



# EPILEPSY INDIA



INDIAN EPILEPSY ASSOCIATION & INDIAN EPILEPSY SOCIETY

## News letter

January - March 2013

Issue 1, 2013





# EPILEPSY INDIA

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## NEWSLETTER OF INDIAN EPILEPSY ASSOCIATION & INDIAN EPILEPSY SOCIETY

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## NOTICES

### EPILEPSY & DISABILITY

#### Learning, blood disorders to get disability status



A new draft bill amending the Persons With Disability Act now includes Chronic Neurological conditions such as Epilepsy and Learning Disability.

It is a big achievement for the Indian Epilepsy Society as a select group was involved in sending its recommendation to GOI.

All the members need to be thanked for their active participation and contributions.

Our special thanks are due to Mr TD Dhariyal, Chief Commissioner for Persons with Disability!!

Dr Satish Jain, New Delhi

Convener of the IES Expert Group on Epilepsy & Disability.

### THE MICHAEL PRIZE FOR 2013

**For the best contribution to scientific and clinical research which promote further development in epileptology**

The MICHAEL PRIZE was awarded for the first time in 1963 to stimulate epilepsy research in Germany; it is now one of the most highly regarded international awards for the best contribution to scientific and clinical research which promote further development in epileptology.

The **MICHAEL PRIZE** is awarded biennially and specially designed to attract younger scientists (normally not older than 45 years of age).

**The Prize Fund is EUROS 20,000**

For the **MICHAEL PRIZE 2013**, up to a maximum of three papers in English language may be considered, at least one of which – published or not yet published – must be from the period 2011 / 2012. The papers, together with a curriculum vitae, should be submitted by electronic mail to.

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Since 2006 the **MICHAEL PRIZE** is sponsored by **UCB International**

### IEA & IES- SCHEDULE OF BUSINESS AND ANNUAL GENERAL MEETINGS DURING ECON 2013 AT HYDERABAD

**Friday, February 8th 2013**

- IES EC Meeting 1400-1500 Hrs.
- IEA & IES joint meeting 1500 to 1600 Hrs.
- IEA GC meeting 1600 to 1730 Hrs

**Saturday, February 9th 2013**

- IEA Extraordinary AGM 1700-1730 Hrs,
- IEA AGM 1730-1830 Hrs
- IES Extraordinary AGM 1830-1900 Hrs
- IES AGM 1900-1930 Hrs.

- **Secretary-General**  
**Indian Epilepsy Association &**  
**Indian Epilepsy Society**

### RESULTS OF ILAE ELECTIONS

It is with great pleasure that the 2009-2013 Executive Committee congratulates the newly elected members of the 2013-2017 Management Committee.

- Dr Tatsuya Tanaka – Vice President
- Dr Sam Wiebe – Treasurer
- Dr Helen Cross – Secretary General

The League is particularly delighted that Helen Cross is the first woman Officer elected to serve on the Executive Committee.

The 2013-2017 Executive Committee will serve under the leadership of newly elected President, Dr Emilio Perucca, whose stated top priorities will be to address the treatment gap, promote epilepsy care and research, foster the education and the mentoring of the younger generation of epileptologists, and continue advocacy initiatives for people with epilepsy.

We look forward with excitement as we work together to accomplish the League's vision of a world in which no person's life is limited by epilepsy.

For more information about the election results, next steps and process, visit

[http://www.ilae.org/Visitors/About\\_ILAE/Commission\\_ILAE-Election.cfm](http://www.ilae.org/Visitors/About_ILAE/Commission_ILAE-Election.cfm)

Gus Egan

ILAE



# NATIONAL EPILEPSY DAY

## ANDHRA PRADESH-TIRUPATI

*Reported By : Dr B Vengamma, Tirupati*



The main aim of our Branch has been to enhance awareness about Epilepsy and dispel the myths associated with it among general public, especially those living in rural areas.

With this objective an Awareness Programme for the school teachers was organized in which 87 Teachers participated in the programme.

The programme was inaugurated by Sri G V Sreenadha Reddy, Member of the Board of Trustees, TTD was the Chief Guest. Sri K Rami Reddy IAS (Retd), President of the Friends of SVIMS Society was the Guest of Honour. Dr B Vengamma, Director of SVIMS and President, Indian



Epilepsy Association, Tirupati Branch presided over the deliberations.

The Guest of Honour appreciated the work being done by the local Branch and the Department of Neurology, SVIMS in the service of persons with Epilepsy of this area.

Dr V Naveen, Dr J Varadaraja, Dr G Ramakrishna and Dr B Vengamma of the Department of Neurology, were the resource persons. Dr M Rajaguru and Dr J Vijaya Bhaskar Rao of the Department of Neurology were the moderators. They discussed Introduction, Diagnosis, Management of Social Aspects and Services available at SVIMS with the aid of Audio Visual Aids:

There was a lively discussion at the end of the session. The teachers, majority of whom, were not familiar with various aspects of Epilepsy really appreciated the



information presented. They felt they are now in a better position to identify young students with Epilepsy and assist them to get proper medical treatment. They also expressed their desire to educate the rural public with the knowledge gained.

The 166th monthly camp for persons with Epilepsy was held on 18th November, 2012 when 615 persons with Epilepsy and about 150 patients' attendants were present.

An awareness programme with the help of POSTERS was organized for the benefit of Persons with Epilepsy and their attendants.

Guruji Dr K Venkatesan, a spiritual leader of Chennai and Sri Prasanth Narayan of Bangalore, an Industrialist of Bangalore were the guests of honor. Dr B Vengamma, reported about the camps being held for the past 166 months where in One Month's requirement of Medicines are distributed FREE to all the persons with Epilepsy who attend the camp. The Guests of Honor were greatly impressed by the service activities of the Tirupati Branch and assured of all help to sustain and improve the activities of the Branch.

The students of the College of Nursing, SVIMS, enacted a SKIT bringing out certain normal problems faced by persons with Epilepsy and the needed remedial measures. The audience greatly appreciated the sincere efforts of the students. The local media covered these events in great detail. IEA, Tirupati is grateful to the IEA – 18th IEC Trust for their partial financial assistance to organize this year programmes.



# NATIONAL EPILEPSY DAY

## KARNATAKA-BANGALORE

**Reported by: KV Muralidharan, Bangalore**

This year's National Epilepsy Day was an intense three day affair from 15-11-2012 to 17-11-2012. This year's theme being "Employment and Epilepsy" all our activities were focused on the theme.



National Epilepsy Day on the 17<sup>th</sup> Started with the releasing of the theme balloons at 10-00 am as Justice N Kumar of Karnataka High court and also chief of State Mental Health Authority as our chief guest and Dr HV Srinivas President IEA as a guest of Honour.

We had the exhibition on epilepsy with various specimens of Brain from the Neuropathology department of NIMHANS with a normal Brain and followed by the explanations of the physiology and the functions, then the various pathology of the brain including, epilepsy, trauma, spine injury, cysticercosis, TB of the brain. Stroke etc. Neuro epidemiology stall where various charts depicting need to wear a proper protective helmet and consequences of not wearing one and statistics of the road accidents due to negligence.

The treatment stall charts, MRI and CT scan films were displayed. The pharmacology stall which put up charts on the drug development of various anti epileptic drugs available their mode of action etc.

The CGHS team put up a stall very relevant to this year's theme on "Employment and Epilepsy and pictorially depicting the various jobs that the PWE can safely undertake and the work he should avoid.



