

# Management of epilepsy through individualised prescription of homoeopathic medicine *Stramonium*: A case report

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## Abstract

**Introduction:** Epilepsy can be defined as a seizure disorder that usually occurs unpredictably in the absence of any consistent provoking factors. It is a serious public health concern having a negative impact on jobs, careers, relationships, families or academic life and quality of life. Homoeopathy is successfully used for treating conditions like epilepsy. Hence, well-documented case reports demonstrating its usefulness are required. Here, we present a case of epilepsy that was managed with individualised homoeopathic medicine. **Case Summary:** A 40-year-old woman presented with complaints of epileptic attacks with unconsciousness for the last 5 years. The patient was treated with *Stramonium* in increasing potencies (200C, 1M) for 15 months, with significant improvement and no epileptic attacks in the last 8 months. The outcome was measured using the patient-weighted quality of life in epilepsy (QOLIE-10-P) scale every 3 months and the causal attribution of homoeopathic medicines was assessed through Modified Naranjo Criteria for Homoeopathy (MONARCH). The QOLIE-10-P overall score was 3.45, but after 15 months of treatment, it was 1.22. The MONARCH score was 9, which suggested a 'definite' causal relationship between the medicine and the outcome. This report suggests that a correctly chosen homoeopathic medicine can be beneficial in the treatment of epilepsy.

**Keywords:** Epilepsy, Individualised Homoeopathy, Modified Naranjo criteria, Patient-weighted quality of life in epilepsy, *Stramonium*

## INTRODUCTION

Epilepsy is a chronic, noncommunicable disease that largely affects the life of an individual. It is the most common neurological condition that requires attention.<sup>[1]</sup> According to the definition by the International League Against Epilepsy (ILAE) 2005, 'an epileptic seizure is a transient occurrence of signs and/or symptoms due to abnormal excessive or synchronous neuronal activity in the brain.'<sup>[2]</sup> Epilepsy is considered to be a disease of the brain defined by any of the following conditions: (1) at least two unprovoked (or reflex) seizures occurring more than 24 h apart; (2) one unprovoked seizure or reflex seizure and probability of further seizures similar to the general recurrence risk (at least 60%) after two unprovoked seizures, occurring over the next 10 years; (3) diagnosis of an epilepsy syndrome.<sup>[3]</sup> It is not a single disease, but an expression of different neurological disorders.<sup>[1]</sup> Worldwide, approximately 50 million people have suffered from epilepsy.<sup>[4]</sup> Around one in 21 men and one in 28 women develop epilepsy during their lifetime.<sup>[5]</sup> Nearly, 80% of people with epilepsy live in low- and middle-income countries. People with epilepsy suffer from social stigma and

discrimination. It is estimated that 25% of epilepsy cases are preventable by an effective approach.<sup>[1]</sup>

The aetiology of epilepsy includes trauma, infection, toxin, or genetic factors complicated or triggered by different stimuli such as mental factors (stress, fright and grief) or vaccination and fever. Genetic factors play a vital role in the development of epilepsy.<sup>[1]</sup> The diagnosis of epilepsy is based on clinical history and physical examination.<sup>[6]</sup> Interictal electroencephalography (EEG) can detect but normal EEG cannot exclude the diagnosis of epilepsy. Magnetic resonance imaging (MRI) is also used to find out any abnormality in brain structure. The drugs most commonly used in conventional medicine have known side effects such as dizziness, memory slowing, liver trouble, nephrolithiasis and weight gain.<sup>[7]</sup> Many patients, thus, seek alternative treatment.

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The quality of life in epileptic patients is commonly assessed through patient-weighted quality of life in epilepsy (QOLIE-10-P), which is a commonly used scale in day-to-day practice for screening and follow-up of the patient. It includes 11 questions; of these, three questions have opposite response sets. The total score is the sum of scores for all the questions divided by the number of items answered. Patients with the lowest score have the least problems.<sup>[8]</sup>

Although there is a paucity of studies on epilepsy, a few studies have shown promising results. An open-label, single-arm, clinical trial showed the positive role of homoeopathic medicine in infantile spasms.<sup>[9]</sup> A preclinical study concluded that *Nux vomica* is effective in the management of epilepsy.<sup>[10]</sup> Another study showed that *Cicuta virosa* reduced the duration of the tonic-clonic phase against the pentylenetetrazole-induced seizures.<sup>[11]</sup>

In Homoeopathy, there is no specific remedy for epilepsy. The individualised medicine is selected for each patient, considering the physical, mental, emotional and social background of the patient. The patient is treated as a whole, which acts at both the mental and physical planes of the patient. The case has been reported according to the HOM-CASE (an extension to the CARE guideline for homoeopathic case reports) guidelines.<sup>[12]</sup> The case is being reported to describe the management of epilepsy with the help of individualised homoeopathic medicine.

