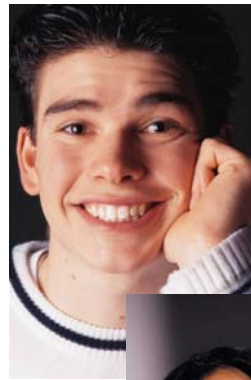


# **How to Win the War with Epilepsy – One Battle at a Time**

By: Mark McElroy



## **Dedication**

To you, the reader.

"The worth of a book is what you get out of it"  
James Bryce

# Contents

<b>Dedication</b> .....	<b>2</b>
<b>Contents</b> .....	<b>3</b>
<b>A Message from the Author</b> .....	<b>4</b>
A Note to Parents, Friends, and Loved Ones.....	5
<b>Introduction</b> .....	<b>7</b>
<b>Chapter 1: The Main Point</b> .....	<b>11</b>
<b>Chapter 2: Taking Control</b> .....	<b>13</b>
Start from the inside! .....	13
<b>Chapter 3: Life is a Protocol</b> .....	<b>18</b>
Homeopathic Alternatives .....	22
Common Sense Seizure Prevention .....	25
If you have active epilepsy and are still having seizures then you're ready for:	
Clinical Trials.....	26
Chemical Warfare.....	27
<b>Chapter 4: Helping the One within You</b> .....	<b>29</b>
NEVER COMPARE!!.....	29
A vital concept that I learned in counseling: The 5 stages of grief.....	30
Grief and Stress .....	31
Recovering From Grief .....	31
Macro Grief and Micro Grief .....	32
The Stages of Seizure.....	32
<b>Chapter 5: Helping Those around You</b> .....	<b>34</b>
<b>Conclusion</b> .....	<b>36</b>
<b>Resources</b> .....	<b>37</b>
<b>Myths and Facts</b> .....	<b>40</b>
Helping Someone through a Convulsive Seizure .....	41
A seizure disorder is epilepsy.....	47
People with epilepsy are seldom brain-damaged. ....	47
People with epilepsy are not usually cognitively challenged. ....	47
People with epilepsy are not violent or crazy. ....	48
People with epilepsy are not mentally ill.....	48
Seizures do not cause brain damage. ....	48
Epilepsy is not necessarily inherited.....	49
Epilepsy is not a life-long disorder.....	49
Epilepsy is not a curse. ....	49

## A Message from the Author

This is about my journey to find a cure for the epileptic seizures that continue to torment me. The knowledge I gained and am relaying to you is specific on how to deal with epilepsy. However, I feel that the life patterns formed and the habits I created from those experiences will apply to a broad range of people fighting the daily battles of debilitating disease and physical disabilities. In fact, much of the information will apply to those in all walks of life wanting to improve themselves in the four areas I talk about.



My experience is my material. I've tried to be as correct as possible in regards to medical facts in my specific case though, this is not a medical book nor is it intended to replace the sound advice of the medical profession. It is meant as a guide to taking control of your life and to become a more balanced person in spite of the challenges you may be faced with.

My style of writing is simple and, hopefully, easy to understand. I don't want the reader to have to search for the truths and the meaning of the book. Hopefully, I will have provided enough information to give you hope that you can overcome your situation and it leads you to more meaningful books, audios and other learning resources.

As you read my story and my suggestions keep the following words of caution in mind. **DON'T JUST GO THROUGH THE MOTIONS OF THE THINGS I SUGGEST. BE EARNEST IN YOUR EFFORTS WHILE APPLYING THE IDEAS IN THIS BOOK. IF YOU'RE ALREADY DOING THE THINGS THAT I'M SUGGESTING DON'T SAY 'WELL I'M DOING THAT AND IT'S NOT WORKING.'** CONGRATULATE YOURSELF FOR DOING WHAT YOU'VE DONE SO FAR AND DON'T QUIT DOING WHAT YOU NEED TO DO TO OVERCOME YOUR WEAKNESESS. The worst thing this book could do is to give you any sort of self-satisfaction for what you've done and leads to your complacency to continue doing it. This is one of the most, if not the most, sinister forces and it alone is enough to inhibit your success in overcoming the many challenges you face.

*"Nothing in this world can take the place of Persistence. Talent will not; nothing is more commonplace than unsuccessful men with talent.*

*Genius will not; unrewarded genius is almost a proverb. Education alone will not; the world is full of educated derelicts. Persistence and Determination alone are omnipotent."*

*Calvin Coolidge*

I want to add one addition to this quote. You must be persistent with the right thoughts and actions in mind. What I hope to present to you in this book are some goals worthy of your persistence.

My first lasting thought I want to convey to you is epilepsy is what you have, not what you are. You are not an epileptic. You are person with epilepsy. Epilepsy is a part of your life. It is not your whole life. You are not different from other people in any major way except for the brief time you're having a seizure. Other people may expect that having epilepsy makes you different but that's **their** mistake. Given the chance you can probably live, work and function in the world just as well as anyone else.

If you're a parent, loved one, or a friend of a person with epilepsy please help them remember that.

### ***A Note to Parents, Friends, and Loved Ones.***

I don't talk much about the role you play in the person's life who's dealing with epilepsy however, your role does play a huge part in it. Your support and love cannot be measured. The love you give must sometimes be the "tough love" that a person needs to move forward with their life.

I have seen many parents who try to shelter their children, even adult children, from the dangers that epilepsy is said to have. The old saying, 'if you love something you must let it go' applies in this situation.

Your pain is something that cannot be discounted either. As a parent myself I know how it feels to want to take away the pain of your child either physical or mental so I can understand how you must feel that your child has something in their brain that's tormenting them.

Thank God I've not had one in 12 years, but when I did have grand mal seizures I would black out towards the end of the seizure. It was in the period between the onset of the seizure and me hitting the floor and convulsing to that point that I could see the person's face who was watching me. Many times it was a family member and the look on their face was so pained that I knew in my heart that

even if they couldn't, or wouldn't, express it they were miserable that I had to go through it.

To the person with epilepsy; remember that about those around you.

## **Introduction**

I started having nocturnal grand mal epileptic seizures due to a blow to the head I received while playing in a high school football game my sophomore year. That was 1979. The position I played was center. He's the player that hikes the ball to the quarterback. After hiking the ball an opposing player and I collided, head to head, and I suffered a concussion.

A few months later my mother started to find my bed sheets completely twisted and on the floor and when she asked me what had happened all I would remember is that something was happening at night that was not right. Finally, a few weeks after I started having seizures I was able to run into the living room one night and yell for my parents before going into a Grand Mal.

I started seeing a neurologist, the first of many, in Fort Worth who prescribed the medication Phenobarbital. I detested the drug because it made me feel so lethargic and dull. I was angry that the anticonvulsants, or AEDs, were making me feel like this so I would take speed and snort cocaine to combat their dulling effects. Ironically, at the same time when the seizures began, I stopped playing football and turned to street fighting to deal with my anger. To escape some mental pain I was dealing with I would smoke pot to get away from reality. So I know for a fact that illegal drugs, especially marijuana, don't stop seizures.

I continued a dangerous and destructive lifestyle and worked several dangerous professions all the while having seizures. Many times I would work midnight shifts for several months in a row. I can't say for sure, but it does seem so, but due to that schedule my seizures that were mostly nocturnal were now, and still are, occurring mostly during the day.

It was with reluctance that I quit what I was doing and come back home and start college. Now that I was back in Fort Worth I went back to the same neurologist I'd been seeing for the past several years to find out if there was anything new I could do to stop my seizures. We tried several different types of seizure medication with the only results being the drugged out feeling you get when you're on too much medicine. Here I was experimenting with different drugs to not feel drugged out when for the last six years I tried everything I could do to feel drugged out. I finally convinced him that I would try ANYTHING to get rid of these seizures. And if a surgery, even though it wasn't guaranteed to stop my seizures, was available I would do it.

We began the process of qualifying me as a seizure candidate by trying a few more medicines, a brain mapping procedure, and that was enough for the young doctor to concede to my request for surgery. We decided upon a hospital in Fort Worth where the first protocol was to perform an arteriogram. A procedure that entails inserting a catheter into the femoral artery in the area located near your groin then a serum or dye is run through it into the brain. Following this, x-rays of the brain are performed with the goal being to uncover any vascular malformations. Since that time alternative tests have been discovered that will produce better results. In 1985, it's less painful now, the x-ray portion of the procedure gave me the same feeling of having a gun shot next to my ear accompanied by a flame thrower to the face. All of this happened on the inside on of my head. The only consolation was that it didn't last very long. Afterwards you were required to lay flat for 24 hours.

While I was lying flat, forbidden to move because of the arteriogram, the young doctor came in and told me and my family that he was not licensed to perform surgery at that hospital. He should count his lucky stars I was lying down! Knowing I was very upset, he worked hard on getting me admitted into a prestigious epilepsy research center in Augusta, Georgia. It was there that I was introduced to the wide array of tests being performed on people with epilepsy. This all occurred in 1985 so I would be interested in knowing how many of these tests exist today.