The last stall was that of Bangalore chapter and its various activities,

Exhibition was declared open by Sri KS Prabhakar, IAS Secretary, Medical education and presided over by Dr OS Siddappa. Dean and Director of Bangalore Medical College and Research Institute.

The exhibition had over 3000 visitors from more than twelve schools and nursing and physiotherapy colleges. Majority of the visitors were awestruck as they were visiting the exhibition of this nature for the first time and were treated to some excellent and tireless explanations for over two and a half days by Dr SK Shankar Prof Emeritus, Neuropathology NIMHANS, ably assisted by Dr Anitha and her team of Neuro pathology department.

By Dr Girish Assoc Prof of Neuro Epidemiology NIMHANS and his team, then by Dr Manjunath Deasi and his team of Bangalore Medical college and research institute for the treatment part and the pharmacology part was very ably and efficiently handled by



Dr Chanda Kulkarni and her team from St Johns Medical college. The team of Drs Manjunath, Suresh and Joshi from CGHS were there explaining the kind of work the PWE's can safely do the jobs they need to avoid. The Bangalore chapter's stall was very ably handled by Ms Suchetha Kulur.

Mr Damodar Rao negotiated with the Transport department of the Government, was able to arrange transport for all the students of the Government schools and thus exposing the students of economically weaker section for such an exhibition. He deserves compliments for the tireless efforts he put, in contacting all the schools and encouraging their participation.

Mr Justice N Kumar who coordinates the mental health awareness programme for the

This is the fourth year in succession that we are having an exhibition of this magnitude under the president ship of Dr GT Subhas .



# NATIONAL EPILEPSY DAY

## MADHYA PRADESH-INDORE

**Reported by: Dr VV Nadkarni**

We had an excellent National Epilepsy day celebration organized on 17<sup>th</sup> November 2012 at Jal Sabhagraha Indore.



Chief Medical & Health officer Dr Ashok Dagriya was the chief guest of the function and the trustee of Gita Bhawan Hospital Shri BL Jajoo was guest of honor for this function.

Dr Vinod Bhagat (Medical Director Gita Bhawan Hospital) presided the function.

Dr VG Dakwale President of IEA MP Chapter spoke on epilepsy Surgery Progress. Dr Nadkarni Secretary of IEA MP Chapter gave the detailed report about the activities conducted during the period from Nov 2011-Oct 2012.



Dr Ashok Dagriya Chief Medical & Health Officer Indore suggested that patient with epilepsy should be treated immediately by the members of the family instead of taking the patient to the Quacks. He also suggested that patient should collect certificate from collector office for monthly monetary help & for employment.

Dr Ashok Dagriya released a annual newsletter of IEA MP Chapter highlighted activities carried out from November 2011 to 2012.



Rangrupiya Theater presented a drama "Be positive" on Epilepsy. This drama depicts the story of girl who tried to commit suicide by intake of sleeping tablets. This story rotted around the myths on epilepsy & the real facts. The older patients of the hospital are care by doctor who himself is suffering from epilepsy.

Take-home message of the drama are:-Do not lose any hopes, if you have epilepsy & be positive in the life.

Dr Jaymala Shah & Shri Chetan Shah gave demonstration on "Yoga for Epilepsy".

During the scientific session renowned Neuro physician CHL Hospital Dr Ashish Bagdi presented a talk on "Epilepsy Diagnosis & Management" Poster Exhibition on epilepsy was organized at the venue.

We also organized painting competition for children with epilepsy in which 45 children participated and, Quiz competition for patients & caregiver in which 35 adult participated.

More then 100 people with epilepsy & 200 caregivers participated in the national epilepsy day camp, In the afternoon free medicines distributed to promote drug compliance. They also received the news letter & handouts on yoga for epilepsy& Epilepsy Management.



# NATIONAL EPILEPSY DAY

## RAJASTHAN-JAIPUR

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

An epilepsy awareness programme was organized on 17<sup>th</sup> Nov, 2012 on the occasion of the NATIONAL EPILEPSY DAY by the Epilepsy Care & Research Foundation at



*Release of News letter "Epilepsy Chronicle" by Chief Guest Shri Mahesh Joshi & Dr Subhash Nepalia*

Rotary Bhawan, Jaipur. On this occasion, the Chairman of the Foundation and Professor of Neurology & Additional Principal at SMS Medical College Dr RK Sureka emphasized the need of awareness of epilepsy and the role of health education and removal of the prevailing



*Flagging off the march "Fight Against Epilepsy"*

myths and beliefs about the disease in general masses. The function was inaugurated by Chief Guest Shri. Mahesh Joshi Ji, Member of Parliament (Jaipur City) and a March "Fight Against Epilepsy" was flagged off by the chief guest in which students took out a rally with awareness posters through the city which terminated at Statue Circle. The function was attended by leading neurologists, epileptic patients, and relatives.



*Balloons being released at Statue Circle*

Guest of Honor, Dr Subhash Nepalia, Principal, SMS Medical College, Jaipur released a Newsletter "Epilepsy Chronicle" which would be issued every quarter from now on. The News letter contains information on the common myths about epilepsy prevalent in society, Do & Donts about Epilepsy and some latest developments in field of Epilepsy.

On this occasion Shri Mahesh Joshi praised the efforts of Dr RK Sureka who is also spreading awareness about the disease in rural areas specially Churu District.

### **EPILEPSY AWARENESS PROGRAMME AT RATAN NAGAR (DIST CHURU) RAJASTHAN**

Epilepsy Care and Research foundation is working for the welfare of PWEs in rural areas of Rajasthan since last 18 years. Dr R K Sureka, Prof, Dept of Neurology, SMS. Medical College Jaipur and President of the foundation reports that this foundation is holding free monthly rural camps at Ratan Nagar, Dist Churu in Rajasthan and where about 4200 patients from all over India are registered. Every month on first Tuesday about 600 epileptic patients visit the centre and a team of Doctors (Neurologist, psychiatrists and physician) attend to them and distribute medicines to all patients for full one month every month since last 18 years. Besides this every 2 months exhibitions on Epilepsy by way of posters and audio visuals aids are organized and yoga camps for intractable epileptics are also being regularly organized. Study scholarships for 4 students every year is also being given. The finances are being managed by Dr Sureka and his family trust.



# NATIONAL EPILEPSY DAY

## UTTAR PRADESH-LUCKNOW

**Reported by: Dr Atul Agarwal**

17 Nov 2012: The film "Mirgi" was screened to about 200 students of class VIII & IX at the CMS, Rajendra Nagar Branch in the morning between 9:00 and 10:00 AM. It was followed by a lecture by Prof Rakesh Shukla about



Epilepsy, its causes, first aid, various myths associated with illness (Photo 1)

Painting competition for children with epilepsy was organized by Dr Kiran Zutshi in afternoon at Vivekanand Hospital, Lucknow in which 40 children participated. (Photo 2) The prizes were distributed by the chief guest swami Shri Para Roopanand ji Maharaj of Ram Krishna Mission, Lucknow (provided by Abbott Pharma). All the participants were also given coloring books, Tiffin boxes and participation certificates. After the competition Public awareness lectures were given by various specialists. (Photo 3) Dr A K Pandey discussed about various types of epileptic fits & importance to recognize them by details of history to be obtained from patient, family members & other eye witnesses. Dr HK Pandey discussed issues related with Febrile seizures. Dr Atul Agarwal elaborated on management issues, first aid, do's & don'ts and other precautions to be observed by patients. Dr Madhumita Bose told the gathering about various tests done sometime, their role in management & other related issues. The audience consisted of children and their parents and questions were answered by experts.



