

Efficacy of Individualized Homoeopathic Medicines in Reducing Seizure Frequency in Children with Cerebral Palsy and Epilepsy - A Case Series

Dr. Mita Gharte¹, Dr. Natasha Dewani², Dr. Shivani Pande³

¹BHMS, MD, Professor (Paediatric department), Motiwala (National) Homoeopathic Medical College, Nashik, Maharashtra.
Email: drgharte[at]rediffmail.com

²BHMS, MD, Assistant Professor (Paediatric department), Motiwala (National) Homoeopathic Medical College, Nashik, Maharashtra
Email: dewaninatasha91[at]gmail.com

³BHMS, PG Scholar, Homoeopathic Physician, Nashik, Maharashtra
Email: drshivanipande97[at]gmail.com

Abstract: *Background:* Cerebral palsy (CP) is the most common cause of chronic motor disability in childhood and is frequently associated with epilepsy. Nearly 30–50% of children with CP develop seizures, often early in life, recurrent, or drug-resistant. Persistent seizures adversely affect neurodevelopment and quality of life. Homoeopathy offers individualized, safe, non-toxic management options. **Objectives:** 1. To assess the efficacy of individualized homoeopathic medicines in reducing seizure frequency in children with CP and epilepsy. 2. To evaluate changes in seizure duration and intensity. 3. To identify commonly prescribed homoeopathic remedies. **Method:** Thirty children (0–16 years) with CP and epilepsy were enrolled. Baseline and follow-up seizure grading was assessed using the Seizure Assessment Grading Scale (SAGS) for seizure frequency, duration, and intensity. Individualized prescriptions were made after detailed case taking and repertorization with CARA software. Statistical analysis was performed using paired t-test. **Results:** Homoeopathy showed significant improvement. 18/30 cases (60%) improved in seizure frequency. Mean frequency score reduced from 2.33 ± 0.61 to 1.73 ± 0.69 ($p < 0.001$). Duration scores reduced from 1.90 ± 0.48 to 1.43 ± 0.57 ($p < 0.001$). Intensity scores decreased from 1.87 ± 0.94 to 1.47 ± 0.78 ($p < 0.001$). Frequently indicated medicines included Belladonna, Silicea, Natrum muriaticum, Cicta virosa, Stramonium, and Lycopodium.

Keywords: Cerebral palsy, Epilepsy, Seizures, Homoeopathy

1. Introduction

Cerebral palsy (CP) comprises a group of permanent, non-progressive disorders of movement and posture resulting from injury to the developing fetal or infant brain [1, 2]. Although the primary brain lesion is static, children with CP often present with evolving clinical manifestations and multiple comorbidities such as intellectual disability, speech impairment, behavioural problems, sensory deficits, and epilepsy [3].

Epilepsy is one of the most common and disabling comorbidities in CP, occurring in approximately one-third to one-half of affected children [3–5]. The prevalence is higher in spastic quadriplegia and hemiplegic CP due to extensive cortical involvement [5, 6]. Seizures in CP usually have early onset, are recurrent, and are often difficult to control with conventional antiepileptic drugs (AEDs), leading to drug-resistant epilepsy in a significant proportion of cases [4, 7].

Persistent seizures adversely affect neurodevelopmental outcomes, cognitive function, behaviour, and overall quality of life, while also increasing caregiver burden and long-term morbidity [6, 9].

Homoeopathy offers a holistic and individualized approach to disease management, emphasizing the totality of symptoms, including mental, physical, and constitutional

features. Several homoeopathic medicines- such as Belladonna, Cicta virosa etc- have well-documented actions on the nervous system and are traditionally indicated in convulsive disorders [10–12]. Observational evidence and clinical experience suggest that individualized homoeopathic treatment may help reduce seizure burden safely in children with CP.

2. Literacy Survey

Several studies have documented the high prevalence and severity of epilepsy in children with cerebral palsy. Rosenbaum et al. and Sankar et al. highlighted the strong association between the extent of brain injury and seizure occurrence in CP [1, 2]. Colver et al. reported that epilepsy significantly worsens functional outcomes and participation in daily activities [3].

Conventional management with AEDs often provides incomplete seizure control and may be associated with adverse effects, especially with long-term use in children [4, 7]. Homoeopathic literature describes the use of medicines such as Belladonna, Cicta virosa, Cuprum metallicum, Stramonium, Hyoscyamus niger, Silicea, and Natrum muriaticum in convulsive and neurological disorders [9–11]. However, systematic clinical studies evaluating homoeopathy in CP-associated epilepsy remain limited, indicating a research gap.

Volume 14 Issue 12, December 2025

Fully Refereed | Open Access | Double Blind Peer Reviewed Journal

www.ijsr.net

3. Material & Method

Study design

The study was designed as a case series and included 30 pediatric cases. It was conducted in the college outpatient department (OPD), a private clinic, and community health camps. The total duration of the study was 18 months.