## CASE PRESENTATION

### Patient information

A 40-year-old, Hindu, married woman visited the medicine outpatient department of R. B. T. S. Government Homoeopathic Medical College and Hospital, Muzaffarpur on 23 June 2020, complaining of episodes of epileptic attacks with unconsciousness for the last 5 years. This usually flared up after menses and was followed by tiredness.

She was suffering from this problem for more than 5 years. She had consulted many physicians, which reduced the intensity of the attack during medications, however, the symptoms recurred after that. After medication, she felt tired, weak and unable to concentrate. She was depressed and lonely and wished for help from her family. The seizure generally began from the head and then spread over the whole body with twitching of the right side of the limbs. The patient remained unconscious for 10–15 min with froth oozing out of her mouth, with blinking of eyelids (for about 5 s). She also experienced jerky, involuntary movements of the arm and legs persisting for 5–10 min, 3–4 times a day. After the attack, she felt very tired and sleepy. She had a smile-like facial expression after an epileptic attack owing to involuntary muscle spasms. At the beginning of her menses, the epileptic attacks were more frequent. Eventually, she approached us for the homoeopathic treatment.

During her childhood, she had a head injury due to a motor-bike accident, which was managed with allopathic medicines without the need for any other intervention, as stated by her parents. Later, she suffered from typhoid in 2015 and was treated with allopathic medicine. However, her epileptic attacks began after the typhoid episode, which were ignored for the first few seizures and were attributed to stress. However, after a few months, the intensity and frequency of the attacks increased.

Her father was suffering from diabetes for 6 years and her mother from hypertension for 5 years. She had two children and her elder son had some skin disease for 2 years.

### Mentals

Before the illness, the patient was very affectionate and wanted to take care of her family. However, afterwards, she started thinking negatively and used abusive language. She was extremely sensitive to light and noise, which would intensify the seizure and increase the episodes of epileptic attacks. She had an erratic mood, sometimes laughing and then singing a song.

### Physical generals

Her appetite was poor, with moderate thirst. She had a desire for warm food. She was constipated and stool was hard, passed every 1–2 days intervals with difficulty. The urine was normal and clear. Her sleep was disturbed, but she felt sleepy after an epileptic attack. Her thermal reaction was chilly. The menstrual cycle was irregular, sometimes delayed and sometimes early, with profuse flow.

### Clinical findings

The patient was obese, short-statured with a dark complexion. No abnormality was detected on general physical examination. Her body mass index was 24.3 kg/m<sup>2</sup> and her blood pressure was 120/90 mm of Hg. There was no anaemia, jaundice, cyanosis, or oedema and lymph nodes were not palpable.

### Case analysis

After detailed case-taking, the symptoms were analysed and evaluated to construct the totality, followed by repertorisation. The following characteristic mental symptoms, as well as physical general and particular symptoms, were considered for totality:

- a) Abusive
- b) Laughing alternates with singing
- c) Sensitive to light and noise
- d) Convulsion generally began from the head
- e) Convulsion during epileptic attack
- f) Complaints aggravated after menses.

### Diagnosis and assessment

The case was diagnosed by the clinical history of the patient, symptomatology and ILAE criteria.<sup>[3]</sup> The patient complained of jerky, involuntary movements of the arm and legs 3–4 times a day without any provocation. She remained unconscious for 10–15 min and froth oozed out of her mouth with blinking

of her eyelids for about 5 s. After the attack, she felt tired and sleepy. All these symptoms corresponded to the ILAE diagnosis criteria of epilepsy. Moreover, after a thorough analysis of the case, it seemed to be a right focal motor seizure, with secondary generalisation.

