lottery.



She said: "The British public simply do not consider epilepsy a worthy cause to give money to as it is not exposed or explained to them."

EPILEPSY AROUND THE WORLD

IRISH EPILEPSY ASSOCIATE NATIONAL CONFERENCE



CONCERN ON DRUGS FOR EPILEPSY

The Irish Epilepsy Association has voiced concerns over the withdrawal of hundreds of pharmacies from State drug schemes.

Mike Glynn, of Brainwave, the Irish Epilepsy Association, said the threatened withdrawal will present a huge problem for many of the 37,000 people with epilepsy in Ireland.

"It is absolutely vital that people taking medication to treat epilepsy have uninterrupted access to that medication in order to remain free of seizures."

Mr Glynn said pharmacists and the HSE should sit down and act in the best interests of patients by reaching an agreement.

He said they Brainwave is particularly concerned about people with difficult-to-control seizures who cannot drive and those who live in rural areas.

"In both cases access to hospital pharmacists or to pharmacists not withdrawing from the scheme.

Source: Irishhealth, 31st Aug, 2009

APPEAL TO STRIKING HEALTH WORKERS IN ZAMBIA



President Rupiah Banda, Zambia

The labour movement has appealed to President Rupiah Banda to intervene in the continued strike by health workers.

The Epilepsy Association of Zambia (EAZ) Programme

Coordinator Mulenga Zimba said the organisation is going to face a lot of challenges with its patients following the continued strike by health workers adding that there will be a lot relapse in the condition of epilepsy patients.

Mr. Zimba said there has been an improvement of patients having seizures since the Association was launched in the country in 2003 because of adhering to medication.

However, he said it will be difficult for epilepsy patients to be attended to and access the drugs as the health workers are not there to attend to them.

EMPLOYING PEOPLE WITH EPILEPSY - PRINCIPLES FOR GOOD PRACTICE



Employing People with Epilepsy – Principles for Good Practice is published by the International Bureau for Epilepsy. This leaflet is a useful guide for employers and all professionals who are involved with the employment of

persons with epilepsy and sets out the principles developed by the Employment Commission of the International Bureau for Epilepsy. The principles are designed to enhance the employment prospects of people with epilepsy in every country worldwide. The leaflet details the four main areas in which good practice policies can ensure that employers have access to the skills and talents available in people with epilepsy and people with epilepsy can have fair access to available jobs. These are **health care, job suitability, recruitment and assistance at work.**

LIVE BEYOND EPILEPSY – BE INSPIRED



Foreword:

You're about to meet some inspiring people. They come from around the world and they all have epilepsy – the most common serious brain disorder...

Live Beyond Epilepsy is an epilepsy awareness and education initiative from UCB. It brings together a series of innovative programmes designed to improve the lives of people with epilepsy, those who live with them and those who care for them. The campaign aims to:

- Empower people living with epilepsy to take control.
- Encourage physicians to see their patients beyond epilepsy and in the context of their life needs and dreams.
- Look to the future to improve the perceptions and understanding of epilepsy for the next generation.

In the booklet you will meet a number of people living with epilepsy including Hanna, a law student from Germany, Audrey from Ireland and Monica from Venezuela. Each person has a unique and inspiring story to tell either in words or picture.

EPILEPSY AROUND THE WORLD

BREAKING NEWS - NEW DIRECTIVES ON DRIVING



Mike Glynn Chair, IBE Driving and Epilepsy Task Force, IBE reports :

The Driving Task Force today received confirmation that European Directive 209 / 112 EC came into law on the 29th August 2009. This Directive puts into force the recommendations on Epilepsy and Driving of the expert working force led by Dr. Eric Schmedding which reported to the European Commission in 2005.

The regulations provide for a 1 year seizure-free period for Group 1 vehicles (cars, vans, motorbikes). And for Group 2 heavy goods vehicles (buses, lorries etc.) seizure-free and off all anti-epileptic drugs for 10 years or more, may apply for a licence.

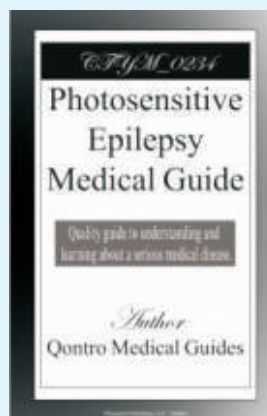
The Driving and Epilepsy Task Force will be examining ways that it can assist IBE member associations and ILAE chapters to ensure that these regulations are brought in and applied fairly in their countries.

