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Clinical Study on Spider Groups of Drugs with Special Emphasis on Tarentula Through the Cases Epileptic Convulsion

Dr.Vineeta Neeraj Kumar[1], Dr.Brijesh Kumar Tiwari[2], Dr. Garima Singh[3], Dr. Deepmala[4], Dr. Vandana Yadav[5]

[1]Assistant Professor, Department of Surgery, Aarihant, Homoeopathic Medical College & Research Institute, Swarnim Startup, And Innovation University, Bhoyan Rathod, Near ONGC WSS, Adalaj, Kalol Highway, Gandhinagar, Gujarat-382420
[2]Assistant Professor, Department of Physiology and Biochemistry, G D Memorial Homoeopathic Medical College, Amar Road east ramkrishna nagar, Patna, Bihar, 800027
[3]Post Graduate Trainee, Department of Homoeopathic Case Taking and Repertory, National Institute Of Homoeopathy, Kolkata
[4]Assistant Professor of Department of Psychiatry, G D Memorial Homoeopathic Medical College, Amar road east ramkrishna nagar, Patna, Bihar, 800027
[5]Assistant Professor, Department of Homoeopathic Materia Medica, G D Memorial Homoeopathic Medical College, Amar Road east ramkrishna nagar, Patna, Bihar, 800027

ABSTRACT

I worked on patients suffering from Epileptic convulsion with age between 2 years to 10 years as inclusion criteria in the cases. It was observed through comparative study which verified the importance of keeping these symptoms. Patients were relieved to great extent by the medicines which are obtained by the totality of symptoms. Epileptic convulsion is the disorder characterised by a staring spell, uncontrollable jerking movement of the arms and legs, loss of consciousness or awareness, fatigue, body ache, Persistent EPILEPSY, weight loss, discomfort feeling, weakness & temporary confusion. Psychic symptoms such as fear, anxiety. Homoeopathic constitutional treatment based on the individual case is the most suitable treatment and would aim to heal the underlying physical crisis causing the Epileptic convulsion. The remedies work by stimulating the body's natural ability to heal itself, acting as a catalyst for healing. Homeopathy can be of assistance in retrieving normal health and treating any other physical issues and sequel related to Epileptic convulsion. Homoeopathic medicines can also prevent relapse of Epileptic convulsion.

Methods: Randomised controlled trial study design has been adopted to know the efficacy of homoeopathic treatment in cases of Epileptic convulsion and its complication. A total number of 30 patients, showing features of uncontrollable jerking movement of the arms and legs body ache, low grade EPILEPSY, discomfort, temporary confusion& weakness were selected who were fulfilling the inclusion and exclusion criteria. Follow up has been taken for two months with at least six visits. From guardian of every subject, a written informed consent has been taken.

Result: All data were calculated from the study of 30 individuals. Statistical tests regarding the various parameters were conducted and ratio of cure was found out in relation to the medicine used
Conclusion: Homoeopathic treatment, by considering the Repertorial approach, was more efficacious in cases of Epileptic convulsion. During treatment uses of placebo is also effective.

Keywords: Homoeopathic treatment, Repertory, Epileptic convulsion, Spider Group of Drugs, Tarantula.

INTRODUCTION

Epilepsy is a chronic noncommunicable disease of the brain that affects around 50 million people worldwide. It is characterized by recurrent seizures, which are brief episodes of involuntary movement that may involve a part of the body (partial) or the entire body (generalized) and are sometimes accompanied by loss of consciousness and control of bowel or bladder function. Seizure episodes are a result of excessive electrical discharges in a group of brain cells. Different parts of the brain can be the site of such discharges. Seizures can vary from the briefest lapses of attention or muscle jerks to severe and prolonged convulsions. Seizures can also vary in frequency, from less than 1 per year to several per day.

Signs and symptoms

Characteristics of seizures vary and depend on where in the brain the disturbance first starts, and how far it spreads. Temporary symptoms occur, such as loss of awareness or consciousness, and disturbances of movement, sensation (including vision, hearing and taste), mood, or other cognitive functions. People with epilepsy tend to have more physical problems (such as fractures and bruising from injuries related to seizures), as well as higher rates of psychological conditions, including anxiety and depression.

Causes

Epilepsy is not contagious. Although many underlying disease mechanisms can lead to epilepsy, the cause of the disease is still unknown in about 50% of cases globally. The causes of epilepsy are divided into the following categories: structural, genetic, infectious, metabolic, immune and unknown. Examples include:

- brain damage from prenatal or perinatal causes (e.g. a loss of oxygen or trauma during birth, low birth weight);
- congenital abnormalities or genetic conditions with associated brain malformations;
- severe head injury;
- a stroke that restricts the amount of oxygen to the brain;
- an infection of the brain such as meningitis, encephalitis or neurocysticercosis,
- certain genetic syndromes; and a brain tumor.

AIMS AND OBJECTIVES

The aim of this study is to apply group analysis to the Class Spider and to assess benefits of tarantula medicine for epilepsy treatment.

OBJECTIVE

- To study on the therapeutic utility of medicine belonging to spider group of homeopathic medicines in treatment of epileptic cases

- Study and compare the outcome of the formalized computer analysis to existing results and views of spiders for epilepsy treatment
- To study the homoeopathic management and its outcome through the various clinical cases of epilepsy in the patient of various age group ranging from 2 to 10 years.

REVIEW OF LITERATURE One seizure does not signify epilepsy (up to 10% of people worldwide have one seizure during their lifetime). Epilepsy is defined as having two or more unprovoked seizures. Epilepsy is one of the world's oldest recognized conditions, with written records dating back to 4000 BC. Fear, misunderstanding, discrimination and social stigma have surrounded epilepsy for centuries. This stigma continues in many countries today and can impact on the quality of life for people with the disease and their families. Multiple references to epilepsy can be found in the ancient texts of all civilizations, most importantly in the ancient Greek medical texts of the Hippocratic collection. For example, Hippocrates in his book *On Sacred Disease* described the first neurosurgery procedure referring that craniotomy should be performed at the opposite side of the brain of the seizures, in order to spare patients from "phlegma" that caused the disease . However, it was not until the 18th and 19th century, when medicine made important advances and research on epilepsy was emancipated from religious superstitions such as the fact that epilepsy was a divine punishment or possession. At the beginning of the 18th century, the view that epilepsy was an idiopathic disease deriving from brain and other inner organs prevailed. One should mention the important work in this field by William Culen (1710–1790) and Samuel A. Tissot whose work set the base of modern epileptology describing accurately various types of epilepsie. Homoeopathy is a holistic treatment approach and, as such, looks beyond a diagnosis to consider everything about an individual. Lifestyle, attitudes, personality, background, genetic factors, emotional states, and individual symptoms are all noted during a homoeopathic consultation and the design of a treatment plan.

Studies from India have reported incidence rates varying from 0.2 to 0.6 per 1,000 population. The incidence rates reported from India are comparable with developed countries and lower than most of the developing countries which ranged from 1.0 to 1.9 per 1,000 per year. Saha *et al*., reported an incidence rate of 0.42 per 1,000 per year from a 5-year longitudinal study in rural West Bengal, which was quite similar to the incidence rate of 0.49 per 1,000 per year reported by Mani *et al*., from the 1-year Yelandur study in rural area. However, the incidence rates reported from urban regions were quite variable with higher rate of 0.60 per 100 per year from an urban resettlement colony compared to 0.27 per 1,000 per year from urban area. The heavily concentrated migrant rural population in the urban resettlement colonies and slums in recent years might be one of the possible reasons for high incidence rate reported in urban resettlement colony. Thus, it is evident that there exists a wide rural-urban gap for incidence of epilepsy with likely hot spots in urban regions due to migrant rural population.

Table 1a: Prevalence of epilepsy in rural population of India

Author	Year of publication	Place of study	Study sample	Study instrument	Prevalence per 1,000	Remarks
Goel *et al.*[45]	2009	Dehradun, Uttrakhand	14,086 subjects through H-H survey of randomly selected villages	Modified WHO protocol	7.5	Screening followed by neurologic examination with the use of CT and EEG. Prevalence rate was 6.5/1,000 when neurocysticercosis was excluded
Sureka and Sureka[46]	2007	Churu tehsil, Rajasthan	172,442 subjects sampled through H-H survey	Standard validated Placencia's nine questions screening questionnaires	3.0	Case finding through H-H survey along with IEC activities, followed by neurologist confirmation using ILAE case definition
Murthy *et al.*[47]	2004	West Godhavari, Andhra Pradesh	74,086 subjects sample through H-H survey	Clinical assessment	6.2	All cases ascertained clinically had a plain and contrast CT
Saha *et al.*[48]	2003	West Bengal	20,842 subjects through H-H survey	Modified WHO protocol	3.6	Trained professionals screened the population followed by neurologist examination
Pal *et al.*[40]	1998	Bishnupur block, West Bengal	40,574 children aged 2-18 years through H-H survey and key informant interview	Screening questionnaire used in Ecuador	3.2	Prevalence of active epilepsy was 3.2/1,000 as per ILAE case definition and the prevalence was 5.5 (after adjusting for survey sensitivity)
Kokkat and Verma[49]	1998	Haryana	8,595 subjects in four adjoining villages through random survey	Elaborate screening instrument on seizure and paralysis	8.0	A cross-sectional survey of four adjoining villages was carried out. Epilepsy, active and inactive were defined
Kapur and Isaac[16]	1978	Bangalore, Karnataka	4,209 subjects through H-H survey	Indian Psychiatric Survey Schedule (Kapur *et al.*, 1974	10.4	The study cross-validated the simple inexpensive method of case identification against H-H survey
Murthy *et al.*[17]	1978	Raipur Rani, Haryana	3,500 subjects selected by health staff referral in one village and H-H visit by psychiatrist in other village	Use of vignettes and interviewing of key informants	3.7	Not a true epidemiological study as more than half of the case finding did not come from H-H survey
Nandi *et al.*[18]	1975	Barasat, West Bengal	1,060 subjects through H-H survey	Questionnaire schedule, case record schedule as per ICD (1965 R)	10.4	Case definition as per WHO tech report series (1960)no.185 with minor modification
Sethi *et al.*[19]	1972	Lucknow, Uttar Pradesh	2,691subjects through H-H survey	Questionnaire for assessment of psychiatric state of the family	2.2	Screening was conducted by team of clinical psychologist, physician with psychiatric training, and social worker followed by psychiatrist examination; sex specific rates: Male (4.1) and female (0)
Elnagar *et al.*[20]	1971	Hooghly, West Bengal	1,383 subjects through H-H survey	Case finding questionnaire	4.3	Case finding was followed by detailed work-up and psychiatrist examination
Gopinath[21]	1968	Bangalore, Karnataka	423 subjects through H-H survey	A survey questionnaire giving various symptoms of mental illness	2.4	A team of doctors, psychologists, and social workers interviewed the head of the household and elicited information about presence of these symptoms

