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Individualized homoeopathic management in epileptic disorder: A case report

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Abstract

Epilepsy can be defined as a seizure disorder that often appears suddenly without any clear or consistent triggers. It is a major public health issue as it can seriously affect a person's work, career, relationships, family life, studies, and overall quality of life. Homoeopathy has been effectively used in the treatment of epilepsy. Therefore, well-recorded case studies are important to highlight its benefits. In this article, we share a case of epilepsy that was successfully managed with individualized homoeopathic treatment.

Keywords: Epilepsy, individualised homoeopathy, Medorrhinum

Introduction

The word epilepsy is derived from the Greek words 'epi' meaning 'on' and 'lepos' meaning 'to seize'. Epilepsy is a chronic, non-communicable neurological disorder that affects people of all ages. It is defined as a condition in which a person has recurrent seizures due to a chronic, underlying process, 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. These seizures consist of sudden, excessive electrical discharges in the brain, leading to involuntary movements that may be generalized or confined to a specific body region.

According to WHO Epilepsy accounts for a significant proportion of the world's disease burden, affecting around 50 million people worldwide making it one of the most common neurological diseases globally. The estimated proportion of the general population with active epilepsy (i.e. continuing seizures or with the need for treatment) at a given time is between 4 and 10 per 1000 people.

Globally, an estimated 5 million people are diagnosed with epilepsy each year. In high-income countries, there are estimated to be 49 per 100, 000 people diagnosed with epilepsy each year. In low-and middle-income countries, this figure can be as high as 139 per 100, 000. This is likely due to the increased risk of endemic conditions such as malaria or neurocysticercosis; the higher incidence of road traffic injuries; birth-related injuries; and variations in medical infrastructure, the availability of preventive health programmes and accessible care. Nearly 80% of people with epilepsy live in low-and middle-income countries [1].

Case presentation

Patient's personal information

Date: 05/07/2024

Pt Registration No.: 80706 Name of the patient: XYZ

Age: 18 years Sex: Female Religion: Hindu Married/Single: Single Occupation: Student Address: Lucknow, U. P.

Present Complaint

The patient complained of jerky, involuntary movements of the arm and legs 2-3 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 5sec. After the attack, she felt tired and sleepy. The seizure generally starts from the hand, then spreads to the head and afterwards spreads to the whole body with twitching of the limbs. The patient also complained of headache which was arising from occiput region, extending upward and locating in right eye. It was aggravated at night and during lying down. She was also suffering from sleeplessness.

History of Present Complaint

An 18 years old, Hindu, unmarried female visited the outpatient department of State National Homoeopathic Medical College and Hospital, Gomti Nagar, Lucknow, Uttar Pradesh on 05 July 2024, complaining of episodes of epileptic attacks with unconsciousness for the past 16 years. After the attack, she felt very tired and sleepy. It started suddenly when she was 2 years old. She took allopathic treatment for many years but found no relief.

Past History

Not K/C/O any autoimmune diseases. No history of any previous surgeries.

Intrauterine History

Mother's all medical history during pregnancy normal Normal, full term, vaginal delivery

Developmental Milestones

At Regular intervals.

Family History

Father: Alive-alcoholic Mother: Alive-arthralgia Sister: Alive-epilepsy Sister: Alive-insomnia

Life Space History

The patient who was born in a lower middleclass family, and had a troublesome and traumatic childhood. Her father was an alcoholic, and she never received the fatherly love like any other child. She was an anxious kid who grew up watching her alcoholic, unhealthy, unsupportive father.

She has 4 siblings, and being the eldest one, she has more responsibilities in her family. Her mother is supportive and mother is also having health related issues, like arthralgia and peripheral neuralgia. She was extremely anxious about the health of her parents also she was worried about how to settle in life.

She being the eldest daughter, always takes care of the well-being of her family. She was doing her under graduation in Lucknow university. She was also worried about her future career and job opportunities. The patient had the first epileptic attack at the age of 2 years, then started taking allopathic treatment for the same, but she was not having the complete cure, the epileptic symptoms are recurring, and the patient was desperate about her recovery.

The patient overthinks a lot about the future possibilities and she was in constant trauma of having an alcoholic father. Due to this insecurity in life and career, she was irritable all the time and she was angered for very trivial inconveniences she faces in life.