Methodology

Participants were selected through simple random sampling, and Detailed case-taking included antenatal, perinatal, and postnatal history, developmental milestones, seizure semiology, CP type, associated comorbidities, and constitutional features.

Inclusion and Exclusion Criteria:

Children aged 0–16 years diagnosed with cerebral palsy and epilepsy. Patients not receiving any other antiepileptic or alternative therapy. Willingness of parents/guardians to participate in the study.

Children above 16 years of age. Cerebral palsy without epilepsy. Irregular follow-up or non-cooperation were excluded from the study.

Statistical Analysis

A self-designed Seizure Assessment Grading Scale (SAGS) was used to assess seizure frequency, duration, and intensity at baseline and after treatment. Higher scores indicated greater seizure severity. Repertorization was performed using CARA software, and individualized homoeopathic medicines were prescribed. Follow-ups were conducted regularly, and changes in SAGS scores were recorded.

Pre- and post-treatment scores were compared using paired t-test. A p-value < 0.001 was considered statistically significant.

4. Statistical Observation

A total of 30 pediatric cases of CP with epilepsy were studied. The data were analysed for distribution of cases according to remedies prescribed, gender, type of convulsion, age group, and treatment outcome.

1) Remedies prescribed

Belladonna (6 cases) and Silicea (5 cases) were the most frequently prescribed remedies, followed by Natrum muriaticum, Cicuta virosa, Stramonium, and Lycopodium clavatum (4 cases each). Other remedies were used less frequently, and in some cases more than one medicine was prescribed according to clinical presentation. (fig 1)

2) Gender distribution

Out of 30 cases, 18 males (60%) and 12 were females (40%). This shows male prevalence more than female paediatric patient. (Fig 2).

3) Types of convulsions

The most common type was tonic-clonic convulsion 12 (40%), followed by myoclonic seizures 6 (20%). Focal aware convulsions 4 (14%) and absence seizures 3 (10%) were less frequent. Atonic convulsions 3 (10%) were also observed.

focal impaired awareness 1 (3%) and focal motor convulsions 1 (3%). (Table 1)

4) Age-Wise Distribution

The age-wise distribution showed maximum cases in the early childhood group (4–6 years), accounting for 36% of cases, followed by middle childhood (7–10 years) with 30%. Fewer cases were observed in pre-adolescence (11–15 years, 27%) and toddlerhood (1–3 years, 7%), indicating higher presentation during early developmental years. (fig 3)

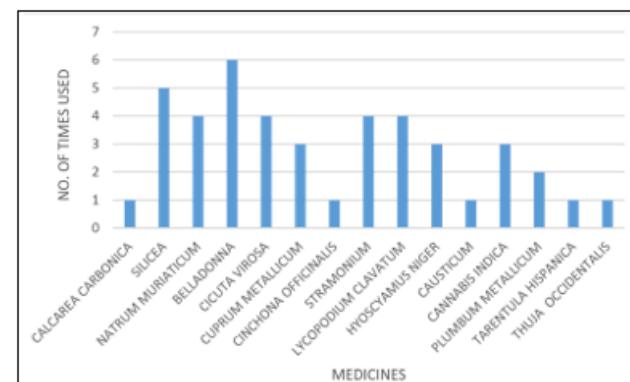


Figure 1: Remedies prescribed

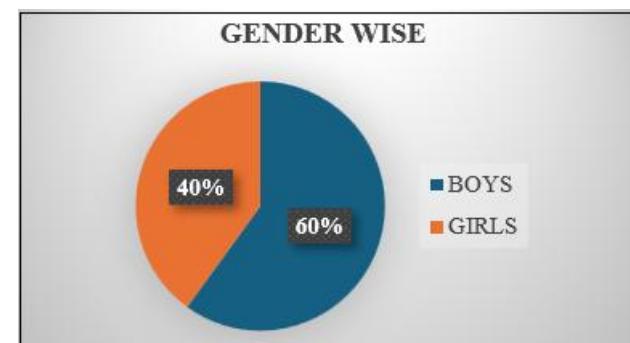


Figure 2: Gender distribution

Table 1: Types of convulsions

| S. no | Types of convulsions | No. of cases |
|-------|-------------------------------------|--------------|
| 1 | Tonic clonic convulsion | 12 |
| 2 | Absence convulsion | 3 |
| 3 | Myoclonic convulsion | 6 |
| 4 | Atonic convulsion | 3 |
| 5 | Focal aware convulsion | 4 |
| 6 | Focal impaired awareness convulsion | 1 |
| 7 | Focal motor convulsion | 1 |

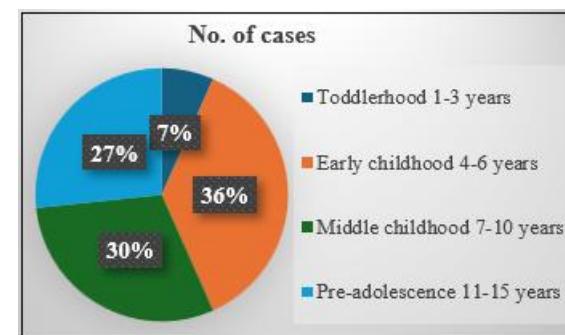


Figure 3: Age wise distribution.