WHO = World Health Organization, ICD = International Classification of Diseases, ILAE = International League Against Epilepsy, CT = computed tomography, H-H = house-to-house

Table 1b: Prevalence of epilepsy in urban and semiurban populations in India

Author	Year of publication	Place of study	Study sample	Study instrument	Prevalence per 1,000	Remarks
Singh *et al.*[54]	2012	Jamalpur, Punjab	15,750 subjects through H-H survey	Modified WHO protocol	7.2	Initial screening, followed by epileptologist confirmation using ILAE case definition. Inactive epilepsy, nonepilpetic seizure, and single seizure were excluded
Raina *et al.*[55]	2011	RS Pura, Jammu	3,966 children <10 years identified through H-H survey	Modified WHO protocol	2.0	Initial screening by Anganwadi workers followed by neurologist examination using ILAE case definition
Banerjee *et al.*[56]	2010	Kolkata, West Bengal	52,377 subjects through two-stage H-H survey of stratified random sample	NIMHANS screening questionnaire	5.7	Initial screening followed by neurologist examination using ILAE case definition
Banerjee *et al.*[57]	2009	Kolkata, West Bengal	16,979 subjects ≤19 years selected through two-stage H-H survey of stratified random sample	NIMHANS screening questionnaire	7.0	Initial screening by trained field workers followed by neurologist examination using ILAE case definition
Das *et al.*[58]	2008	Kolkata, West Bengal	5,430 elderly aged>60years selected through two-stage H-H survey of stratified random	NIMHANS screening questionnaire	2.6	Initial screening followed by neurologist examination using ILAE case definition. Prevalence of active epilepsy was reported

WHO = World Health Organization, ICD-10 DCR = International Classification of Diseases, 10th revision, Diagnostic Criteria for Research, ILAE = International League Against Epilepsy, NCC = Neurocysticercosis, H-H = House-to-house

Table 1c: Prevalence of epilepsy from mixed (both urban and rural) population in India

Author	Year of publication	Place of study	Sample	Study instrument	Prevalence per 1,000	Remarks
Pandey *et al.*[66]	2014	Chandigarh	3,684 children aged 1-18 years	Modified Placencia's screening questionnaires	6.2	6.99 for rural area, 5.48 for urban area, and 4.07 for active epilepsy. ILAE case definition was used
Shah *et al.*[67]	2009	Kashmir	15,218 children aged 6-18 years	A pre-structured questionnaire	3.2	Rural rate was 3.9 and urban rate was 2.96. ILAE case definition was used
Rajshekhar *et al.*[68]	2006	Vellore, Tamil Nadu	50,617 subjects through cluster sampling	Modified WHO protocol	3.8	Prevalence in the urban clusters more than twice that in the rural clusters (6.23 vs 3.04/1,000). NCC is the cause of nearly one-third of all cases in both the urban and rural regions
Srinath *et al.*[69]	2005	Bangalore, Karnataka	2,064 children aged 0-16 years through stratified random sampling	Multiple screening tools	10 (children aged 0-3 years) 7.0 (children aged 4-16 years)	The screening stage was followed by a detailed evaluation stage with use of ICD-10 DCR criteria. The rates were higher for rural followed by slum and urban
Mathai[74]	1971	Vellore, Tamil Nadu	258,576 subjects through a door-to-door survey	Elaborate checklist on seizure symptoms	8.97	The prevalence was9.8/1,000 for rural areas and 7.5/1,000forurban areas
Dube[73]	1970	Agra, Uttar Pradesh	29,468 subjects through H-H survey	No objective screening questionnaire	2.3 (active epilepsy) 3.2 (lifetime prevalence)	A team of psychologist, social worker, field investigator, and statistician did the initial screening which was not objective. Suspected cases were confirmed by psychiatrist

WHO = World Health Organization, ICD-10 DCR = International Classification of Diseases, 10th revision, Diagnostic Criteria for Research, ILAE = International League Against Epilepsy, NCC = Neurocysticercosis, H-H = House-to-house

DEFINITIONS AS PER DIFFERENT STANDARD TEXT BOOKS:

HARRISON:

A epilepsy (from the Latin *sacire*, "to take possession of") is a transient occurrence of signs or symptoms due to abnormal excessive or synchronous neuronal activity in the brain. Depending on the distribution of discharges, this abnormal brain activity can have various manifestations, ranging from dramatic convulsive activity to experiential phenomena not readily discernible by an observer. Although a variety of factors influence the incidence and prevalence of seizures, ~5–10% of the population will have at least one epilepsy, with the highest incidence occurring in early childhood and late adulthood.

HARSHMOHAN :

Epilepsy is a common neurological condition characterized by recurrent seizures (that usually occur unpredictably), loss of consciousness with or without body movements. It is derived from a Greek word Epi-upon, Leptos-seizures. It is also known as seizure disorder. Seizure is a phenomenon characterized by an excessive, hypersynchronous discharge of cortical neuronal activity (measured by EEG), featured by disturbances in consciousness, sensory motor systems, subjective well-being and objective behaviour.

CECIL:

Temporal lobe epilepsy (TLE), a subset of the seizure disorder family, represents a complex neuropsychiatric illness, where the neurological presentation may be complemented by varying severity of affective, behavioral, psychotic, or personality abnormalities, which, in turn, may not only lead to

misdiagnosis, but also affect the management. This paper outlines a spectrum of mental health presentations, including psychosis, mood, anxiety, panic, and dissociative states, associated with epilepsy that make the correct diagnosis a challenge.

CLINICAL FEATURES OF EPILEPSY

Epilepsy is caused by abnormal activity in the brain, seizures can affect any process your brain coordinates. Seizure signs and symptoms may include:

- Temporary confusion
- A staring spells
- Uncontrollable jerking movements of the arms and legs
- Loss of consciousness or awareness
- Psychic symptoms such as fear, anxiety or Deja vu

Symptoms vary depending on the type of seizure. In most cases, a person with epilepsy will tend to have the same type of seizure each time, so the symptoms will be similar from episode to episode.

Doctors generally classify seizures as either focal or generalized, based on how the abnormal brain activity begins.

Focal seizures

When seizures appear to result from abnormal activity in just one area of your brain, they're called focal (partial) seizures. These seizures fall into two categories:

- **Focal seizures without loss of consciousness.** Once called simple partial seizures, these seizures don't cause a loss of consciousness. They may alter emotions or change the way things look, smell, feel, taste or sound. They may also result in involuntary jerking of a body part, such as an arm or leg, and spontaneous sensory symptoms such as tingling, dizziness and flashing lights.
- **Focal seizures with impaired awareness.** Once called complex partial seizures, these seizures involve a change or loss of consciousness or awareness. During a complex partial seizure, you may stare into space and not respond normally to your environment or perform repetitive movements, such as hand rubbing, chewing, swallowing or walking in circles.

Symptoms of focal seizures may be confused with other neurological disorders, such as migraine, narcolepsy or mental illness. A thorough examination and testing are needed to distinguish epilepsy from other disorders.

Generalized seizures

Seizures that appear to involve all areas of the brain are called generalized seizures. Six types of generalized seizures exist.

- **Absence seizures.** Absence seizures, previously known as petit mal seizures, often occur in children and are characterized by staring into space or subtle body movements such as eye blinking or lip smacking. These seizures may occur in clusters and cause a brief loss of awareness.
- **Tonic seizures.** Tonic seizures cause stiffening of your muscles. These seizures usually affect muscles in your back, arms and legs and may cause you to fall to the ground.
- **Atonic seizures.** Atonic seizures, also known as drop seizures, cause a loss of muscle control, which may cause you to suddenly collapse or fall down.

- **Clonic seizures.** Clonic seizures are associated with repeated or rhythmic, jerking muscle movements. These seizures usually affect the neck, face and arms.
- **Myoclonic seizures.** Myoclonic seizures usually appear as sudden brief jerks or twitches of your arms and legs.
- **Tonic-Clonic seizures.** Tonic-clonic seizures, previously known as grand mal seizures, are the most dramatic type of epileptic seizure and can cause an abrupt loss of consciousness, body stiffening and shaking, and sometimes loss of bladder control or biting your tongue.

