CASE STUDY


Client: 39 year old female suffering from Epilepsy

The client is 39 year old female who has suffered from severe epilepsy since the age of 11. The client is referred to as “N”.

It was important to gain as much information about N’s epilepsy as possible, so the practitioner developed an epilepsy questionnaire that was specific to N’s case. Information about the client’s general physical, mental and emotional state was also documented.

With a health history that included a traumatic birth, developing asthma at the age of 4, developing epilepsy at the age of 11, having viral encephalitis at the age of 27 and currently experiencing regular epileptic attacks that could put her into a coma for 3 days at a time, N enquired about having Neuro-foot reflexology Praxis Vertabralis to see if it could help her health problems.

Presenting Symptoms
Epilepsy N has severe epileptic attacks that occur apx. every 3 to 4 weeks and can cause her to go in to a coma for 2 to 3 days.

Asthma She has suffered from asthma since she was 4 and it is worse during the winter time.

Hayfever (Grasses) especially when she visits her parents in France. She has to take steroids for a while before each visit in order to be able to breathe more easily.

Low energy with great tiredness N is recovering from Epstein Barr virus/Glandular fever.

Leg numbness Her calves feel numb at the moment. This has occurred on and off for 10 years to varying degrees of severity.

Mental/emotional She feels that there is an imbalance between the mental and physical (her own observations). She has had a lot of emotional stress in her life and feels under great pressure after recently being divorced and bringing up two young children with not much support and little financial security.

Modalities N feels best between 2pm and 3pm

Epilepsy questions

Problems at birth? Premature? Low birth weight? Needed an incubator?
A traumatic birth, pulled out at the head with callipers, developed a haematoma.

Febrile seizures? (Seizures with fever as an infant) She had febrile convulsions at 6 months of age and at 11 years of age had epilepsy.

How old were you when you learned to walk and talk? 14 months old

Did you require special classes? No

Encephalitis? (Infection of the brain) At the age of 27 years of age had viral encephalitis and nearly died.
Family members with epilepsy? No, but her doctors feel it is genetic. They feel it is generalized over the brain, not in one particular area.

Allergies to injections? No

Medical illness requiring hospitalisation? Gall bladder operation, caesarian, viral encephalitis

Problems with alcohol/drugs? No

Can you describe your seizure? Usually fall to the floor, feel cut off at the knees and my body shakes for 15 minutes and sometimes longer. I am unconscious for a short while, can’t converse but can say yes or no. I have a few Petit Mal attacks first. My shoulders flinch and then the brain goes completely slow. I can have Grand Mal too. I tend to get bruising after a fit. Afterwards she says she can’t eat for 2 days and won’t drink unless someone reminds her to. Normally she tries to drink about 4 litres of water a day.

Do you have convulsions? I bite my tongue when I am having a Grand mal attack.

Do you lose control of urine? No

Are you tired after a seizure? Yes.

Are they more frequent around the time of your period? Yes

Do your seizures only happen at night? No they tend to be around 6 – 7 am

Does anything seem to trigger your seizures? Stress

When did you last have an attack? Nothing since October 31, 2004

Medication? No

Do you take any supplements/health products/health treatments? Vitamin B and magnesium. Acupuncture for 2 years and there was no difference, the same with homoeopathy.

Have you had any tests done? (MMR/ CAT scan/ EEG etc.) Yes

Results? In the scan of the brain there is a dark area in the centre of the brain that the doctors aren’t sure of what it is. It lies just below the hypothalamus. Doctors have classified my epilepsy as a general epilepsy, yet they do feel the symptoms are unusual.

Other information: Asthma from 4 years old, severe hay fever attacks, mostly to grass pollens. Takes medication and uses an inhaler.

Practitioner’s observations: Highly stressed emotionally and physically. Talks a lot and finds it difficult to relax. Very excitable and agitated yet at times is very aloof and distant like she is not aware of her surroundings. Skin very red, dry and angry around the upper lip and skin scaling under the area just below the nose. A few spots on the chin.

TREATMENT RECORD
The scale used for rating the size of deposits is 1 to 5, with 1 being the smallest and 5 being the largest possible.