Starting the first of June of 1986 I had a month long stay at the Medical College of Georgia in Augusta.

The stay at MCG was an eye opener to the world of epilepsy research. So many tests! My first test was when they inserted piano string sized wires into my jaw muscles otherwise known as Sphenoidals. Next was the Arteriogram done in conjunction with a WADA test. I'm still amazed that a catheter can be inserted in the femoral artery next to the groin, and a serum can be injected to deaden one side of the brain. But before the catheter is inserted I was shown a series of objects. There were seven items of which I remember a fountain pen, paper clip, and a hammer. After showing me these items the doctors then inserted the catheter and deadened one side of my brain and asked me what the items were that I'd been shown. I had no problem recalling and reciting them. After a second injection was administered I was asked to recite the seven items. No luck, no way, no how. Talk about a strange feeling.

Every stay in a hospital always included a MR Head. A what? That's what my doctors always called an MRI of the brain. Magnetic Resonance Imaging of the cranial region. Of course now you have a choice other than being inserted into a tunnel and listen to what sounds like being trapped inside the base drum during a

parade. Now they have MRI's that only require that your head be placed in the tunnel. But don't worry. If you do go all the way in the tunnel they're equipped with headphones and the tech will be in constant contact with you.

During most of my testing I was under 24-hour video monitoring.

All the doctors could tell so far was that they thought there were 3 focus points. What they could not tell was which foci the seizure was originating from. There was one large one in the right parietal region and two more in the temporal lobes. What I dreaded, but welcomed if needed, was the decision to implant depth electrodes. Simply put, they were going to surgically implant electrodes on the inside of my head. The incisions were made from below my ears, to the middle of my head and then four holes were drilled in the top of my head to allow the electrodes to exit. The wires were gathered together and called a "pigtail". The "pigtail" made it so I could easily be connected, and unconnected, to the EEG machine. For a week, I was connected to the EEG with no results. I don't have many memories of that week but one piece of advice I can pass along is to never, never blow your nose when you have subdural electrodes implanted!

After all I went thru the final answer was, "we don't know which area of the brain it's coming from so we're not going to do surgery." So they took out all the wires, sewed me up and sent me home.

Today's technology would have made it possible to tell that the large area was a **Cavernous hemangioma**, a birthmark on my brain, that bled when I was hit in the head during that fateful football game.

Before leaving for my month long stay at the Medical College of Georgia I was in poor shape, so when I returned it slowed my recovery time. This ignited in me a fire to eat right and exercise so that the next time I had surgery I wouldn't be so puny during my recovery time.

Looking back, what I also needed was a different mindset. I didn't have anything but a stubborn will to find a cure for my epilepsy. You're going to need that along with a positive mental attitude to continue the daily battle to overcome epilepsy or any of the challenges life throws at you. The most important thing you'll need is someone more powerful than YOU, to help YOU! You need the power of the Creator of the Universe. Each person reading this will have a different idea of what, or who, that is. What's important is that you wholeheartedly embrace that power. I wasn't raised in church but after my surgery I started reading the Holy Bible and was "touched" by the hand of God, or "born again" to some of you reading this. Your beliefs may be based on teachings from the Koran, or the Buddha Bible. Whatever theology you subscribe to, you need to get back to it. If

you don't have a copy of the book that your prospective religion is based on then get a copy, read the copy, study the copy of what you believe. If you don't know what to believe or have never been led to believe anything than do a search on the Internet using the search words, "I need to find a religion". I believe the Holy Bible is the route you should take and will discuss that more in the next chapter.

I was deficient in another area when I returned home from Georgia. I didn't have the proper mental foundation to maintain a relationship with my young wife. I was too caught up in my own self-pity and self-determination to give any support to her.

My inability to give her that support and to communicate with her, before and after the surgery led to our divorce not long after my return home.

My combination of self-pity and self-determination was also a factor in my driving many of my friends and family away from me. To this day I still need to be careful of this, especially after a seizure or when I'm toxic. What I mean by toxic is that I have more of the anticonvulsants in my system than I can handle. It's a fact that anticonvulsants have many side effects and in large enough doses can act as convulsants. Whenever I get too much in my system I suffer the side effects of drowsiness, double vision, and ataxia. In other words, I feel like I'm drunk but I don't want to be drunk which makes it even more irritating.

As the years went by, each time I had a surgery, a different procedure or tried a new drug it seemed that a different part of me was developed. In some ways I matured beyond my years and in others I was stuck at 16 waiting for the seizures to stop. What was evident was that not having the spiritual, physical, and mental stamina to handle life with active epilepsy was a problem. I also needed to be able to communicate with those around me about my epilepsy. Of course you need all of these for life with any disability, condition, or just life!

## **Chapter 1: The Main Point**

The main point: You must develop the Spiritual, Physical, Mental, and Social elements of your personality to handle life with active, or inactive, epilepsy. The same applies with any condition and life in general.

Epilepsy is what you have, not what you are. You are not an epileptic. You are a person with Epilepsy. Epilepsy is a part of your life. It is not your whole life. You are not different from other people in any major way except for the brief time you're having a seizure. Other people may expect that having epilepsy makes you different but that's their mistake. Given the chance you can probably live, work and function in the world just as well as anyone else. All that being said you still must deal with what you have.

Just to let you know that you're in good company I wanted to let you know about a few other people that had epilepsy:

**Aristotle** - (384 BC – 322 BC) Aristotle was a Greek philosopher writing on many different subjects including zoology, biology, ethics, government, politics, physics, metaphysics, music, poetry and theater. He was also a great teacher for Alexander the Great. Aristotle was one of the first to point out that epilepsy and genius were often closely connected. He found that the seizure disorders may have the ability to increase brain activity in specific places and maybe also enhance a person's natural abilities to a certain extent.

**Theodore Roosevelt** - (October 27, 1858 – January 6, 1919) 26th President of the U.S. Roosevelt was a soldier, historian, explorer, naturalist, author, and Governor of New York later who become the President of the United States at the age of 42 years old. He was well known for having a vast range of objectives and achievements, all with an energetic determination and a hard "cowboy" persona. He was subject to epileptic seizures, his eyesight was bad, and he also suffered from asthma, but was still a man of courage and strength appreciated by many.

**Socrates** - (470 BCE–399 BCE) was a Classical Greek philosopher. He is best known for the creation of Socratic irony and the Socratic Method, or elenchus. Socrates developed the practice of a philosophical type of pedagogy, in which the teacher asks questions of the students to elicit the best answer, and fundamental insight, on the part of the student.

Epilepsy should not keep you from sports:

**Buddy Bell** - played more than 17 seasons of professional baseball and was named an all-star by fans five times; was later active as director of minor league operations for the Chicago Cubs; was also a manager of the Detroit Tigers; recorded a public service announcement for the Michigan affiliate in early 1997

**Bobby Jones** - former Denver Nuggets/Philadelphia '76ers basketball pro; helped the '76ers win the 1983 NBA championship and played in four NBA All-Star games; is now head basketball coach at a high school in North Carolina; recently nominated for Basketball Hall of Fame

**Marion Clignet** - long-distance cyclist; raced for France in '92 Summer Olympics; attended University of Maryland while living in the U.S.; captured a Silver Medal for the French cycling team in the 1996 Summer Olympics in Atlanta

**Chanda Gunn** - (born January 27, 1980 in Huntington Beach, California) is an American ice hockey player. She won a bronze medal at the 2006 Winter Olympics. As a female athlete with temporal lobe epilepsy, Chanda Gunn faces each day with a zest for life and the determination to live each day to its fullest. Gunn has received numerous awards, she is the first player ever to be named a finalist for both the Patty Kazmaier Award for the nation's best women's college hockey player and the Humanitarian Award for college hockey's finest citizen.

For a more comprehensive list go to:

[http://en.wikipedia.org/wiki/List\\_of\\_people\\_with\\_epilepsy](http://en.wikipedia.org/wiki/List_of_people_with_epilepsy)

All of the people above and the many great people with epilepsy dealt with their epilepsy. They all developed the 4 areas of the personality needed to it. You need to and can do the same.

The first area is spiritual. Let's move forward to the next chapter.

## Chapter 2: Taking Control

### *Start from the inside!*



If the only prayer you said in your whole life was, "thank you," that would suffice.

We may not have control of all the circumstances in our life, but we do have control of what we choose to focus on. I challenge myself, and would like to challenge you, to focus on the things in our lives for which we are grateful. Gratitude is the way we create more positive in our life even when negative things seem to be happening. It is the secret to happiness and the foundation of humility.

Before I move past this statement let me say that humility is not effacing oneself. It is not destroying one's sense of self-worth. It is honest recognition of our own worth, our worth as God sees us. Pride elevates us above others, and often above God himself. But to destroy one's sense of self-worth is also unacceptable, for it denies the value God placed upon us when he created us in his image and when he sent his Son to die for us. Christ did not die for nothing but for people he loves very much, and those people have great value in God's eyes.

I told you before that I believe in Judeo-Christianity. I believe that the designer is an omnipotent intelligence that revealed the events of the future to various people called prophets who recorded their predictions. These predictions (prophecies) are compiled in a book called the Holy Bible.