COMPLICATIONS OF EPILEPSY:-

Having a seizure at certain times can lead to circumstances that are dangerous to yourself or others.

- **Falling.** If you fall during a seizure, you can injure your head or break a bone.
- **Drowning.** If you have epilepsy, you're 15 to 19 times more likely to drown while swimming or bathing than the rest of the population because of the possibility of having a seizure while in the water.
- **Car accidents.** A seizure that causes either loss of awareness or control can be dangerous if you're driving a car or operating other equipment. Many states have driver's license restrictions related to a driver's ability to control seizures and impose a minimum amount of time that a driver be seizure-free, ranging from months to years, before being allowed to drive.
- **Pregnancy complications.** Seizures during pregnancy pose dangers to both mother and baby, and certain anti-epileptic medications increase the risk of birth defects. If you have epilepsy and you're considering becoming pregnant, talk to your doctor as you plan your pregnancy. Most women with epilepsy can become pregnant and have healthy babies. You'll need to be carefully monitored throughout pregnancy, and medications may need to be adjusted. It's very important that you work with your doctor to plan your pregnancy.
- **Emotional health issues.** People with epilepsy are more likely to have psychological problems, especially depression, anxiety and suicidal thoughts and behaviors. Problems may be a result of difficulties dealing with the condition itself as well as medication side effects. Other life-threatening complications of epilepsy are uncommon, but may happen, such as:
- **Status epilepticus.** This condition occurs if you're in a state of continuous seizure activity lasting more than five minutes or if you have frequent recurrent seizures without regaining full consciousness in between them. People with status epilepticus have an increased risk of permanent brain damage and death.
- **Sudden unexpected death in epilepsy (SUDEP).** People with epilepsy also have a small risk of sudden unexpected death. The cause is unknown, but some research shows it may occur due to heart or respiratory conditions. People with frequent tonic-clonic seizures or people whose seizures aren't controlled by medications may be at higher risk of SUDEP. Overall, about 1 percent of people with epilepsy die of SUDEP.

DIAGNOSIS:

To diagnose your condition, your doctor will review your symptoms and medical history. Your doctor may order several tests to diagnose epilepsy and determine the cause of seizures. Your evaluation may include:

A neurological exam. Your doctor may test your behavior, motor abilities, mental function and other areas to diagnose your condition and determine the type of epilepsy you may have.

Blood tests. Your doctor may take a blood sample to check for signs of infections, genetic conditions or other conditions that may be associated with seizures.

Electroencephalogram (EEG). This is the most common test used to diagnose epilepsy. In this test, electrodes are attached to your scalp with a paste-like substance or cap. The electrodes record the electrical activity of your brain. If you have epilepsy, it's common to have changes in your normal pattern of brain waves, even when you're not having a seizure. Your doctor may monitor you on video when conducting an EEG while you're awake or asleep, to record any seizures you experience. Recording the seizures may help the doctor determine what kind of seizures you're having or rule out other conditions. The test may be done in a doctor's office or the hospital. If appropriate, you also may have an ambulatory EEG, which you wear at home while the EEG records seizure activity over the course of a few days. Your doctor may give you instructions to do something that will cause seizures, such as getting little sleep prior to the test.

High-density EEG. In a variation of an EEG test, your doctor may recommend high-density EEG, which spaces electrodes more closely than conventional EEG — about a half a centimeter apart. High-density EEG may help your doctor more precisely determine which areas of your brain are affected by seizures.

Computerized tomography (CT) scan. A CT scan uses X-rays to obtain cross-sectional images of your brain. CT scans can reveal abnormalities in your brain that might be causing your seizures, such as tumors, bleeding and cysts.

Magnetic resonance imaging (MRI). An MRI uses powerful magnets and radio waves to create a detailed view of your brain. Your doctor may be able to detect lesions or abnormalities in your brain that could be causing your seizures.

Functional MRI (fMRI). A functional MRI measures the changes in blood flow that occur when specific parts of your brain are working. Doctors may use an fMRI before surgery to identify the exact locations of critical functions, such as speech and movement, so that surgeons can avoid injuring those places while operating.

Positron emission tomography (PET). PET scans use a small amount of low-dose radioactive material that's injected into a vein to help visualize active areas of the brain and detect abnormalities.

Single-photon emission computerized tomography (SPECT). This type of test is used primarily if you've had an MRI and EEG that didn't pinpoint the location in your brain where the seizures are originating. A SPECT test uses a small amount of low-dose radioactive material that's injected into a vein to create a detailed, 3-D map of the blood flow activity in your brain during seizures. Doctors also may conduct a form of a SPECT test called subtraction ictal SPECT coregistered to MRI (SISCOM), which may provide even more-detailed results.

Neuropsychological tests. In these tests, doctors assess your thinking, memory and speech skills. The test results help doctors determine which areas of your brain are affected. Doctor may use a combination of analysis techniques to help pinpoint where in the brain seizures start:

Statistical parametric mapping (SPM). SPM is a method of comparing areas of the brain that have increased metabolism during seizures to normal brains, which can give doctors an idea of where seizures begin.

Curry analysis. Curry analysis is a technique that takes EEG data and projects it onto an MRI of the brain to show doctors where seizures are occurring.

Magnetoencephalography (MEG). MEG measures the magnetic fields produced by brain activity to identify potential areas of seizure onset.

Accurate diagnosis of your seizure type and where seizures begin gives you the best chance for finding an effective treatment.

MANAGEMENT

Seizure type	*Choice 1*	*Choice 2*	*Choice 3*	*Choice 4*
Simple partial	Carbamazepine (alone/comb.)	Phenytoin	Primidone Lamotrigine Oxcarbazepine Lacosamide	Gabapentin Levetiracetam Zonisamide Tiagabine
Complex partial	Carbamazepine Lamotrigine	Phenytoin	Phenobarbital Zonisamide Oxcarbazepine	Valproic acid Primidone Topiramate* Tiagabine Vigabatrin**
Primary generalized	Valproic acid	Carbamazepine	Phenytoin	Phenobarbital
Tonic-clonic	Lamotrigine	-	Valproic acid	Topiramate Tiagabine
Absence	Lamotrigine* Ethosuximide	Zonisamide Valproic acid	-	-
Myoclonic atonic	Valproic acid	Clonazepam	Zonisamide	Felbamate* (alone/comb.)
Status epilepticus	Diazepam	Phenytoin	Phenobarbital	-
Psychomotor	Phenytoin	-	-	-
Lennox-Gastaut syndrome	Valproic acid Felbamate	Lamotrigine Topiramate Rufinamide	-	-

Work done in Homoeopathy:

HOMOEOPATHIC PERSPECTIVE OF EPILEPSY

Life is the invisible, substantial, intelligent, individual, coordinating power and cause directing and controlling the forces involved in the production and activity of any organism possessing individuality. Health is that balanced condition of the living organism in which the integral, harmonious performance of the vital functions tends to the preservation of the organism and the normal development of the individual. Disease is an abnormal vital process, a changed condition of, life, which is inimical to the true development of the individual and tends to organic dissolution.

INTEREPRETIONS OF THE TERM 'CONSTITUTION'

In Homeopathy, the term constitution seems to be used most frequently when referring to 'constitutional prescribing' to indicate the consideration of a wider, deeper totality than that called for by an acute episode. It is also used to differentiate between 'types' of patients by describing them according to various systems of classification, and in determining common and characteristic symptoms of disease.

Constitutional prescribing is not the same as chronic prescribing, since the patient does not have to exhibit any sign of chronic disease pathology to require a constitutional remedy. Constitutional prescribing does not simply address the present disturbance, but also the past and future. It is treating the patient's susceptibility (which may include the propensity to repeated acutes and any existing chronic disease), by addressing the inner disturbance which gives rise to outward disease symptoms. It treats the

manifest, the previously manifest, and also the potential to manifest. In this sense, it links in to the definition cited by Whitmont above, as does Margery Blackie's statement, 'The constitutional remedy is a picture of the sum total of the strengths and weaknesses of the person, mentally, emotionally and physically. It is in the early undiagnosable stages of illness that we must find the constitutional remedy.
Boger appears to regard the constitution as that which produces the characteristic, as opposed to common, symptoms of the disease. It is perhaps from this standpoint that Whitmont's complaint about a lack of differentiation between constitutional and non-constitutional factors arises.
The idea of constitutional typing arose long before Homœopathy: 'The conception of a patient in terms of healing agent is found even in Paracelsus ... 'stress in our drugs the cure and not the causes because the healing shows us the cause' and has its uses — 'According to the recognition of characteristic traits of a patient in an image of drug actions, one speaks in homœopathy of a lachesis case, of a sulphur man or a phosphorus type. The originally practical therapeutic consideration becomes a fruitful discovery and division principle for constitutions. However, like any model, the conception has also been misused. In Kathleen Priestman's introduction to Borland's Homœopathy in Practice she states, 'It has been found that certain remedies are indicated very frequently, and that many people exhibit symptoms which correspond to the symptom picture or 'drug' picture of each of these remedies. ... Unfortunately, over the years, it has become a common habit for homœopathic doctors to speak of the remedies as if they were the patients and vice versa.'
In Vithoulkas' writing, the term is generally used in the context of its strength (ie. a strong or weak constitution) when describing the response of an individual to morbific influences. He does not appear to advocate any kind of constitutional typing. 'The most important contribution of Hahnemann's exploration into the miasms is the concept that there exist layers of predisposition which underlie the waxing and waning of temporary ailments; these must be taken into account in treatment intending to be completely curative. In such cases, complete cure will take a relatively long time, while the prescriber systematically peels off layer upon layer of predisposing weaknesses by carefully prescribing each remedy based on the totality of symptoms in the moment. Hahnemann's miasms are extended to include all major disease diatheses as well as allopathic drugs and vaccines. However, many people regard Vithoulkas as one of the prime exponents of constitutional typing by remedy, resulting from his method of presenting remedies by their 'essences' and describing them in terms of patient
Constitution (Individual) Characteristic.