The MRI and EEG reports (dated - 17 June 2020 and 19 March 2020, respectively) are showed normal differentiation of the grey and white matter of the cerebral cortex. The brain stem, cerebellum and ventricles are normal. Furthermore, no definite evidence of brain parenchymal pathology or space-occupying lesions is seen in the study. A 32-channel awake-sleep EEG was done on March 19, 2020, under 10–20 Hz. The EEG report revealed that blink artefact were seen with no epileptiform discharges from the brain; there was no abnormality on the awake-sleep EEG record QOLIE-10-P was used at baseline and at every 3 months, which helped to assess the quality of life of the patient after taking the medicine. QOLIE-10-P overall score at baseline was 3.45 and after the end of treatment, it was 1.22 [Figure 1]. The causal attribution was ascertained by MONARCH,<sup>[13]</sup> the score was 9, which suggested a ‘definite’ causal attribution between the medicine and outcome [Table 1].

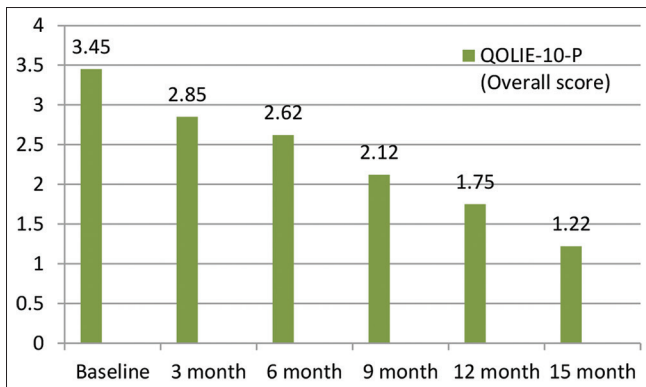


Figure 1: Changes in patient-weighted quality of life in epilepsy (QOLIE-10-P). Decrease in score has better QOL

### Therapeutic intervention

The repertorisation was done with the help of synthesis repertory.<sup>[14]</sup> The repertorisation chart is shown in Figure 2. *Stramonium* 200C/1 dose was prescribed on 23 June 2020. Although after repertorising the case, two medicines (*Nux vomica* and *Belladonna*) obtained the highest marks, they covered only four out of seven rubrics. Whereas, *Stramonium* covered all the rubrics and the patient had a very peculiar symptom of laughing alternating with singing and sardonic facial expression during the epileptic attack. These two symptoms suggested *Stramonium* as the only single medicine in the synthesis repertory. Therefore, *Stramonium* was finally selected in consultation with the materia medica.<sup>[15,16]</sup> The medicine was procured from GMP-certified SBL Pvt. Ltd. and dispensed from the institutional pharmacy.

### Follow-up

The patient was followed up every month, during which a gradual improvement was observed. The detailed follow-up is mentioned in Table 2.

On her second visit, she complained that epileptic attack occurred three times in the previous week, but the intensity of the attack was not violent and overall, she felt better after taking the medicine. It seemed to be homoeopathic aggravation, so medicine was allowed to act and placebo was prescribed. On the next visit, the intensity and frequency of the attack was decreased, which further implied that the medicine selection was correct. However, on the fourth visit, the complaints were noted to have reappeared, so *Stramonium* 200C one dose was repeated. After 2 months, the patient presented again with an increased convulsive attack with sleepiness without any known cause. The improvement was constant and the medicine was repeated in increasing potency. In the subsequent months, there was a progressive overall improvement in the patient. Positive changes such as no tiredness, adequate sleep (6–8 h/day), normal menstruation cycle and regular bowel movement (1–2 times/day with no difficulty) with a feeling of happiness

