

SEIZURES AND BRAIN INJURY

Seizures do not cause brain injury. They are a consequence of brain injury. Unfortunately, medication therapy for seizures is customary, with the assertion by treating physicians that the drugs used will suppress seizures and protect the brain. What happens, however, is that the drugs invariably suppress the brain, and often do not prevent seizures.

All seizure medications are sedatives. They cause drowsiness, reduced alertness, lowered consciousness. What children with impaired brain function require is more consciousness, more alertness, so that the brain can develop. In suppressing alertness anti-seizure medications prevent development, and maintain children in an impaired state. They thus create the very damage they are purported to arrest.

I have seen many children, including infants, who were maintained on two, three or four medications all at once, because a single drug was ineffective in controlling seizures. Often they did not move or respond to speech or touch. They were virtually comatose. Sometimes the children did not even manifest seizures. The doctors were just treating the spikes on their EEGs. One parent said, "They told me my child has a seizure every eight seconds," although the child didn't so much as twitch.

When the children were started on a brain stimulation program, and the anti-seizure medications were slowly reduced, the seizures were fewer. In the test to determine whether drugs were beneficial, the children served as their own controls. While they were given drugs, they did not improve. When the drugs diminished, the children awoke. They made progress, and the seizures did not increase.

The most effective anti-seizure measures include masking, elimination of all food additives, preservatives, colorings, and restriction of salt and fluid intake. Magnesium and vitamin B6 are also effective in controlling seizures. We believe as well that an active program of brain stimulation through physical, physiological and intelligence methods will grow the brain, and that this growth itself reduces seizures.

Some exceptions apply. Status epilepticus is a condition of continuous grand mal seizures without pause. It can endanger life and should be treated with medication. If vomiting occurs, the child may aspirate and develop pneumonia. Vomitus should be removed from the mouth with a finger. Some children experience a prolonged post-ictal state of persistent drowsiness, and are unable to pursue any activities for hours or days. If this occurs, parents must decide whether the sedation from drugs or from seizures is more severe, and

act accordingly. A high level of alertness is critical, because it enables progress.

Using the right program, anti-convulsants can be discontinued in 75% of children, and reduced in most of the rest.

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