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AIDS and Epilepsy

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The aim of this study was to describe the prevalence of epilepsy among Sudanese AIDS patients and to study the underlying causes and types of epilepsy. About 700 AIDS patients were included in this cross-sectional hospital based study. Almost 5.71% of the patients had epilepsy and 50% of them had generalized convulsion. Encephalitis was found to be the commonest cause of epilepsy followed by meningitis, brain abscess, CNS lymphoma and toxoplasmosis. The EEGs showed abnormal discharge in 28 patients (70%). AIDS is a great mimicker. It can be present in almost any neurological manifestation. Epilepsy is not an uncommon neurological manifestation associated with AIDS.

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Epilepsy looking beyond medicine: Cultural and religious options

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Epilepsy to a medical person is a medical condition that affects the brain. But the astonishing aspect of this disease condition is that scientifically the cause is much unknown (idiopathic) and treatment is inadequate. Different causes has been attached to various types of epilepsies which include prenatal injuries, hereditary and genetic causes, mutations, environmental causes and also it may happen due to any infection or inflammation. Many people who develop epilepsy below the age of 20 will 'grow out of it' in adult life. Epilepsy is associated with loss of consciousness, or convulsions, and abnormal electrical activity in the brain. Epilepsy, due to advanced technology and care in advance nation of the world, seems to be on a decline and that 80% of the individuals with epilepsy are found in developing countries, evidence have proved that developing countries like Nigeria due to cultural and religious practices have had major breakthroughs in the treatment and cure of epilepsy. We have more than 40 different types of seizures with totally different causes, symptoms, and therapies. Generalized seizures, intractable epilepsy, idiopathic epilepsy, temporal lobe epilepsy, refractory epilepsy, photosensitive and focal epilepsy, rolandic epilepsy and childhood epilepsy are caused by hereditary or problems at birth. The negative impact of epilepsy is much on its patients and immeasurable. The unpredictability of seizures imposes severe restrictions on them; it alters their lifestyle and can inhibit patient's social interactions. Patients neither are restricted from driving and associating nor are they allowed going for recreation, opportunities for education and employment are reduced, inhibited marital status and sometimes advised to avoid getting pregnant. The worst of this trend is the stigmatization of victims. This paper is an effort to address the cultural and religious aspect of the causal and treatment options for epilepsy. This paper acknowledges the fact that epilepsy is a medical issue just like some other diseases, but most cases they are not, most cases of epilepsy falls within the realms of culture and religion. In both cases, the patient symptoms look much alike and one might not be able to distinguish between the two, but doing counseling or consultation, the consultant doing questioning can observe that what triggers off the disease in the patient cannot be scientifically explained or linked to medical condition of the patient and the second distinguishing factor is the treatment options. While it takes a gradual step and years to medically treat epilepsy but with the cultural and religious treatment of it, as a pastor, I have witnessed epilepsy been cured instantly. It will be more result oriented if the two approaches are considered to address the problem of epilepsy.

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