



**TITLE: CASE STUDY OF NOCTURNAL EPILEPSY WITH M.R AND BEHAVIOUR PROBLEMS**

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**ABSTRACT:**

A 17-year-old boy presented with a long history of recurrent, unexplained nocturnal episodes of seizures characterized by tonic -clonic spasm. It was occurred only in night time during sleep.

A comprehensive Homoeopathic case analysis was conducted, and the patient was prescribed a tailored remedy. Over a period of time, the patient experienced a significant reduction in the frequency and severity of nocturnal episodes.

This case highlights the potential of Homoeopathy in treating undiagnosed cases of Nocturnal Epilepsy. The patient's improvement suggests that Homoeopathy may offer a valuable therapeutic option for patients with this condition.



**KEY WORDS:** Undiagnosed Nocturnal Epilepsy in a 17-Year-Old Boy: A Case Report of Successful Treatment with Homoeopathy

## **INTRODUCTION:**

Mast P Chaudhary came with father in our hospital OPD. His father did not gone for any Medical treatment so far. He did dora dhaga (Religious), but because of deterioration in academic performance and behaviour problems lead him to understand seriousness of PT's condition. pt is suffering from nocturnal epilepsy only (No day time convulsions, that is also one of the reason that father and family members did not understood PT's condition. So we have a case of consequences of long term undiagnosed & untreated nocturnal epilepsy on the development of a child.

## **Case Record**

D.O.C: 23/1/18

Name : Mast.P.Chaudhary

Age : 17 yrs (D.O.B.: 16/01/2001)

Sex: Male

Education: 10<sup>th</sup> fail

Religion: Hindu

Caste: Chaudhary (Vegetarian)

Father: 46 yrs studied up to 12<sup>th</sup> std.

working in Dairy as a boiler attendant

Mother: 35 yrs studied up to 4<sup>th</sup> std.

House wife

Br: 1 Younger 15yrs. (Normal) study ...9<sup>th</sup> std PG Mother: 70 yrs

Address: Village Boriyavi., Near Mehsana..



**Chief complain:**

LOCATION	SENSATION AND PATHOLOGY	A/F. & MODALITIES <, >	CO NC ..
BRAIN		? A/f Hypoxic brain injury ( poor cry after birth)	
O: 2004-05 (3-4 yrs of Age) Fr: Almost daily	Repeated Convulsion In Night time during sleep only+++	< Between 4-6 am in sleep ++ <Early morning+	
D:For 1-2month	During :		
Duration tonic : 10-15 seconds Clonic : few seconds to minutes ( ?1)	Tonic: Violent stiffening of muscles of whole body++,( lakkdi je vu ) Breathing stopped ++ Cyanosed ++,Teeth clenching +++ salivation++,Clonic: Shaking / jerking of whole body. After convulsion: NAD	Not gone to any doctors. Doing Religious rituals for relief (Dora- Dhaga)	
Now O: After 1-2 month (2008)	Change in the pattern of convulsion		
Frq: Almost daily Multiple times in night Duration : For few seconds (5-10)	Clonic :Only Jerking & Shaking of whole body+++ during night sleep only □ Not waking from sleep.Change different places in bed in sleep without any consciousness. Deep sleep. No tonic phase	< Night time Sleep during +++ Not any particular time	
	Startling ++ without awake from sleep	< Touch ++ < Very loud noise ++	
Mind	Cognition: Deteriorate in School performance ++		
Gradually	Passing marks up to 9 th std.. Fail in all subjects in 10 <sup>th</sup> std.++		
	Foolish □ Taking advantage by others . Carless attitude , multiple injuries ++ No effect of any punishment on next day.		
Behaviour	Violent ++ breaking things++.	< Contradiction++	
Since last few yrs	Quarrelsome & Abusive at home +++		





F/H/O: PGfa : IHD, D.M, Gangrene died in 1996 PG.Mo : Br.Asthma

PSYCHIATRIC OPINION Date : 18/9/2018

PROVISIONAL DIAGNOSIS: MR WITH SEIZURE WITH BEHAVIOUR  
DISTURBANCES

**MRI BRAIN (7/8/2018) : NORMAL STUDY, NO DEFINITE FOCAL  
LESION**

MRI BRAIN EPILEPSY PROTOCOL (20/8/18) : NORMAL STUDY.