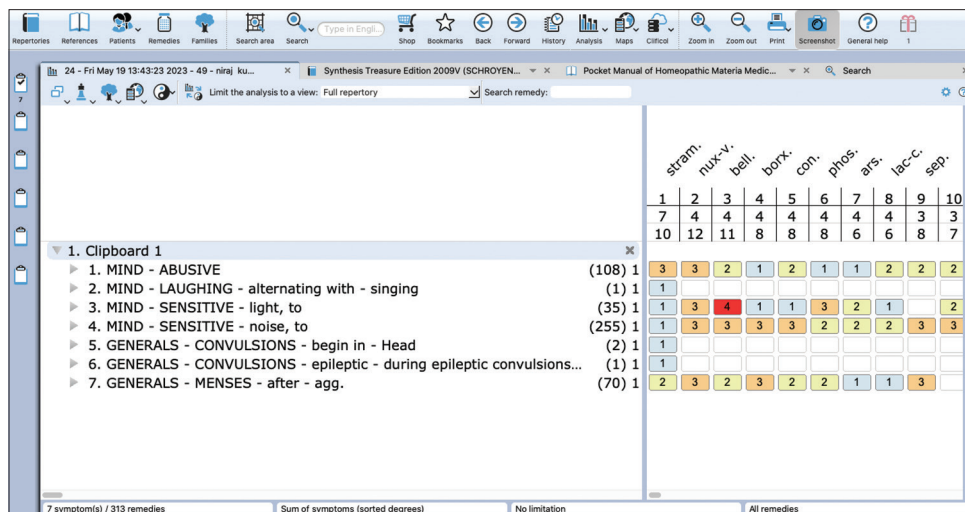


Figure 2: Repertorisation sheet

**Table 1: Assessment of the case according to Modified Naranjo criteria for homeopathy inventory**

S. No.	Domain	Yes	No	Not sure or N/A
1	Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	<b>+2</b>	-1	0
2	Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	<b>+1</b>	-2	0
3	Was there an initial aggravation of symptoms?	<b>+1</b>	0	0
4	Did the effect encompass more than the main symptom or condition (i.e. were other symptoms, not related to the main presenting complaint, ultimately improved or changed)	<b>+1</b>	0	0
5	Did overall well-being improve? (suggest using a validated scale or mention changes in physical, emotional and behavioural elements)	<b>+1</b>	0	0
6 (A)	Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	<b>0</b>	0
6 (B)	Direction of cure: (Did at least one of the following aspects apply to the order of improvement of symptoms) From organs of more importance to those of less importance? From deeper to more superficial aspects of the individual? From the top downwards?	+1	<b>0</b>	0
7	Did 'old symptoms' (defined as non-seasonal and noncyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement	+1	<b>0</b>	
8	Are there alternative causes (other than the medicine) that – with a high probability – could have produced the improvement? (consider known course of disease, other forms of treatment and other clinically relevant interventions)	-3	<b>+1</b>	0
9	Was the health improvement confirmed by any objective evidence? (e.g. investigations, clinical observation, etc.)	<b>+2</b>	0	0
10	Did repeat dosing, if conducted, create similar clinical improvement	+1	0	<b>0</b>
<b>Total score: 9</b>				

\*The numbers in bold font represent the option selected

**Table 2: Timeline of treatment**

Date of visit	Change of symptomatology	Treatment	Justification
23 June 2020 (1 <sup>st</sup> Prescription)	Presenting complaints at baseline: Abusive, laughing alternates with singing, sensitive to light and noise convulsion generally began from the head, convulsion during epileptic attack, complaints generally aggravated after menses	<i>Stramonium</i> 200/1 dose early morning	Baseline prescription based on totality of symptoms with consultation of materia medica
21 July 2020	Frequency of epileptic attack was increased in the last week (3 times); but her appetite was good, sleep was adequate and stool was normal	Placebo for 1 month	Initial aggravation of presenting complaint, but the intensity was less and the patient felt better. Hence, medicine was allowed to act
24 August 2020	Epileptic attacks decreased, only one attack occurred in the last week; all the general were normal	Placebo for 1 month	To wait and allow the medicine to act
25 September 2020	In the last month six times epileptic attacks occurred; she felt overall better	<i>Stramonium</i> 200/1 dose	Frequency of epileptic attack increased from the last 1 month. Hence, the same medicine repeated with the same potency
26 October 2020	Frequency of epileptic attack decreased in the last month (only two attacks); the patient was happy and her husband said she was not using any abusive language and preferred to stay with them	Placebo for 1 month	No new complaints; mild improvement occurs
27 November 2020	Epileptic attack was decreased in the last month (only one attack); all the general were normal	Placebo for 1 month	To wait and allow the medicine to act
28 December 2020	In the last 2 week, two attacks occurred and it was more violent in nature	<i>Stramonium</i> 1 M/1 dose	Condition remained the same; same medicine repeated but increase the potency due to the intensity of symptoms
29 January 2021 up to last visit (27 August 2021)	No epileptic attack occurred in the entire subsequent visit. No other specific new complaints were observed. She was doing all household activity properly and could memorize everything; the patient felt better and her husband was very happy with the improvement. She had no other complaints till her last visit	Placebo for 1 month in each subsequent follow up	Marked improvement was noticed in each subsequent visit. No new or old complaints were observed. In the last follow-up (27 August 2021), she was advised to visit once in every 6 months

were noticed after the treatment. Furthermore, no epileptic attack was experienced in the last 8 months, nor was any new or old complaints noticed.