A debate was organised on "Newer AEDs are better than older AEDs" at the IMA Bhawan Lucknow in the evening between 7:30 to 9:30 PM. (Photo 4) The session was chaired by Dr UK Misra, Prof & Head of Neurology, SGPGIMS Lucknow and Dr OP Tiwari, President, IMA Lucknow Branch and was attended by about 60 people including members of IMA, faculty members and residents of KGMU, RMLIMS and practicing physicians. Dr AK Thacker, Prof of Neurology, BRD Medical College Gorakhpur spoke against the motion while Dr Navneet Kumar, Principal & Dean, and Director Prof & Head of Neurology, GSVM Medical College Kanpur spoke in favour. The session was ably moderated by Dr Rakesh Shukla, Prof of Neurology; who introduced the subject while Dr UK Misra gave the take-home message. 18 Nov. Dr Atul Agarwal spoke on FM Radio Mirchi channel Lucknow; discussing myths associated with Epilepsy and first aid in case of someone having fit. The message was aired throughout the day many times.

21 Nov. 9-10am Dr Atul Agarwal told students and



teachers of Saraswati Vidya Mandir Inter College, Barabanki about Epilepsy, its causes, first aid, and various myths associated with illness. (Photo 5) It was a interactive session where all types of questions by students & teachers were answered by Dr Agarwal

An Epilepsy camp was organized at District Hospital, Barabanki with the help of Abbot Pharma from 10 am to 12.30pm. (Photo 6) Dr Atul Agarwal gave consultation to 30 preregistered patients of epilepsy.

6th Dec: The film "Mirgi", Sahi Gyan Sahi Samadhan, produced by the 18th IEC Trust, were shown to the IIIrd year nursing students of the school of nursing, King George's Medical University Lucknow on Thursday 6th Dec, 2012 at the Centenary Hospital. It was followed by interactive session in which the "Do's and don'ts in epilepsy" were emphasized by Dr Rakesh Shukla, Professor of Neurology, followed by question answer session. The participants were provided light refreshment by Ms UCB Pharma.



# NATIONAL EPILEPSY DAY

## UTTAR PRADESH-MORADABAD

**Reported by: Dr Tarun Agarwal**

Free Medical Consultancy & Diagnosis camp on the occasion of National Epilepsy Day

In our mission "Aik Abhiyan Andhere se Ujaley Ki Ore", this



year on the occasion of Epilepsy day, we organized a Free Medical Consultancy & Diagnosis camp at Neuro Care Clinic, Gandhi Nagar Moradabad on dated 18<sup>th</sup> November 2012, Sunday, which was Nineteenth in the row.

We tried to reach to patients with help of flex banners, electronic media & local and national newspapers. The camp was highly successful with the attendance of 285 patients.

These patients were given free consultation, required diagnosis and medicines free of cost. One more important thing is that we will give free consultation for round the year. In this camp the patients came from all around the UP & Uttarakhand.

In this camp 82 EEG, 26 CT-Scan and 10 MRI were done free of cost. Free drugs distributed to promote drug compliance. Tea and snacks were also distributed to the patients and their attendants throughout the day.

We also showed how to live with epilepsy & various safety issues and common tips at various places-at work, while travelling etc through posters and videos. Epilepsy related literatures were also distributed.

A lot of coverage has done by local news channel before and after the camp. We have also given the advertisements in various leading newspapers like Hindustan Times, Amar Ujala, Dainik Jagran, Dainik Aaj, Yug Bandhu who covered the surrounding areas.

We also received kind Co-operation by Diagnostic Centers-Mohan CT & MRI Centre, Amit MRI Centre.





## NSI PUBLIC AWARENESS PROGRAMME

### EPILEPSY & SOCIETY-STIGMA, MYTHS & FACTS JLN AUDITORIUM, AIIMS NEW DELHI, 18 DECEMBER 2012



*Left to right: Dr MM Mehndiratta Secretary, Dr P Sarat Chandra, Dr BS Sharma, Dr RC Mishra, Dr KK Turel  
Dr M Tripathi, Dr Sayeda Hamid, Dr RC Deka, Dr V Saxena, Dr S Jain, Mr TD Dhariyal*

#### **Reported by: Dr Manjari Tripathi, New Delhi**

Epilepsy and Society: Program hosted on the eve of the 61<sup>st</sup> Neurological society of India in the auditorium AIIMS. This special program was held for persons with epilepsy and their caregivers in the AIIMS auditorium. Coordinated by Dr Manjari Tripathi. The program involved policy makers who addressed the public and stakeholders advocating towards the motion of having National epilepsy control program. The dignitaries Dr Sayeda Hamid (Member planning commission Govt of India) in her address said that the planning commission was on its way to making the next plan and a place for epilepsy was being actively discussed in the same. Mr TD Dhariyal (Chief Commissioner for persons with Disabilities, Ministry of Social Justice and Empowerment, Govt of India) in his address stated the role of the ministry of social justice and empowerment and the current draft bill including chronic neurological disorders like epilepsy as a possibility for inclusion.



The other main purpose of the program was to generate awareness and introduce support group for epilepsy in Delhi to people with epilepsy. Dr Vinod Saxena spoke about the magnitude of the disease and also the impact it had on families. Prof Satish Jain discussed about epilepsy and the girl child. Dr MM Mehndiratta about family and epilepsy.

Magician KC Pandey enthralled the audience with a program which send the message of epilepsy through magic. Simple as well as complex tricks by him helped get the message of myths and false perception of epilepsy across.

The program concluded by a question and answer session which was conducted by Dr Manjari Tripathi and Dr MM Mehndiratta, all queries which patients had were answered during this.

A light dinner was served and all persons with epilepsy and caregivers given booklets which informed them about various aspects of epilepsy.





## NOVEL TREATMENT STRATEGIES FOR EPILEPSY

**A new EU-funded project aims to develop treatments for epilepsy by using viruses to infect brain cells and by transplanting cells into the brain. The project is called EPIXCHANGE and will be carried out at Lund University, Sweden, as a collaboration with Italian, Danish and French researchers. The total budget of the project is almost EUR 1 million.**

Patients with epilepsy run a higher risk of sudden unexpected death. In Sweden some 60 000 people suffer from epilepsy. Around 30-40% of epileptic patients are refractory to currently available pharmacological treatments, which are mostly symptomatic and often have side effects. Therefore there is a great unmet need to develop novel treatment strategies for epilepsy.

The new project will explore the development of encapsulated human cell lines producing the neurotransmitter galanin and/or the neuropeptide Y (NPY) and their effect on epileptic seizures in experimental animals. The project will also use viral vectors to deliver neuropeptides and other proteins – neurotrophic factors – into the brain to suppress seizures. These novel approaches will lay a foundation for developing alternative treatment strategies for epilepsy.

A viral vector approach to delivering genes of interest into the brain is already a reality. Several studies have already been performed in clinical settings in the US for Parkinson's disease. According to Professor Merab Kokaia of Lund University, the plan is to perform such clinical trials in Lund on patients with severe epilepsy that does not respond to drug treatment.