1. Emotional sphere
2. Intellectual sphere
3. Physical sphere

SUSCEPTIBILITY:

It is an inherent capacity in all living things to react to stimuli in the environment and represent a fundamental quality that distinguishes the living from non-living. It is the reaction of the organism to external influences.
Different types of roles which is played by it are:

- Maintaince of health.
- Evolution of constitution.
- Development of diathesis.
- Manifestation of disease.

- Process of recovery and cure.
- Evolution of drug picture.
- Manifestation of remedy(remedy reaction)
- Determination of dose and repetition.

SUSCEPTIBILITY AND HEALTH

An organism in perfect balance represents health. This fine balance, even the presence of adverse environmental factors, is a resultant of different processes that are going on within and within which maintain the optimum conditions. This fine regulation is feasible only as long as a normal response follows a given stimulus. This is possible only when the organism exhibits the normal susceptibility. Any change of this normal susceptibility will interfere the normal response. This interference of normal response will denote loss of balance as evidenced by the development of abnormal sensations and functions, which we call disease. As normal susceptibility is essential for the maintenance of health, disease results from the abnormal susceptibility.

SUSCEPTIBILITY AND CONSTITUTION

Constitution is that aggregate of hereditary characters, influenced more or lessby environment, which determines that individual's reaction successful orunsuccessful, or to the stress of environment.Thus a little reflection will readily convince us that the manifestations of thedifferent and hereditary plan or organizations will be determined by susceptibility. The final product, which we perceived by the attributes in the emotional, intellectual and physical spheres, therefore will be determined by susceptibility. Thus the constitutional type is a good measure of the susceptibility within.

SUSCEPTIBILITY AND DISEASE

Any organism is constantly required to adapt itself to its environmental conditions so that harmony is maintained. Thus, an organism is enable to lead a relatively normal life even in the face of adverse conditions. But there are limits to everything and when then limits of tolerance are reached, the process of adaptation also reach a breaking point. This is made known to the person by a feeling of uneasiness, which though vague, is sufficient enough to warn him that all is not well. Normal susceptibility leads to a state of good health characterized by good nutrition and a healthy outlook on life. Abnormal Susceptibility affects them in the first instance and interfere that the process of adaptation and thereby leads to development of disease. Thus signs and symptoms furnish the only indication of abnormal Susceptibility that exists within and of the disease that result.

Vitholkas, eloquently explains, "Once the basis of the health and healing was understood, Hahnemann applied his genius to the question of disease. In § 11 he writes: "when a person falls ill, it is only this spiritual, self acting (automatic) vitalforce, everywhere present in his organism, that is primarily deranged by the influence upon it of a morbific agent inimical to life".

Here we see clearly Hahnemann went far beyond his time, and was even in advance of us today, in stating that not only the disease but also its cause is dynamic. In other words it is not the microbes or the virus or the bacteria, nor even their virulent poisons on the biochemical level that cause disease, but rather their intimate nature, their vital force, their very 'soul'. And that is something "dynamic". Ortega say's: "Hahnemann, being the genius & visionary in medicine, not only established a method & a precise procedure for investigating and applying remedies for this evil of man; he also penetrated deeply

into the most intimate & essential part of our being, seeking by intuition to find the causes; verifying the condition of that perfectly definable & recognizable causal source of the subjacent evil which is inside us & which constitutes the point of departure or beginning of our destruction. Included in this initiative is the concept of the CAUSE-CAUSORUM. This source or germ of suffering & death is positive, demonstrable, & perfectly recognizable. He called it the MIASM.

Man's natural healing power is undoubtedly undermined, caused to deteriorate, and lessened as a restorative or reconstructive force by the presence of miasmatic condition- a profound and indelible stamp permanently imprinted on the being by repeated perversions, excesses or deficiencies in its functioning. The three miasms when combined, present a picture, which is very difficult to cure. Although one of the three miasms is only very active at one time, yet one cannot expect an easy condition during the hours of dominant miasm. We know that psora is universal and it prepares a ground for the other two. Hence it is difficult to find any individual who is either purely sycotic or syphilitic. The combination can be traced in dropsy, anasarca, the formation of large tumours, and various degenerative organic hypertrophies are the products of mixed miasm.

TARENTULA FAMILY

DOCTRINE OF SIGNATURE OF TARENTULA

1. Tarentuia hispania digs a vertical hole in the ground and covers l with the web so that it resembles the surroundings. Thus it lures its unsuspecting prey. Such Is the intelligence of the spider. Tarentula hispania patients are also extremely intelligent to the extend of being foxy and cunning.
2. The spider waits for its prey quietly and when the prey falls into its trap, it pounces on its prey with a sudden and violent attack and quickly goes back into its hole. This violence is seen in tarantula hispana patients in violent movements like twitching jerking and epilepsy. Tremulous violence in mental sphere also.
3. The spiders are well known for their amatory dance. During mating season the male spider dances a around the female.The female select one and kills and eat others. This violence and destructiveness 's seen in tarantula hispania patients also, They are active quick acting and very angry If contradicted. Very aggressive and progressing to a state of tearing clothes. Destructiveness more when he is being observed.
4. Spiders uses their webs to communicate with each other. A long string connects the legs of spiders. But the spider will not get caught in its own web although the strings are sticky. Here also we can see the cunning destructive nature of spider.

   Tarentuia hispania patients are also very cumnning. They know how to get the things they want. They are great manipulators prone to lying and deception- Kleptomania and feigning sickness. Tarentuia hispania patients will often magnify their symptom for secondary gains.
5. Hurried nature of tarentuta hispania patients are attributed to the hurried activity in the nests or tarantula hispanias, Tarantula hispania patients are compelled to move about constantly. Lower extremities are most restless. Tosses about in bed , when he wakeup bed is in complete disarray. Restlessness with anxiety. Apprehension and feels as if something bad will happen. Hurried and annoyed if people in front of them walk slowly. Walks very fast or will often run out of their restless compulsion. Industrious effective and highly productive in their work. Their hurried nature can be attributed to the poison which hyperacceIe rates their nervous system

6. Tarentula hispania migrate annually through a town named tarentum. Spiders got their names tarentula from this town.

Tarentula Hispanica

- **Hispanic**: digs a vertical hole in the ground and covers it with the web so that it resembles the surroundings luring the unsuspecting prey. Such is the intelligence of this spider. Such patients are extremely intelligent to the extent of being foxy and cunning. It pounces on its prey with a sudden and violent attack and quickly goes back into its hole. This violence is seen in patients with violent movements like twitching jerking and epilepsy. During mating season, after an amatory dance, the female spider selects one male spider for mating and kills others. If she does not get the required space after mating, she kills her mating partner. Such is the destructiveness and aggressiveness of T. hispanica.
- hispanica patients know how to get the things they want. They are great manipulators prone to lying and deception.

Hurried nature of T. hispanica patients is attributed to the hurried activity in the nests & to the poison which accelerate their nervous system. T. hispanica patients are compelled to move about constantly. Lower extremities are most restless. Restlessness with great anxiety & apprehension is present. They are industrious and highly productive in their work.

Sphere of Action: Venom has affinity for motor and sensory functions of nervous system resulting in severe restlessness and uncontrollable agitation. It affects the circulatory system and lymphatic leading to congestion, cellulites and lymphadenitis.

Constitution

It has a nervous and hysterical temperament with tendency to chorea. They are manipulative and cunning. It is suited especially to restless patients, and those who are changeable easily; from happiness to melancholy, from calm and gentile behaviour to violence easily.

Leading indications

- Restlessness, can never sit still. Restless mentality and physically, keeps in constant motion even though motion aggravates.
- Sensitive to music/better by music and rhythm, massaging, dancing and rubbing.
- Chorea and involuntary movements. Constant motion of different parts of body with special affinity to right arm and left leg. Movements stops only during sleep.
- Chilly, yet desire for and relieved in open air
- Aversion to colours red green and black
- Hysterical disposition, feigns sickness when observed, better when alone, sudden changes in mood.
- Complaints recur at the same time or period annually
- Hyperesthesia with sudden attacks of chorea
- Nymphomania, increased sexual desire going to a state of mania

Mind

- Hysteria and foxiness when she finds people observing her she feigns all sort of sickness like fainting and other manipulations. Feigning, demeanour, shy but actually very cunning.
- Destructiveness, insanity
- All complaints are relieved by music.

TARENTULA CUBENSIS

Since Tarentula Cubensis is prepared from a decomposed specimen, it has a pyogenic effect on the body which is the main point of differentiation between T. hispanica & T. cubensis.

