

Hot water epilepsy in a pregnant woman: case report

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Abstract

Hot water epilepsy is a unique form of reflex epilepsy triggered by bathing and pouring hot water over the head. Although it is mostly seen in infants and children, with predominance in males, the present article discusses the case of a 28-year-old pregnant woman with reflex seizures triggered by pouring hot water over the head while having a bath during pregnancy and successfully treated with constitutional homeopathic medication.

Keywords

Hot water epilepsy; Seizure disorder; Homeopathy; Constitutional treatment

Case report

A 28-year-old, three-month pregnant woman consulted on September 24 2010 for seizures while having a bath by pouring hot water over the head starting two months earlier. The seizures were preceded by auras, associated with epigastric discomfort, staring, oral automatism, and followed by loss of consciousness. The postictal period was characterized by severe throbbing headache and drowsiness. The seizures occurred twice per month, always while bathing, to a total of four until the first homeopathic consultation, whereas she had never exhibited seizures before. There was neither family history of epilepsy nor past history of febrile seizures, mental retardation, birth anoxia, or head trauma. The physical and neurological examination was normal. Complete blood count, blood biochemistry, electrocardiography, interictal electroencephalogram (EEG), and magnetic resonance imaging (MRI) also revealed normal findings.

To avoid the seizures, short lasting bathing with lukewarm instead of hot water was recommended. However, one month later the seizures continued reappearing during regular baths. For this reason, she was prescribed homeopathic treatment, after which she remained free from seizures for the entire pregnancy and afterwards. Her last visit was on October 2 2011 and never again had epileptic attacks.

Her past and family history did not exhibit relevant data. Her only associated complaint was obstinate constipation. Despite the use of laxatives, her bowels barely moved.

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The patient came to consultation with her mother, and upon being asked on the temperament, the latter said, “She is dependable and responsible. She is punctual. She saves her money. But I don’t think she is equipped to take care of herself.” The patient reported not to know why she felt no motivation. The very idea of choosing a career and making important life choices was “overwhelming.” After a busy day with many activities, she felt better. “I work well under pressure,” she said. When asked what she rated as the most important in her life, she answered, “I never stop thinking about that. I don’t have any idea. I guess I want everything to be quiet, organized and not rushed about. I want stability.” She dislikes being pressured to make decisions.

Her level of disinterest was appalling. She had been vegetating — doing nothing — most of her life. Literally, she seemed not to care about anything. Clearly, she had been, and probably still was, depressed. But it was deeper than that. It was a profound apathy. She was not at all excited about her pregnancy (or maybe was unable to express her joy or sorrow) although the decision of having a baby had been made together with her husband. Her apathy was patent, although the reason behind her apathy was not associated with any conflict with her husband or anyone else.

Her childhood had been fairly good, without significant history of abuse or depression.

During the whole interview, she sat at one same place and made no motions. She moved no limb nor showed any interest in the surroundings. Her speech was very slow, and she talked with difficulty, saying that everything felt as though it was in slow motion, as in a dream.

Case analysis, treatment, and follow up

The following repertory rubrics were selected from Murphy’s repertory:

- Mind – INDIFFERENCE, apathetic – suffering, to
- Nerves – CONVULSIONS, general – pregnancy, during
- Nerves – CONVULSIONS, general – warm, bath agg.
- Pregnancy – CONVULSIONS – unconsciousness, with
- Rectum – CONSTIPATION, general – pregnancy, during

The result of repertory analysis using Radar Homoeopathic Software® (Archibel) is described in Figure 1.

Figure 1. Repertory analysis

1. Mind - INDIFFERENCE, apathetic - suffering, to
2. Nerves - CONVULSIONS, general - pregnancy, during
3. Nerves - CONVULSIONS, general - warm, bath agg.
4. Pregnancy - CONVULSIONS - unconsciousness, with
5. Rectum - CONSTIPATION, general - pregnancy, during

	Op.	Gels.	Aps.	Glon.	Nat-m.	Plat.	Stram.	Hell.	Lyc.	Lach.	Alum.	Dol.	Nat-s.	Nux-v.	Plb.
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	9	5	4	3	3	2	2	2	2	2	1	1	1	1	1
	12	10	7	4	3	4	4	3	3	2	3	3	3	3	3
1.															
2.															
3.															
4.															
5.															