5. Result

Primary Objective:

Out of 30 cases studied, 18 patients (60%) showed improvement in seizure frequency, while 12 patients (40%) remained unchanged. No case showed worsening of seizures. Mean seizure frequency score reduced from 2.33 ± 0.61 before treatment to 1.73 ± 0.69 after treatment, which was statistically highly significant ($p < 0.001$).

Secondary Objective:

- a) Seizure duration score reduced from **1.90 ± 0.48 to 1.43 ± 0.57** ($p < 0.001$), and seizure intensity score reduced from **1.87 ± 0.94 to 1.47 ± 0.78** ($p < 0.001$). The overall mean SAGS score decreased from **6.10 ± 1.29 to 4.63 ± 1.45** , indicating significant reduction in overall seizure burden.
- b) The most frequently prescribed medicines were Belladonna (6 cases), Silicea (5 cases), Natrum muriaticum (4 cases), Cicuta virosa (4 cases), Stramonium (4 cases), and Lycopodium clavatum (4 cases), highlighting the individualized nature of homoeopathic prescribing.

6. Discussion

Learning Experience

This study demonstrated that individualized homoeopathic treatment resulted in statistically significant reduction in seizure frequency, duration, and intensity in children with cerebral palsy and epilepsy. A 60% improvement rate in seizure frequency is clinically meaningful considering the chronic and often refractory nature of epilepsy in CP [4, 8].

The predominance of generalized tonic-clonic seizures observed in this study aligns with existing literature on epilepsy patterns in CP [5, 7]. The frequently prescribed remedies- Belladonna, Silicea, Cicuta virosa, Natrum muriaticum, and Stramonium—are well documented in homoeopathic literature for convulsive disorders and neurological affections [10–12].

Even in cases where no improvement was observed, seizure stabilization without deterioration was noted, which is clinically valuable in chronic neurological conditions such as CP [6, 9]. Parents also reported subjective improvement in sleep, irritability, alertness, and general well-being of children, suggesting an overall improvement in quality of life.

7. Limitations

Limitations of the study include small sample size, absence of a control group, short follow-up duration, and use of a self-designed assessment scale as there was no specific scale available that include all three parameter which is frequency, duration and intensity in one scale. Nevertheless, the statistically significant outcomes provide supportive evidence for the role of homoeopathy as an effective therapy.

8. Future Scope of Study

Future research should include randomized controlled trials with larger sample sizes and longer follow-up periods to validate these findings.

Comparative studies with conventional therapy and quality-of-life assessments may further establish the role of homoeopathy in CP-associated epilepsy.

9. Conclusion

The study demonstrates that individualized homoeopathic treatment can significantly reduce seizure frequency, duration, and intensity in children with cerebral palsy and epilepsy. Homoeopathy appears to be a safe and supportive therapeutic option in managing this complex condition.

Conflicts of Interest

There are no conflicts of interest.

References

- [1] Rosenbaum P, Paneth N, Leviton A, et al. The definition and classification of cerebral palsy. *Dev Med Child Neurol.* 2007; 49: 8–14.
- [2] Sankar C, Mundkur N. Cerebral palsy—definition, classification, etiology and early diagnosis. *Indian J Pediatr.* 2005; 72: 865–8.
- [3] Colver A, Fairhurst C, Pharoah POD. Cerebral palsy. *Lancet.* 2014; 383: 1240–9.
- [4] Kliegman RM, St Geme JW, Blum NJ, et al. *Nelson Textbook of Pediatrics.* 21st ed. Elsevier; 2020.
- [5] Singh P, Saini AG. Changes in the clinical spectrum of cerebral palsy over two decades. *J Trop Pediatr.* 2013; 59: 434–40.
- [6] Odding E, Roebroeck ME, Stam HJ. The epidemiology of cerebral palsy. *Disabil Rehabil.* 2006; 28: 183–91.
- [7] Novak I, Morgan C, Adde L, et al. Early diagnosis and intervention in cerebral palsy. *JAMA Pediatr.* 2017; 171: 897–907.
- [8] Daroff RB, Jankovic J, Mazziotta JC, et al. *Bradley's Neurology in Clinical Practice.* 7th ed. Elsevier; 2016.
- [9] Kriger KW. Cerebral palsy: an overview. *Am Fam Physician.* 2006; 73: 91–100.
- [10] Boericke W. *Pocket Manual of Homoeopathic Materia Medica.* New Delhi: B Jain Publishers.
- [11] Allen HC. *Keynotes and Characteristics with Comparisons.* New Delhi: B Jain Publishers.
- [12] Clarke JH. *A Dictionary of Practical Materia Medica.* London.