EEG IMPRESSION (14/8/18) : ABNORMAL EEG

IQ TEST AT CIVIL HOSPITAL MEHSANA (8/18) : BORDERLINE IQ

**Lab Investigation: ( 8/18 ) Haemogram Report : NAD**

Life Space: Information supplied by father and cross check with mother and pt. They did not remember exact age of onset of c/c. Don't know about milestone and had not gone for any treatment till date. Father appears to be careful to pt. but his way of speech is fast and abrupt. He expect pt to pass 10<sup>th</sup> by any means. After that he wants to put him in the army. Apparently academic performance was reason to come for treatment.

Mast P is first male child in his family. He belongs to chaudhary middle class family. Fa is working in a famous dairy as a boiler assistant at mehsana. Father studied up to 12<sup>th</sup> (fail) . Mother is a house wife studied up to 4<sup>th</sup> std. There is 11 yrs gap between both parents age. P.G fa expired before the birth of pt. P.Gmo is 70 yrs old and living with pt. They haven't consulted to any doctors till date.. i.e in 13 yrs of convulsion. They did dora-dhaga religious rituals. Fa consulted after poor academic performance of pt in 10<sup>th</sup>.( Fail in all subjects)



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Initially up to 4-5 yrs of age, Pt have cordial relations with all family members and friends. Never have any problem in any relations. Fa is more attached to pt and understands his each and every activity. While mother is more of a duty bound so pt has quarrels with her in recent few years. P.G.Mo having similar relations like mo. Initially no body recognizes any problems up to 4-5 yrs of age.

Gradually his academic performance deteriorated. He becomes easily fooled by others. E.G If somebody gives work to do at any time, he immediately goes for that work irrespective of his work or time. Same way if somebody ask his things...then he doesn't understand anything about motives of others gives immediately. Father called him "Foolish (Latth) "in front of PP. And pt has this image among his friends and in school. Sometimes children used to mock him as a "(Foolish) Mad boy" . Pt had no effect of this Next day he is same as usual. Pt. doesn't understand any effect of advice or punishments from any family members. He will be same as early on next day. Although he plays with friends, he does not understand proper rules of the games. He doesn't take care about self, while is playing. Once he was hitted by big nail on the back of his head while swinging. That time there was too much bleeding from wound. But he was not cried. Same way there was fight among school friends regarding pencil. They were trying to claim on pt's pencil .pt got angry and want hide his pencil in his mouth. Which he accidentally swallowed later. That was removed with laparoscopic operations by surgeon. Same way he was hitted near to eyes and got 7 stitches. Also had fracture of leg while crossing and jumping from wall and pot fall over his leg. In all these incidences, he never cried and also not much understands the social effect of them. He seems doesn't care much about



anything of this. He plays as usual and has not any relation problems with anybody afterwards. He mix easily and plays with friends in school and in whole village. Once he beat one of the friend who tease him and called him “Gando” (Mad). He likes to play football much then other outdoor games. He watch t.v serials like CID, Dhabu ,Tarak .....He also like to play mobile games in free time. Pt goes tuition regularly, tried his best to concentrate and remember. If pt studies then he does for hours. Same way to any activities likes T.V., Mobile games then he does for hours.

Now a days when his demands doesn't get fulfilled and if mother oppose him, then he becomes excited and shouting. He quarreled with her and abusive in loud voice. Initially parents beat him but voice getting louder and louder day by day, Pt start abusing the parents in very foul and obscene language, which are noticed by neighbored. Which is very difficult to hear and feel shameful by parents. So now parents prefer to remain quiet at that time.

Pt is quiet and shy outside home. And obstinate, demanding and aggressive at home.

