Pharmacy Self Care Health Facts Column
By John Bell – 21 May 2009 No. 1154

Understanding epilepsy

More than a century after his death the famous artist Vincent van Gogh is back in the news – not for his art but because of a new theory as to how he lost his ear.

There had been general agreement that van Gogh's head wound was self-inflicted, subsequent to an argument with fellow artist Paul Gauguin. Now two German art historians claim there is evidence to support the theory that Gauguin himself dislodged van Gogh's ear. Apparently Gauguin was as mighty with the sword and he was with the pen and ink.

Apart from the ear injury van Gogh had an interest in medical history. It has been suggested his liking for yellow was as a result of a side effect of a medication he was taking for his heart. He also suffered from epilepsy confirming that this condition no way adversely affects intelligence. In fact, other high achievers were also victims of variable brain waves. Scientists Edison and Einstein, writers Socrates and Dickens and musicians Handel and Tchaikovsky are all known to have had epilepsy.

Epilepsy is a comparatively common condition – about 2% of Australians are affected by epilepsy at some time in their lives. So it is well known, but not well understood. National Epilepsy Awareness Week, which is celebrated during May each year, sets out to address these misunderstandings.

The myths began many centuries ago. The Babylonians first described epilepsy as the "falling down disease" – a fairly reasonable description; but they also believed it affected people who were possessed by demons and ghosts.

During the Middle Ages, it was thought that epilepsy was a contagious disease. The ancient Greek physicians led by Hippocrates were less superstitious although they did believe epilepsy was passed on through families from one generation to the next. Of course, epilepsy is not contagious, nor is it really a disease. We now know that there are genetic causes, but there are many other causes too; and in about half the cases the actual cause is not known.

Actually, there are several types of epilepsy. In the so-called "tonic-clonic" epilepsy, which used to be known as grand mal, the person falls, goes stiff, and shakes all over. They may be unconscious for several minutes. This is probably the typical image of epilepsy.

"Absence" seizures (petit mal) are like a blank spell. The person stops what they are doing and just stares for between 5 and 30 seconds. This type of seizure occurs mainly in primary school age children. The child may have problems paying attention in class resulting in learning difficulties.

"Complex partial" seizures are probably the most misunderstood because this form of epilepsy can be mistaken for drunkenness or drug abuse due to similar behaviour patterns. The person having one of these seizures may wander aimlessly, mumble and be glassy-eyed.

In the 17th century, German chemist Johann Hartmann recommended as a treatment for epilepsy "a powder to be compounded only in May, June or July from the livers of live green frogs".

Much more recently there have been significant advances in the treatment of epilepsy with some new medicines becoming available. These medicines, usually taken in conjunction with older preparations, can mean better control with fewer side effects, and not a frog in sight.

And there is new general information about epilepsy as well. The *Epilepsy* Fact Card is available from pharmacies around Australia providing the Self Care health information. For the location of your nearest Self Care Pharmacy phone 1300 369 772 or log on to the Pharmaceutical Society of Australia website at www.psa.org.au