I believe the Bible contains clues to the identity of this omnipotent intelligence. On re-examining the Bible I learned about a man, who was more than just a man, who's way of life and who's teachings are what all others are based on. These were fulfilled in one person called Jesus.

Another way of looking at it is to just look around you; something, or someone, greater than any earthly being created this world, this solar system, this universe, you and me. I don't go for the "big bang" theory and I'll share a quote from Albert Einstein "...Science without religion is lame, religion without science is blind". One of the greatest minds of our time had the vision and the courage to say to the non-believers, "...he could not conceive of any genuine scientist without that profound faith".

This why I believe in Jesus.

Jesus said, “I am the way, the truth and the life: no man cometh unto the Father, but by me.” John 14:6.

Taken literally, this means all others are false. This sounds very exclusive I know because there are other religions. Don't they have some validity?

My challenge to you, if you don't already believe in your own, is to do your own search as to the one true religion.

You never know how something is going to affect you. Some people grow up in church and are gradually converted to the beliefs of their parents. They follow a predetermined path that leads them to discovering and accepting the God of their ancestors. Then there are the ones, me included, who may have veered off that path or were never even on the path.

My advice and hope is that you start looking for a permanent place of worship no matter if you were raised in church and have become disenchanted with it or if you never went to church. It may mean trying several before you find one you're comfortable with but when you do start going and go regularly. You don't have to join but it's important that you get involved. Volunteer to chaperone a campout if you're able, teach a class, be a cheerful meal server at the potluck dinner, be a greeter; whatever it is, do something!

If you feel you need more help find a counselor or support group, or both, to help you work through the emotional tug-of-war your seizures are causing you. Let me add the comment to those of you who said “counseling is for wimps”. I challenge you to begin seeing a counselor. The strength needed to face your deepest fears and take action to overcome them is monumental. Can you do it?

So, what does having faith have to do with overcoming epilepsy? A lot! It gives you hope that something can be done to stop your seizures when the medicine's not working.

*“When there's hope in the future, there's power in the present!”  
Zig Ziglar*

It comforts you after the violence of a Grand Mal repeatedly smashes your face into a computer keyboard and you wake up on the floor and can't move. When you have a Grand Mal seizure that leaves you face down in a pillow and you can't breathe, it's faith that will give you the strength to turn over. Faith will give you the strength you need to get up the day after a Grand Mal or a cluster of petit mal seizures and go to work to fulfill the responsibility to an employer. You can add your own story in, but whatever it is, it's faith that is going to carry you thru it.

Faith, faith, faith! Faith in what, in whom? This is an area only you, my dear reader, are going to be able to answer.

For me, and possibly you, it is His promise of forgiveness and eternal life that carry me through the tough times and give me peace of mind. It also gives me the strength to comfort those around me.

His strength was there for me when I began the Vagal Nerve Stimulator study and gave me the peace of mind to give the go ahead to the surgeons to implant the device. The study began in 1991. I kept the VNS in for 2 years but had it removed in 1993 because it wasn't helping my seizures. I volunteered to be a case study for the program i.e. I was a lab rat. One of the many positives that happened over that 3 year period was when the doctor in charge asked me to teach his Sunday Class about how God molds you through adversity. God was my rock and my fortress that gave me the strength to be a source of strength and inspiration to those around me. I was also able to speak to other patients and their parents that were going through the study and be a source of encouragement and strength to them.

God honored me by using me to speak to patients at head-injury units and offer them encouragement and give them hope that all is not lost. He cleared the way for me to speak to professional groups and to City Councils as an advocate for people with epilepsy. All the while, he made me a stronger, more compassionate and a much wiser man. He continually made me stronger. So out of a bad situation, God created a better person, just as He will do for you if you allow it.

Of course, not everyone has the spiritual experience that I had but I feel we all have been created with a spirit that must be nurtured and cared for so that it may grow into a life sustaining force within us. There will be days when your prayers will feel rote and your actions won't reflect the instructions that are coming from God's word. That's okay. After having a flurry of petit mals or a grand mal just going through the motions of prayer is an accomplishment.

Allowing God into my life and beginning the journey to learn more about Him and accepting Him as the creator of the universe did not take away my seizures. Although, I believe that when I sincerely surrendered to God, and in my heart knew that to go through life would require complete devotion and reliance upon Him was when the divine thought on the surgical procedure needed came to me. In 1993, the summation of 18 years of testing, recording results, and studying my brain revealed, clearly, the 3 foci. A large Cavernous hemangioma and 2 smaller unidentifiable foci appeared to be the culprits behind the seizures that were prohibiting me from living life to the fullest.

It took three more years of volunteering for drug studies, submitting myself to experimental procedures, and begging my neurologist to find a surgeon who would attempt a risky surgery to take out the hemangioma so I could have my life back. The proverbial straw that broke my tired back were the comments my neurologist had for me after the last week long Video Monitoring Study I took. My dad and I met with him and we reviewed the results. The test had determined that the hemangioma was in fact the seizure focus, the area that's causing the seizure, but he deemed the operation too risky.

I heard what he said but I asked what we can do next to see if we can find a way of making it a safer surgery or finding a surgeon who will do it anyway because I don't care how risky it is. The doctor then told me to stop looking for an answer because I have a nice life and I can still function in every other way. To me, that was not acceptable.

That was a depressing day and a depressing comment. I fell back on my singles group at church and they supported me in whatever decision I made, but more importantly I was a source of optimism for them. I continually repeated that God will use what seems like a tragedy and turn it into a triumph. He again honored me by using me to speak to others about epilepsy and other life changing issues and to be a testimony about how prayer and perseverance were an unstoppable combination.

I'd asked God thousands of times to please take my epilepsy away. This time, it was for real. It was from the heart. All my defenses had been torn down. God wants to have a love affair with your heart. The truth of the Gospel is to free us to love God and others with our whole heart. It's all about the heart.

Upon my next visit to my neurologist I posed the question that if the diagnosis for my seizure problem was a large cavernous hemangioma and 2 smaller unidentifiable foci then why not cut out the big spot and let the medicine work on the 2 smaller spots. How's that for scientific! That is what was done.

In March of 1996 I was admitted to Medical City in Dallas, TX for the removal of the Cavernous hemangioma. Dr. Dale Swift removed the "Big Spot" and gave me 10 years of seizure free living. I had to surrender my driver's license to the State of Texas 10 years prior to this so I was also able to start driving again.

God's complete omnipotence is beyond any mortal beings comprehension, though, I still try to make sense out of the events that happen throughout my life. How many times have you asked the "why me" question? I don't feel that God "gave" me, or you, epilepsy for a reason or for punishment for a wrong you committed. I do feel that my seizures lead me to Him and acted as the catalyst

to learn that to live life to its fullest requires total dependence upon on Him. This dependence will give you the strength to develop a sustained, inner hope that your seizures will one day be brought under control and prayerfully, totally removed.

At this writing, my seizures have returned. Why? I don't know, but what I do know is my spiritual life is engaged in battle and winning the war!

Is your spiritual life where it needs to be? Are you strong enough on the inside to handle the challenges that life throws at you each day?

If the answer is no, then write down a plan to get your spiritual life in the shape it needs to be to Win the War!

## **Chapter 3: Life is a Protocol**

To someone with epilepsy the best health is seizure free health. It doesn't really matter what your dress size is or how big your muscles are. The most important point is how to stop that next seizure from happening!

After a week stay in Parkland Hospital my neurologist had some good information and a lot of pictures from my MRI's. Good info yes, good news no. I'll always remember the follow up meeting when my neurologist said, "Mark you've got a good life, you can be a productive member of society, blah, blah, blah..." The year was 1993.



I began to monitor and record everything from food intake, med type and frequency, emotional states, and at one point I even recorded the stages of the moon. This last one was something I started after reading an article on the possible correlation between moon stage and seizure activity. I guess now a new type of seizure will have to be named the Wolfieptic seizure. I was determined to improve my health so I could take bad health out of the "why I was having seizures" equation.

The first step to better health is to take a good, HONEST look at your present physical self. After making this observation, then decide how you want to feel and function in the future. Finally, get a plan of action to take you there.

So, what is good health? The triad of health consists of psychological/spiritual, chemical, and biomechanical. We are holistic beings composed of a mind, body and a soul. True health is balance and harmony in each of these areas of your being. When in poor health, you must utilize treatments in each of these three areas.

We talked about soul in the last chapter and so here we'll talk about the chemical and the biomechanical.

### **First, BE A QUITTER!**

That's right. Be a quitter. Quit smoking, drinking, eating junk food, and anything else that is diminishing your ability to be at your peak performance everyday. If you can, and you can, quit now! Right now!

A disciplined approach needs to be taken in order to eliminate all causes of seizures but what you will find even more difficult than following a regimen is not imposing it on others!