Mike Glynn Chair, IBE Driving and Epilepsy Task Force
**International Bureau for Epilepsy 11 Priory Hall,
Stillorgan, Dublin 18.**

❖ *The fools and fanatics are always so certain of themselves but wiser people so full of doubts.*

---Bertrand Russell

PHOTOSENSITIVE EPILEPSY MEDICAL GUIDE OVERVIEW



The Photosensitive Epilepsy Medical Guide is a publication which has been designed to better help readers understand Photosensitive Epilepsy. This Qontro Medical Guide has been designed with the reader in mind, and is a useful information source for readers at all levels looking to learn more about Photosensitive Epilepsy. The

Photosensitive Epilepsy Medical Guide is highly recommended for those interested in understanding and learning more about Photosensitive Epilepsy.

About the Author Qontro medical guides are professionally written, designed and published with great care and with the goal of providing desired medical information to readers around the world. These publications are highly recommended for individuals who are looking to further their understanding and knowledge. Each book also includes information on how to access online versions of the materials which can be downloaded and used for those who also enjoy reading books online and portably through laptops and pdas.

Product Details

- Paperback: 28 pages
- Publisher: Qontro (July 9, 2008)
- Language: English
- ASIN: B001DZB8PW

❖ *Brain: An apparatus with which we think we think.* ---Ambrose Bierce

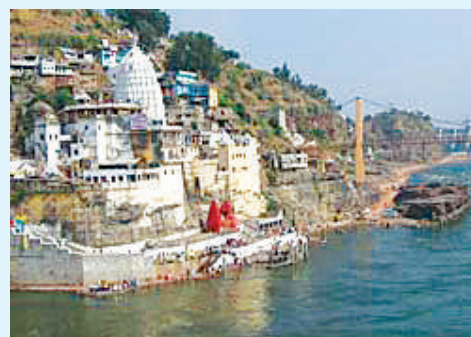
❖ *The more original a discovery, the more obvious it seems afterwards*

---Arthur Koestler

❖ *We worry about what a child will become tomorrow, yet we forget that he is someone today.*

---Stacia Tauscher

ECON-2010



**SAYAJI HOTEL, INDORE
PRE CONFERENCE WORKSHOP
FRIDAY 5TH FEBRUARY 2010**

CHALLENGES IN THE MANAGEMENT OF CHILDHOOD EPILEPSIES

08:00-08:30	Registration
08:45 -09:30	CME- Inauguration (Mahal HallA)
Session 1 Clinical Epilepsies	
9:30-9:45	Opening Remarks--- Dr Vrajesh Udani
9:45-10:10	Benign epileptic syndromes of infancy and childhood—Dr. Sameer Zuberi, UK
10:10-10:35	Catastrophic Epilepsies -- Dr. Solomon L. Moshe, USA
10:35-10:55	Tea/Coffee Break
10:55-11:20	Progressive myoclonic epilepsies Dr. P. Satishchandra (India)
11:20-11:45	Inherited metabolic disorders and monogenic mendelian diseases with epilepsy Dr. Sameer Zuberi, UK
11:45- 12:00	Discussion (Q&A)
Session 2 Investigations in Childhood Epilepsy	
12:00-12:25	EEG & Video EEG in childhood epilepsy – Dr. Zenobia Zaiwalla ,UK
12:25-12:50	Neuro imaging in epilepsy-- Dr.Meher Ursekar, India
Session 3 Management of Childhood Epilepsy	
12:50-13:15	Medical management of refractory epilepsy—Dr. Vrajesh Udani,India
13:15- 14:15	Lunch
14:15-14:40	Management of status epilepticus Dr. Asuri Narayan Prasad ,Canada
14:40-15:05	Pre-surgical evaluation & surgical treatment in children with refractory epilepsy Dr. K. Radhakrishnan, India
15:05 -15:15	Q &A
15:15-15:30	Tea/Coffee Break
15:30-17:30	Interactive Session On Case Presentations & Quiz --- Total 8 cases presentation by Neurologists Panelists - Dr Solomon L Moshe, Dr Sameer Zuberi, Dr Vrajesh Udani, Dr K. Radhakrishnan
17:30-18:00	Concluding Remarks

