



The Northeast Regional Epilepsy Group provides comprehensive care to children and adults with epilepsy, using state of the art diagnostic procedures and applying the latest advances in medical and surgical treatment.

EPILEPSY NEWS

March 2009

Volume 6, Issue 1

www.epilepsygroup.com

FROM THE DIRECTOR

It would be difficult to read a newspaper or watch TV without the mention of alternative therapies that profess to either manage or cure a specific condition. And, with Internet access, even more widespread information and supposed supportive clinical data is available with a simple point and a click.

Not all claims are false. And, we know that not all are true. What is certain is that complementary alternative methods are here to stay, and we can best support our patients by understanding their pro's and con's and having an open dialogue with them about their use.

Dr. Zaatreh's thoughtful article below should be of great help as we supervise the care of our patients who not only struggle with their disease, but also are forced to struggle with the many multi-media treatment choices before them.

Marcelo Lancman, M.D.
Medical Director

COMPLEMENTARY AND ALTERNATIVE THERAPIES IN EPILEPSY

By Megdad Zaatreh, M.D.

Complementary and alternative medicine (CAM) is the term widely used by physicians and the public to describe the spectrum of therapies that extend from acupuncture, herbal supplements, yoga, diets, musical therapy and other medications that are available over the counter without a prescription. A quick Internet search reveals an abundance of "Natural Cures" for ailments ranging from cancer to AIDS. Moreover, these cures are described typically as "very effective" and "easy to use." Unfortunately, solid scientific support of such cures is mostly lacking or completely nonexistent.

The decision to employ CAM is multifactorial: patients with chronic disorders, such as epilepsy or arthritis tend to try CAM more often than those who have an acute disorder. Also, with the more recent emphasis on organic and natural elements, patients can perceive these therapies as "natural" and therefore, harmless. Information regarding the prevalence of complementary and alternative medicine product use among persons with epilepsy is limited. Partially, this is due to the fact that less than 50% of patients inform their physicians about the use of CAM. In addition, physicians may not ask about the subject and may feel uncomfortable discussing the lack of evidence or knowledge they have about the effectiveness of these therapies.

Few studies have addressed the use of CAM in patients with epilepsy. One recent exception is a study from the University of California, San Francisco, led by Brian Alldredge, Ph.D. It highlights some aspects of the use of CAM in epileptic patients. The study involved a comprehensive survey that was completed by 187 patients or their caregivers about the use of CAM, including the kind of complementary and alternative medicine products used, reasons for product use, length of use, adverse effects, where complementary and alternative medicine products were purchased, monthly expenditures, and physician knowledge of patient complementary and alternative medicine use. In addition, standard demographic questions, information pertaining to seizure data such as a description of event and frequency, was also elicited, as was data about the type of antiepileptic drugs (AED) taken and any adverse effects associated to them.

The results indicated that 56% of patients used complementary and alternative medicine products. Primary use was of vitamins (about 80%), and of those, about one third used megavitamin therapy. Herbal supplements including Ginseng, St. John's Wort, Ginkgo Biloba, echinacea, ginger and garlic, among others, were reported in about 20% of patients. Over the counter supplements such as glucosamin-chondroitin, melatonin, omega 3, glutamine, DHA, Co enzyme Q 10, and fish oil were observed in about 15%. Caffeine and grapefruit juices were reported in 3%.

The majority, 68% of patients, reported that they did not disclose the use of CAM products to their physician. Most patients said that they took complementary and alternative medicine products for general health reasons or to supplement their diet in areas they thought they might be deficient in. This represented 35% of the patients. Other common reasons for use were to improve bone health, to increase energy, and to boost the immune system. About 8% used a product for the explicit purpose of benefiting an epilepsy condition or to alleviate AED-related adverse effects. The investigators found a low correlation between the use of complementary and alternative medicine products and adverse effects on AED therapy.

According to the above mentioned and two other studies (1,2), patients with epilepsy are just as likely to use complementary and alternative medicine products regardless of whether their seizures were well-controlled or refractory to treatment. The same held true for side effects. Patients with or without bothersome side effects were equally likely to use complementary and alternative medicine products.

Two special concerns for patients with epilepsy are the interaction between CAM and the patients' anticonvulsants as well as the potential effect these products may have on the patients' seizures. A review of commonly used CAM product information showed that one third of patients used products containing ingredients that could either increase the occurrence of seizures or alter the hepatic drug clearance of anticonvulsants. Examples of the products containing ingredients that had the potential to increase seizure occurrence include ephedra, ginseng, evening primrose, and ginkgo biloba. Examples of the products that could interfere with the metabolism of anticonvulsants included St. John's Wort, echinacea, and garlic.

Other types of CAM include diet therapy and stress reduction techniques such as yoga and music therapy. There is not sufficient research available to corroborate the effectiveness of these techniques in reducing seizure activity. Despite this, such techniques obviously have the advantage of not interfering with patient's anticonvulsants. Moreover, stress reduction techniques may increase patients' well being in general and alleviate some of the side effects of medications. They could also prove beneficial in reducing mild anxiety and depression. However, well-designed scientific studies to explore the role of stress reduction techniques are needed.