Leading indications

- Haemotoxic: acts on blood, indicated for malignant suppurative conditions like carbuncles, felons, abscess and anthrax. Most severe types of inflammations and pains are met with by this remedy
- Periodicity: troubles occur at the same time every year
- Atrocious burning and stinging pains, violent, aggravated at night, patient is forced to get up and walk about
- Bluish purple hue of affected parts
- Early and persistent prostration in septic conditions and diphtheria
- Remedy for pains of death, soothes the last struggle
- Pthisis, especially about the genitals.
- Restless feet
- Intermittent fever aggravated at night with septic chills
- Lt sided chorea
- Whooping cough violence with dryness & hoarseness & and rawness of chest. After paroxysm gets out of breath
- Skin: Malignant suppurative conditions like anthrax and carbuncle. Felons, abscess gangrene etc. Red spots and pimples, bluish purple hue of affected parts. Good for carbuncles with atrocious burning pains. Abscess where pain and inflammation predominates, Scirrhus cancer of breast, senile ulcers.

Modalities: Since, they belong to family of spiders, the modalities are quite common.

- **Aggravations:** Periodicity, touch, cold, noise, damp, evening, hands in cold water, after menses and after coitus
- **Ameliorations:** Riding in a carriage, rubbing, relaxation, sweating, rhythmic music, and open air.

THERAPEUTICS

Homeopathy is one of the most popular holistic systems of medicine. Homeopathic medicines have a proven their efficacy in EPILEPSY . It helps by increasing patient's immune response and improving the overall health. Many medicines are proved in EPILEPSY in homoeopathic system but some important medicines are given below:-

MAT MED DRUGS WITH INDICATIONS ARANEA SCINENCIA

Common name ;- grey spider. They do not spin a web and is found on walls.

Indications –

Constant twitching of lower eyelids Eyes Inflamed, weak, watery and swollen Dull, stupid head ache in the postero nferior part of head, Sleepiness Intolerance of warm weather, all symptoms are <ed in a warm room

ARANEUM TELA

Source ; cobweb of black spider Found in cellars and dark spaces.

Leading indication
Symptoms appear suddenly with cool clammy skin
Disposition to sleep
Lowers the frequency of pulse by acting on arterial system
Numbness m hands and legs <ed by rest
Continued chilliness
Periodical diseases in broken down persons,
Cardiac sleeplessness with increased muscular energy could not be kept in bed- Dances and jumps about the room at night
Dry spasmodic asthma, harassing irritating cough.
Periodic head ache with extreme nervous erythism and obstinate intermittent

LATRODECTUS MACTANS
Picture of angina pectoris accompanied by restlessness and prostration
Chilliness especially icy coldness of extremities
Left sided remedy
Severe prostration but patient cannot lie still due to great restlessness
Constricting and cramping pains Heart

LATERODCCTUS KALIPO
Common name – New Zealand spider
Leading indications
Affected area scarlet red with burning and stinging pains
Lassitude and twitching
Pulse slow scarcely more than 12-14/minute
NERVOUS TWITCHING ALL OVER BODY
Intermittent fever, extremities cold and flaccid with cold clammy skin
Lymphangitis, whole area edematous and swollen

LATRODECTUS HASSELL
Common name – new saith water black spider

Leading indications
Chronic blood poisoning, arrests the intense pain in pyeamia
Great oedema of neighbor hood of wounds with paralysis of lower limbs
Constant delusion of flying
Vertigo with tendency to fall forward
Sever violent burning pains/ malignant conditions with pyeamia. Septic states with pain and sleeplessness.

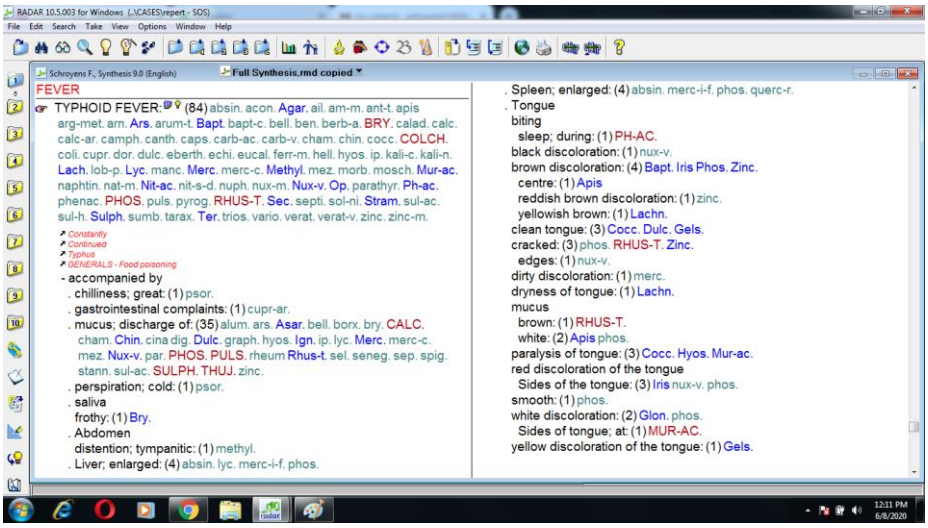
MYGALE LASSIDORA
Common name -Black cuban spider.TINCTURE OF WHOLE SPIDER IS — USED.

Leading indications
Chorea is the most important feature . twitching of facial muscles. Hot flushed face , head jerks to one side. Unsteady gait twitching and jerking of arms and legs. Limbs drag when walking. Words jerked out when an effort is made to speak
Constant motion of whole body , uncontrollable movements of hands and legs usually night
Violent twitching and jerking which stops only during sleep

THERIDION CURASSAVICUM
Common name-orange spider, found in orange tree,

Leading indications
Sensitive to noise , every shrill sound and reverberations penetrates her whole body especially teeth, increases vertigo which then causes nausea
Vertigo with nausea and vomiting on least motion, agg by closing eyes
Inclined to be startled
Time passes too quickly. Desire to occupy himself though he finds peace in nothing.
Aggravation- vibratory motions, w, step and closing eyes
Headache if others walk over the floor, hypersensitive to noise agg from motion
Hysteria, weakness coidness and trembling of whole body
Bites point of tongue during sleep
Constant desire to eat and drink but he does not know what to eat.
Sea sickness of nervous women. They shut their eyes to get rid of the motion of the vessel Traveling and motion sickness
Sensitiveness of spine, hyperasthesia, sits Sideways in a chair toavoid pressure of back of chair against spine.
Pthisis florida – violent stitches high up in the left chest through toback. Oversensitive to all external Impressions esp noise, cracking of paper drives her to despair. Sensitive to light , jar and motion. Sensitive to touch.
Canes and necrosis of bones/ rickets and scrofulous disorders of bones
Pain in left floating ribs, cardiac anxiety and pain.

REPERTORIAL APPROACH
In synthesis repertory-
Repertorium Homoeopathicum Syntheticum is a printed version of RADAR (RAPID AID TO DRUG AIMED RESEARCH).
It was given by Dr. Frederick Schroyens.
Synthesis 9.0/9.1 was published in 2004



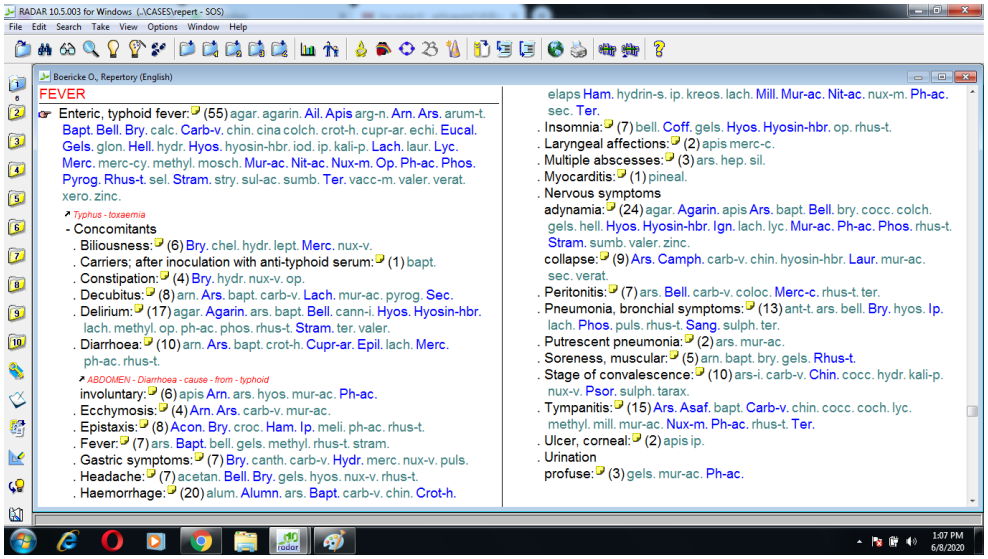
In synthesis repertory, under the rubric EPILEPSY 84 medicines is found.

