

## **5. FITS – An Introduction**

We do not wish to take up cases of Epilepsy, but over the years, we have developed a reputation for treating any type of fit. Though we get many cases of non-epileptic fits or what is called Pseudo- seizures, we also get a good number of cases of Epileptic fits.

This is the most confusing medical problem which confounds the relatives. Relatives have no idea about the causes of fits, till a proper diagnosis is made. Once a diagnosis is made, then the doctor should discuss the long term treatment plans with the patient and the relatives.

There are two types of Fits, which are frequently seen.

**EPILEPSY.** These are confirmed cases of fits.

We first assess from the relatives and the patient, their dependability in continuing long term anti- epileptic drugs. By and large people have a tendency to stop the drugs without second consultation and more so if the patient is not the type who understands the importance of continuing the medicines.

We need to explain what can go wrong if medications are discontinued abruptly. We usually tell them that there is some sort of electrical short circuiting in the brain and that the medicines act as a fuse and prevent further sparks, which results in loss of consciousness, falling down, violent and jerky movements of the limbs and heavy breathing, followed by deep sleep. When the patient gets up from the sleep, he has no memory of the fit. Everyone around him would have noticed the whole episode but the patient will be confused and will have no memory at all. After repeated attacks, he begins to associate his post-fit confusion to a possible fit. These days patients' relatives take video footings and that is the best evidence, even better than getting an EEG done.

They must be told to think over the advice and suggestions given by us and come back later to discuss whether they have understood all the instructions and agree to follow them. By and large, people agree to whatever the doctors say, but we know that it is without giving it a deep thought. We make them have a family

sitting and make every person in the house responsible for his medication. Those who follow the instructions as patiently explained get the full benefit and do not have another fit. This is crucial in cases of girls to be married, especially when they are around adolescent age.

In spite of their total assurance of the patient co-operation our experience has taught us that after two to three years, they miss out the drug and have a repetition of fits and then they come back repentant. We tell them that the damage is done by their sheer negligence. If this happens after marriage then lot of marriage complications commence, which could have been avoided.

We do not trust the patient or the relatives and tell them frankly so. They tell lies to save their face. They maintain that no dose was missed. We tell them to keep the receipts of purchased medicines with them all the time, so that we can check details.

With such detail instructions, most of the patients get the benefit and remain fit free. They are also instructed to maintain a record of dates when they have fits, the intensity and time and how many hours after the last dose.

We tell them details like that the first six months are a trial period and we wish to find out whether the power of medicine is equal to the power of the fits and accordingly the drug may have to be enhanced or an additional drug may have to be added on.

After four years, the drug would be very carefully tapered over a period of a year and investigations are done to see if there is any evidence of epileptic activity mostly by doing an EEG.

**CONTINUATION OF MEDICINES FOR ABOUT FOUR YEARS IS CRUCIAL IN PREVENTING THE RECURRENCE RATHER THAN JUST A ONE TIME MEDICATION.**

We follow a particular type of protocol in all these cases, which has proved useful and people begin to understand the need for long term continuation of anti-epileptic drugs.

Fits in elderly or for the first time in middle age requires thorough investigations like a MRI of brain with epilepsy protocol this could be due to a tumor or any other organic lesion in the brain.

Besides these fits, we very often see alcoholic patients, having fits during their abstinence and that requires entirely different line of treatment and usually it is not very successful because it is due to their addiction which is the hardest illness to treat.

**PSEUDO-SEIZURE:** The other common attacks of fits are called Pseudo-seizure or what I call fit like conditions because of some emotional upheaval. Young girls swooning and mostly in the in-law's houses, adopt this method to divert their attention and to seek sympathy or some gain. These are known as cases of Conversion reaction. Earlier it was called Hysterical fits. Here people adopt various old home remedies to treat the false unconsciousness. **PATIENTS ARE NOT ABLE TO CONVEY THEIR DISCOMFORT AND DEPRESSION IN WORDS AND SO THEY MANIFEST BODILY SYMPTOMS LIKE HAVING A FALL AND LYING MOTIONLESS AND SPEECHLESS.**

When they say the teeth clenched, they think that the tongue would be badly bitten and they put spoons or something hard to prevent tongue injury and such measures are not advisable. Giving keys in the hands is also of no use and such methods should be avoided. Tongue even if bitten and bleeds, recovers fast. Make the patient comfortable in a lying position and seek medical help.

This is a difficult situation and people around the patient in good faith give various advices including the need to see a faith healer, which should be resisted. Particularly in the cases where the false fits can be related to some emotional background, then seeing a faith healer, will unnecessary doubts in various people's mind that someone has done some black magic.

Finally, never call a patient 'mad' as this would damage his ego and could even make him violent and aggressive in his behavior.