On 10 November 2012, the a workshop on Animal Models of Epilepsy in Lund discussed relevant models of epilepsy and translational aspects of the preclinical research. It is very important that the models that are used for basic research reflect human epilepsy, and that the treatments tested on animals will have translational value in order to develop these approaches towards clinical applications.

**Source: A workshop on Animal Models of Epilepsy, 10th November, 2012, Sweden.**

EPIXCHANGE website: <http://www.epixchange.eu>



## TREATMENT OF STATUS EPILEPTICUS: AN INTERNATIONAL SURVEY OF EXPERTS.

Riviello JJ Jr, Claassen J, Laroche SM, Sperling MR, Alldredge B, Bleck TP, Glauser T, Shutter L, Treiman DM, Vespa PM, Bell R, Brophy GM; The Neurocritical Care Society Status Epilepticus Guideline Writing Committee.

As part of the development of the Neurocritical Care Society (NCS) Status Epilepticus (SE) Guidelines, the NCS SE Writing Committee conducted an international survey of SE experts.

The survey consisted of three patient vignettes (case 1, an adult; case 2, an adolescent; case 3, a child) and questions regarding treatment. The questions for each case focused on initial and sequential therapy as well as when to use continuous intravenous (cIV) therapy and for what duration. Responses were obtained from 60/120 (50%) of those surveyed.

This survey reveals that there is expert consensus for using intravenous lorazepam for the emergent (first-line) therapy of SE in children and adults. For urgent (second-line) therapy, the most common agents chosen were phenytoin/fosphenytoin, valproate sodium, and levetiracetam; these choices varied by the patient age in the case scenarios. Physicians who care for adult patients chose cIV therapy for RSE, especially midazolam and propofol, rather than a standard AED sooner than those who care for children; and in children, there is a reluctance to choose propofol. Pentobarbital was chosen later in the therapy for all ages.

There is close agreement between the recently published NCS guideline for SE and this survey of experts in the treatment of SE.

**Source: [james.riviello@nyumc.org](mailto:james.riviello@nyumc.org).**

# NEWS & VIEWS ON DRUGS

## DID THE NEURONTIN LAWSUIT FUEL HEALTH SPENDING?

In 2004, Pfizer, the world's largest drug company, agreed to plead guilty and pay more than \$430 million to settle charges it had illegally marketed the epilepsy drug Neurontin for unapproved uses.

Now, a study in the *Journal of Clinical Psychiatry* questions whether the lawsuit ended up fueling spending on other epilepsy drugs instead of curbing so-called off-label prescribing.

Doctors are allowed to prescribe drugs for uses that haven't been approved by US health regulators, but companies are prohibited from marketing their products for such purposes.

Since the first media report about the off-label lawsuit surfaced in March 2002, Neurontin's market share dropped from 21 percent of the total epilepsy drugs prescribed for bipolar disorder to 15 percent.

Meanwhile, off-label use of four other epilepsy drugs - continued to rise in patients with bipolar disorder.

In 2000 - Neurontin sales approached \$1 billion, mostly due to off-label use. The negative media coverage of Neurontin accounted for part of the market share drop but the manufacturer raised prices in anticipation of this.

Clinical trials have shown Neurontin is not effective in bipolar disorder, although it may still help some patients.

### EVIDENCE-BASED MEDICINE

Chace said authorities should work closely with medical organizations to inform doctors about crackdowns on off-label marketing so they can respond appropriately.

"They should know what is going on and what the treatment guidelines recommend," she said.

Carlat argued that the issue is not how doctors get their news.

"What's most important is that the medical community - academic medicine, medical association, etc. - do a better job of teaching doctors about evidence-based treatment guidelines," he said.

**SOURCE:** *Journal of Clinical Psychiatry*, online October 16, 2012.

## JUDGE HANDS ABBOTT \$700M IN CRIMINAL PENALTIES

A federal judge has made it official: Abbott Laboratories owes the government \$700 million in penalties for promoting its epilepsy drug Depakote for off-label use. The formal sentencing stems from the company's \$1.6 billion settlement with the Department of Justice, which also included civil penalties.

Earlier this year, Abbott agreed to plead guilty to a criminal misdemeanor--a misbranding charge, under the Food, Drugs and Cosmetics Act. The criminal penalties related

to that charge break down this way: There's a criminal fine of \$500 million. Abbott has to forfeit another \$198.5 million. And it has to pay \$1.5 million to Virginia's Medicaid Fraud Control Unit.

In the realm of pharma marketing settlements, Abbott's criminal penalties are second only to Pfizer's \$1.3 billion. Though GlaxoSmithKline's promotion cost the company around \$3 billion in fines and civil payments, compared with Pfizer's \$2.3 billion deal, the criminal portion of GSK's settlement amounted to \$300 million less, or \$1 billion.

The settlement amounts may vary widely, but pharma's marketing misbehavior followed a typical pattern (egregious outliers aside). Drugmakers targeted groups of patients. In Abbott's case, it was the elderly, as the company admitted it touted Depakote for behavioral problems in dementia patients, despite the fact that the seizure drug was not approved for that use.

**Source:** *Wall Street Journal News*, October 3, 2012





## RESEARCH IN EPILEPSY

### EPILEPSY CURED IN RATS USING 'CALM DOWN' GENES

Researchers at University College London have for the first time found that adding “calm down” genes to hyperactive brain cells can completely cure epilepsy in rats.

They hope their approach, which used a virus to insert the new genes into a small number of neurons, could help people who cannot control their seizures with drugs.

They developed two ways of manipulating the behaviour of individual cells inside the brain in order to prevent those seizures.

In both methods, lentivirus is injected into the brain to add sections of DNA to the genetic code of just a few thousand neurons.

One method boosts the brain cells' natural levels of inhibition in order to calm them down.

After a fortnight the number of seizures dropped dramatically and the mice were effectively cured within a month.

This is the first time a gene therapy has been used to completely stop these seizures.

The other technique harnessed a gene from algae, which can be controlled by light. After the therapy the function of the neurons did not change until a light was shone on them with an implanted laser. The light prevented the neurons from firing, thus preventing a seizure.

The researchers think this method could work in a similar way to an implanted defibrillator, which is used to control an irregular heartbeat.

More testing of the epilepsy gene therapies would be needed before it could be used in patients.

**Source: Science Translation Medicine, 13 Nov 2012**



### MRI AND EEG COULD IDENTIFY RISK OF EPILEPSY IN CHILDREN AFTER FEBRILE



A new study suggests that MRI and EEG following a child's high-fever seizures may hold the answer to predicting epilepsy later in life.

A new study funded by the National Institutes of Health (NIH) suggests that brain imaging and recordings of brain activity could help identify children at greatest risk

forepilepsy following fever-related seizures as within days of prolonged febrile seizures, some children showed signs of acute brain injury, abnormal brain anatomy, altered brain activity, or a combination of symptoms.

Although most children recover quickly and have no long-term effects, episodes of prolonged high-fever seizures have been linked to an increased risk of epilepsy later in life. Some experts estimate a 30 percent to 40 percent increased risk of developing epilepsy after febrile status epilepticus (FSE).

The study focused on FSE and the risk of temporal lobe epilepsy.

The MRI scans revealed that FSE is sometimes associated with abnormalities in the hippocampus. Of the 191 children with FSE, 11.5 percent had signs of hippocampus injury on MRI and 10.5 percent had developmental abnormalities of the hippocampus. The study researchers noted that abnormal MRI results were rare in children with simple febrile seizures of 10 minutes or less.