The patient was prescribed *Opium* 200 cH, one single dose, and was requested to return for follow-up 15 days later. At that moment, she reported to have had loose bowel motions during the first two days after taking *Op*, but then constipation came back. She had no episodes of epilepsy, and was feeling sleepier. Her mental symptoms did not exhibit remarkable changes. The patient was prescribed placebo for the following 15 days.

At the second follow-up visit, she reported not to have exhibited any seizure, that constipation had improved, and asked "Is it possible that the epileptic fits harmed the baby? I am worried." This concern confirmed the accuracy of the prescription, as it manifested an initial interest in the pregnancy. In addition, was enjoying the joy of future motherhood.

No other episode of seizure recurred all along the pregnancy, and no further doses of *Op* were needed. In time, she delivered a healthy baby boy by normal delivery.

Discussion

Hot water epilepsy (HWE) is a form of reflex epilepsy, in which seizures are triggered by contact with hot water over the head. To this date, the physiopathological mechanism of HWE is not clearly known, but apparently the thermoregulatory system, which is extremely sensitive to fast rise in temperature, seems to be detrimental [1].

HWE occurs mostly in the first decade of life, and more frequently among males than females (70%). Therefore, some features on the present case, such as the age of onset, gender, and associated pregnancy disagree with the literature [1].

The characteristic pattern of HWE includes 67% of complex partial, and 33% of generalized tonic seizures. Interictal EEG is usually normal, as in the present case, whereas ictal EEG usually shows focal epileptic activity and paroxysmal discharges characterized by secondary generalization [1]. HWE is known to be a benign and self-limited form of reflex

epilepsy, which merely requires avoidance of hot water or long showers. However, approximately one-third of patients with HWE exhibit seizures even during regular baths. In these patients, a constitutional homeopathic approach might be the preferred option, as in the present case.

Opium is typically prescribed to individuals with extreme moods on either end of a spectrum ranging from a sort of apathy towards life and dull feelings towards pain in general, and extreme hyperactivity, eventually leading to sleeplessness. As a result, there is a wide range of personalities in whom *Opium* might be helpful [2].

Opium might also be useful in critical clinical conditions, such as recovery from brain injury or paralysis resulting from stroke, alcohol withdrawal, or delirium. This fact also points to its usefulness in extreme situations, which thus contribute to draw the typical profile of this remedy – which might very well be anything but typical in nature [2].

The conventional image of *Opium* evokes dimly lit rooms filled with fumes, where people smoke themselves into stupor. They are barely half-conscious, and unable to stand firmly, or talk coherently. They seem to be in a state of peace, and want to be left alone. They say there is nothing wrong, but that they are perfectly well and happy, with no pain, they want nothing, and have no symptoms to report [3]. Conversely, observation shows their temperature is high, they are covered by scorching hot sweat, the pulse is fast, and they are delirious. The face looks besotted, bloated, and purple, the eyes are glassy, and pupils contracted. The mind is in a state of confusion, with occasional loquacity, but as a whole they only talk when aroused. A condition of general stupor prevails, in which the patients say nothing and do nothing [3].

That state might alternate or coexist with the opposite one, including: mental sharpness, intense sensitivity to pain, both mental and physical, sleeplessness, restlessness, nervous excitability, anxiety, fear, fright, anger, rage, fury, propensity to jump out of bed and roll on the floor, mirth, hilarity, liveliness, delirium, hallucinations; spasms, seizures, diarrhea, and increased sensitivity to sounds – so that they might hear the proverbial noise made by a fly crawling up the wall [3]. Hypersensitivity might lead to sleeplessness, alternating with brief periods of sleep, which is light, restless, or easily disturbed. The respiration becomes heavy and deep, and eventually irregular, up to transient pauses (sleep apnea) [4].

References

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