

EPILEPSY IN CHILDREN

by

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Introduction

For us it has become a stereotyped statement that "we do not have reliable statistics about the disease." Some thing is applicable to the incidence of epilepsy here in Kathmandu and around. The people living in some remote parts of the country cannot think that epilepsy is a disease like any other and is curable by medical treatment. It is not very rare thing to find some highly educated and enlightened people in the heart of capital who still think that epilepsy is a disease caused by some super-natural agents and can be cured, if at all, by some super-natural way like faith healing and exorcism. The guardians do not like to expose the facts that their children are suffering from such illaesses. Even when they were told this was kept secret because of their belief that the practice of faith-healing and exorcism become ineffective once they are publicised. However I could manage to get some random samples of population in particular areas. But the samples were limited. So I cannot claim that my estimation would be better than any good guess work. But, as a man in medical proffession who has to depend more on guess work every day, I insigt on giving my views based on my own observation. I found that 1.5-2 percent of the general population did have epileptic fits some time in their life. About 30% have such fits in fibrile conditions only and 10% do not show any reason and do not have fits again. There were 7 cases who had more than one fit within 2 months; and were given some anti-convulsants which they did not continue for long time. But fortunately they did not have fits again. These cases are not included here.

Materials and Methods

This series consists of 184 cases of children. They were followed up at least for 2 years for they were on drugs for more than 6 months. Age shown here is the age when they came for the treatment. Duration of the illness varied from 2 months to 9 years.

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Distribution of cases

Table I

AGE.	Male	Female	Total
1—2 yrs	8	5	13
3—4 yrs	12	15	27
5—6 yrs	18	21	31
7—8 yrs	22	28	50
9—10 yrs	14	14	28
11—12 yrs	9	6	15
13—14 yrs	3	2	5
15—16 yrs	0	7	7
Total	86	96	189

All kinds of epilepsy are included in this group. There were some cases which were of mixed type and some others were simple ones. There were some cases which showed some element of functional character. But such cases were very few. As I do not have important diagnostic facility like EEG, I have to depend more on clinical judgement. Every body knows that sometimes clinical judgement and personal experience may be fallacious. However may we feel that a few such cases do not make all observations groundless. In the following paragraph I shall give some account of the symptoms or group of symptoms in individual age and sex groups.

Discussion

Grand mal seizure

This is the typical one and gives a book picture in most of the cases. In describing fits, some of the relatives may exaggerate the symptoms, duration and the severity. However, the fits do not lose their characteristic if one takes sufficient trouble and gives enough time to elicit the history of the attacks. But occasionally the aura may be very prolonged. When the aura takes the form of emotional disorder, it looks like some affective disorder associated with epileptic fits. As a matter of fact such disorder of behaviour ends by an attack of an epileptic fit. So the parents actually wish their child to have fits rather than go emotionally disturbed for long. Other thing worth noting is the fact that below the age of 6th year there were only grand mal seizure. A few cases who used to have only grand mal seizure below the age of 6th year started having other kinds of fits when they grew older. The usual sayings of some authors that petit mal may eventually go to grand mal seizure was not applicable in this series.

Distribution of cases

Table II

Type	Nos. of Patients	Age and Sex
1. Petit mal.	2	11 M. 15 F.
2. Psychomotor	3	11 M. 16 F. 12 F.
3. Psychomotor and G.M.	6	{ 15 F. 15 F. 14 F. 14 F. 12 F. 13 M.
4. Petit and Grand mal	7	{ 7 M. 7 M. 7 F. 8 M. 8 F. 12 F. 13 M.
5. Petit G and m Psychomotor	5	{ 12 M. 13 F. 14 M. 15 F. 10 F.
6. Petit and Psychomotor	1	12 F.

Total 18.

The remaining were all grand mal seizures. It is noticeable that in the range of 15th and 16th years all are female; and out of 7 cases 5 cases were not plain and simple grand mal cases.

Amongst these there were 3 proved organic cases with proved lesions in C.N.S. There were 4 cases who were subnormal. There were 2 cases of young girls who are not included in this series because the symptoms did not fit in any of the groups. If one accepts the class Pykrelepsy they could be included therein.

These children were the victims of such a disease which is shunned by the society. Their parents felt embarrassed even to mention the name of the illness. Some parents were so much scared that they took refuge in either wishful thinking that some kind of rituals might cure the child or they would think that their children did not have epilepsy. Usually the parents commit another grave mistake not to send the children to school. Their activities were so much restricted that they were not left free with the other children for play. This gives good chance for the child to become self-absorbed and into day-dreaming. This perhaps increased the frequency of fits. In 9 cases it was seen that by sending them out to school and making them participate in games with other children the frequency of fits was reduced considerably with the same treatment.

There is one group of persons, giving herbs to the people suffering from different kinds of illness, who believes that epilepsy are of two kinds—one which is incurable and another curable. The latter one is cured if the girl patient is married. In boy patient this does not require any treatment and gets spontaneous cure by the time he gets maturity. By this classification they perhaps differentiate hysterical from non-hysterical one. But in two cases of girls where these people expected cure by marriage, unfortunately fits continued even after marriage until they were put on heavy dose of anticonvulsants.

Conclusion

A few words about the treatment will not be out of place and a waste of time. "One can not treat the disease only but must treat the whole person." This concept is nowhere more applicable. If the emotional aspect of the patient and that of the parents or parent substitutes is not taken care of one cannot expect a good control of disease; and by the drugs available so far the maximum one can expect is control of the illness and not the cure. There are limited numbers of drugs which are used as anti-epileptics. New drugs come in the market with excellent promise but so far no drug has stood the test of time. However, one should not remain behind in using new drugs but must carefully avoid over-enthusiasm. Similarly, one must not hesitate to change the drug when needed and should not be reluctant to give the drug a trial period. Let the patients and their party realise fully that they must have religious regularity in taking the medicines and the advice. In giving drugs it is always better to start with small doses and build up gradually so that most of the undesirable actions of the drug is avoided. Also we must let the general public know that the long-standing epilepsy may breed other complications. So they must come early for the treatment. To make the point clearer the following examples may be cited.

Out of these 184 cases there were 11 cases (7 female and 4 male) having Grand mal seizures for long time which were not submitted for medical treatment. These were virtually insane and useless for the society. There were many others who had some personality disorders as given below.

They were slovenly in dressing, sluggish in psychomotor activities and emotionally unstable. Their talk was circumstantial with unnecessary detail like that of a child. They seemed timid and inadequate.

There exists a big question whether all these changes were produced by anticonvulsant drugs. But as I could see 5 cases of long duration without any treatment with all these personality change I am more in favour of the illness producing such changes. As a matter of fact, these cases showed improvement in personality structure once the fits were controlled, at least, to the minimum.