EEG results proved to be even more telling. Nearly half of the children with FSE had abnormal EEG findings. Results from both MRI and EEG suggest that febrile seizures cause brain injury in some children.

If MRI and EEG findings associated with FSE ultimately correlate with epilepsy, they could be used to identify those at risk and might benefit from research on preventive therapies for epilepsy.

**Source: Shlomo Shinnar, Neurology Nov 7, 2012**

### LONG-TERM EFFECTIVENESS AND TOLERABILITY OF VAGAL NERVE STIMULATION IN ADULTS WITH INTRACTABLE EPILEPSY: A RETROSPECTIVE ANALYSIS OF 100 PATIENTS.

Data for 100 vagal nerve stimulation (VNS) patients were collected and analysed retrospectively. The mean seizure reduction was 17.86% (n = 67) at 6 months, 26.21% (n = 63) at 1 year, 30.43% (n = 53) at 2 years, 48.10% (n = 40) at 3 years, 49.44% (n = 32) at 4 years, 50.52% (n = 35) at 5 years, 45.85% (n = 31) at 6 years, 62.68% (n = 25) at 8 years, 76.41% (n = 9) at 10 years, 82.90% (n = 4) at 12 years. Evidence of statistical significance for mean seizure reduction over time was strong with all p values less than 0.05 except at 12 years (p = 0.125) where the sample size was small (n = 4). Mean seizure reduction was 49.04% and 51 (51%) patients were considered responders, defined as a 50% or more reduction in seizure frequency. Twenty-one (21%) patients suffered surgical complications. Of these 15 patients were self-limiting and 6 patients were irreversible or required a device revision. Fifty patients (50%) suffered from side-effects, while vagal stimulation cycled on (VNS on) post-operatively. However, of these, only one patient suffered from intolerable side effects requiring the device to be switched off temporarily. This study demonstrates the long-term efficacy in seizure reduction with the use of VNS. Complication rates and tolerability did not deviate greatly from that previously reported, indicating that VNS is a safe and effective treatment for seizure reduction in intractable epilepsy.

**Source:** *Brit. J Neurosurg*, November 01, 2012



### NEW FRUIT FLY MODEL OF EPILEPSY REVEALS MECHANISMS BEHIND FEBRILE SEIZURES

A new fruit fly model of inherited epilepsy provided insights into the mechanisms underlying temperature-dependent seizures while establishing a platform from which to develop therapies for these disorders.

A method for placing a gene mutation that causes human fever-induced seizures into drosophila fruit flies which caused heat-induced seizures.

Mutant fruit flies when placed in tubes in warm water, most began to experience seizures within 20 to 30 seconds. They would fall over, and their wings would flap and their legs twitch for about two minutes while the flies were kept

at a high temperature. The researchers found that seizure susceptibility was dose-dependent: Ninety-five percent of the flies with two copies of the mutant gene had seizures, as opposed to 60 percent of those with just one copy. Unaltered control flies did not have temperature-dependent seizures.

When examined the neurons in the brains of both mutant and control flies to monitor activity had flaws in the functioning of sodium channels.

The mutant channels did not open and close properly and this effect was amplified at high temperature, and this changes the ability of neurons to generate the appropriate electrical signals, leading to hyperactivity in the brain circuits.

The next step is to use this model to look for drugs that might reduce or eliminate heat-induced seizures.

In addition to providing insight into the neurology of febrile seizures, the study establishes a new fruit fly model as a viable genetic platform for the study of epilepsy and validates the use of homologous recombination in flies to explore mechanisms underlying other genetically linked diseases.

**Source:** *The Journal of Neuroscience*, Oct. 10, 2012



### AGE AT ONSET OF EPILEPSY, PHARMACORESISTANCE, AND COGNITIVE OUTCOMES: A PROSPECTIVE COHORT STUDY

Increasing evidence suggests that uncontrolled seizures have deleterious effects on cognition and behavior, particularly in the developing brain.

In a community-based cohort, 198 children, aged <8 years with new-onset epilepsy were followed prospectively and reassessed with the Wechsler Intelligence Scales for Children, Third Edition (WISC-III) 8-9 years later. Linear regression analyses with interactions between age at onset (age) and pharmacoresistance (PR) were used to test whether earlier onset conveyed greater vulnerability to the effects of uncontrolled seizures. Full-scale IQ (FSIQ) and the 4 subdomain scores were examined. Adjustment for adaptive behavior scores in a subset was performed. A dichotomous indicator for IQ <80 or ≥80 was used to permit inclusion of children who were not tested, particularly those who were untestable.

#### RESULTS:

FSIQ was not correlated with age. PR was associated with an 11.4 point lower FSIQ ( $p = 0.002$ ) and similar decrements in each WISC-III domain. There were substantial age-PR interactions for FSIQ ( $p = 0.003$ ) and 3 domain scores, indicating a lessening impact of PR with increasing age. The dichotomous IQ indicator was strongly correlated with age at onset in the pharmacoresistant group ( $p < 0.0001$ ) and not in the non-pharmacoresistant group ( $p = 0.61$ ). Adjustment for adaptive behavior measured near onset did not alter the conclusions.

#### CONCLUSIONS:

Uncontrolled seizures impair cognitive function with effects being most severe in infancy and lessening with increasing age at onset. These findings further emphasize the need for early aggressive treatment and seizure control in infants and young children.

**The Epilepsy Center (ATB) and Department of Child and Adolescent Psychiatry (FAZ), Ann and Robert H Lurie Children's Hospital of Chicago, IL; and Departments of Neurology and Pediatrics (SRL, FMT), Yale School of Medicine, New Haven, CT.**

#### Source:

**Berg AT, Zelko FA, Levy SR, Testa FM. Neurology. 2012 Sep 12.**

### PREDICTORS OF OUTCOME IN REFRACTORY STATUS EPILEPTICUS

Hocker SE, Britton JW, Mandrekar JN, Wijdicks EF, Rabinstein AA.

#### Abstract

**OBJECTIVE** To further characterize the demographics, outcomes, and prognostic factors for refractory status epilepticus (RSE). **DESIGN** Retrospective analysis of all the episodes of RSE treated between January 1, 1999, and August 30, 2011. **SETTING** Neurointensive care unit within a tertiary referral center, Mayo Clinic, Rochester, Minnesota. **PATIENTS** Refractory status epilepticus was defined as generalized convulsive or nonconvulsive status epilepticus (SE) that continued despite initial first- and second-line therapies. Exclusion criteria were aged younger than 18 years, anoxic/myoclonic SE, psychogenic SE, simple partial SE, and absence SE.

**MAIN OUTCOME MEASURES** Functional outcome was defined by modified Rankin scale (mRS) dichotomized into good (mRS, 0-3) and poor (mRS, 4-6). Functional decline was defined as a change in mRS greater than 1 from hospital admission to discharge. **RESULTS** We identified 63 consecutive episodes of non-anoxic RSE in 54 patients. Anesthetic agents were used in 55 episodes (87.30%), and duration of drug-induced coma was (mean [SD]) 11.0 (17.9) days. In-hospital mortality was 31.75% (20 of 63 episodes). Poor functional outcome at

discharge occurred in 48 of 63 episodes (76.19%). Hospital length of stay was (mean [SD]) 27.7 (37.3) days. Duration of drug-induced coma ( $P = .03$ ), arrhythmias requiring intervention ( $P = .01$ ), and pneumonia ( $P = .01$ ) were associated with poor functional outcome. Prolonged mechanical ventilation was associated with mortality ( $P = .04$ ). Seizure control without suppression-burst or isoelectric electroencephalogram predicted good functional recovery ( $P = .01$ ). Age, history of epilepsy, previous SE, type of SE, and anesthetic drug used were not associated with functional outcome. **CONCLUSIONS** Three-quarters of patients with RSE have a poor outcome. Achieving control of the SE without requiring prolonged drug-induced coma or severe electroencephalographic suppression portends better prognosis.