Physical Generals

Appetite: Decreased, can tolerate Thirst: Decreased, normal water

Desire: Spicy things, juicy fruits+, cold drink

Tongue: Clean and moist

Stool: Satisfactory, once daily, in morning

Urine: Normal Perspiration: Scanty Thermal: Chilly

Sleep: Sleeplessness, unrefreshed, 5-6 hours at night

Position of sleep: On abdomen Dreams: Nothing specific Menses: Regular and at time

LMP: 16/06/2024

Bleeding: Normal, dark red, no clots

Before, during and after menses no any specific complaints.

Mental Generals

- Irritability and angered easily, anger expressed through weeping. Her mother said-she cries easily even at little things.
- Very anxious about her family, study and her future.
- Forgetting recently studied material like reading a chapter but cannot able to recall it the next day. Difficulty in remembering recent events, forgetting conversations, and where she kept objects.
- Thinking too much related to any situation and constantly replaying conversations or past mistakes in her head.

General Physical Examination

Appearance: Fair complexion and normal build

Posture of the body: Normal Gait activity: Normal

Vital Signs

Temperature: 98.2 degree Fahrenheit

Pulse rate: 70 beats per min.

Respiration rate: 14 breaths per min. Blood pressure: 110/70 mm of Hg

There was no pallor, icterus, cyanosis or oedema and lymph

nodes were not palpable.

Diagnosis and Assessment

The case was diagnosed based on the patient's clinical history, presenting symptoms, and in accordance with ILAE criteria ^[2]. The patient reported experiencing jerky, involuntary movements of the arms and legs 3-4 times daily, without any provocation. Each episode was followed by a period of unconsciousness lasting 10-15 minutes, accompanied by froth from the mouth and eyelids blinking for approximately 5 seconds. Postictally, the patient felt extremely tired and sleepy. These features fulfilled the ILAE diagnostic criteria for epilepsy. Detailed case analysis indicated a right focal motor seizure with secondary generalisation.

Totality of Symptoms

Anger easily Forgetfulness Weeping easily Desire for juicy fruits Sleep position on abdomen Convulsion during epileptic attack

Repertorial Totality MIND-ANGER: Easily

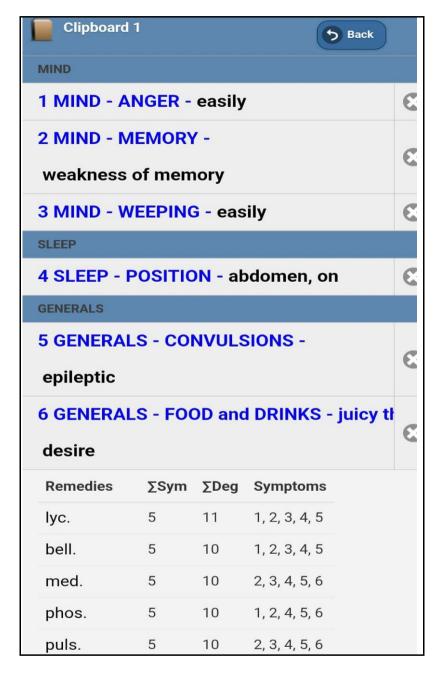
MIND-MEMORY: Weakness of memory

MIND-WEEPING: Easily

SLEEP-POSITION: Abdomen, on

GENERALS-CONVULSIONS: Epileptic

GENERALS-FOOD and DRINKS: Juicy things-desire



Repertorial Analysis and Remedy Differentiation

The case repertorized using synthesis repertory by Dr. Frederick Schroyens. The repertorisation chart is shown above. From the study of the patient and reference to materia medica, Medorrhinum 200C/1 dose was prescribed on 05 July 2024. Although after repertorising the case, two medicines, Lycopodium and Belladonna obtained the highest marks then Medorrhinum, but patient was not melancholic and greedy like Lycopodium. Patient's desire was not for sweets and hadn't any abdominal complaints like lycopodium. Belladonna patient have fear of imaginary things, violent delirium and disposition to bite, spite strike

and tears things. Belladonna patient's complaints associated with heat, redness, throbbing and burning sensation which is characteristics of Belladonna. Lycopodium medicine is thermally hot. While Medorrhinum patient is chilly and have weakness of memory, desire for juicy and cold things and sleep position on abdomen which is core of this medicine [6,7]. Thus, Medorrhinum was selected.