The MONARCH was used for the assessment of the causal relationship, which yielded a score of '+9', which shows there is a possible causal relationship between the result observed and the prescribed medication [Table 1].

## DISCUSSION

Epilepsy includes various neurological disorders in which neuronal activity gets disturbed, leading to severe agitation and convulsions. EEG or MRI changes are observed in epilepsy patients. However, a normal EEG does not rule out the occurrence of a seizure. Approximately one-half of all EEGs done for patients with seizures are interpreted as normal; even someone who has seizures every week can have a normal EEG. This is because the EEG only shows brain activity during the time of the test, so no unusual brain waves are observed in the absence of seizure during the test procedure. During a seizure, the electrical activity is abnormal. Once the seizure is over, the brain rapidly returns to normal in most individuals. When an EEG is done several hours or even days later, it misses the changes in electrical activity that occurred during the actual seizure. Hence, for diagnosis of epilepsy clinical correlations are necessary. EEG is the supporting tool for epilepsy.<sup>[17-19]</sup>

Owing to the prolonged, expensive and ambiguous treatment, an increasing number of patients turn towards homoeopathy for safe and cost-effective treatment. The present case shows the classical symptoms of epilepsy were treated with the help of individualised homoeopathic medicine *Stramonium*, in increasing potencies (200C, 1M), according to the response of the patient over 15 months. No adverse event was encountered during the period of treatment. *Stramonium* was found to be homoeopathically the most indicated remedy for this particular case.

Furthermore, it can be ascertained that there was some similarity in the mental condition of the patient and the symptoms produced by this drug.

*Stramonium* is a widespread annual flowering plant from the family solanaceae. The therapeutic activity of these plants is due to the presence of various types of alkaloids (Atropine, hyoscyamine and scopolamine), tannins (methylated nitrogen atom), saponins and cardiac glycosides. Atropine and scopolamine are antagonists of muscarinic cholinergic receptors and are central nervous system depressants. Hence, the effects of alkaloids of *Stramonium* strongly correlate with the symptoms in this case.<sup>[20]</sup>

Apart from the symptoms of the case, *Stramonium* represents various types of unique symptoms in our materia medica related to this disease such as convulsions of upper extremities and of isolated groups of muscle with rhythmic motions;<sup>[15]</sup> increased mobility of the muscles of expression and of locomotion, the motions may be graceful, rhythmic, or disorderly of head and arms, convulsions in unparalysed parts.<sup>[21]</sup>

The case was completely cured by *Stramonium*, selected based on the picture resulting from the totality of symptoms, in consultation with materia medica.<sup>[15,16]</sup> The potency selection and repetition of doses were done following the homoeopathic principles, such as susceptibility of the individual and guidelines for the second prescription in Kent's philosophy.<sup>[22-24]</sup> The patients' progress was monitored every 3 months using QOLIE-10-P, which, at baseline was 3.45 and after treatment was 1.22 [Figure 1]. The curative response of the homoeopathic medicine was assessed through MONARCH inventory, which suggested a 'definite' association between medicine and outcome [Table 1]. Reporting of the case adhered to the HOM-CASE-CARE guidelines.<sup>[12]</sup> More well-planned documented case reports or randomised clinical studies are required.

## CONCLUSION

This case illustrates the positive role of individualised homoeopathic medicine in the management of epilepsy. However, a randomised controlled trials with a large sample size is suggested for further understanding in this regard.

## ACKNOWLEDGEMENT

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## Declaration of patients' consent

Written, informed consent was obtained from the patient for publication of the case report, while he enjoyed free will to quit the consultation in case of any disappointment or adverse events during treatment. The patient was made to understand that her name and initials will not be included in the manuscript and due efforts will be made to conceal her identity, but anonymity cannot be guaranteed.

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Nil.

## Conflicts of interest

None declared.