#### Source:

**Arch Neurol. 2012 Oct 8; 1-6.**



## SOME PRIVATE PHILOSOPHIES

Santa Claus has the right idea--- Visit people only once a year. - Victor Borge

<><>

The secret of a good sermon is to have a good beginning and a good ending; and to have the two as close together as possible. - George Burns

<><>

Be careful about reading health books. You may die of a misprint. - Mark Twain

<><>

By all means, marry. If you get a good wife, you'll become happy; if you get a bad one, you'll become a philosopher. - Socrates

<><>

I have never hated a man enough to give his diamonds back. - Zsa Zsa Gabor

<><>

Only Irish coffee provides in a single glass all four essential food groups: alcohol, caffeine, sugar and fat. - Alex Levine

<><>

My luck is so bad that if I bought a cemetery, people would stop dying. - Rodney Dangerfield

<><>

Money can't buy you happiness... But it does bring you a more pleasant form of misery. - Spike Milligan

<><>

Until I was thirteen, I thought my name was "SHUT UP". - Joe Namath

<><>

I never drink water because of the disgusting things that fish do in it.. - W. C. Fields

<><>

Don't worry about avoiding temptation. As you grow older, it will avoid you. - Winston Churchill

<><>

Maybe it's true that life begins at fifty.... But everything else starts to wear out, fall out, or spread out. - Phyllis Diller

<><>

By the time a man is wise enough to watch his step, he's too old to go anywhere. - Billy Crystal

<><>

And the cardiologist's diet: "If it tastes good spit it out".

## QUIZ CONTEST

**Q1. How long was the 100 year war?**

a) 116, b) 99, c) 100, d) 150

**Q2. In which country are the Panama hats made?**

a) Brasil, b) Chile, c) Panama, d) Equador

**Q3. In which month do the Russians celebrate the October Revolution?**

a) January, b) September, c) October, d) November

**Q4. Which of these was King George VI first name?**

a) Eder, b) Albert, c) George, d) Manoel

**Q5. The Canary islands, in the Pacific Ocean, has its name based on which animal:**

a) Canary Bird, b) Kangaroo, c) Puppy, d) Rat

If You think you are indeed clever and laughed at the replies, then please turn the page and check the answers.



**Answers**

Ans1. The 100 year war lasted 116 years from 137- 1453

Ans2. The Panama hat is made in Equador

Ans3. The October revolution is celebrated in November

Ans4. King George's first name was Albert. In 1936 he

changed his name.

Ans5. Puppy. The Latin name is insularia canaria which

means islands of the puppies.



## EPILEPSY AROUND THE WORLD

### EGYPT



#### Theory Suggests King Tut Died From Epilepsy

Tutankamen's famous burial mask, on display in the Egyptian Museum in Cairo.

A new theory suggests that King Tut, the

legendary Egyptian boy Pharaoh, may have died from a hereditary form of epilepsy.

King ruled Egypt for ten years in the 1300s BC, until he died at 19. His tomb was discovered in 1922.

The researchers studied the boy king's family history, looking for clues as to why he died so young. Their theory hinges on the fact that Tutankhamen had a feminized physique, as did his immediate predecessors. Paintings and sculptures show these men had unusually large breasts and wide hips, the researchers said, and all of them died quite young.

It's significant that two [of the five related pharaohs] had stories of religious visions associated with them, people with a form of epilepsy in which seizures begin in the brain's temporal lobe are known to experience hallucinations and religious visions, particularly after exposure to sunlight. It's likely that the family of pharaohs had a heritable form of temporal lobe epilepsy, he says.

The disorder would explain a feminized physique (seizures disrupt sex hormones) and his broken leg at the time of his death. There are plenty of other theories about what caused Tutankhamen's death, though, and most likely we will never know.

Read more: <http://www.businessinsider.com/did-epilepsy-kill-king-tut-2012-9#ixzz26QW1zYmU>.



### KENYA



#### Miss University of Nairobi in fight against epilepsy

Bernice Mugambi is a beautiful 21-year old lady who lives with epilepsy. After she experienced her first seizure, various people encouraged

her to go for prayers to "chase the devil away".

Fortunately she went to a doctor who diagnosed that she had epilepsy and prescribed treatment which still controls her seizures.



*Bernice Mugambi*

With the help of this treatment, her epilepsy has not stopped her from undertaking her studies at the University of Nairobi where she studying Food Nutrition and Dietetics. Actually, she is the Miss University of Nairobi, 2012.

Mugambi, who is the Epilepsy Ambassador for the National Epilepsy Coordination Committee, says she is a role model to all persons living with epilepsy.

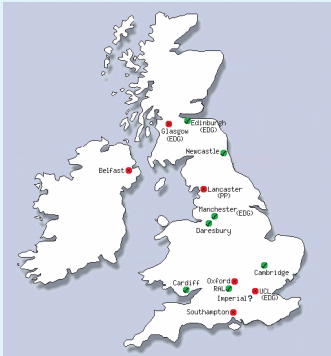
"Epilepsy should not make you miss your opportunities in life like attending classes, working and marrying and getting children," the fourth-year student told Xinhua in Nairobi on Wednesday during the launch of a National Campaign to Fight the Stigma Surrounding Epilepsy.

Kenya's Minister for Medical Services Professor Peter Anyang'Nyong'o estimates out of the 725,000 people with active epilepsy in the country and who require treatment, only about 20 percent have access to quality treatment.

This scenario, is known to result into a huge social burden on the part of people with epilepsy as they are ostracized and invalidated due to social stigma placed on them and their families.

## EPILEPSY AROUND THE WORLD

### UK



### A mother welcomes Young Epilepsy mobile phone app

A MOBILE phone app designed to help young epilepsy sufferers manage

their condition has been launched.

A Teesside mother of three young sons all suffer from the condition, has labelled it fantastic.

The new tool means that the mother Lee-Anne Mann from Redcar, will be able to video Jake, 11, Charlee, six, and



*From left: Kyan Mann, Jake Mann and Charlie Mann*

five-year-old Kyan the moment they go into a seizure - recordings that can provide vital medical information to doctors.

She can also keep a diary, log symptoms and share information quickly and easily with medical teams, school and carers.

The smart phone app has been launched by national charity Young Epilepsy, dedicated to young people living with the brain condition.

Having a mobile phone app that she can access instantly will, said Lee-Anne, help her enormously when it comes to managing all three boys.

"It also means I won't have to carry around three chunky diaries with me everywhere I go."

### Pop-up vintage tea room raise charity cash

HULL: An epilepsy charity is calling all tea, cake and vintage-lovers to go along to its first major fundraising event.

Epilepsy Action has teamed up with Princes Quay shopping centre in Hull to host a pop-up vintage tea room on Saturday.



*retro: Enjoy tea and cake*

The charity provides advice and support to the 600,000 people with epilepsy in the UK.