**Totality: Reportorial totality.**

**Boenninghausen approach:**

1. Convulsion During Sleep
2. Convulsion in night 4-6 am
3. Startling sleep during
4. Startling touch from (Waking him)
5. Startling very loud noise from
6. Perspiration excessive
7. Perspiration offensive



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8. Appetite voracious
9. Cr: Sweets
10. Vision weak
11. Carless
12. Foolish
13. Quarrelsome

### PDF

1. Thermal state : Ambithermal  Hot
2. Tubercular Miasm
3. Brain
4. Violent
5. Abusive

	nux-v.	stram.	lach.	cupr.	merc	hyos.	lyc	ars.	bell.	ign.	sep.	bufo	puls.	phos.	sulph.	acon.	op.	cic	arg-n	cal
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
	32	21	30	26	25	25	24	24	23	23	22	22	21	21	21	21	20	19	19	19
	47	52	49	38	49	45	49	41	40	32	37	28	40	38	37	24	35	40	37	35
1. GENERALS - CONVULSIONS - night (29) 3	1	2	1	2	2	2	1	1	-	-	-	1	-	-	1	-	3	2	2	2
2. GENERALS - CONVULSIONS - sleep - during (32) 3	-	2	2	2	1	2	-	1	2	2	1	1	1	-	2	1	2	2	2	1
3. GENERALS - CONVULSIONS - touched, when (16) 2	2	2	-	1	-	-	-	-	2	1	-	1	-	-	-	1	-	3	-	-
4. GENERALS - CONVULSIONS - noise - from (10) 2	1	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	2	-	-
5. MIND - CONTRADICTION - agg. (14) 3	1	-	-	-	-	-	1	-	-	1	2	-	-	-	-	-	-	-	-	-
6. PERSPIRATION - PROFUSE (225) 3	2	1	2	2	3	1	3	3	3	-	3	1	2	2	2	2	2	-	1	3
7. PERSPIRATION - ODOR - offensive (122) 2	3	1	2	-	3	1	3	2	1	1	3	-	3	2	3	1	-	-	-	-
8. GENERALS - FOOD and DRINKS - sweets... (198) 2	1	2	1	-	2	-	3	1	1	1	2	1	2	2	3	-	1	-	3	2
9. MOUTH - PROTRUDING - Tongue (33) 3	1	1	2	1	-	1	2	-	1	-	-	3	-	-	-	1	1	-	-	-
10. VISION - MYOPIA (76) 2	-	2	2	-	-	2	2	1	1	-	-	-	3	3	2	1	-	-	2	2
11. MIND - HEEDLESS (96) 3	1	1	2	1	2	2	2	-	2	1	1	-	1	2	1	-	2	1	-	-
12. MIND - FOOLISH behavior (74) 3	1	3	1	1	2	3	2	2	2	1	1	1	-	2	-	1	1	3	1	1
13. MIND - MISCHIEVOUS (31) 3	3	2	2	2	2	2	-	2	-	-	-	1	1	1	-	-	-	-	-	2
14. MIND - IMPULSIVE (52) 3	1	-	1	1	1	-	-	2	-	3	1	-	3	1	1	1	-	2	3	-





**FINAL: SELCECTION □ Stramonium**

**Dose: 1M          Repetition: 1d/wk**

**CONCLUSION:**

This case of nocturnal epilepsy demonstrates the effectiveness of homoeopathic treatment in managing and reducing the frequency and severity of seizures. With the administration of Stramonium 1M the patient exhibited significant improvement, as evidenced by:

- Reduction in seizure frequency. (80-90%)
- Decrease in seizure severity, with no reported instances.
- Improved sleep quality and duration

The patient's progress suggests that homoeopathic treatment can be a valuable therapy in managing nocturnal epilepsy. Further research and follow-up are necessary to confirm these findings and explore the potential of homoeopathy in treating this complex condition.

**Recommendations**

- Continued homoeopathic treatment with regular follow-ups to monitor progress
- Maintenance of a seizure diary to track frequency and severity
- Consideration of lifestyle modifications, such as stress management and sleep hygiene practices, to support overall well-being.



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