

Types of Epilepsy

Epilepsy may be of many types. The area of the brain from where the seizure starts and its ability to spread to other parts can further define the type of epilepsy.

People usually think that epilepsy manifests only through motor (muscle) symptoms such as jerks. In fact, epilepsy has a wide range of symptoms, which can be broadly grouped into three types:

- (a) Motor symptoms, such as limb shaking or weakness;
- (b) Sensory symptoms, such as numbness, electrical shock-like sensation over a specific area, and
- (c) Mental symptoms, such as fear, confusion, visual and auditory hallucinations.

Sometimes epilepsy can present as restlessness in a child or inability to learn quickly, with no external manifestations of seizures. This can only be diagnosed by recording the electrical activity of the brain by an electroencephalogram (EEG). Minor twitching of the face and hands may also be due to epilepsy. Thus, a careful diagnosis is essential.

Warning symptoms

Some people with epilepsy get warning or premonitory symptoms (auras) before their attack. These depend upon the region of the brain where the seizure originates. Hence, these auras not only warn patients and provide them with an opportunity to protect themselves but also give a clue to the diagnosis of the specific type of seizure. It is thus essential to note these warning symptoms and report them to the treating physician.

Depending upon the absence or presence of these warning symptoms, epilepsy can be broadly classified into two types: generalized and partial. In the former, warning signs are absent whereas in the latter, warning signs are usually present. Some partial seizures later spread to become generalized, and at this stage the patient loses consciousness completely.

Generalized seizures

In generalized seizures, patients suddenly stop what they are doing, the eyes and head turn to one side and the body becomes stiff. This is usually followed by several jerks of the hands and legs, groaning and frothing from the mouth.

Mama, its about to happen...

Rashmi is an eight-year-old girl, studying in class III, with normal physical and mental development. She has had four or five seizures in the last one year. During these episodes, she complained of a sense of fear, ran to hold her mother, stared at a particular spot and smacked her lips. During this period, she was not responsive and the experience lasted for about one minute. Following this, she remained confused for 10–15 minutes. Later, neither did she remember the incident nor was she able to recollect what had happened.

Rashmi has complex partial epilepsy.

Ajar is a 14-year-old boy who routinely experiences sudden jerking of his hands. These episodes occur after waking up every morning, and cause him to drop items while brushing his teeth. Interestingly, there is no recurrence at other times.

Ajar has myoclonic jerks which are a type of epilepsy.

During the episode, the tongue may be bitten or severe injury can result from a fall or an accident. Sometimes the patient may pass urine or stools. The body relaxes after a few minutes and the patient sleeps for a variable period. The patient is completely unaware of the seizure. Such seizures can also occur in sleep.

Partial seizures

In partial seizures, some patients may experience only motor or sensory phenomena. Such seizures are called simple partial seizures and arise from a specific area of the brain, with the patient being fully or partly aware of the event. However, some patients may experience various complex warning symptoms such as gas rising up from the stomach, fear, a sense of giddiness or involuntary movements such as smacking of the lips, mental confusion or wandering around. These are known as complex partial seizures and are difficult to diagnose, due to the varied manifestations. It is essential that the patient and eyewitnesses note down the symptoms and describe them to the treating physician. Usually, complex partial epilepsy is under-diagnosed because symptoms are very brief and strange.

In addition to the above-mentioned types, children below 15 years of age may experience another type of seizure. This is very brief, lasts only 10–15 seconds, and is repetitive. During this period, children are totally unresponsive, may not fall down, but may experience automatism briefly and return to normal immediately after the episode. The seizure recurs very frequently, perhaps as often as 20–30 times per day. Such episodes are called “absences” and these patients may sometimes also have generalized tonic–clonic seizures. As these are common among school children, they are almost always noticed by the school teacher and then referred to a physician. It is essential to educate school teachers to identify such children, as the seizure is easily amenable to treatment.

Myoclonic jerks are another type of generalized seizure which could occur in children, adolescents and adults. Such seizures could be very mild with occasional jerks of hands or legs or they could be very severe, make the patients fall down and interfere with their daily activities