ANNOUNCEMENT FOR ECON 2010

Saturday - 6th February 2010

07:30 AM onwards	Registration
08:30- 09:30	Award Paper Session
09:30 -10:10	Presidential Oration Dr. Pravina U. Shah, India President I.E.A. "EPICARE –Need of the hour"
10:10-11.10	Inauguration
11:10-11:30	Tea/Coffee Break
11:30-12:10	Dr.A.D. Sehgal Oration Dr. Satish Jain India 'Have we forgotten to remember phenobarbitone'?
12:10-13:30	Symposium 1 Epilepsy & Genetics
13.:30 -14.30	Lunch
14:30 -15:10	Shobha Arjundas Oration Dr. Solomon L. Moshe (USA) "Epileptogenesis linking seizures from early infancy to chronic epilepsy"
15:10-15:40	Guest Lecture Dr K.Radhakrishnan
15:40-16:40	Free Papers Platform Presentation
16.40-16.55	Tea/Coffee Break
16:55-17:40	Walking -Poster Session
17:40 -18:30	General Body Meeting Indian Epilepsy Association
18:30 -19:00	General Body Meeting Indian Epilepsy Society
19:00-20:00	Cultural Evening
20:00 onwards	Banquet Vatika Garden

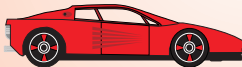
Sunday - 7th February 2010

07:30AM onwards	Registration
07:30 -08:30	Breakfast Session
	Energy mitochondrial disorders and seizures in infants Dr. Asuri Narayan Prasad ,Canada
	Sleep related epileptic disorders & EEG correlates Dr. Zenobia Zaiwalla, UK
08:30 -09:00	Guest lecture – Dr. Patrick Kwan Hong Kong "Pathogenesis of medically refractory epilepsy multi drug transporter in Pharmacoresistance to AED"
09:00-10:10	Symposium 2 – Epilepsy in Elderly
10:10-10:50	H.C. Bajoria Oration Dr Shobini Rao
10:50-11:00	Tea /coffee break
11:00-11:40	Symposium 3 Prevention of epilepsy & open forum
11:40 -12:00	Epilepsy –Take Home Message (Single act play)
12:00-13:00	K S Mani Patient Forum
13:00-13:15	Valedictory Function
13:30-14:30	Lunch

Note- There may be some changes in the final programme.

HEART ATTACK SLIDE SHOW - WORTH 45 SECONDS OF YOUR LIFE

Let's say it's 6.15pm and you're driving home (alone of course) after an unusually hard day on the job. You're really tired, and frustrated.....



YOU ARE REALLY STRESSED AND UPSET....



Suddenly you start experiencing **severe pain** in your chest that starts to radiate out into your arm and up into your jaw. You are only five miles from the hospital nearest your home. Unfortunately you don't know if you'll be able to make it that far

WHAT TO DO ???



YOU HAVE BEEN TRAINED IN CPR, BUT THE GUY THAT CONDUCTED THE COURSE DID NOT TELL YOU HOW TO PERFORM IT ON YOURSELF !!!

HOW TO SURVIVE A HEART ATTACK WHEN ALONE

SINCE MANY PEOPLE ARE ALONE WHEN THEY SUFFER A HEART ATTACK, WITHOUT HELP, THE PERSON WHOSE HEART IS BEATING IMPROPERLY AND WHO BEGINS TO FEEL FAINT, HAS ONLY ABOUT 10 SECONDS LEFT BEFORE LOSING CONSCIOUS



WHAT TO DO ??

ANSWER:

DO NOT PANIC, BUT START COUGHING REPEATEDLY AND VERY VIGOROUSLY.



A DEEP BREATH SHOULD BE TAKEN BEFORE EACH COUGH, THE COUGH MUST BE DEEP AND PROLONGED, AS WHEN PRODUCING SPUTUM FROM DEEP INSIDE THE CHEST.

A BREATH AND A COUGH MUST BE REPEATED ABOUT EVERY TWO SECONDS WITHOUT LET-UP UNTIL HELP ARRIVES, OR UNTIL THE HEART IS FELT TO BE BEATING NORMALLY AGAIN.

DEEP BREATHS GET **OXYGEN** INTO THE LUNGS AND COUGHING MOVEMENTS SQUEEZE THE HEART AND KEEP THE BLOOD **CIRCULATING**. THE SQUEEZING PRESSURE ON THE HEART ALSO HELPS IT REGAIN NORMAL RHYTHM. IN THIS WAY, HEART ATTACK VICTIMS CAN GET TO A HOSPITAL



TELL AS MANY OTHER PEOPLE AS POSSIBLE IT COULD SAVE THEIR LIVES !!! DON'T EVER ABOUT THIS. THINK THAT YOU ARE NOT PRONE TO HEART ATTACK AS YOUR AGE IS LESS THAN 25 OR 30. NOWADAYS DUE TO THE CHANGE IN THE LIFE STYLE, HEARTATTACK IS FOUND AMONG PEOPLE OF ALL AGE GROUPS.