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## Prise en charge de l'épilepsie par la médecine homéopathique individualisée Stramonium: Rapport de cas

**L'Introduction:** L'épilepsie peut être définie comme un trouble convulsif qui survient habituellement de façon imprévisible en l'absence de facteurs provocateurs cohérents. C'est un grave problème de santé publique parce qu'il a des répercussions négatives sur les emplois, les carrières, les relations, les familles ou la vie universitaire et qu'il a une incidence sur la qualité de vie d'une personne. L'homéopathie est utilisée avec succès pour traiter des maladies comme l'épilepsie. Par conséquent, des rapports de cas bien documentés démontrant son utilité sont requis. Nous présentons ici un cas d'épilepsie qui a été géré avec une médecine homéopathique individualisée. **Résumé du cas:** Une femme de 40 ans s'est plainte de crises d'épilepsie avec inconscience au cours des 5 dernières années. Le patient a été traité avec Stramonium dans des puissances croissantes (200c, 1M). Le cas a été traité pendant 15 mois avec une amélioration significative et aucune crise d'épilepsie au cours des 8 derniers mois. Le résultat a été mesuré à l'aide de l'échelle de la qualité de vie en épilepsie pondérée par le patient (QOLIE-10-P) tous les trois mois, et l'attribution causale des médicaments homéopathiques a été évaluée au moyen de critères modifiés de Naranjo pour l'homéopathie (MONARCH). Le score global du QOLIE-10-P était de 3,45, mais après 15 mois de traitement, il était de 1,22. Le score du MONARQUE était de 9, ce qui suggère une attribution causale « certaine » entre le médicament et le résultat. Ce rapport de cas suggère qu'une médecine homéopathique correctement choisie peut être bénéfique dans le traitement de l'épilepsie.

## Behandlung von Epilepsie durch das individualisierte homöopathische Arzneimittel Stramonium: Ein Fallbericht

**Einleitung:** Epilepsie kann als eine Anfallserkrankung definiert werden, die in der Regel unvorhersehbar und in Abwesenheit von konsistenten auslösenden Faktoren wiederkehrt. Epilepsie ist ein ernsthaftes Problem für die öffentliche Gesundheit, da sie sich negativ auf Beruf, Karriere, Beziehungen, Familie oder das akademische Leben auswirkt und die Lebensqualität des Einzelnen beeinträchtigt. Die Homöopathie wird erfolgreich zur Behandlung von Krankheiten wie Epilepsie eingesetzt. Daher sind gut dokumentierte Fallberichte erforderlich, die den Nutzen der Homöopathie belegen. Hier stellen wir einen Fall von Epilepsie vor, der mit einer individualisierten homöopathischen Medizin behandelt wurde. **Zusammenfassung des Falles:** Eine 40-jährige Frau stellte sich vor und klagte über epileptische Anfälle mit Bewusstlosigkeit in den letzten 5 Jahren. Die Patientin wurde mit Stramonium in ansteigenden Potenzen (200c, 1M) behandelt. Der Fall wurde 15 Monate lang behandelt, wobei eine deutliche Besserung eintrat und in den letzten 8 Monaten keine epileptischen Anfälle mehr auftraten. Das Ergebnis wurde alle 3 Monate anhand der patientengewichteten Skala für Lebensqualität bei Epilepsie (QOLIE-10-P) gemessen, und die kausale Zuordnung der homöopathischen Arzneimittel wurde anhand der modifizierten Naranjo-Kriterien für Homöopathie (MONARCH) bewertet. Der QOLIE-10-P-Gesamtwert lag bei 3,45, aber nach 15 Monaten Behandlung bei 1,22. Der MONARCH-Score lag bei 9, was auf eine eindeutige kausale Zuordnung zwischen dem Arzneimittel und dem Ergebnis hindeutet. Dieser Fallbericht legt nahe, dass ein richtig gewähltes homöopathisches Arzneimittel bei der Behandlung von Epilepsie von Nutzen sein kann.

## व्यक्तिगत होम्योपैथिक दवा स्ट्रैमोनियम से मिर्गी का उपचार: एक केस रिपोर्ट

**परिचय:** मिर्गी एक ऐसा विकार होता है जिसमें दौरे पड़ते हैं और जो निरंतर उत्तेजित करने वाले कारकों की अनुपस्थिति में आमतौर पर अचानक से हो जाता है। यह सार्वजनिक स्वास्थ्य के लिए चिंता का एक गंभीर विषय है क्योंकि यह रोजगार, आजीविका, भविष्य, संबंधों, परिवारों या शैक्षिक जीवन पर नकारात्मक प्रभाव डालता है और व्यक्ति के जीवन की गुणवत्ता को प्रभावित करता है। मिर्गी जैसी बीमारियों का उपचार करने के लिए होम्योपैथी का उपयोग सफलतापूर्वक किया जा रहा है। इसके परिणामस्वरूप, इसकी उपयोगिता को दर्शाने वाली उचित प्रकार से दस्तावेजीकृत केस रिपोर्टों की आवश्यकता है। यहां व्यक्तिगत होम्योपैथिक दवा से ठीक किया गया एक केस प्रस्तुत है।