Michaela Crosthwaite, community fundraiser for Epilepsy Action, said: "We'll be rolling out the bunting to give shoppers a vintage tea room experience.

With tea and cakes served from traditional English china, guests will be able to enjoy a range of vintage entertainment and music.

It was expected to provide fun and raise awareness in funds to sustain our services.

Epilepsy is still so misunderstood. Every day, 87 people are diagnosed with it and there are still so many myths that surround the condition."



## EPILEPSY AROUND THE WORLD

### USA



#### November is National Epilepsy Awareness Month

Robert Fiore, Founder of Connecticut Epilepsy Advocate,

continues to run miles for epilepsy, bringing awareness and valued resources for many by educating others so they understand and epilepsy.

Epilepsy affects nearly 3 million Americans. An alarming number to understand how important it is to be aware of



*Robert Fiore, Founder of Connecticut Epilepsy Advocate, Inc. Credit Maggie Griffin*

what epilepsy is. Yet most Americans do now know how to properly recognize and respond when someone is having a seizure. My question is if you saw someone having a seizure, would you know what to do?

Robert Fiore, Connecticut Epilepsy Advocate, continues to run miles for epilepsy, bringing awareness and valued resources for many by educating others so they understand and epilepsy.

Since 1969, the Epilepsy Foundation has celebrated National Epilepsy Awareness Month. It wasn't until 2003, Congress declared November as National Epilepsy Awareness Month.



#### Meryl Streep helps promote ketogenic diet.

Megastar Meryl Streep helps shine the spotlight on dietary therapy to treat epilepsy. When the Charlie Foundation help organise Pediatric Epilepsy

Third International Symposium: Dietary Therapy for Epilepsy & Other Neurological Disorders from Sept. 19 to 22 in Bloomingdale.

The symposium's highlight event was an inaugural Gala Celebration on Friday, Sept. 21, honoring Streep, a three-time Academy Award-winning actor, for her role in " ... First Do No Harm," and for her part in helping to publicize the ketogenic diet for pediatric epilepsy through that film.

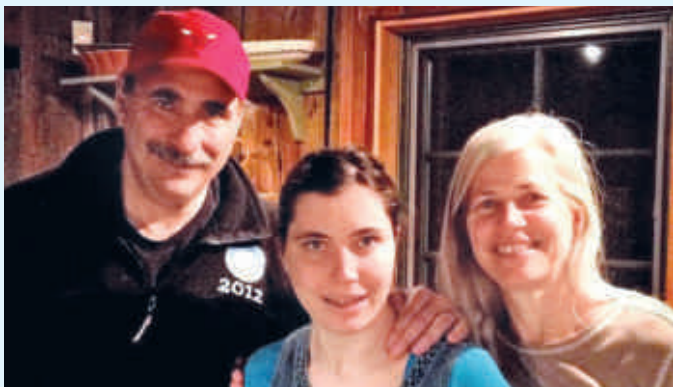
The Charlie Foundation To Help Cure Pediatric Epilepsy was founded by Jim and Nancy Abrahams in 1994, to raise awareness about the ketogenic diet as an effective treatment for pediatric epilepsy. They note it has been scientifically proven to benefit more than 50 percent of children who try it. On the verge of extinction in 1994, today the diet is implemented at more than 200 hospitals worldwide.

The ketogenic diet requires the teamwork of neurologists, dietitians, nurses, pharmacists and caregivers. The organization's mission is to continue bringing this therapy into the medical management of epilepsy through education, research and parent empowerment.

Jim Abrahams, a film producer, is co-founder and director of The Charlie Foundation. Also highlighted at the gala will be Charlie Abrahams and other youth using the ketogenic diet, and specialists in the therapeutic diet and pediatric epilepsy.

## EPILEPSY AROUND THE WORLD

### David Axelrod makes new moustache bet — will shave if he raises \$1 million for epilepsy research



*David and Susan Axelrod and their daughter, Lauren, who was afflicted with epilepsy from infancy into adolescence before a medication was found to treat the seizures.*

For nearly a week, the eyes of a nation were fixed upon David Axelrod's upper lip: He vowed to shave his moustache if President Obama lost Michigan, Minnesota or Pennsylvania.

That did not happen — but the senior campaign strategist upped the ante. Axelrod said he will shave it off if he can raise \$1 million for Citizens United for Research in Epilepsy. Susan Axelrod, his wife of 33 years was awarded International Ambassador for Epilepsy by IBE/ILAE in August 2011. They are co-founders of CURE (their oldest child has epilepsy) Susan met David Axelrod in college and has never seen him without a moustache. "As far as I am concerned," she told us, "he must have been born with the thing."

The money would go to the Chicago-based Citizens United for Research in Epilepsy.

David Axelrod had fun with this year's election.

On Nov. 8, Obama's senior campaign strategist had a positive Twitter exchange with Donald Trump how Obama campaign saved him \$5 million by refusing to participate in Trump's original charity challenge and then suggested Trump donate to Slash the 'Stache, a charity dedicated to epilepsy research.

Less than 40 minutes after Axelrod's tweet, Trump said he was sending a cheque and added a note on behalf of his daughter, Ivanka. Axelrod later tweeted back a thanks to Trump and that he wished Ivanka the best.



**Barack Obama wipes away tears as he thanks campaign workers - with David Axelrod in the wings.**



### Lia Lee Dies; Life Went On Around Her, Redefining Care

In 1988, when Anne Fadiman met Lia Lee, then 5, for the first time, she wrote down her impressions in four spare lines that now read like a poem.

**"Barefoot mother gently rocking silent child diaper, sweater, strings around wrist like a baby, but she's so big mother kisses and strokes her."**

The story of Lia, the severely brain-damaged daughter of Hmong refugees who had resettled in California, became the subject of Ms Fadiman's first book, "The Spirit Catches You and You Fall Down," published in 1997.

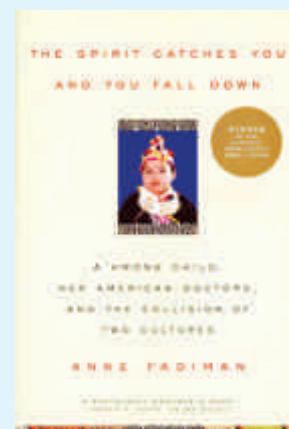
Acclaimed by reviewers, it won a National Book Critics Circle Award and sold 900,000 copies and remains widely assigned in medical schools and in university classes in social work, anthropology, journalism and other fields.

In traditional Hmong belief, this like many illnesses, is spiritual in origin, caused when the soul becomes separated from the body. A traditional cure might entail visits from a shaman, who would attempt to reunite body and soul.

A work of narrative nonfiction, Ms Fadiman's book is a cautionary tale about the cultural chasm between Lia's family, with its generations-old animist beliefs, and her rationalist American doctors.

Controlling her seizures with Western methods and Western medicines was not understood by the parents.

That cultural divide — despite the best intentions of both sides, Ms Fadiman wrote — may have brought about Lia's condition, a consequence of a catastrophic seizure when she was 4.



*This book is required reading at the Yale School of Medicine*



## POINTS OF VIEW



### Woman 1

"I had a fine evening ,  
how was yours?"

### Woman 2

"it was a disaster. my  
husband came home  
ate his dinner in 3  
minutes fell asleep in 2

minutes. how was yours?"

### Woman 1

"Oh it was amazing My husband came home and took  
me out to a romantic dinner. after dinner we walked for  
an hour. when we came home he lit the candles around  
the house and afterwards talked for an hour. it was like  
a fairy tale."