My family and friends grew tired of my constant nagging about cigarette smoke, my maniacal adherence to eating and going to bed at a specific time. I alienated a lot of people through the years but with the help of God I now have my life back. Many of them loved me from a distance. **You may have to do that to some of your friends and family who can't accept what you need to do to get your health back.**

Now, get a notebook, it can be a pocket sized one if you want, and write down **everything** you eat and ingest for the week. You can do it now by memory but you want to get everything. I'm taking 1000 MG of Lamictal and 300 MG of Zonegran a day so my memory could be better.

If you have active epilepsy, then you need to take it one step further. Look at your surroundings at work and at home. Do you take sinus medication or any over the counter medicines? Do you have seizures at any certain areas in your home? If you work in an office do you have fluorescent lighting or work around a lot of computers? If you had an argument, or had sex, with your spouse or girl/boyfriend write it down. You get my point.

Next, buy a calendar or make one large enough to record what you eat, the meds you take, the vitamins you take, when you go to the bathroom... I'm not kidding about going to the bathroom.



As of this writing you can find a calendar specifically for people with epilepsy at: <http://www.lamictal.com/epilepsy/downloads/eventcalendar.pdf>

I made my own because I wanted it big enough to record everything I ate, did, and experienced.

I kept the calendar on my refrigerator and would keep all that information and more and keep a red pen handy to record when I had my seizures. By doing this I could see what may be causing my seizures. If you have inactive epilepsy or are just wanting to get in better shape this will work for you too.

Now that you know what you've **been** eating and putting into your body you now have a place to record what you need to **start** eating and putting into your body.

I'm often asked what the best plan to follow is and my answer is the one that's healthy and the one that you'll follow. Depending on your goals will determine what your meal and exercise plan will be.

When talking with a person that has active epilepsy they often ask about the Ketogenic Diet. This diet, very high in fats and low in carbohydrates, was first developed almost 80 years ago. It makes the body burn fat for energy instead of glucose. When carefully monitored by a medical team familiar with its use, the diet helps two out of three children who have tried it, and may prevent seizures completely in one out of three. It is a strict diet, and takes a strong commitment from the whole family. The ketogenic diet is not a do-it-yourself diet. It is a serious form of treatment that and like other therapies for epilepsy and has some side effects that have to be watched for. More information can be found at <http://www.epilepsyfoundation.org/about/treatment/ketogenicdiet/>

I worked out my own meal and exercise plan but each person reading this is going to have different diet needs so a source to go to: <http://www.freedieting.com> will give you a comparison of several different companies that will send you your meals. I'm not familiar with the taste of the meals but the concept is good.

During the time you change your meal plan remember to keep up your calendar. If you have any seizure activity, of any kind, make sure you record it.

If you're reading this for your child I located a new program for children: [www.PariPlan.com](http://www.PariPlan.com)

I didn't have the Internet or access to a large library of information on the subject when I started studying about diet and exercise so my menu was pretty limited. I did have several healthy eating cookbooks I could've followed but I couldn't be exact on the caloric intake of each meal and I didn't have the time to cook.



I did the research on the proper way to construct my meal plan and exercise program and adjusted it to my particular needs.

My Meal Plan:

Breakfast – 350 calorie Protein Shake

Snack – 250 calorie Protein Bar

- 16 oz. water
- Lunch – 300 calorie frozen dinner or a turkey sandwich  
Half of a 250 calorie protein bar  
16 oz. water
- Snack – Remainder of 250 calorie protein bar  
16 oz. water
- Dinner – Chicken Breast  
A green vegetable; usually green beans or steamed broccoli  
New potatoes or pasta with low-fat butter  
16 oz. water
- Snack – 350 calorie Protein shake

I drank water throughout the day. Each meal was between 300 and 400 calories. I would add different fruits to the protein shakes and vary the flavor the of the protein bars.

I also followed the 90/10 rule. I ate this same meal 90% of the time and the other 10% I ate what I wanted. Normally, I would eat like this Monday thru Saturday and Sunday I would eat whatever. It gave me something to look forward to and it would jump start my metabolism.

What happened over time is that I couldn't eat all the sweets and large meals because my digestive system was getting conditioned to the strict diet.

My food selection was not anything to get excited about but eating 5 to 6 meals a day is very important. It's a belief among most fitness trainers that you space your meals this way but I did it for a second reason and that was so I could keep my med level balanced.

So, I kept using my calendar and recorded what I ate, when I went to the bathroom, etc... so I could narrow what caused my seizures. I did that with every change to my diet, my workout, my lifestyle anything that would help me pinpoint the cause of the miserable things.

It didn't help with my seizures but I lost 30 lbs and developed a great understanding of meal and exercise planning. I continue to follow this program and have kept my weight the same for 15 years and counting.

If it's just weight you're concerned about then the Weight Watcher's program and others like it can be good because they make it easy to plan meals and teach you about portion size. If you follow their program you will definitely lose weight and if you add exercise to that you'll be surprised at the positive results you can achieve.

Once you've developed your meal plan and have been following it for at least a month, then you can start doing light exercise. Check with your doctor before starting any exercise plan. Some people reading this may be way out of shape so walking 10 minutes a day may be enough or you can follow the routines you'll find at <http://www.freedieting.com>.

If you want to tone up your body, the Total Gym is a good place to start. More information about the Total Gym can be found in the Resource Section

If you want to accelerate your workout program then try <http://www.gymamerica.com>. This program is ideal if you want a personal virtual trainer who can design a high intensity fitness program for you.

### ***Homeopathic Alternatives***

**(Remember your calendar – keep recording)**

If you've progressed this far and you're still having seizures, then the next step is to learn about homeopathic remedies or, if you'd like, you can go straight to clinical studies. First I'll talk about homeopathic remedies that I tried, suggest you might try, and those I recommend that you don't try.

I will say with absolutely certainty to never quit taking your standard epilepsy medication. NEVER! Every doctor will tell you that. If you need seizure medication and don't receive it, you can develop something called status epilepticus, where one seizure occurs right after another for a prolonged period of time. This can cause you serious and irreversible brain damage or death. When this happened to me at the hospital the nurses would give me a shot of Ativan to stop the cluster of seizures.

When I was at my worst in the late 80's I was having 300 – 400 petit mal seizures and 1 to 3 grand mals a month. Occasionally, when I started having a cluster of seizures, one right after the other, and felt that it may go to a status stage I was able to take an Ativan before it went any further. I kept a bottle of 4 MG tablets, twice the normal dose, at my house and a tablet on me for many years after 2 or 3 of those episodes. I still have clusters and though I don't have the fear of it going to stat, the thought is still in my mind. Now, I take my next dose of

Lamictal and drink a Diet Dr. Pepper and that takes care of it; that's just me, I don't recommend it.

The diet drink does contain aspartame which has been implicated as a possible cause of seizures. I've read dozens of studies that have conflicting results about this. I may have been part of some of those studies and been one of the persons providing results. One of the parameters being the person has an apparent history of seizures and after exposure to aspartame, no seizures were produced under controlled conditions of aspartame exposure. Some studies with rats and small children showed positive results on their EEG but they were given a spoonful of it.

Caffeine is a global stimulant and during uncontrolled periods of my life has not been good for seizure control. It causes spikes in my drug level as does any other stimulant.

You need to be very careful about herbal vitamins and supplements. They are not given the same rigorous testing as is given to pharmaceutical medications. For this reason, it is impossible to determine how effective or safe they are. You are not an epileptic but you DO have epilepsy and it is a serious condition, and removal of standard medications has the potential to cause serious harm. Again, never stop your seizure medication in order to try a natural herbal remedy. There are supplements and other homeopathic medication that may be dangerous and have been found to interfere with seizure medications or even make your seizures worse and/more frequent. Anything you take should be reviewed by your doctor before you take it.



You'll probably hear most doctors tell you natural herbal vitamins or other homeopathic remedies probably don't work although, many doctors recommend taking a standard multivitamin, calcium, and vitamin D along with standard epilepsy medications. Most agree that adding standard vitamins to existing epilepsy therapy is usually safe and can be beneficial.

Some doctors will admit that they have had little or no experience with homeopathic remedies and that while in medical school they learned nothing about them. Hence, in my opinion both forms of therapy can be beneficial but you need to be educated about the medicine you take and the herbal supplements you want to add to your daily protocol.

If you stay with a nationally branded or all natural herbal vitamin or supplement, I've listed some in the Resource Section, you shouldn't have a problem. I have

not always done that. I've only had a few bad experiences in 29 years but that was a few too many and I was fortunate that I didn't suffer irreversible damage.

The first was a procedure called Cranial Therapy or Extended Cranial Manipulation. I still have the final statement that was hand written on the hotel stationary. Cranial Manipulation makes its claim by saying that debilitating misalignment of the bones in the head is a common, but generally overlooked, cause of many physical and mental problems. This may be true but if you ever want to look into this I would get the opinion of an Osteopathic Doctor first.