**केस का सारांश:** एक महिला को पिछले 5 वर्षों से मिर्गी के दौरे पड़ने और बेहोशी की शिकायत थी। मरीज का उपचार बढ़ती पोटेन्सी (200C, 1M) की स्ट्रैमोनियम दवा से किया गया। 15 महीने तक इस केस उपचार किया गया, जिसमें मरीज में महत्वपूर्ण सुधार हुआ और पिछले 8 महीने से कोई मिर्गी का दौरा नहीं पड़ा। परिणाम को हर 3 महीने में रोगी भारत जीवन गुणवत्ता (QOLIE-10-P) स्केल का उपयोग करके मापा गया और होम्योपैथिक दवा के कारणात्मक गुणारोपण का मूल्यांकन करने के लिए होम्योपैथी के संशोधित नारांजो मानदंड (MONARCH) का उपयोग किया गया। QOLIE-10-P का कुल स्कोर 3.45 था, लेकिन उपचार के 15 महीने बाद यह स्कोर 1.22 हो गया। MONARCH स्कोर 9 रहा, जो कि दवा और परिणाम के बीच एक 'निश्चित' कारण का संकेत देता है। यह केस रिपोर्ट बताती है कि ठीक प्रकार से चुनी गई होम्योपैथिक दवा मिर्गी के इलाज में फायदेमंद हो सकती है।

## Manejo de la epilepsia a través de la medicina homeopática individualizada *Stramonium*: Un informe de caso

**Introducción:** La epilepsia puede definirse como un trastorno convulsivo que generalmente recurre de manera impredecible en ausencia de factores provocadores consistentes. Es un grave problema de salud pública porque tiene un impacto negativo en los trabajos, las carreras, las relaciones, las familias o la vida académica y afecta la calidad de vida de un individuo. La homeopatía se está utilizando con éxito para tratar afecciones como la epilepsia. Como resultado, se requieren informes de casos bien documentados que demuestren su utilidad. A continuación, presentamos un caso de epilepsia que se manejó con medicina homeopática individualizada. **Resumen del caso:** Una mujer de 40 años que se presentó con quejas de ataques epilépticos con pérdida del conocimiento durante los últimos 5 años. El paciente fue tratado con *Stramonium* en potencias crecientes (200c, 1M). El caso fue tratado durante 15 meses con mejoría significativa y sin ataques epilépticos en los últimos 8 meses. El resultado se midió utilizando la escala de calidad de vida ponderada por el paciente en epilepsia (QOLIE-10-P) cada 3 meses y la atribución causal de los medicamentos homeopáticos se evaluó a través de los Criterios Naranjo modificados para la homeopatía (MONARCH). La puntuación general de QOLIE-10-P fue de 3,45, pero después de 15 meses de tratamiento, fue de 1,22. La puntuación de MONARCH fue de 9, lo que sugirió una atribución causal “definitiva” entre el medicamento y el resultado. Este informe de caso sugiere que un medicamento homeopático elegido correctamente puede ser beneficioso en el tratamiento de la epilepsia.

通过个体化 势 法 物曼陀 治 疗 ； 一 病 例 报 告

引言： 可以定义 一种 作障碍，通常在没有持 因的情况下不可 地复 。它是一个 重的公共 生 ，因 它对工作、 、人 系、家庭或学术生活 生 面影响，并影响个人的生活 量。 势 法正被成功地用于治 等疾 病。因此，需要有充分文件 明其有用性的案例报告。在这里，我 介 了一个 病例， 病例是用个性化的 势 法 物治 的。

病例摘要：一名40 的女性在过去5年中出 作伴昏迷的主 。患者接受了Stramonium治 疗，其 效增强 (200c, 1M)。 病例治 疗了15个月，有 著改善，在过去8个月内没有 作。每3个月使用患者加 生活 量表(QOLIE-10-P) 量一次 果，并通过改良的Naranjo 势 法 准(MONARCH) 估 势 法 物的因果 归因。QOLIE-10-P 分 3.45，但治 疗15个月后 1.22。MONARCH 分 9，这表明 物和 果之 存在 “明确” 的因果 系。 病例报告表明，正确选 势 法 物可以有 益于 的治 疗。