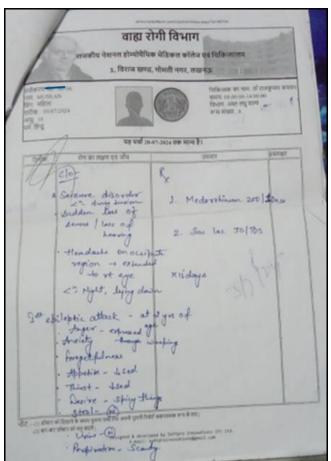
First Prescription

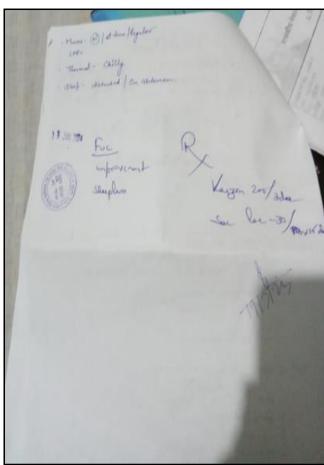
$\mathbf{R}\mathbf{x}$

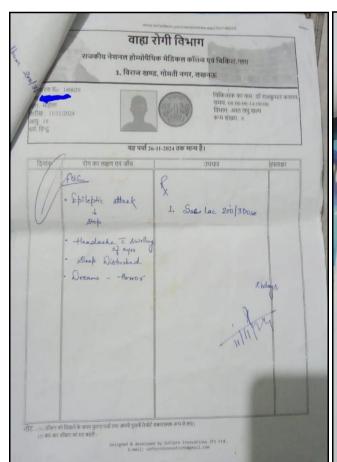
- 1. Medorrhinum 200C /1 dose, at 10-10 min intervals
- 2. Sac lac 30 /TDS, 2-2-2 globules for 15 days