How do you align the bones in your head? The person performing the procedure pushes a certain type of balloon up into your nose and sinus cavities - it feels like it's up around your eyes by the time he stops. He then, using a small canister of compressed air attached to the balloons, forces air into the balloons inflating them inside your nose and wherever else they ended up. What you feel is your face breaking and what you see is what a window shattering looks like. I let the "doctor" do this once a day for 5 days in a row. Sounds pretty crazy but I was willing to try anything to get rid of my seizures. **I wouldn't recommend this.**

The next was when I took a synthetic supplement related to HGH. My seizures increased dramatically. I can't remember the brand name. Two other memorable mistakes were when I did a liver cleanse and when I took a supplement, milk thistle, that helped cleanse your liver. My layperson logic was that if the meds were hurting my liver than it would be a good thing to take a supplement to take care of the liver. It turned out to be a bad thing because what it did was clean out my liver and lower my therapeutic drug level which, of course, led to some serious clusters.

I tried several other methods that did not really help my seizures, but were helpful to my overall well being. I learned about, and used bio-feedback, to help relieve stress and to possibly teach my mind to thwart a seizure.

Bio-feedback is based on the principle that you can teach people to generate normal brain waves to override the abnormal waves created during a seizure. It may work with some people but I wasn't able to get to that point. What I've learned to do is fight thru a seizure by walking around and focusing on staying alert, or by shaking my hands when they start to fold in.

If you decide to have it done in lieu of doing it your self, you need to check that a person offering biofeedback services has both the appropriate type of training in biofeedback and the appropriate state credential to work with your diagnosis.

I worked with different chiropractors along the way and they all helped relieve aches and pains from my years of football, rodeo, and street fighting but little to do with seizures.

**I still take natural supplements and will include those in the Resource Section**

***Common Sense Seizure Prevention***

(Remember your calendar - keep recording)

- Do not mix lack of sleep and stress. This is the number 1 thing that lowers my seizure threshold.
- The first is that you get the proper amount of sleep that you need. The experts say 8-10 hours and they are right but your parameter is as much as you need to not have seizures.
- Stress. Hopefully this book will be the first step to help you alleviate yours.
- Be a Quitter! Quit drinking alcohol and smoking cigarettes. Alcohol and smoking should be avoided. It lowers my seizure threshold to even be around cigarette smoke. Light alcohol consumption one time a week does not appear to increase my seizure activity but it's better if I avoid it all together.
- Flashing lights. Video games have been known to trigger seizures in people with existing epilepsy, but apparently only if they are already sensitive to flashing lights.
- Over-the-Counter Medications. I'm sensitive to nasal spray and anything with stimulants, natural or synthetic.
- Constipation. I take Myralax everyday to keep me regular. By keeping a good calendar I found a correlation between my constipation and my seizure activity.
- Foods. If you have a seizure on the day you consumed something different then you normally do make sure you record it. If you can, wait a few days and try eating/drinking it again to see if it causes another seizure.
- Stay in shape. I'll give you more information about diets and exercise in the Resource Section.

- If you have inactive epilepsy and you've gone this far then you've graduated from my health plan.

***If you have active epilepsy and are still having seizures then you're ready for: Clinical Trials***

If you have active epilepsy the next step is start volunteering for clinical trials. I learned about most of the trials I did through my neurologist or the Epilepsy Foundation where I volunteered. You can do that and go to:

<http://www.clinicaltrials.gov>

Within that site the area that deals with the different types of epilepsies is:

[http://www.clinicaltrials.gov/ct2/search/browse?brwse=cond\\_cat\\_BC10](http://www.clinicaltrials.gov/ct2/search/browse?brwse=cond_cat_BC10)

I volunteered for every study I qualified for. If it meant I had a chance to find a cure, or a solution, to end my seizures so I could get my driver's license and my life back, I'd do it.

The drug studies cost you nothing but a little time and you may regain a normal life. If it works for you great but if not, at least you're helping the research community to gather information on a drug, or a device, that will help someone else with epilepsy or possibly another medical condition.

**When you do these studies, be diligent about recording your results and adhering to the protocol that the company sets forth.**

I was in several drug studies before I got my big break. I wrote several letters to the doctor in charge of the sponsoring companies Vagal Nerve Implant studies and was finally accepted to be a participant in one of the first group of study patients in Texas for their device.

Vagus nerve stimulation was a recently developed form of seizure control which used an implanted electrical device, similar in size, shape and implant location to a heart pacemaker, which connects to the vagus nerve in the neck. The two vagus nerves are the longest nerves in the body. They run along each side of the neck, then down the esophagus to the gastrointestinal tract. They affect swallowing, speech, and many other functions. They also appear to connect to parts of the brain that are involved with seizures.

During a procedure, a battery-powered device similar to a pacemaker is implanted under the skin in the upper left of the chest. A lead is then attached to the left vagus nerve in the lower part of the neck. The neurologist programs the device to deliver mild electrical stimulation to the vagus nerve. (Patients may also

pass a magnet over the device to give it an extra dose if they sense a seizure coming on.) The batteries wear out after three to five years and need to be removed and replaced by a simple surgical procedure.

The vagus nerve stimulator can cause shortness of breath, hoarseness, ear pain, a sore throat, coughing, and nausea and vomiting. I know this for a fact. These effects are usually mild and can be stopped by adjusting the strength of the electrical charge. Mild is a relative term because in my mind it hurt and I have a high tolerance for pain. OF course, I told them to ramp it up has high it would go so I could get rid of my seizures. But even at a lower charge it hurt and caused hoarseness. I would talk fine for 5 minutes then talk like I was being choked for 45 seconds. It wasn't good for a person that used his voice to make a living.

Studies suggest that stimulation of the vagus nerve may reduce seizures by up to 50% in about 50% of the patients who undergo this procedure. The American Academy of Neurology now recommends this procedure for patients over 12 years old who have partial seizures that do not respond to medication and who are not appropriate surgical candidates. Its effectiveness in generalized seizures is unknown. It should be noted that vagal stimulation does not eliminate seizures in most patients.

It didn't eliminate my seizures so I had it removed 2 years later. A good thing that came from it is that I was able to help several hundred people I came in touch with during the study period and countless others benefitted because I was able to record the needed data to improve the device.

I tried a few more and then the clinical trial came along to study the efficacy of Lamictal and I promptly volunteered for it. This time, it benefitted others and me. I'm still on Lamictal today.

I was taking it before my surgery in 1996 and for ten years afterwards tolerated it just fine. Then in 2006 when I started having seizures again my meds started bothering me again

### ***Chemical Warfare***

Everyone reading this is either on AEDs, has been on them, or probably knows someone in both categories. I take 300 MG of Zonegran and 1200 MG of Lamictal a day. break the Lamictal into 4 doses and take the Zonegran before bed. I had a doctor tell me it was ok take the Lamictal all at one time and I would be ok. He was nuts! Your doctor doesn't have epilepsy and doesn't take the



AEDs you take so you need to tell him/her what you're feeling and when you get more experienced you can tell them what you want to do. If your meds are making you drowsy when you take it then write it down in your calendar and tell your doctor you want to adjust the intervals between doses.

I fight a daily battle of how not to be toxic. Who needs wine when you have AEDs?

If you're not by now then you need to be an informed patient! Your doctor works for you. If your medicine is not working tell them and if they don't react find another doctor!

**The next step is to go for surgery. The protocol for most neurologists is that you're not a surgery candidate until you've exhausted all other methods to control your seizures. I concur.**

**The next step is only my opinion and is probably not recommended by most neurologists and that is if it doesn't work the first time. Try again!**

## Chapter 4: Helping the One within You

### **NEVER COMPARE!!**

*Our envy of others devours us most of all.  
-- Alexander Solzhenitsyn*

*Trust yourself. Think for yourself. Act for yourself. Speak for yourself. Be yourself.  
Imitation is suicide.  
-- Marva Collins*

My experience:

*The best way to sabotage who you are and the possibilities that exist in you are to compare yourself to another. By comparing who you are or what you've been blessed with to that of another discounts all that your Creator has blessed you with. **If you get only one thing out of this book let it be this---Never, compare yourself to that of another!***

The question is what does this have to do with having seizures? A lot!

If you have seizures, or not, you should always be yourself. Trying to be like somebody else and not developing who you are takes away from the mental toughness and likewise the calm spirit needed to handle epilepsy.

It's true you must always be yourself but if you don't love, maybe don't even like, yourself then what you say to yourself is not going to be nice. Why you talk to yourself that way is up to you to find out. It may be because of an overbearing, abusive parent, a similar acting older sibling, or caretaker.

There are hundreds of books I could recommend to read about how to help the person within you but the two things that helped me the most were accepting the fact that I needed outside help and then making the effort to find it.

When you do find an accredited counselor, start the process with one goal in mind – to work through whatever it is that's causing you to belittle yourself and make you feel like you're worth nothing and can accomplish nothing.

When you're talking to yourself you need to be telling yourself you love you and you can do whatever is needed to succeed and it needs to be said with all your

heart and soul. It's not repeating affirmations that will do it although you do you want to do this.

What helped me the most in the beginning was to realize that I needed to go through the grieving process with many of the events in my life. One of those was my developing epilepsy.

***A vital concept that I learned in counseling:  
The 5 stages of grief.***

At some point in our lives, each of us faces the loss of someone or something dear to us. The grief that follows such a loss can seem unbearable, but grief is actually a healing process. Grief is the emotional suffering we feel after a loss of some kind. The death of a loved one, loss of a limb, even intense disappointment can cause grief.