ARTICLE PUBLISHED ON N.° 240 OF JOURNAL OF GENERAL HOSPITAL ROCHESTER

FORTHCOMING EVENTS

☞ **October 15 – 18, 2009**

3rd Beijing International Epilepsy Forum

Beijing, People's Republic of China



Abstracts submission deadline:
May 31, 2009

please e-mail your abstract to:
caae2008@sina.com; or:
caae@caae.org.cn

To register for The Second Beijing International Epilepsy Forum, please register online or download the registration form and return it to the Forum Secretariat by fax to +8610-65250423 or by email to: caae@caae.org.cn



☞ **22 - 23 October, 2009**
**43rd Congress of the Japan
Epilepsy Society**
AND

☞ **24 October 2009**
**International Symposium on
Pharmacogenomics in Epilepsy**



Hotel New Castle (Hirosaki City)/Hirosaki Chamber of Commerce and Industry
Theme: The Way to New Avenue in the Treatment of Epilepsy - From Standardization to Individualization
Information: www.c-linkage.co.jp/jes43



☞ **28 & 29th November 2009**

IX NEUROPEDICON – 2009

(The National Conference of the
Neurology Chapter of Indian
Academy of Pediatrics)

Venue: Karnataka Institute of Medical Sciences (KIMS), Hubli

Day 1 – 28 Nov. 2009 : Various Aspects of Childhood Epilepsies

Day 2 – 29 Nov. 2009 : Mixed Bag Symposium on Childhood Neurological Problems.

For further Conference Details :

Conference Secretariat :

Organizing Chairman – Dr KMP Suresh

Consultant in Epilepsy – Child Neurology & Clinical Neurophysiology
Advanced Neurodiagnostics – Child Neurology Hospital & Regional
Epilepsy Referral Centre.

No. 1 & 2, 2nd Floor, Mallikarjun Avenue, Koppikar Road,

HUBLI – 580 020 – Karnataka – INDIA

Contact No.: 0836 – 4250428 -268596 – 2282428

Mobile : 09448272428, e-mail : drkmpsuresh@hotmail.com

For further Details of Conference - Visit Website : www.iapneurologyindia.com



☞ **7-8 November 2009**



Commission on Asian and Oceanian Affairs, International League Against Epilepsy

A Workshop On Epilepsy Surgery Evaluation, Surgical Procedures and Rehabilitation

Venue: JLN Auditorium, AIIMS,
New Delhi, INDIA

Organizing Chairman

Prof. B.S.Sharma

Organizing Secretary

Dr P Sarat Chandra

A Workshop on Epilepsy Surgery, (ASEPA)

email : asepaworkindia@gmail.com



☞ **19th - 21st February, 2010**

International Workshop on Epilepsy

G.B. Pant Hospital, New Delhi

Department of Neurology is organizing
an International Workshop on Epilepsy
at G.B. Pant Hospital, New Delhi.

For further details contact

Prof. Vinod Puri

Room # 504, Academic Block

Department of Neurology

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

Ph: 91-11-23231298, 23233001

Extn. 5504

M: +919811105060, 9718599302

Fax: 91-11-23238695

E-mail:

internationalworkshop2010@gmail.com,

vpuri01@gmail.com



FORTHCOMING EVENTS

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



IEA



Dr V G Dakwale, Chairperson



IES



Dr V V Nadkarni, Organizing Secretary



IEA-18th IEC Trust



Dr O P Lekhra, Jt. Secretary



5th to 7th February, 2010, INDORE



Dr A M Gandhe, Medical Director
Gita Bhawan Hospital
Treasurer

Conference Highlights

Pre conference workshop -Pediatric Epilepsy update 5th February, Friday, 2010
This workshop will include wide ranging topics of interest to both pediatricians and neurologist, with lectures and interactive case presentations.