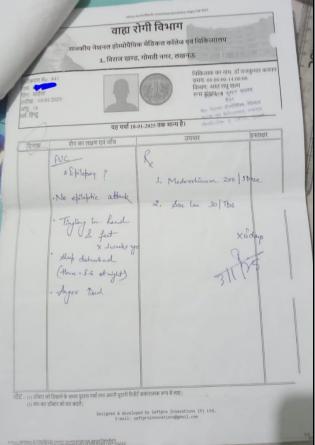
Follow Ups and Prescription

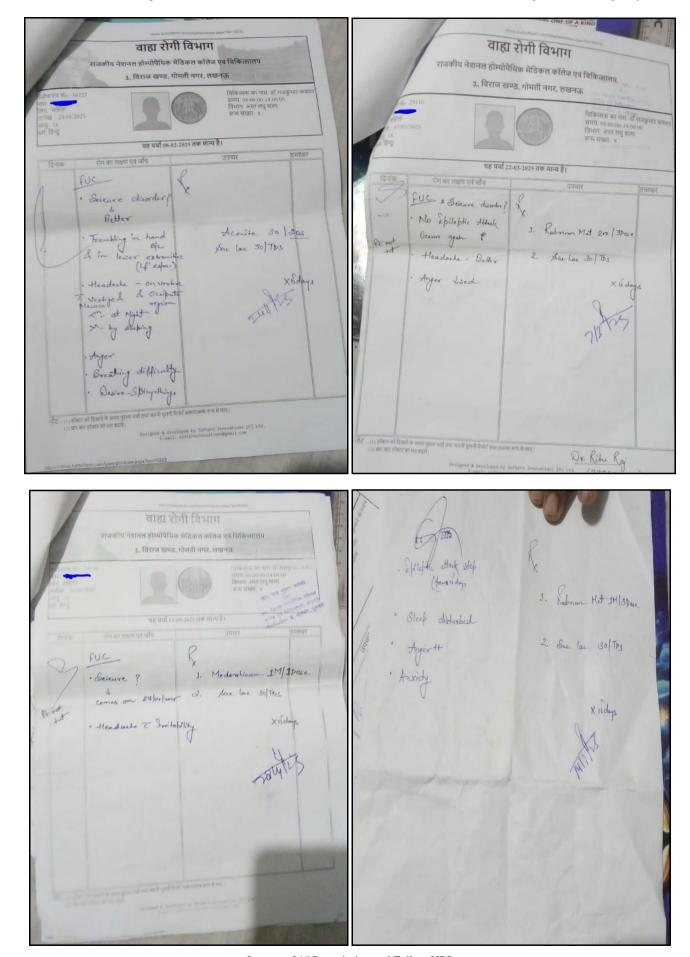
S. No.	Date	Symptoms	Prescription
		Jerky, involuntary movement of the arms and legs decreased in number and time,	·
1.	19/07/2024	now 1-2 times in a day and lasting for 5-10 min.	Placebo 200/1 dose Sac lac 30 /TDS
		Headache slightly decreased.	
		Sleeplessness as it is.	
		Forgetfulness as it is.	
2.	23/08/2024	Jerky, involuntary movement of the arms and legs same as previous follow up (in	Placebo 200/1 dose Sac lac 30 /TDS
		number and time both, 1-2 times in a day and lasting for 5-10 min). Headache as it is.	
		Sleeplessness as it is.	
		Forgetfulness as it is.	
3.	16/09/2024	Jerky, involuntary movement of the arms and legs decreased in number and time,	Placebo200/1 dose Sac lac 30/TDS
		now 1 time in a day which lasts for 2min.	
		Headache decreased.	
		Sleeplessness as it is.	
		Forgetfulness decreased.	
4.	11/10/2024	No Jerky, involuntary movement of the arms and legs.	Sac lac 30/TDS
		Headache better.	
		Sleep slightly improved.	
		Memory improved.	
5.	04/11/2024	No Jerky, involuntary movement of the arms and legs.	Sac lac 30/TDS
		Headache better.	
		Sleep improved.	
		Memory good.	
6.	03/01/2025	No Jerky, involuntary movement of the arms and legs.	Medorrhinum 200C/1 dose Sac lac 30 /TDS
		Headache better.	
		Sleep disturbed due to anxiety.	
		Anger slightly increased than before.	
7.	24/01/2025	No Jerky, involuntary movement of the arms and legs.	Aconite 30C/SOS
		Headache sometimes sudden and violent due to anxiety.	
		Tingling in extremities	
		Sleep disturbed, (5-6 hrs only at night).	Sac lac 30/TDS
		Anger ++	
		Memory good. No Jerky, involuntary movement of the arms and legs.	
8.	07/03/2025	Tingling in extremities decreased.	Placebo 200/1 dose Sac lac 30/TDS
		Headache decreased.	
		Anger decreased	
		Sleep slightly improved.	
		Memory good.	
		Jerky, involuntary movement of the arms and legs reoccur on 27/04/2025. It's	
9.	28/04/2025	times duration for 2-3 min and once in a day.	Medorrhinum 1 M/1 dose Sac lac 30 /TDS
		Headache with irritability.	
		Sleep improved.	
		Memory good.	
10.	16/05/2025	No Jerky, involuntary movement of the arms and legs.	Sac lac 30 /TDS
		Headache decreased.	
		Sleep improved.	
		Memory good	
11.	09/06/2025	No Jerky, involuntary movement of the arms and legs.	Sac lac 30/TDS
		Headache better.	
		Sleep good.	
		Memory good.	
	14/07/2025	No Jerky, involuntary movement of the arms and legs.	Sac lac 30 /TDS
12.		Relief in headache.	
		Sleep good.	
		Memory good.	











Images of 1st Prescription and Follow UPS

Discussion

Epilepsy encompasses a group of neurological disorders in which abnormal neuronal activity disrupts normal brain function, leading to seizures that may present as agitation or convulsions. In patients with epilepsy, diagnostic changes are often observed on EEG or MRI ^[3, 5].

Due to the prolonged, costly, and often uncertain outcomes of conventional treatment, many patients are increasingly turning to homoeopathy as a safe and cost-effective alternative. The present case highlights the classical symptoms of epilepsy successfully managed with individualized homoeopathic prescription of Medorrhinum, administered in ascending potencies (200C, 1 M) over a period of 12 months, according to the patient's clinical response. No adverse effects were observed during the course of treatment.

Medorrhinum proved to be the most appropriate remedy for this case from a homoeopathic perspective. Moreover, a notable correlation was observed between the patient's mental state and the characteristic symptoms produced by this remedy, further validating its selection.

The case was completely cured with Medorrhinum, which was selected on the basis of the totality of symptoms and corroborated through consultation with the materia medica [6,7]. The choice of potency and the repetition of doses were guided by fundamental homoeopathic principles, taking into account the individual's susceptibility as well as the guidelines for the second prescription as outlined in Kent's philosophy [8-10].

Conclusion

Homoeopathy, as a holistic system of medicine, emphasizes understanding the patient in a comprehensive manner. This approach helps in planning individualized management that addresses the person as a whole. By restoring balance on physical, emotional, and mental levels, homoeopathy supports overall health. As a result, the individual's quality of life improves, enabling them to realize their full potential.

Conflict of Interest

Not available

Financial Support

Not available

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