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Epilepsy is a well known disease even to a layman. Epilepsy is having a long history and has also been mentioned in Ayurvedic literature. Most of the time epilepsy is a life long disease and it creates problem especially when children have to stop their studies or when the earning capacity of the adults are affected.

In the past most of the epileptics were thought to be idiopathic in nature and no attempt was made to find out its curable cause.

It is easy to diagnose epilepsy on the basis of history especially when given by a person, who had seen an epileptic fit or on clinical examination just after attack. However, at times it is difficult to diagnose epilepsy in some particular situations, viz. when proper history could not be obtained or when the attack has not been seen by a person, convulsions in infant do not always means epilepsy. Attacks of grand mal associated with fever are referred to as febrile convulsions. In tetanus, attacks of grand mal are accepted as a integral part of the illness; when fits occur after a prolonged bout of coughing the use of the word epilepsy is not justifiable. However, if the convulsions alone are present without the above mentioned association then the diagnosis of epilepsy is made without any question. With the help of ECG one can differentiate epilepsy from hysterical fits most of the time but not
always. EEG might help in finding whether the epilepsy is
generalized or focal or focal with secondary generalization.
EEG can tell us the exact site of the discharge.

EEG often gives the vague idea in telling about
the etiology of the seizures. Such as if slowing is seen
in the record then we can suspect that there is a destruc-
tive lesion in the brain like tumor. If spikes or sharp
waves are seen then we suspect that there is an excitatory
lesion like scar mark.

The diagnosis of epilepsy is made mainly on
clinical grounds and EEG might be helpful to confirm the
clinical diagnosis. In equivocal cases finding suggestive
of epilepsy will be diagnostic. Normal EEG does not exclude
epilepsy. Apart from EEG we can take the help of other
investigations such as CT Scan, Positron Emission Tomo-
graphy and Magnetic Resonance Imaging. The facilities of
these investigations are not available in most of the
centres.