

Epilepsy

Jan 2019 - Dear all,

In very recent weeks there was an unsupervised client having their first Light session who had a epileptic seizure. We do not know what the settings were, but it would seem from the clients severe reaction that the Light intensity was too high. As unfortunate as it was for this health professional to have this reaction, it is a timely reminder to us all that there is a slight chance that a client will have a seizure. Most IMPORTANTLY then it is essential to stop the potential of a severe reaction occurring, that the THERAPIST offering a session STAYS WITH A CLIENT continuously for at least for the few minutes to see whether or not they are showing any early signs of a seizure. If that is noticed then the session needs to be STOPPED IMMEDIATELY.

I worked with epileptics for a number of years and in that time had never seen a life threatening reaction. It is very important that if you have a client who has any signs of a potential seizure (please see below for further explanations) that you DO NOT PANIC. Simply terminate the session and follow the correct procedures. Also know that after a seizure a person can be very vague, not know who you are, or why they are with you. They may also be very tired and want to sleep.

On a personal note – I had a young woman in her early twenties who had a session and had a seizure, her first. After she was fully conscious she was shocked to think that she may be at risk of others. She had read the information I gave her before the session asking whether she, or any family members had a history of seizures – she replied no. She recovered fully and was picked up by a friend, and returned the next day for her car – NEVER let a person drive after a seizure!!

I have also given sessions to known epileptics using very low light intensity settings – 1-2% for 5-10 minutes. In these cases there were no reactions and all had said they had a very comfortable and enjoyable experience. I have also had a client whose evening epileptic seizures stopped after having Light sessions.

Notes from intensive care paramedics working for the NSW Ambulance service, Australia, about epilepsy. It is a big myth about people swallowing their tongue during an epileptic seizure. The only way they can ever swallow their tongue is if they bite some of it off during a seizure and it drops back into their mouth. It is also extremely unlikely that someone can die from a seizure. The person is still able to breathe although it may be more challenging for them during a seizure.

Most people who are diagnosed as epileptic will stay away from flashing lights. They also carry medication.

There are different types of seizures and symptoms:

Tonic seizures. Tonic seizures cause stiffening of the muscles. These seizures usually affect muscles in the back, arms and legs and may cause a person to fall to the ground.

Atonic seizures. Atonic seizures, also known as drop seizures, cause a loss of muscle control, which may cause a person to suddenly collapse or fall down.

Clonic seizures. Clonic seizures are associated with repeated or rhythmic, jerking muscle movements. These seizures usually affect the neck, face and arms.

Myoclonic seizures. Myoclonic seizures usually appear as sudden brief jerks or twitches of the arms and legs.

Tonic-clonic seizures. Tonic-clonic seizures, previously known as grand mal seizures, are the most dramatic type of epileptic seizure and can cause an abrupt loss of consciousness, body stiffening and shaking, and sometimes loss of bladder control or biting of the tongue.

If someone begins to have a seizure whilst under the light, then either stand in between the light and them to block it from them, move it away from them and shut it down, get it away from them as quick as possible.

1. Roll them over to any side into the recovery position if possible and place anything soft under their head to protect it. If you cannot roll them over, then place a pillow or something soft under their head. If you don't have anything soft to put under their head then hold onto it for them to protect them from damaging it.

2. Free the space around them, move any objects away from them and just allow the seizure to progress naturally.

3. Do not put anything in their mouth at all as this may become something they could swallow.

4. If the seizure

- lasts longer than normal time for them
- or it is the persons first seizure
- or it is an unusual seizure for them
- or they have two seizures with a 60 second gap in between the end of the first seizure and the beginning of the second seizure,

the person requires medical attention either via an ambulance or driving them to the accident & emergency department in a hospital.

5. It can take up to 20 minutes for the person to resume their normal behavior. Please observe them for 20 minutes after the seizure.

6. Once a person comes out of their seizure, talk to them clearly and softly and make them aware of where they are and who you are and that they have just had a seizure. You may need to contact a family member for them. Ask or look for their mobile phone and a name of a relative.

They may have symptoms such as

- a swollen tongue from biting it
- not being able to communicate properly
- feeling groggy
- headache
- and/or they may have urinated themselves so it is a good idea to always keep a sarong/towel handy for them to change into
- just be staring into space

7. Ask them -

- Do you have any pain?
- Do you understand what has happened? (if you don't get acknowledgement from them)

8. Treat them normally as some people may feel embarrassed.

9. They are allowed to consume water, tea etc., and a bit of food if they request it.

10. Do not allow them to drive or leave your presence until you are sure they are fully conscious again.

It is highly recommended that you print this information and keep it with you when giving a session. It may make your situation easier, especially if you have another person with you and you are concentrating on what you are doing with the patient.

From Guy - Do take care to watch new users on the light. About 1 in 4000 people have epilepsy. If they are on medication they know to stay away from flashing lights. It is easy to spot a seizure, the body starts rapid shaking. Then immediately turn the light away from them (not turning off on the tablet, that takes too much time) and hold the persons body until the shaking stops. In 1000's of

people I have put on the light over 4 years it has happened maybe 3 or 4 times.

I am just telling you so you pay attention to new users. You should ask them first if they have ever had any seizure of course, but occasionally someone is epileptic and does not know. You may never come across it, but just take care to stay around a new user. The user has no memory of the episode, and it is not medically threatening when caught immediately. It looks more dramatic on the outside than it seems to feel to the receiver.

Epileptics have done very well with the light in 4 cases I know. They just start by running at 2% intensity for 2 minutes or even less. It is simply an over sensitivity to light stimulation. We tend to label any sensitivity as abnormal having to be medicated, like ADHD, but a more helpful approach is to work with it positively, and the Ajna Light allows us to do this. These epileptics say they love the light.

It is very rare to have a fatality from epilepsy, which is called Sudden Unexpected Death in Epilepsy (SUDEP). Given about 1 in 4,000 people has epilepsy, SUDEP occurs annually in adults about 1 in 4 million people, and about 1 in 18 million children. By comparison the odds of becoming a lightning victim in the US in any one year is 1 in 700,000.

Pratika 2019