In Murphy's repertory:-

Given by Robin Murphy was published in year 1993(First edition) and 1996 (Second edition) and 2017(Third revised edition)

Acet-ac, achy., acon., aeth., agar., ail., alum., alumn., am-c., ant-c. Ant-t., anthr., apis, arg. Arg-n., arn., ARS., ars-s-f., ARUM-T., asar., atro., BAPT., bell., bor., BRY., cadm-s., calad., calc., camp., cann-i., canth., caps., carb-ac., carb-an., CARB-V., caust., cham. Chel., CHIN., chin-ar., chin-s., CHLOR., cic., cimic., cina., cocc., COLCH., con., CROT-H., cupr., cupr-ar. Cyt-l., dig., dor., dulc., ECHI. Elaps,eucal. Eup-a.,eup-per., euphr., ferr., ferr-m., ferr-p., GELS., glon, graph., gymn., haem., ham., hell., hep., hydr., hydr-ac., hydrin-s., HYOS., ign., iod., ip., iris, kali-bi., kali-c., kali-m. Kali-n., kali-p., kreos., LACH., lach., laur., lept. Lyc., lycps., maland., mang., MERC., merc-c. Mer-cy., merc-i-r., methyl., mez., mill., mosch., MUR-AC. Nat-m., nat-s., nit-ac., nux-m., oci-s., op., par., petr., ph-ac., PHOS., plan. Plb. Psor., puls., pyrog., rheum. Rhus-g., RHUS-T., rhus-v., sang., sars., sec., sel., seneg. Sep., sil., spig., stann., staph., STRAM., stry., sul-ac., SULPHUR., sumb., tarax., tarent. Ter. Thuj. trio., tub., urt-u. Vac., valer., verat., verat-v., xan., xero, zinc.

BOERICKE REPERTORY



In boericke repertory, under the rubric EPILEPSY 55 medicines is found.

PATIENTS AND METHODS

Study design: The experimental study is made as per the "Randomized controlled clinical trial" method**.**

Study Population:

Study site: G.D. Memorial Homoeopathic Medical College & Hospital, Patna

Study Setting:

- Indoor Patient Department (I.P.D.)
- Outdoor Patient Department (O.P.D.)
- Other sources if possible

Ethical clearance requirement

Itwill be obtained from Ethical committee of the G. D. Memorial Homoeopathic Medical College & Hospital, Patna.

Inclusion criteria

- EPILEPSY coded A01.09 in ICD 10 version 2015 with at least 70% of symptoms.
- Pathological finding with EEG abnormal.
- Study on the EPILEPSY affecting between the age group of 2 to 10 years patients.

Exclusion criteria

- Following patients will not be taken for experiment, as it will affect the perfect outcome of research.
- Patient complicated with other illness including other EPILEPSY, influenza, and other serious diseases.

Sample size Calculation

Minimum 30 patients would be selected starting from 2 to 10 years of age of both sexes. Considering the inclusion criteria mentioned above.

Procedure:

STEP I: Extensive search & study of different books and journals with special reference to Synthesis Repertory.

STEP II: Gather exhaustive information from the Internet according to availability.

STEP III: Selection of 30 patients suffering from EPILEPSY.

STEP IV: Proper case taking will be done according to the standard case-taking Performa.

STEP V: Relevant investigation will be done as per need.

STEP VI: Inclusion and Exclusion Criteria will be fulfilled.

STEP VII: Analysis, Evaluation and Repertorization of the Totality of Symptoms using Synthesis Repertory will be done taking help of Computer- aided (Digital) Repertory.

STEP VIII: Medicine will be selected on the basis of nearest similimum and consultation of materia medica and senior teachers.

STEP IX: Potency, dose and repetition will be strictly arranged following strict Homoeopathic Principle.

STEP X: Follow up of the case at regular interval.

STEP XI: Statistical analysis of the result by using different standard statistical methods (if possible).

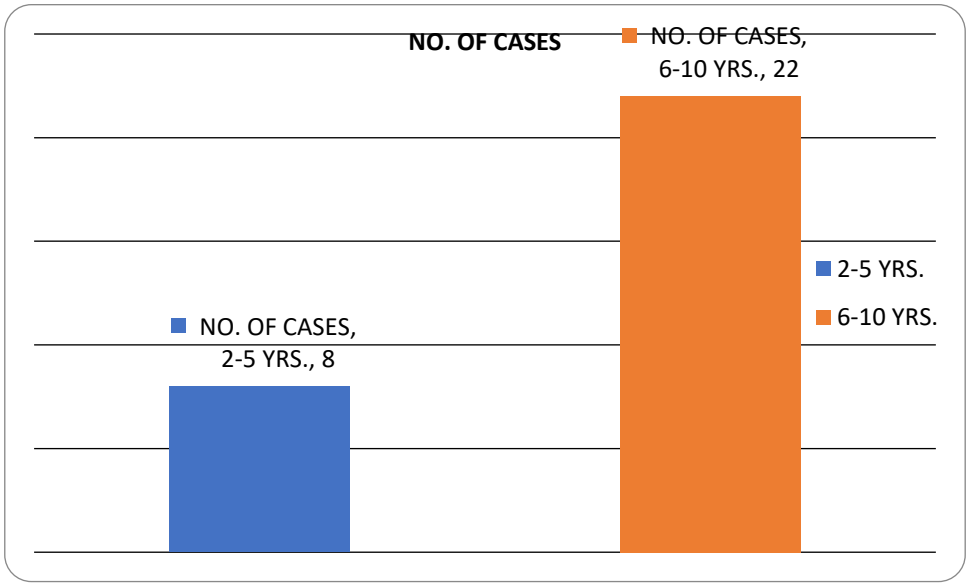
OBSERVATION

Total number of patients included during study of "**A CLINICAL STUDY ON ROLE OF MEDICINES BELONGING TO EPILEPSY FAMILY IN THE CASES OF EPILEPSY**" was 30.Following is the observations noted during the study.

AGE DISTRIBUTION IN THESE CASES

OBSERVATION-1

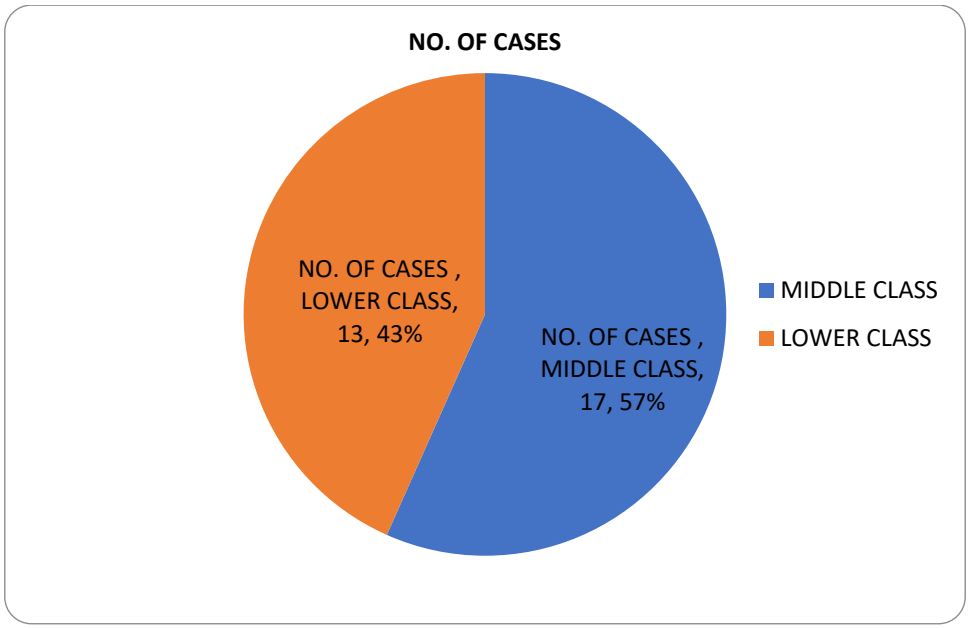
SL. NO.	AGE GROUP	NO. OF CASES	PERCENTAGE
1.	2-5 YRS.	8	26.67%
2.	6-10 YRS.	22	73.33%
TOTAL		30	100%