Conference: 6th-7th Saturday/Sunday 2010

Symposia/Lectures, Interactive sessions, Panel Discussion

Patient & Public Awareness program Award & Fee Paper sessions

Banquet & Cultural Program

Important Dates

31st August 2009

Last Date of early Registration

30th October 2009

Last Date of Abstract Submission

30th November 2009

Last Date of Mid Registration

5th February 2010

Pre-Conference Workshop

6th, 7th February 2010

Conference

Registration Fee

Conference 6th & 7th February 2010

Category	Before 31st Aug. 09	Before 30th Nov. 09	Spot
IEA/IES Member	Rs. 1500/-	Rs. 2000/-	Rs. 2500/-
Non-Members	Rs. 1700/-	Rs. 1800/-	Rs. 2500/-
PG students			
+ Paramedicals	Rs. 1000/-	Rs. 1200/-	Rs. 1500/-
Foreign Delegates	USD 200/-	USD 250/-	USD 300/-
Accompanying Persons	Rs. 1000/-	Rs. 1200/-	Rs. 1500/-

***PG Students must submit bonafied certificate from Head of the Department.**

Pre Conference Workshop 5th Feb. 2010 (Limited Registration apply at the earliest)

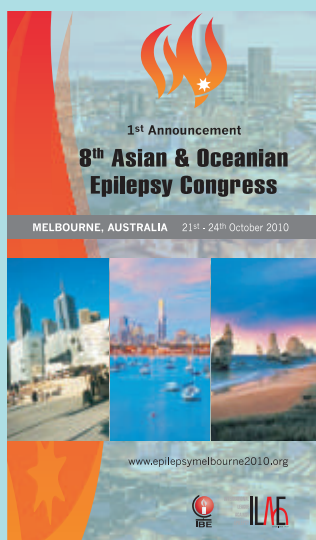
Category	Before 31st Aug. 09	Before 30th Nov. 09	Spot
Consultants	Rs. 800/-	Rs. 1000/-	Rs. 1200/-
PG students	Rs. 400/-	Rs. 600/-	Rs. 800/-

***PG Students must submit bonafied certificate from Head of the Department.**

Only 7th Feb. 2010

Category	Before 31st Aug. 09	Before 30th Nov. 09	Spot
Patients & Relatives	Rs. 100/-	Rs. 100/-	Rs. 100/-
Others	Rs. 500/-	Rs. 550/-	Rs. 600/-

Conference Secretariat: Dr VV Nadkarni, Organizing Secretary
Gita Bhawan Hospital & Research Centre Manoramaganj Indore 452001
Phone : 0731-2491863, (ext206), 0731- 4095470 (Direct)
TeleFax : 0731-4095470, Mob 98260-20232



👉 **21st - 24th October, 2010**

8th Asian & Oceanian Epilepsy Congress - Melbourne, Australia

Melbourne was recently announced as the venue for the 8th Asian Oceanian Epilepsy Congress, which will take place next year. This will be the first IBE/ILAE congress to been held in Australia since Sydney hosted the 21st International Epilepsy Congress in 1995.

The first announcement is now in circulation and the congress website will soon be live. In the coming months we will also be bringing news of the special programme for people with epilepsy and their carers to be held during the congress.

For further information or to creceive a copy of th first announcement

contact melbourne@epilepsycongress.org

INDIAN EPILEPSY ASSOCIATION



GOVERNING COUNCIL 2009- 2011

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Dr V S Saxena	Imm. Past President	(2009-11)
Dr H V Srinivas	President Elect	(2009-11)
Dr MM Mehndiratta	Secretary General	(2009-13)
Dr C M Sharma	Treasurer	(2009-13)
Dr V S Saxena	Editor	(2009-13)

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Dr Ashok Kumar	Bihar	Dr Pratap Sanchetee	Rajasthan
Dr Sudhir Shah	Gujarat	Dr V Natarajan	Tamil Nadu
Mr H K Damodar Rao	Karnataka	Dr Atul Agarwal	U.P
Dr B Rajendran	Kerala	Dr Alok Pandit	West Bengal
Dr V V Nadkarni	Madhya Pradesh	President - IES	Ex-Officio Member
Ms Carol D'Souza	Maharashtra	Secretary General-IES	Ex-Officio Member

INDIAN EPILEPSY SOCIETY



EXECUTIVE COMMITTEE 2008-2010

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Dr Satish Jain	Secretary General	2008 - 2012
Dr M M Mehndiratta	Treasurer	2008 - 2012
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Dr P Sarat Chandra	Executive Committee Member	2008 - 2010
Dr Sanjeev Thomas	Executive Committee Member	2008 - 2010
Dr Sita Jayalakshmi	Executive Committee Member	2008 - 2010
Dr Parampreet S Kharbanda	Executive Committee Member	2008 - 2010
Dr V S Saxena	Editor-Epilepsy India	2008 - 2013
President-IEA	Ex-officio Member	2008 - 2010
Secretary General-IEA	Ex-officio Member	2008 - 2010



**Gives someone with Epilepsy
a future to look forward to...**

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Sodium valproate



VALPARIN® CHRONO / ALKALETS / SYRUP

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



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