

HEALTH / An international seminar on epilepsy suggests that primary physicians must take on the responsibility of treating this ailment.

Shackling a demon?

EPILEPSY is no longer the demon it used to be. At the end of a century which saw dramatic improvements in the diagnosis and treatment of this very common human ailment, epileptologists are downplaying epilepsy as a very manageable condition. This was one of the most reassuring messages that came through at an international seminar on 'a holistic approach to the management of epilepsy' held at the Bangalore Children's Hospital recently.

Organised by the Bangalore chapter of the Indian Epilepsy Association, which is a member of the International League Against Epilepsy (ILAE), the conference was meant to allow both lay people and professionals concerned with epilepsy to interact and share their latest information on the management of epilepsy.

Dr. Harry Melnardi, a Dutch epileptologist who is the immediate past president of the ILAE spoke of the 21st century and epilepsy. Epilepsy has almost succeeded in divorcing itself from its earlier image as a curse or a spell on mankind. With doctors and quacks are no longer needed to treat epileptics with the blood of beheaded persons and other ill-devised gory remedies, 70 per cent of epilepsy patients can expect complete control of their seizures. And, for the remaining 30 per cent, there is new hope everyday. Today, very highly advanced neuro imaging techniques like MRI and PET allow doctors to peep into the brain, and even look at the metabolism of cells.

Surgery for epilepsy has now become a minimum risk procedure in developed countries, thanks to sophisticated imaging tools. As Prof. H. Silfvenius, a Swedish neurosurgeon of international repute puts it in his presentation, "When we asked patients for their personal outcome after surgery, 94 per cent were satisfied that it had at least been a good try."

He disclosed that once tools like the gamma knife became more accurate, it would allow non invasive brain surgery with even less risk. He agreed that such procedures would hugely inflate the cost of treatment. But he cautioned against oversimplifying the issue of costs.

In highly developed countries like Sweden, health economics has become extremely complicated.



Doctors of international repute at the global seminar on epilepsy.

Governments and medical professionals are now assessing both direct (hospitalisation, drugs) as well as indirect (loss of productivity, burden on state exchequer for medicare) costs when making decisions about funding pharmaceutical research and medical treatment. "These comparisons are important," he said.

The issue of cost raised a Pandora's box at the seminar. Dr. H. Sudarshan, recipient of the Right to Livelihood Award, and well known for his work with the Soliga tribals and others around the BR Hills in Karnataka, reminded the audience that epilepsy was just one of many health care issues that need urgent attention in rural India. He emphasised the lopsided delivery of medicare in the country and the wide gap between urban and rural pockets. He wanted doctors to concentrate on the 80 per cent of epileptics who remained outside the medical delivery system in many parts of the world.

He took the issue with the rich North countries that were spending huge funds on the health of the upper 20 per cent of the population while the treatment gap remained vast for the less fortunate. He urged the audience to help build up a strong pressure lobby on epilepsy so that the government would allocate enough money for its management.

He had plenty of support in his world view from Dr. Geeta Rangan, head of the department of neuro-

logy at St. John's Hospital in Bangalore, who was involved in an extensive epidemiological study of epilepsy at Yelandur in Mysore district in '90-91. She also stated her belief that epilepsy needed only simple treatment to achieve very good results. The statistics she offered were illuminating.

India has around 4 million epilepsy patients, (at an incidence rate of 50 per 100,000). Karnataka itself has 2,86,000 epileptics. Astoundingly though, in Karnataka there are only 26 neurologists, of whom 19 are in Bangalore. That gives each neurologist a potential clientele of 11,000 patients of epilepsy. Dr. Rangan's solution? "Not that we create more neurologists, but that, in fact, the management of epilepsy is decentralised and farmed out to primary health care centres."

"The pathophysiology of epilepsy is complicated but the diagnosis is clinical and the treatment of epilepsy is simple," she said. The experiment in Yelandur, which relied on very simple anti-epileptic therapy was hugely successful, with almost 80 per cent cases showing remission. Dr. Rangan and her colleagues are convinced now that primary physicians must take on the responsibility of treating epilepsy in the country.

Since proper diagnosis and regular medication is critically important in epilepsy care, however, much more awareness needs to be spread among the fraternity of pri-

mary physicians about epilepsy management. The seminar was one step ahead in that direction.

Even though two contrasting ideologies of medicine were presented at the seminar, they were by no means mutually exclusive to the cause of the patient. And there was one consensus. As Dr. Melnardi put it, "One of the important achievements of the 20th century is that people are realising that they are responsible for their own health." All over the world and also here in India, epilepsy self-help groups are even challenging what the medical establishment has held true for epilepsy management. "While in India, we have not managed yet to get a clause removed from the Hindu Marriages Act which allows epilepsy as a ground for annulment and divorce, Western countries have succeeded in wresting back the right of epilepsy patients to obtain driving licences (if they have been seizure free for a reasonable time). The message is clear; epileptics can and should be allowed to lead a normal life."

Overall, the seminar was able to give a holistic view of epilepsy treatment available today, its glaring contradictions as well as its heartening successes. The final diagnosis of doctors present there: Epilepsy will always be with us, but it can be rendered quite benign.