SOCIO-ECONOMIC STATUS IN THESE CASES

OBSERVATION-2

SL. NO.	SOCIO-ECONOMIC STATUS	NO. OF CASES	PERCENTAGE
1.	MIDDLE CLASS	17	56.67%
2.	LOWER CLASS	13	43.33%
TOTAL		30	100%



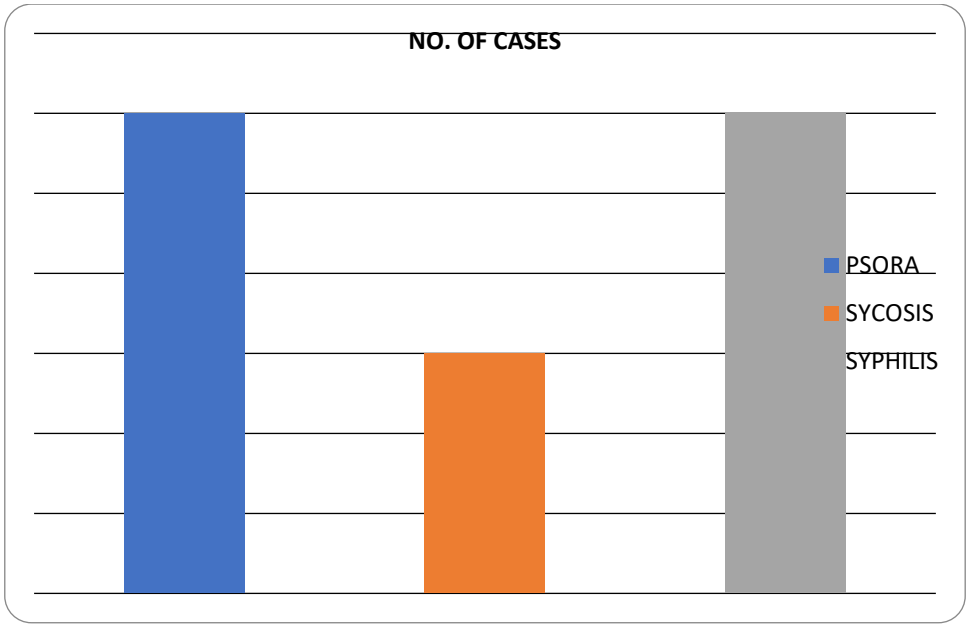
DISTRIBUTION OF HABITATE IN THESE CASES OBSERVATION – 3

SL. NO.	HABITATE	NO. OF CASES	PERCENTAGE
1.	URBAN	02	6.67%
2.	SUB-URBAN	26	86.66%
3.	RURAL	02	6.67%
TOTAL		30	100%

MIASMATIC TENDENCIES IN THESE CASES OBSERVATION – 4

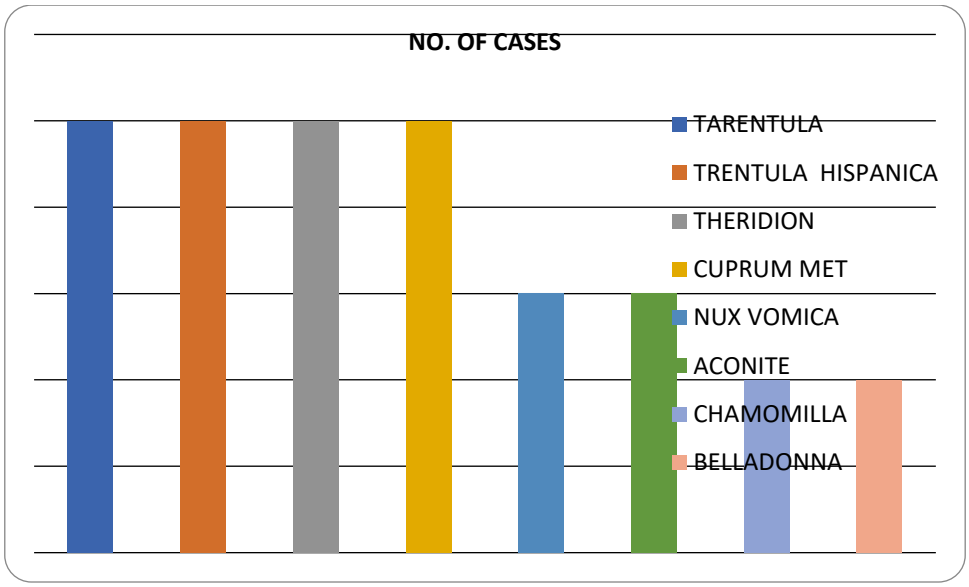
SL. NO.	MIASMETIC PRESENTATION	NO. OF CASES	PERCENTAGE
1.	PSORA	12	40%
2.	SYCOSIS	06	20%

3.	SYPHILIS	12	40%
TOTAL		30	100%



HOMOEOPATHIC REMEDIES USED IN THESE CASES
OBSERVATION - 5

SL. NO.	NAME OF MEDICINE	NO. OF CASES	PERCENTAGE
1.	TARENTULA	5	16.67%
2.	TRENTULA HISPANICA	5	16.67%
3.	THERIDION	5	16.67%
4.	CUPRUM MET	5	16.67%
5.	NUX VOMICA	3	10%
6.	ACONITE	3	10%
7.	CHAMOMILLA	2	6.66%
8.	BELLADONNA	2	6.66%
TOTAL		30	100%

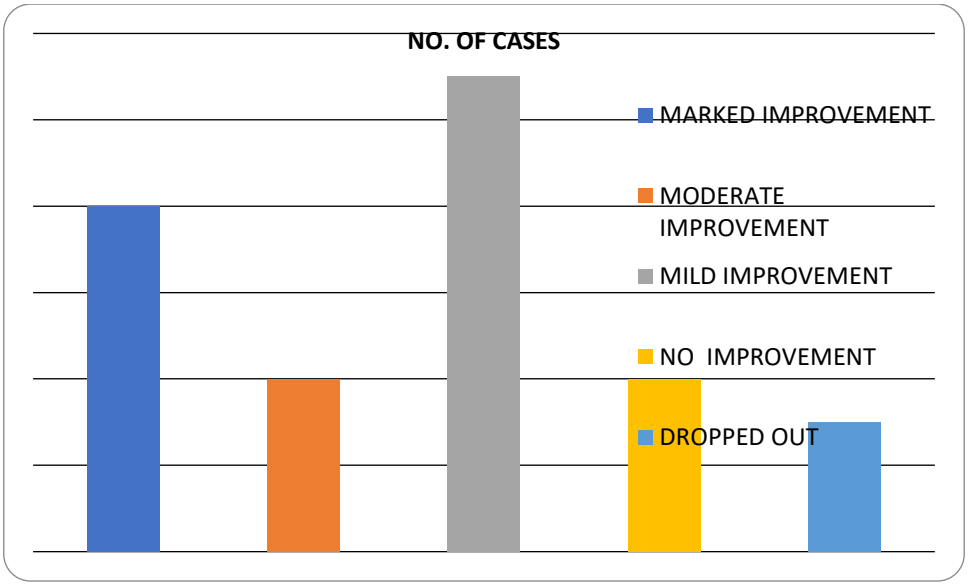


POTENCY USED IN THE CASES
OBSERVATION – 6

SL. NO.	POTENCY USED	NO. OF CASES	PERCENTAGE
1.	1M	2	6.67%
2.	30C	18	60%
3.	200C	10	33.33%
TOTAL		30	100%

RESULT OF HOMOEOPATHIC TREATMENT IN THESE CASES
OBSERVATION-7

SL.NO.	TREATMENT RESULT	NO. OF CASES	PERCENTAGE
1.	MARKED IMPROVEMENT	08	26.67%
2.	MODERATE IMPROVEMENT	04	13.33%
3.	MILD IMPROVEMENT	11	36.67%
4.	NO IMPROVEMENT	04	13.33%
5.	DROPPED OUT	03	10%
TOTAL		30	100%



In my study, Total 30 (100%) cases, 26.67% cases were marked improved, 13.33% cases were moderate improved, 36.67% cases were mild improved, 13.33% cases were no improved and 10% cases were dropped out.

STATISTICAL ANALYSIS OF THE DATA

Chi square test was performed to test the role of medicine belonging to spider groupin the cases of EPILEPSY. Among the five categories of assessment criteria i.e. marked improvement, moderate improvement and mild improvement were taken as positive response or effective and no improvement as well as dropped out was considered as negative response.

Ho: There is no difference in the treatment of EPILEPSY at (5 %) level of significance.

H1: The cure rate of the patient by EPILEPSY at (5%) level of significance.

RESULT OF THE PATIENT

Result	Number of cases	Percentage
Marked Improvement	08	26.67%
Moderate Improvement	04	13.33%
Mild Improvement	11	36.67%
No Improvement	04	13.33%
Dropped Out	03	10%
Total	30	100%

CHI-SQUARE TEST

	CURED (MARKED IMPROVEMENT & IMPROVEMENT)	**NOT CURED (NO IMPROVEMENT & DROPPED OUT)**	**TOTAL**
EXPERMENTAL CASES (MEDICINE)	**20** **E1=19.17**	**O = 5** **E2 = 5.83**	**25**

CONTROL CASES (PLACEBO)	**O = 3 E3 = 3.83**	**O = 2 E4 = 1.17**	**5**
TOTAL	**23**	**7**	**30**

1) DEGREE OF FREEDOM(DF)

DF=(R-1)(C-1) (R = Row, C = Column)

Total calculated value of Row (R)= 2-1=1

Total calculated value Column(C)= 2-1=1

DF=1*1=1

2)**PROBABILITY OF OUTCOME =1/1 = 1**

2) EXPECTED VALUE(E) =

E1= 25*23/30=19.17 (rounded off to two decimals)

E2=25*7/30= 5.83

E3=5*23/30=3.83

E4=5*7/30=1.17 (rounded off to two decimals)

The formula used for the calculation of Expected frequency is:

Row Total*Column Total/Grand Total

Total calculation of E1+E2+E3+E4=30

3) CALCULATION=

O	**E**	**O-E**	**$(O-E)^2$**	**$(O-E)^2 / E$**
20	**19.17**	**0.83**	**0.69**	**0.035**
5	**5.83**	**-0.83**	**0.69**	**0.118**
3	**3.83**	**-0.83**	**0.69**	**0.180**
2	**1.17**	**0.83**	**0.69**	**0.589**

$\chi^2 = \sum (O-E)^2 / E$

$= \sum (20-19.17)^2 / 19.17+(5-5.83)^2 / 5.83+(3-3.83)^2 / 3.83+(2-1.17)^2 / 1.17$

$= \sum (0.035+0.118+0.180+0.589)$

= 0.922 (calculated value)

Value of $\chi^2$from Table for DF = 1 is 3.84

CRITICAL VALUES												
	p value											
DF	**0.25**	**0.20**	**0.15**	**0.10**	**0.05**	**0.025**	**0.02**	**0.01**	**0.005**	**0.0025**	**0.001**	**0.0005**
1	1.32	1.64	2.07	2.71	**3.84**	5.02	5.41	6.63	7.88	9.14	10.83	12.12
2	2.77	3.22	3.79	4.61	5.99	7.38	7.82	9.21	10.60	11.98	13.82	15.20
3	4.11	4.64	5.32	6.25	7.81	9.35	9.84	11.34	12.84	14.32	16.27	17.73
4	5.39	5.59	6.74	7.78	9.49	11.14	11.67	13.23	14.86	16.42	18.47	20.00

5	6.63	7.29	8.12	9.24	11.07	12.83	13.33	15.09	16.75	18.39	20.51	22.11
6	7.84	8.56	9.45	10.64	12.53	14.45	15.03	16.81	13.55	20.25	22.46	24.10
7	9.04	5.80	10.75	12.02	14.07	16.01	16.62	18.48	20.28	22.04	24.32	26.02

Thus, with DF 1 and critical value 0.05 comes out as 3.84, but calculated value is 0.922which is less than 3.84.