When I first started having seizures I entered the grief process. Individually, you may have done the same thing and the same thing can happen to a parent. Via counseling I worked my way through it and came out with a new mindset and a new outlook on life.

The following are the five stages of grief. Unfortunately, many people, me included, get stuck in one of the first four stages. Their lives can be painful until they move to the fifth stage - acceptance.

**Five Stages of Grief**

**1. Denial and Isolation.**

At first, we tend to deny the loss has taken place, and may withdraw from our usual social contacts. This stage may last a few moments, or longer.

My tactic was to move out of my parent's house and leave my high school in Texas and move in with my paternal grandparents and finish high school in Louisiana.

**2. Anger.**

The grieving person may then be furious at the person, in my case the event, who inflicted the hurt (even if they're dead), or at the world, for letting it happen. He may be angry with himself for letting the event take place, even if, realistically, nothing could have stopped it.

My tactic was to start street fighting, doing drugs, legal and illegal, riding bulls in local and regional rodeos. I graduated and continued doing the same for 3 more years. This is not the way to fight the grieving process.

3. Bargaining.

Now the grieving person may make bargains with God, asking, "If I do this, will you take away the loss?" That's exactly what I did.

4. Depression.

The person feels numb, although anger and sadness may remain underneath.

I tried to overcome my depression volunteering for the epilepsy association or serving at my church but I wasn't overcoming it I was just suppressing it.

Doing those activities is important but get yourself healthy and don't just do it to hide your true feelings

5. Acceptance.

This is when the anger, sadness and mourning have tapered off. The person simply accepts the reality of the loss.

I accepted that I have epilepsy but I never accepted the fact that I can't keep trying to find a way to stop the seizures. It's up to you to decide if you shouldn't either.

### ***Grief and Stress***

During grief, it is common to have many conflicting feelings. Sorrow, anger, loneliness, sadness, shame, anxiety, and guilt often accompany serious losses. Having so many strong feelings can be very stressful.

Yet denying the feelings, and failing to work through the five stages of grief, is harder on the body and mind than going through them. When people suggest "looking on the bright side," or other ways of cutting off difficult feelings, the grieving person may feel pressured to hide or deny these emotions. Then it will take longer for healing to take place.

### ***Recovering From Grief***

Grieving and its stresses pass more quickly, with good self-care habits. It helps to have a close circle of family or friends. It also helps to eat a balanced diet, drink enough non-alcoholic fluids, get exercise and rest.

Most people are unprepared for grief, since so often, tragedy strikes suddenly, without warning. If good self-care habits are always practiced, it helps the person to deal with the pain and shock of loss until acceptance is reached.

### ***Macro Grief and Micro Grief***

When my seizures started again after being seizure free for 10 years I went through the grief process again. It didn't take me as long this time but I did go through it.

What I mean by macro grief and micro grief is that when I started having seizures I began the process with a good overall understanding of what was happening and what stage I was at. I also began to understand, and was able to deal with, why I acted the way I did and how it coincided with the stage of grief I was in.

Micro grief is what happens, hopefully I can get to the point where it doesn't affect me, immediately after every seizure. It may only take a few minutes but the process is the same.

How does this relate to epilepsy? You have to go through the grieving process every time you, or someone you love, has a seizure. Some readers may have moved past having to go through this process and if that's you terrific! After counseling and time I have, although there are times when I get "stuck" in one of the grief stages. It doesn't last as long as it used to but it happens and I feel that many reading this may too be in a holding pattern in one of those stages.

### ***The Stages of Seizure***

When you have a seizure you just lost control of your body and your mind. To me, another loss is my time. When you realize what's happened, or can gain control of your body, you are trying to hide what's happening from others or yourself.

Hopefully, you all go through this stage and quickly move forward to the acceptance stage and continue on with life. Most of the times I do but there are times that I get furious I'm still having to deal with it.

Then, I tell myself that others have it worse. That is true but my pain is my pain and your pain is your pain. Don't discount yourself. It was an accident but it made me a better person in the long run because of what I had to endure to find a cure.

*You desire to know the art of living, my friend? It is contained in one phrase: make use of suffering.*

*-- Henri-Frédéric Amiel*

The AED's are something else I have to accept. If I'm toxic, I have too much medicine in my system, and can taste the AEDs and my heads already swimming I'm prone to get angry about it. It's at times like these that I listen to a recording that motivates me and calms my mind.

As you listen, take some deep, deep breaths, and exhale just as deep then smile.

With that smile still on your face, nod your head, tell yourself that "I'm ok and I'm ready to move forward". If you can do that, from the heart, you CAN move forward and be happy with those around you.

## Chapter 5: Helping Those around You

*Helping others that have worse problems, situations, challenges than you while still recognizing your own pain as real and tender is a benchmark in life worth working for.*

*-- Mark McElroy*

Unfortunately, after I started having seizures and into my early twenties my self-centered lifestyle was causing me, and those around me, unnecessary pain and heartache and it wasn't until I took the focus off myself and my problems and started to look for ways to help others less fortunate than I, did this stop.

It wasn't just others less fortunate than me it was the friends and family around me that I needed to help. You need to be compassionate to them and only lean on them when it's necessary and not drive them away with a constant need for reassurance and comfort for they too suffer. Look at it from the other person's perspective. If they're your parent, they're worried about their child hurting themselves and the fact they have to deal with all that comes along with epilepsy. When you have a seizure it's hard for them to watch. They feel helpless and have to go through the same grieving process you do. They have problems, challenges and needs to be fulfilled. Help them and others when you can.

In the counseling process, and the reading you'll be directed to do, you'll begin to discover your values and what is important to you.

When you learn about YOU and learn to love YOU then it will be a good investment to start reading more books and listening to audios that will positively impact you and those around you. How to tell which ones to read and listen to? If it doesn't feed your heart and your mind with positive, uplifting information then don't read, watch, or listen to it.

*You are what you read, what you listen to and who you associate with and if you get and keep the right mix of those three, even if you have average ability, you can achieve outstanding success if you never quit trying*

*- Mark McElroy*

You need to be aware of a few things as you learn about interacting with people. If your inner spirit is not truly at peace and you do not truly love you than all the positive thinking reading material and uplifting audios will not lead to sincere behavior that will help you interact and enjoy the company of other people. You'll

only have learned techniques on how to interact with others that will come across as insincere and may even offend others.

Likewise, the more you learn about you and what it is to be spiritually, physically, and mentally healthy you will know when someone is harming you.

This is true for life in general but for someone with epilepsy there is an added reason you need to get away from that person or persons. You have a choice; endure whatever it is the other person(s) is doing or have seizures. If it's something or someone you can't get away from then you need to talk with them and explain that they are doing something that is causing you to have seizures.

If it goes beyond this then get outside help if needed. Whatever it is, take control of the situation and do what you have to do to take away whatever it is that's causing you to have seizures.

If someone is harming you emotionally or physically then you need to get away from them! You are worthy of being safe!

## **Conclusion**

I started writing this book 15 years ago with the hopes that by this time I would be seizure and medication free but as I'm writing this I have the taste of anti epileptic drugs and am feeling light headed.

After my surgery in 1996 I did not think I would ever have to say that again and never did I think I would have it my mind that I may have a petit mal seizure at anytime. I'm pretty sure I'll be ok the first part of the week but towards the end of the week of getting kids to school, constantly working, taking care of the house my seizure threshold comes down.

It won't be a psychosomatic seizure, a seizure I just imagined, it won't be one that I "attracted" into my life because I thought about it so much and it's not a disease I can pass on to you. It will be a textbook seizure caused by a head injury, or injuries, sustained 29 years ago during a high school football game.

I don't know what's causing you to have seizures, neither may your doctors, but what I do know is that it doesn't define who you are or put limits on what you can accomplish in life.

## **Resources**

### **Calendar**

<http://www.lamictal.com/epilepsy/downloads/eventcalendar.pdf>

### **Epilepsy support sites**

Epilepsy.com

[www.epilepsy.com](http://www.epilepsy.com)

Epilepsy Foundation

[www.epilepsyfoundation.org](http://www.epilepsyfoundation.org)

America Epilepsy Society

[www.aesnet.org](http://www.aesnet.org)

### **Neurology sites**

American Academy of Neurology

[www.aan.com](http://www.aan.com)

American Neurological Association

[www.aneuroa.org](http://www.aneuroa.org)

### **Epilepsy research**

Johns Hopkins Medical Research – Epilepsy

[www.hopkinsneuro.org/epilepsy/](http://www.hopkinsneuro.org/epilepsy/)

Epilepsy Foundation Research

[www.epilepsyfoundation.org/research](http://www.epilepsyfoundation.org/research)

Mayo Clinic Epilepsy Research

[www.mayoclinic.org/epilepsy/research.html](http://www.mayoclinic.org/epilepsy/research.html)

### **Children with epilepsy**

Epilepsy Foundation – Children

[www.epilepsyfoundation.org/answerplace/Life/children/](http://www.epilepsyfoundation.org/answerplace/Life/children/)

Kid's Club (Epilepsy Foundation)

[www.epilepsyfoundation.org/kidsclub/nonflash/home/index.html](http://www.epilepsyfoundation.org/kidsclub/nonflash/home/index.html)

### **Self Improvement**

[www.powerupyourlife.net](http://www.powerupyourlife.net)

**Nutrition**

[www.yourvitastore.com](http://www.yourvitastore.com)

**Quit Smoking**

[Quit Smoking](#)

**Print this out and put it up where you see it everyday**

Your habits will make you or break you  
- Anonymous

## **The Habit Poem**

I am your constant companion.