Some patients advocate for diet therapy as a treatment for epilepsy. The ketogenic diet was developed in the early twentieth century based on the observation that ketosis is associated with the reduction of seizures. Ketosis can be produced by a diet high in fat and very low in carbohydrate and protein. The ketogenic diet has been evaluated in several preliminary and a few controlled trials. The diet appears to be effective in one-third to one-half of pediatric epilepsy cases, and can be partially effective in another one-third of cases. There is little research on the effects of the ketogenic diet in adults. The Atkins diet is similar to the ketogenic diet, in that they are both high in fat and very low in carbohydrate. The Atkins diet, however, is easier to follow than the ketogenic diet, as it allows more liberal amounts of protein and has fewer calorie restrictions. Unfortunately, at this time, the effect of the Atkins diet has still not been well studied in patients with epilepsy.

A word of caution, diet therapy to treat seizures is not without side effects, and is not for everyone. The diet should only be initiated by a trained professional team, under close medical supervision, and at times, even in a hospital setting. During this initiation, family members should be trained to ensure successful maintenance.

In addition to the above-mentioned CAM, there is another group of alternative therapies for epilepsy. Body Cleansing (bowel, dental, kidney and liver cleanse in that particular and specific order) is one. Another is sweating therapy that may be considered a powerful way to cleanse the body from accumulated toxins. This is accomplished with trampolining, Martial Arts, swimming in unchlorinated water, and drinking warm tea in a hot room while eating Cayenne pepper.

In the future, some alternative therapies may be proven to be helpful. However, these conclusions will need to be reached after conducting well-designed studies to assess their safety and effectiveness. Unfortunately, we are not there yet, and for this reason, caution should be employed before starting CAM treatments.

References

1. Sirven JI. Alternative therapies for seizures: promises and dangers. *Semin Neurol.* 2007; 27(4):325-30.
2. Liow K, Ablah E, et al. Pattern and frequency of use of complementary and alternative medicine among patients with epilepsy in the midwestern United States. *Epilepsy Behav.* 2007; 10(4):576-82.

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COMMUNITY EDUCATION PROGRAM

"FIRST ANNUAL NEREG CONFERENCE ON EPILEPSY"

Saturday, April 4th - 9:00am • Sheraton Crossroads; 1 Int'l Blvd. #100, Mahwah, NJ 07495

The SIEDC Business Council's Health & Environmental Conference "PROMOTING A HEALTHY LIFESTYLE ON STATEN ISLAND"

Thursday, September 24th - 8:00am • Hilton Garden Inn; 1100 South Ave., Staten Island, NY, 10314

ADULTS WITH EPILEPSY AND THEIR CARETAKERS

1st Thurs. of the Month - 6:30 pm • White Plains Hospital Medical Library; Davis Ave. & E Post Rd., White Plains, NY 10601

2nd Tues. of the Month - 6:30 pm • Wallkill Medical Arts Building; 390 Crystal Run Rd. - Ste 101, Middletown, NY 10941

2nd Wed. of the Month - 3:00 pm • Medical Pavilion; 4256-1 Bronx Blvd., Bronx, NY 10466 (call (718) 654-6184 to register or for info.)

2nd Thurs. of the Month - 6:30 pm • Overlook Hospital; Atlantic Neuroscience Inst. Conf. Rm.; 99 Beauvoir Ave., Summit, NJ 07902 (call (908) 522-2092 to register or for info.)

3rd Mon. of the Month - 7:00 pm • Richmond University Medical Center; 355 Bard Ave., Conf. Rm. C, Staten Island, NY 10310 (call (718) 818-1214 to register or for info.)

3rd Tues. of the Month - 6:30 pm • St. Luke's Cornwall Hospital - Newburgh Campus; Conf. Rm. C (3rd fl.), 70 Dubois St., Newburgh, NY 12550

3rd Thurs. of the Month - 6:30 pm • Hackensack University Medical Center; 20 Prospect Ave. - Ste 800, Main Conf. Rm., Hackensack, NJ 07601 (call (908) 522-2092 to register or for info.)

PARENTS OF CHILDREN WITH EPILEPSY

1st Tues. of the Month • Northeast Regional Epilepsy Group; 21 Old Main St. - Ste 101, Fishkill, NY 12524 (call (845) 695-6885 to register or for info.)

TEEN GROUP

TBA • Northeast Regional Epilepsy Group; 21 Old Main St. - Ste 101, Fishkill, NY 12524

VETERANS EDUCATIONAL SUPPORT GROUP

3rd Mon. of the Month - 10:30 am • Northeast Regional Epilepsy Group; 390 Crystal Run Rd. - Ste 101, Middletown, NY 10941

SPANISH SUPPORT GROUP

1st Thurs. of the Month - 5:00 pm • Northeast Regional Epilepsy Group; 104 E 40th St. - Ste 607, New York, NY 10016 (Llame a Darlennys para anotarse al (212) 661-7460)

For more information or to register for a group educational program,
 call Ann Marie at (845) 695-6885.

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