Thus –

Calculated value < Critical value

0.922 < 3.84

- **NH is accepted.**
- **AH is rejected.**

- This implies that the values are independent

NULL HYPOTHESIS: EPILEPSY is not fully treated by homoeopathic medicine belonging to tarentula family.

DISCUSSION

The study under discussion was undertaken to show the efficacy of homoeopathic medicines in the treatment of EPILEPSY. The dissertation work is entitled **-"A CLINICAL STUDY ON ROLE OF MEDICINES BELONGING TO SPIDER GROUP IN THE CASES OF EPILEPSY"**, which was in accordance with the objectives of the study. The study encompassed patients from different age groups and socio-economic status. Randomized controlled trail study design was adopted to show the treatment of EPILEPSY.

The prevalence use of homoeopathic medicines, according to age, was found that 2-5 yrs. were 26.67% and 6-10 yrs. were 73.33% respectively.

The prevalence use of homoeopathic medicines, in accordance to income group, 6.67% Urban was found, 86.66% sub urban was found and rural was found 6.67%.

In the first case of Master RAGHAV KUMAR, he was suffering from high grade EPILEPSY with pain in the bodyache since last 15 days with appetite decreased associated with weakness since last 5 days. Symptoms aggravated after taking food. Analysis of case according to totality of symptoms, tarantula 30 was prescribed which improved his condition.

Similarly in the third case of MASTER KUNAL KUMAR, the patient was suffering from He was suffering from EPILEPSY since last 10 days with bodyache since last 7 days. Analysis of case according to totality of symptoms, Tarentula hispanica1M was prescribed which improved his condition.

The gradation of the outcome measures were checked out as marked improvement, moderate improvement, mild improvement, no improvement and dropped out.

Among the 30 cases that were given homoeopathic medicines, 8 were marked improved, 4 were moderate improved, 11 were mildly improved, 4 were no improvement, and 3 were dropped out.

So from the Total 30 (100%) cases, 26.67% cases were marked improved, 13.33% cases were moderate improved, 36.67% cases were mild improved, 13.33% cases were no improved and 10% cases were dropped out.

So from out of 30 cases 23 cases i.e. 77% were success and 7cases i.e. 23% were failure. So, from the above study, we see that the physiological action of tarentula in case of EPILEPSY presenting with twitchig in whole body is effective.

SUMMARY

My dissertation is on the **"A CLINICAL STUDY ON ROLE OF MEDICINES BELONGING TO SPIDER GROUP IN THE CASES OF EPILEPSY"**. Cases selected for the dissertation work were chosen with the help of my guides and senior faculty of my college. It was a fact to experience, that following the concept of the totality of the symptoms, could only bring out a meaningful result as far as patient is concerned.

The cases that have been observed in this dissertation follow the strict principals of Homoeopathy and analysis has been done using Synthesis Repertory in software format from RADAR 10.5.003.

I also experienced, that there are various aggravating factors like some, contaminated food and contaminated water intake, uncooked meat which need to be taken care of. This is because a factors, also from an important constituent of the causations, and proper evaluation needs to be done in this respect. Here the role of our medicine comes into play and it is seen that these cases respond well to homoeopathic medicines. Findings emphasize the need for life-course approach in prevention and management and also the need for focused and targeted programs. The increasing burden of epilepsy in India in coming years due to sociodemographic and epidemiological transition warrants public health community to give priority for this eminently preventable and manageable condition in healthcare delivery. However, a proper understanding of the epidemiology of epilepsy is required to discern and delineate factors that are of relevance (that can be modified) in prevention, management, and rehabilitation. Future studies need to move to nationally representative populations using well-defined methodologies for developing a strong public health response for prevention and control of epilepsy in India.

In my clinical study, it has been observed that the efficacy of homoeopathic medicinesbelonging to spider group in the cases of spider is very good, out of 30 cases cure rate could be achieved in 23 cases. Hence 77% cure effectiveness was achieved with homoeopathic medicines. 4 cases were not improved and 3 cases were dropped out. So I considered 23% cases as failure. This study has shown that the role of homoeopathic medicine belonging to spider group in the cases of spider group is very effective.

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MASTER CHART

SL.	Name of Patient	Sex	Age	O.P.D. No	Religion	Habitat	Date	Remedy	Status	Miasm	Result
1	Raghav Mishra	M	9 yrs	23180	H	SU	04.08.19	Tarentula-30	MC	Psoric	Moderate Improvement

2	Ajeet kumar	M	6 yrs	23814	H	U	12.08.19	Tarentula Hispanica 30	LC	Sycotic	Mild Improvement
3	Kunal Kumar	M	8 yrs	23983	H	SU	18.08.19	Therideon	MC	Psoric	Mild Improvement
4	Vicky Choudhari	M	7 yrs	24000	H	SU	24.08.19	Nux Vomica 200	MC	Syphilitic	Marked Improvement
5	Ajita	F	5 yrs	315	H	SU	28.08.19	Cuprum met 200	MC	Sycotic	Marked Improvement
6	Madhav Pandit	M	10 yrs	34	H	SU	1.09.19	Tarentula -30	LC	Syphilitic	Marked Improvement
7	Bablu Kumar	M	3 yrs	132	H	SU	8.09.19	Tarentula Hispanica 30	MC	Sycotic	Marked improvement
8	Lav Kumar	M	4 yrs	141	H	SU	14.09.19	Theridion 200	LC	Psoric	No Improvement
9	Pooja	F	9 yrs	355	H	SU	19.09.19	Tarentula 1M	LC	Sycotic	Marked Improvement
10	Mukesh	M	7 yrs	299	H	SU	27.09.19	Tarentula Hispanica 200	MC	Psoric	Mild Improvement
11	Raju	M	8 yrs	356	H	SU	07.10.19	Tarentula 200	MC	Psoric	Mild Improvement
12	Rohit Kumar	M	5 yrs	595	H	SU	14.10.19	Tarentula Hispanica 30	MC	Sycotic	No Improvement
13	Gunjan Yadav	F	4 yrs	897	H	SU	16.10.19	Theridion 200	LC	Psoric	Marked Improvement
14	Kajal Kumari	F	7 yrs	4041	H	SU	23.10.19	Placebo 200	MC	Syphilitic	Mild Improvement
15	Anshu Kumari	F	10yrs	3982	H	SU	02.11.19	Pulsatilla 30	MC	Sycotic	Moderate Improvement
SL.		**Sex**	**Age**	**O.P.D. No**	**Religion**	**Habitat**	**Date**	**Remedy**	**Status**	**Miasm**	**Result**
16	Kajal Verma	F	8 yrs	4043	H	Rural	11.11.19	Tarentula 30	LC	Syphilitic	Dropped out

17	Geeta Devi	F	9 yrs	4109	H	SU	28.11.19	Nux vomica200	MC	Sycotic	No Improvement
18	Dheeraj Pandit	M	7 yrs	4142	H	SU	30.11.19	Tarentula Hispanica 30	MC	Psoric	Mild Improvement
19	Shanti Devi	F	4yrs	4170	H	SU	10.12.19	Theridion 30	LC	Sycotic	Mild Improvement
20	Bhanu Pratap	M	7 yrs	3508	H	SU	15.12.19	Cuprum met 200	LC	Psoric	Mild Improvement
21	Kalpana Kumari	F	8yrs	3528	H	SU	03.01.20	Nux vomica 30	MC	Sycotic	Mild Improvement
22	Prashant Kumar	M	10 yrs	3560	H	SU	10.01.20	Theridion 1M	LC	Syphilitic	Marked Improvement
23	Akash Kumar	M	8 yrs	3399	H	SU	17.01.20	Nux vomica 30	LC	Sycotic	MarkedImprovement
24	Deepak Kumar	M	5 yrs	3440	H	SU	22.01.20	Cuprum met 30	MC	Psoric	Moderate Improvement
25	Virendra Prasad	M	7 yrs	3457	H	SU	27.01.20	Cuprum met 200	MC	Psoric	Mildd Improvement
26	Sunaina Devi	F	10 yrs	3513	H	SU	02.02.20	Aconite 30	LC	Psoric	Mild Improvement
27	Kalpana Devi	M	8 yrs	3528	H	R	06.02.20	Theridion 30	MC	Sycotic	No improvement
28	Lalita Devi	F	7 yrs	3340	H	SU	11.02.20	Cuprum met 200	MC	Syphilitic	Dropped out
29	Neha Kumari	F	7 yrs	3369	H	SU	26.02.20	Nux vomica.200	LC	Sycotic	Marked Improvement
30	Bablu Kumar	M	7 yrs	3484	H	SU	28.02.20	Cuprum met30	LC	Psoric	Mild improvement