I am your greatest helper or heaviest burden.  
I will push you onward or drag you down to failure.  
I am completely at your command.

Half of the things you do you might as well turn over to me and I will do them -  
quickly and correctly.

I am easily managed - you must be firm with me.  
Show me exactly how you want something done and after a few lessons, I will do  
it automatically.

I am the servant of great people,  
and alas, of all failures as well.  
Those who are great, I have made great.  
Those who are failures, I have made failures.

I am not a machine though  
I work with the precision of a machine  
plus the intelligence of a person.

You may run me for profit or run me for ruin -  
it makes no difference to me.

Take me, train me, be firm with me, and  
I will place the world at your feet.

Be easy with me and I will destroy you.

Who am I? I am Habit.

## Myths and Facts

*The great enemy of the truth is very often not the lie – deliberate, contrived and dishonest – but the myth – persistent, persuasive and unrealistic.*

*-- John F. Kennedy*

The ancient Greeks called epilepsy the "sacred disease," mistaking its seizures for the actions of a powerful and mysterious god. Today, although scientists can identify where the seizure is coming the cause is still a mystery, and the disorder is still largely misunderstood by the public.

Some of the myths that follow I've read and some I've had to dispel:

### **Myth: Epilepsy is a disease.**

Fact: Epilepsy is a neurological condition characterized by recurring seizures. The seizures are a symptom of disturbed electrical activity in the brain. Epilepsy is not a disease or a mental illness, and it does not signal emotional instability or lack of intelligence.

### **Myth: Epilepsy is inherited.**

Fact: The cause of epilepsy is unknown in about 70 percent of cases. This is called idiopathic epilepsy. Most epilepsy is caused by the following factors:

- Head trauma. The more severe the injury, the greater the chance of developing epilepsy.
- Brain tumor
- Stroke
- Toxic reactions to drugs or alcohol.
- Aftermath of infection, like meningitis, viral encephalitis and lupus (and less frequently mumps, measles, diphtheria or others).
- Injury or infection of the mother that affects the fetus' brain and its development during pregnancy.

### **Myth: All seizures are the same.**

Fact: There are more than 20 forms of seizure disorders. The intensity and duration of the seizure depends on how many and what type of brain cells are affected. Seizures range from convulsions to momentary lapses of attention. People who have mild seizures may even be unaware they've had one. Seizures may occur minutes, days or years apart, depending on how well they're controlled.

**Myth: Seizures are not painful.**

Fact: Most types of seizures are not painful but some do cause a person to bite the inside of their mouth or lips. If they are holding a heavy object it can be dropped on their foot. During a grand mal the convulsion pulls the tongue to the side the person's mouth accompanied by biting the inside of the mouth. If the person's body and or head is near a sharp object or something soft is not under their head then the seizure is indeed painful.

**Myth: Epilepsy limits daily activities.**

Fact: Beyond safety measures for those whose seizures are not completely controlled (such as avoiding situations where injury may result), there are virtually no boundaries. People with epilepsy must cope with the condition, but it doesn't control their lives. In many cases, social difficulties relating to epilepsy, misunderstanding, rejection, insecurity, anger, frustration, are a greater hindrance than the condition itself.

**Myth: Epilepsy cannot be treated.**

Fact: According to the EFA, 80 percent of those on medication have complete control of seizures. In fact, within the past 15 years, several new drugs have been developed to help control seizures. Seizure surgery has recently become an option for some patients. Many people who have epilepsy lead productive, normal lives. Although currently there is no cure, some children appear to outgrow the condition.

***Helping Someone through a Convulsive Seizure***

In most cases, minimal care is the best treatment for someone who's convulsing. The Epilepsy Foundation of America recommends turning the person on his or her side so that the tongue falls away from the throat and won't block the breathing passage. (Do not attempt to secure the tongue, as this may cause the person to choke.)

Clear away any sharp objects that may cause injury, and let the seizure run its course. Provide a calm, reassuring scene once the person awakens.

Most people recover from seizures on their own. Call 911 only if:

- The seizure lasts longer than five minutes.
- Another seizure begins soon after the first.
- The person is pregnant.
- The person cannot be awakened after the seizure stops.
- The seizure is related to diabetes.

**Myth: A person having a seizure can swallow his tongue.**

Fact: Efforts to hold the tongue down or putting something in the mouth can hurt the tooth or jaw.

**Myth: People with epilepsy are dangerous or possessed by the devil.**

Fact: Epilepsy is a neurologic disorder, and it is rare that someone having a seizure will harm another person.

**Myth: You should hold a person down while he's having a seizure.**

Fact: You should make sure the area near the person is safe and that there is nothing hard or sharp.

**Myth: You should perform artificial respiration.**

Fact: Artificial respiration is only needed if the person does not start breathing after the seizure has stopped.

- Epilepsy is a neurological disorder not a disease, characterized by recurrent and unprovoked seizures and temporary impairment of brain function. There currently is no known cure.
- Epilepsy is the 3rd most common neurological condition after stroke and Alzheimer's.
- Worldwide, 39 million people are believed to have epilepsy; however 30 million of them - nearly 3 out of every 4 - get almost no help for the condition. Some estimates are as high as 60 million. It's estimated between 2 to 3 million in the United States.
- Epilepsy represents the most common problem of nervous system affecting children.
- Epilepsy can occur at all ages; tend to start in infancy or late adolescence but the incidence rises again after 65.
- The rate of epilepsy is usually higher in males than in females.
- Children age 18 or younger make up the bulk of people with epilepsy while the seniors form the second largest age group.
- Head injuries, strokes, brain tumors, infections and genetic conditions are potential causes of approximately 35 percent of all cases of epilepsy. In the remaining 65 percent, no cause can be found.

- Risk of recurrence after the first, unprovoked single seizure varies from 30-70%.
- People with epilepsy of no known cause and onset in early to middle childhood (except neonatal seizures) sometimes respond better to medication.
- Studies show that a third of people with epilepsy worldwide experiences prejudice/discrimination in the workplace.

A great deal has been learned about epilepsy in the past century, but many misperceptions still exist, including what epilepsy is and what to do during a seizure. Whenever you tell someone about epilepsy you will probably have to explain what it is and is not and what to do during a seizure.

**Here are some common myths to look out for:**

- Epilepsy is contagious - you can catch it.

Epilepsy is not a disease or illness. It is a condition in which there are recurrent seizures (or fits or convulsion- they means the same thing). Seizure is a temporary state of abnormal electrical activity within the brain that occur only occasionally.

- People with epilepsy are mentally ill or retarded.

Although epilepsy is related to the brain, it does not indicate that a person is mentally ill or mentally retarded. Epilepsy is a physical condition and is not related to mental illness or intelligence.

- During a seizure, people will swallow their tongue and suffocate.

It is physically impossible to swallow your tongue, yet many people will try to help a person having a seizure by forcing their mouth open and trying to hold their tongue. This is potentially dangerous both to the person helping (they may get bitten) and the person having the seizure (they may have their teeth damaged). However, a person should be rolled on their side during a convulsive seizure (like clonic-tonic seizures) to ensure that their airway is not blocked.

- All seizures involve convulsions in which the victim becomes rigid and shakes.

There are many different types of seizures involving different parts of the brain. Depending on which part of the brain is involved, there will be different physical symptoms. For example, a seizure victim may experience sudden loss of muscle definition, blank stares, rapid blinking, intense emotional and/or physical sensations (e.g. fear, joy, unpleasant sights or smells).

- An ambulance should be called when someone has a seizure.

Most seizures do not require any medical attention and calling an ambulance is an unnecessary waste of money. However, there are four reasons to call an ambulance:

1. This is the first time the person has had a seizure.
2. The seizure lasts more than 5 minutes.
3. There are multiple seizures in a row.
4. The person is injured or asks for an ambulance.

- You can stop a seizure by holding someone down.

You can't physically stop a seizure, and restraining someone might lead to injury. During a seizure, ease the person to the floor or away from sharp or hard objects, and loosen the shirt collar if necessary.

- Only children get epilepsy.

Epilepsy can strike anyone. It's most common in children, but those 65 or older are also more likely to develop the disorder than younger adults. Cerebrovascular disorders like aneurysms and stroke are common causes of epilepsy in the elderly.

- All seizures are caused by epilepsy.

Other medical conditions that can cause seizures include diabetes, brain infections, heat exhaustion, pregnancy, poisoning, hypoglycemia, high fever and head injury. Seizures caused by these medical conditions necessitate immediate medical attention.