At the same time their husbands  
are talking at work

### Husband 1

"How was the evening?"

### Husband 2

"Great. I came home dinner was on  
the table. I ate and fell asleep.

It was great. What about you?"

### Husband 1

"It was horrible. I came home , there was no dinner  
because they cut the electricity because i hadn't paid  
the bill;so I had to take my wife out for dinner which was  
so expensive that I didn't have money left for cab. So we  
walked home which took an hour; when we reached  
home I remembered that there was no electricity so I  
had to light candles all over the house. After all that, I  
was so aggravated that I couldn't fall asleep and my  
wife kept jabbering for a long time."



### Boys' room



### Boys' desktop

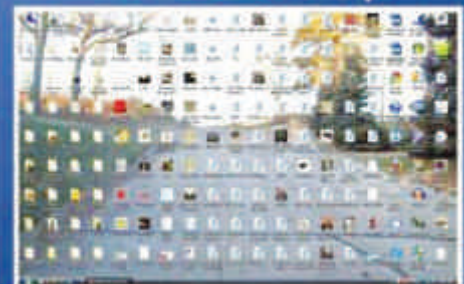


TRUE  
OR  
FALSE?

### Girls' room



### Girls' desktop



## FORTHCOMING EVENTS

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



The 30th International Epilepsy Congress is scheduled to take place in Montreal from the 23rd to the 27th June 2013 under the auspices of the International League Against Epilepsy and the International Bureau for Epilepsy.

Montreal has been named one of ten "Hip Cities" from around the world by the New York Times.

The website will be available soon. In the meantime, please contact [montreal@epilepsycongress.org](mailto:montreal@epilepsycongress.org) with any enquiries.

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

Tel: +353-1-2056720

Fax: +353-1-2056156

<http://www.epilepsycongress.org>

### **4- 6th September, 2013, Ljubljana, Slovenia**



[www.epilepsyandsociety.org](http://www.epilepsyandsociety.org)



The 13th European Conference on Epilepsy and Society (ECES) will take place in Ljubljana from Wednesday 4th to Friday 6th September



2013. The 13th ECES Programme is mainly based on topics suggested by members of the International Bureau for Epilepsy (IBE). The majority of speakers will be suggested by IBE European member associations.

During the conference, delegates will also have a lot of opportunities to socialise and participate in discussion groups, parallel sessions and other programmed activities.



## FORTHCOMING EVENTS

**8-11th June, 2013**

Barcelona, Spain  
23rd Meeting of the European  
Neurological Society



Venue

Fira Barcelona  
Convention Centre Gran Via, Barcelona  
[www.firabcn.com](http://www.firabcn.com)

Dates to remember

Abstract Submission Deadline:  
18 January 2013

Early Registration Deadline: 20 March 2013

Further information please contact:

Administrative Secretariat: European  
Neurological Society

Peter Merian-Strasse 80, 4002 Basel /  
Switzerland

Tel +41 61 691 51 11 ·

Fax +41 61 686 77 88

Email [ens@congrex.com](mailto:ens@congrex.com)



**18th-23rd August, 2013**

7th Baltic Sea Summer School on Epilepsy (BSSSE 7)

Tallinn, Estonia, August 18-23, 2013



Preliminary programme: Introductory courses: EEG in epilepsy (children; adults); imaging in epilepsy. Tutorials: pharmacotherapy, diagnostics, seizure semiology, psychiatric comorbidities, neurogenetics, CSWS, subjective and objective seizure symptoms, status epilepticus, epileptic and non-epileptic conditions, reproductive aspects, basic mechanisms. Lectures: symptomatic epilepsies, preclinical AED development, orphan drugs, acute drug

administration, new imaging methods, radiotherapy, neurostimulation, remission of epilepsy, genetics and epilepsy, basic mechanisms. Reference: Reports on previous summer schools with evaluations soon on [www.epilepsiestiftung-wolf.de](http://www.epilepsiestiftung-wolf.de). Target audience: the BSSSE are primarily addressed to medical postgraduates and junior researchers (age usually up to 40 years) with a special clinical or scientific interest in epilepsy. Registration fee: 800 Euro. A substantial number of bursaries will be available from several sources, including the ILAE-CEA. Important information, dates and addresses for BSSSE 7 Time and place: August 18-23, 2013, close to Tallinn, Estonia (Hotel Athena). For information please contact: Petra Novotny, BSSSE office: [petra.novotny@wolfstiftung.org](mailto:petra.novotny@wolfstiftung.org), Sulev Haldre, Co-Director: [sulev.haldre@kliinikum.ee](mailto:sulev.haldre@kliinikum.ee) or Rūta Mameniškienė, Programme Secretary: [ruta.mameniskiene@gmail.com](mailto:ruta.mameniskiene@gmail.com)

More information coming up soon on [www.epilepsiestiftung-wolf.de](http://www.epilepsiestiftung-wolf.de)



## 10<sup>TH</sup> ASIAN & OCEANIAN EPILEPSY CONGRESS, AUGUST 24<sup>TH</sup> – 27<sup>TH</sup> 2014



Dear Friends and Colleagues,

On behalf of the Scientific Organising Committee of the 10<sup>th</sup> Asian & Oceanian Epilepsy Congress, it is with pleasure we invite you to Singapore between August 24<sup>th</sup> – 27<sup>th</sup> 2014. This congress has been organised by the regional organisations of the International League Against Epilepsy and the International Bureau for Epilepsy.

We, along with our Scientific Organising Committee (SOC) colleagues are currently putting together a scientific programme which should be of great interest to all, encompassing recent scientific, clinical and social developments in the field of epilepsy. This programme will be a comprehensive range of main, post main and

parallel sessions as well as practical video and lively debates.

There is no other place in the world that blends East and West, tradition and modernity, quite like Singapore. The cosmopolitan high life weaves seamlessly into the island's multiracial and multicultural tapestry. Old colonial buildings provide a peek into the past, while brilliantly fashioned skyscrapers point to a city-state that is constantly on fast-forward.

We hope to see you and your colleagues in Singapore for what promises to be an epilepsy meeting of excellent quality.

With warm regards,



Shih Hui LIM  
Congress Co-chair



Byung-In LEE  
Congress Co-chair



Vinod SAXENA  
Congress Co-chair



IEA 18th IEC  
Trust



Indian Epilepsy  
Association



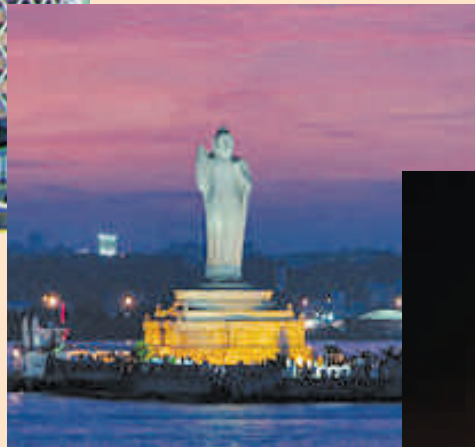
Indian Epilepsy  
Society



**14<sup>th</sup> Joint Annual Conference of  
Indian Epilepsy Association and Indian Epilepsy Society  
ECON 2013**

**8th to 10th, February 2013**

**Venue: AVASA Hotel, Hi-Tec City, Madhapur, Hyderabad.**



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