(Treatment 1) December 2, 2004
Clinical observations: Very dry, red irritated skin on the upper lip and lips themselves. Very pink under the base of the nose

Main deposit in nerve zones in the face: Several areas which had deposits: the lung; hormonal area; and the stomach. The greatest deposit was the lung area at 4.
Main deposit in the spinal line: D1 (Dorsal o Torax) connected with the lung. Level 3
1. Treatment D1 in the spinal line.
2. Balanced with: Larynges plexus with the large intestine nerve zones and the termial colon point. Larynges Plexus are related to the Esophagus Reflex (which includes the Pharynx, Larynx, and Trachea reflexes) that reflexologists work on the foot. The large intestine nerve zones and the termial colon point balancing pressing by thumb the large intestine reflex in the same time the terminal colon point in the feet. Then balancing the biggest deposit, D1 in the spinal line, with the larynges plexus, by pressing thumbs at the same time.
Main deposit in the “emotional” spinal line: L 3 (Level 3)
1. Balancing with the larynges plexus

Main deposit in the map of the cortex of the brain (big toe): Cortex No. 10
1. Treating neuro-foot zones for the midbrain

After the Initial Treatment:
Straight after treatment the patient developed a severe pain in both of her feet, which extended around the ankles and at the back of the ankles near the Achilles tendons and the calf muscles. I massaged the area to help relieve the pain. She said this helped reduce it but that she was still aware of it and felt she could cope with it. I massaged both of her feet, working the lung and large intestine area more and this helped a little. She then developed pains in her left hand but they soon began to reduce. I gave her an aftercare sheet, which explained what reactions she might expect after having a neuro-foot reflexology treatment.

On subsequent treatments (1 – 9) the same treatment plan was followed.
Conversation December 8, 2004
N rang to say that the symptoms had died down by the next day. Her headache had subsided. She had slept quite well and felt confident that something was happening. She booked a treatment for December 16.

(Treatment 2) December 16, 2004
Client has not had an epileptic fit since her first treatment. During the 2nd treatment she felt pain behind the eyeballs and in the eye itself. It began with both sides of the face and then went to the left side and remained there. I worked on the main deposit (lung). After the treatment she said she felt fine.

Evening of December 16, 2004
She said that she used to have sinus problems and that the day after the 2nd treatment she started to experience huge amounts of mucus discharging from her nose. On several occasions she had to go to the toilet and be physically sick. She has the sensation that the top half of her face and head from just underneath the eyes feels like it is full of mucus. She telephoned to see if this was normal. I told her that it is not possible to predict what symptoms you will experience after treatment, but it was possible that this was a response to treatment and not worry about it.
(Treatment 3) February 3, 2005
No epileptic attack. N’s description of her reactions: “I bit my tongue while I was asleep, which is a sign that I may be going to have an epileptic attack, but I haven’t.” “A rash has appeared on the top of my lip.” “I have stomach pain at the moment.” “A lot of emotions have come up and they are all about rejection issues and rejection from my brother.”

I gave her the same treatment as previous. I thought it important to teach her about point 19 in order to help stop an epileptic fit.

(Treatment 4) February 17, 2005
No epileptic fit. My client is very descriptive of how she feels emotionally and physically. Today she felt physically drained, lacked energy. I worked more on the emotional spinal line.

(Treatment 5) March 4, 2005
No epileptic fit. Her energy levels have been a lot better since the last treatment. Her comments: “A lot of spots have appeared on my face” (look like acne and quite irritated). She said she doesn’t usually have spots. These spots are all over the face. She said that one time she remembered that she had a similar spot problem when she came off medication 10 years ago and the spots lasted for 2 years. On observation the spots look a mild attack of acne. The spots aren’t deep and look superficial.

I treated using the same treatment plan and she fell asleep. This was quite unusual because normally she talks quite a lot throughout the treatment, however much you ask her to relax. Comments: There is a big change. She seems a lot more balanced and co-ordinated. It is like she is more in control of her life.

(Treatment 6) March 11, 2005
No epileptic fit. She says she hasn’t bit her tongue for ages. The spots have reduced quite a lot; they were just under the skin. This result was quite quick. My client had brought herself a new wardrobe of clothes, and already lost a few pounds by cutting out the wheat. She looked great and seemed to be quite happy. She aid she has sorted out the problem with her husband I treated her in the usual way.

(Treatment 7) April 15, 2005
No epileptic fit. N has been in France. Normally she has to use inhalers and dose herself up with drugs before she goes and is on medication for the rest of her visit. She also likes to play tennis and this may cause her to use the inhaler more because she can’t breathe.

She said that she was amazed that for the first time in her life she didn’t have to use her inhaler or medication when she was in France and that she played tennis and didn’t need any medication then either. She feels that she is well on the way to a full recovery. I treated her in the usual way.

(Treatment 8) May 6, 2005
No epileptic fit. She has got a new job and is moving shortly. No more spots, The skin above the upper lip (which is usually red) looks normal and is the same colour as the rest of her face. Treatment with the same routine. She left with energy.

(Treatment 9) May 10, 2005
No epileptic fit. She feels very good from last week. Treatment with the same routine.

Practitioner’s Conclusions:
Neuro-foot reflexology is not dependent on the facts of the case but the physical observations, what you find on the feet, how you use that information to build a treatment program, and what you discover during your examinations.

With the limited time and treatment schedule in this particular case, I feel that there was great benefit in giving this client neuro-foot reflexology and I am pleased with the results.