- Epilepsy isn't very serious because you can't die from it.

People with epilepsy are more likely to die from drowning, accidents or sudden, unexplained death than the general population. For instance, 58 Americans with epilepsy drowned between 1992 and 1997. Also patients

who go into status epilepticus must be treated immediately as it can lead to serious brain damage or loss of life.

- There must be a cure for epilepsy because you don't see that many people with seizures.

There is no cure for epilepsy. Globally, more than 40 million people have the disorder, including 2.3 million Americans. Advances in medicine, primarily medications, now enable 56 percent of Americans with epilepsy to live seizure-free lives. But those with uncontrolled seizures face daunting challenges, including higher rates of suicide, unemployment and strained family relationships.

- People with epilepsy are disabled and can't work.

People with the condition have the same range of abilities and intelligence as the rest of us. Some have severe seizures and cannot work; others are successful and productive in challenging careers.

- People with epilepsy shouldn't be in jobs of responsibility and stress.

People with seizure disorders are found in all walks of life and at all levels in business, government, the arts and the professions. We aren't always aware of them because many people, even today, do not talk about having epilepsy for fear of what others might think.

- With today's medication, epilepsy is largely a solved problem.

Epilepsy is a chronic medical problem that for many people can be successfully treated. Unfortunately, treatment doesn't work for everyone and there's a critical need for more research.

- You can't tell what a person might do during a seizure.

Seizures commonly take a characteristic form and the individual will do much the same thing during each episode. His behavior may be inappropriate for the time and place, but it is unlikely to cause harm to anyone.

- People with epilepsy are physically limited in what they can do.

In most cases, epilepsy isn't a barrier to physical achievement, although some individuals are more severely affected and may be limited in what

they can do. Professional sports players with epilepsy have included Greg Walker (Chicago White Sox - baseball), Bobby Jones (Denver Nuggets & Philadelphia '76ers - basketball), and Gary Howatt (New York Islanders - hockey).

Epilepsy has afflicted human beings since the dawn of our species and has been recognized since the earliest medical writings. We now understand that epilepsy (commonly called 'the epilepsies') is a group of disorders that occurs as a result of seizures that temporarily impair brain function. Epilepsy is not a 'one size fits all problem'. It can look, feel and act differently in different people. It is much more common than previously thought and is one of the more common neurological problems affecting people of all ages. Few medical conditions have attracted so much attention and generated so much controversy. Throughout history, people with epilepsy and their families have suffered unfairly because of the ignorance of others. Fortunately, the stigma and fear generated by the words "seizures" and "epilepsy" have decreased during the past century, and most people with epilepsy now lead normal lives.

The Greek physician Hippocrates wrote the first book on epilepsy, titled *On the Sacred Disease*, around 400 BC. Hippocrates recognized that epilepsy was a brain disorder, and he spoke out against the ideas that seizures were a curse from the gods and that people with epilepsy held the power of prophecy.

Sadly, false ideas die slowly, and for centuries epilepsy was considered a curse of the gods, or worse. For example, a 1494 handbook on witch-hunting, *Malleus Maleficarum*, written by two Dominican friars under papal authority, said that one of the ways of identifying a witch was by the presence of seizures. This book guided a wave of persecution and torture, which caused the deaths of more than 200,000 women thought to be witches.

Misunderstanding continued for many more years. In the early 19th century, people who had severe epilepsy and people with psychiatric disorders were cared for in asylums, but the two groups were kept separated because seizures were thought to be contagious. In the early 1900s, some U.S. states had laws forbidding people with epilepsy to marry or become parents, and some states permitted sterilization.

The modern medical era of epilepsy began in the mid-1800s, under the leadership of three English neurologists: Russell Reynolds, John Hughlings Jackson, and Sir William Richard Gowers. Still standing today is Hughlings Jackson's definition of a seizure as "an occasional, an excessive, and a disorderly discharge of nerve tissue on muscles." Hughlings Jackson also pointed out that seizures could alter consciousness, sensation, and behavior.

The past century has brought an explosion of knowledge about the functions of the brain and about epilepsy. Epilepsy research continues at a vigorous pace, with investigations ranging from how microscopic particles and channels in the cell trigger seizures, to the development of new seizure medicines, and to a better understanding of how epilepsy affects social and intellectual development.

***A seizure disorder is epilepsy.***

Because some people fear the word "epilepsy," they use the term "seizure disorder" in an attempt to separate themselves from any association with it. However the term seizure disorder means the same thing as epilepsy. A person has epilepsy or a seizure disorder if he or she has had two or more seizures that "come out of the blue" and are not provoked—even if the problem first develops in adulthood or is known to be caused by something like a severe head injury or a tumor.

***People with epilepsy are seldom brain-damaged.***

Epilepsy is a disorder of brain and nerve-cell function that may or may not be associated with damage to brain structures. Brain *function* can be temporarily disturbed by many things, such as extreme fatigue; the use of sleeping pills, sedatives, or general anesthesia; or high fever or serious illness. "Brain damage" implies that something is permanently wrong with the brain's structure. This kind of damage may occur with severe head injury, cerebral palsy, or stroke or it may occur long before birth, with malformation or infection. Injuries to the brain are the cause of seizures in some people with epilepsy, but by no means all of them.

Brain injuries range from undetectable to disabling. Although brain cells usually do not regenerate, most people can make substantial recoveries. Brain damage, like epilepsy, carries a stigma, and some people may unjustly consider brain-injured patients "incompetent."

***People with epilepsy are not usually cognitively challenged.***

People with epilepsy usually are not intellectually challenged. Many people mistakenly believe that people with epilepsy are also intellectually or developmentally challenged. In the large majority of situations, this is not true. Like any other group of people, people with epilepsy have different intellectual abilities. Some are brilliant and some score below average on intelligence tests, but most are somewhere in the middle. They have normal intelligence and lead productive lives. Some people, however, may have epilepsy associated with brain injuries that may cause other neurological difficulties that affects their thinking, remembering, or other cognitive abilities. The cognitive problems may be the only problem in most people. Less frequently, some people have other developmental problems that can affect the way they function and live.

***People with epilepsy are not violent or crazy.***

The belief that people with epilepsy are violent is an unfortunate image that is both wrong and destructive. People with epilepsy have no greater tendency toward severe irritability and aggressive behaviors than do other people.

Many features of seizures and their immediate aftereffects can be easily misunderstood as "crazy" or "violent" behavior. Unfortunately, police officers and even medical personnel may confuse seizure-related behaviors with other problems. However, these behaviors merely represent semiconscious or confused actions resulting from the seizure. During seizures, some people may not respond to questions, may speak gibberish, undress, repeat a word or phrase, crumple important papers, or may appear frightened and scream. Some are confused immediately after a seizure, and if they are restrained or prevented from moving about, they can become agitated and combative. Some people are able to respond to questions and carry on a conversation fairly well, but several hours later they cannot remember the conversation at all.

***People with epilepsy are not mentally ill.***

Epilepsy is not the same as mental illness and in fact, the majority of people with seizures do not develop mental health problems. Yet recent research is showing that problems with mood, such as anxiety and depression, may be seen more frequently than previously thought. The causes are not always known. In some people, the cause and location of the seizures may affect certain brain areas and contribute to mood problems. In others, side effects of treatments and the challenges of living with epilepsy may affect a person's feelings and behavior. If these problems occur, a variety of treatments are available.

***Seizures do not cause brain damage.***

Single tonic-clonic seizures lasting less than 5-10 minutes are not known to cause brain damage or injury. However, there is evidence that more frequent and more prolonged tonic-clonic seizures may in some patients injure the brain. Prolonged or repetitive complex partial seizures (a type of seizure that occurs in clusters without an intervening return of consciousness) also can potentially cause long-lasting impairment of brain function.

Some people have difficulty with memory and other intellectual functions after a seizure. These problems may be caused by the aftereffects of the seizure on the brain, by the effects of seizure medicines, or both. Usually, however, these problems do not mean that the brain has been damaged by the seizure. There may be a cumulative, negative effect of many tonic-clonic or complex partial seizures on brain function, but this effect appears to be rare.

***Epilepsy is not necessarily inherited.***

Most cases of epilepsy are not inherited, although some types are genetically transmitted (that is, passed on through the family). Most of these types are easily controlled with seizure medicines.

***Epilepsy is not a life-long disorder.***

Generally, people with epilepsy have seizures and require medication for only a small portion of their lives. About 60 % of people who develop seizures have epilepsy that can be easily controlled and is likely to remit or go away. However, about 25 % may develop difficult to control seizures and likely will require lifelong treatment. More than half of childhood forms of epilepsy are outgrown by adulthood. With many forms of epilepsy in children and adults, when the person has been free of seizures for 1 to 3 years, medications can often be slowly withdrawn and discontinued under a doctor's supervision.

***Epilepsy is not a curse.***

Epilepsy has nothing to do with curses, possession, or other supernatural processes, such as punishment for past sins. Like asthma, diabetes, and high blood pressure, epilepsy is a medical problem.

Thank you for purchasing  
**Winning the War with Epilepsy; one battle at a time**