What Are The Most Common Signs Of Neurological Problems?

Neurological symptoms can vary, though there are a few common signs to watch for. These can differ in severity and frequency, though should not be ignored.

Headaches

Headaches occur randomly throughout our lives and are often not a cause for concern. They do become an issue when they start interfering with your usual routine. When headaches become more frequent and increase in severity or duration, it could be a sign of neurological issues.

Cognitive Difficulties

As we age, we experience reduced cognition, though it should occur slowly over time. With a neurological condition, such issues could become more severe. Such symptoms could include memory loss, reduced concentration, speech issues, or confusion.

Balance issues

Sinus issues from colds or flu could cause dizziness. Of course, when your condition improves, the dizziness does as well. If such balance issues occur when you're not sick, it could be a sign of neurological problems. More frequent

balance issues, including dizziness, vertigo, clumsiness, fainting, or poor coordination, could be due to a more serious issue.

Vision Problems

Vision problems are another possible symptom of neurological issues. There are many possible forms, including blurring, double vision, hallucinations, and partial or temporary blindness. If you notice any of these issues, speak to your doctor immediately.

Sleep Issues

Those with neurological disorders often have issues with sleep. Insomnia is one such issue, preventing individuals from falling or staying asleep. Sleeping too much, especially during the day, is another possible symptom. Some individuals even experience uncontrollable leg movements while they are asleep. All of these are possible symptoms of a neurological disorder.

Pain

Pain is another common symptom of neurological issues, though not everyone experiences the same type. The pain is most often located in the neck or lower back, though any pain could be a cause for concern. Muscle stiffness, weakness, or spasms, and limb rigidity could also be related to neurological issues.

Not-so-common signs

As well as the common symptoms, there are a few uncommon signs of neurological problems to watch for. These can include nausea, vomiting, tingling sensations, loss of bladder or bowel control, and loss of sensation. Some people also experience tremors, paralysis, face drooping, and reduced senses, including taste and smell. Hearing issues, like deafness or ringing, are also possible symptoms to watch for.

Stroke

Strokes occur when there is a disruption in the brain's blood supply. They are broadly classified into two categories: ischemic strokes and hemorrhagic strokes.

Ischemic Strokes: These strokes occur when a blood vessel becomes blocked, depriving a part of the brain of oxygen and nutrients. Rapid treatment is essential to minimise brain damage. Common treatments for ischemic strokes include clot-dissolving medications and mechanical clot removal procedures.

Hemorrhagic Strokes: Hemorrhagic strokes result from the rupture of a blood vessel in the brain, leading to bleeding within the brain tissue. This type of stroke may necessitate surgical interventions to stop the bleeding and relieve pressure on the brain.

Regardless of the type of stroke, post-stroke rehabilitation plays a vital role in recovery. Rehabilitation helps patients

regain lost abilities and adapt to new challenges they may face as a result of the stroke. Timely treatment and comprehensive care are key factors in attaining improved outcomes for stroke survivors.

Epilepsy and Seizures

Epilepsy is a condition that affects the nervous system, which causes unpredictable and recurring seizures. Treatment typically involves medication to prevent seizures, although these drugs may be ineffective for some patients. In such cases, alternative treatment options, like those offered by the best epilepsy treatments in India, may be necessary.

The seizures can be broadly categorised into two types:

Generalised Seizures: These seizures affect the entire brain, leading to a loss of consciousness and uncontrolled muscle movements.

Focal Seizures: These originate in a specific region of the brain. They can result in altered consciousness or unusual sensations.

For individuals with drug-resistant epilepsy, surgical procedures and specialised therapies, such as nerve stimulation, may offer valuable benefits. These interventions aim to improve seizure control and enhance the quality of life for those living with epilepsy.

Alzheimer’s Disease and Dementia

Alzheimer's disease, a common neurological disorder, is a progressive neurodegenerative disease and the foremost cause of dementia. It is characterised by a gradual deterioration of the memory, which worsens over time and significantly impacts daily functioning and behaviour. Gastrointestinal symptoms that can accompany nerve symptoms may be evident in some patients, complicating their daily lives.

Alzheimer’s disease inflicts damage and eventually leads to the demise of brain cells, resulting in a reduction in brain volume. Although the precise cause of Alzheimer's remains elusive, a combination of genetic, lifestyle, and environmental factors are known to contribute to its development.

Parkinson’s Disease

Parkinson's disease is a progressive neurological disorder that primarily affects movement. It targets dopamine-producing neurons in the brain's substantia nigra region. As dopamine levels decrease, symptoms like tremors, stiffness, and slowed movement become prominent. The exact cause of Parkinson's disease remains unknown, although it is believed to result from a combination of genetic mutations and environmental exposures.

Treatment for Parkinson's disease focuses on symptom management and may include:

Medications: Various medications are prescribed to alleviate symptoms and manage dopamine levels in the brain.

Physical Therapies: Physical therapy and exercise can also help improve mobility and muscle control.

Surgical Interventions: In advanced cases, surgical options like deep brain stimulation may be considered to alleviate symptoms and improve the patient's quality of life.

Managing Parkinson's disease often requires a multidisciplinary approach, tailored to the individual's specific needs and progression of the condition.

Causes of Neurological Disorders

The specific cause of a neurological disorder can vary depending on the disorder itself, but some common factors and causes include:

Genetics: Some neurological disorders are hereditary and result from specific genetic mutations or variations. Examples include Huntington's disease, muscular dystrophy, and certain types of epilepsy.

Trauma: Head injuries and spinal cord injuries can lead to neurological problems. Trauma can cause physical damage to the nervous system, leading to conditions like traumatic brain injury (TBI) or spinal cord injury.

Infections: Various infections can affect the nervous system, including viruses (e.g., herpes simplex, HIV), bacteria (e.g., meningitis), and parasites (e.g., Lyme disease). These infections can lead to conditions like encephalitis or meningitis.

Autoimmune Disorders: In autoimmune disorders, the immune system mistakenly attacks the body's own cells and tissues, including those in the nervous system. Conditions like multiple sclerosis and Guillain-Barré syndrome are examples of autoimmune neurological disorders.

Degenerative Diseases: Many neurological disorders are characterised by the gradual degeneration of nerve cells or tissues. Examples include Alzheimer's disease, Parkinson's disease, and amyotrophic lateral sclerosis (ALS).

Metabolic Disorders: Some neurological disorders result from metabolic abnormalities. These conditions may be caused by enzyme deficiencies or other metabolic processes. Examples include phenylketonuria (PKU) and Wilson's disease.

Toxins or Environmental Factors: Exposure to toxins, certain chemicals, or environmental factors can lead to neurological damage. Lead poisoning, exposure to certain pesticides, or chronic alcohol abuse can cause neurological problems.

Vascular Issues: Neurological disorders can result from problems with the blood vessels that supply the brain or spinal cord. Conditions such as strokes and vascular malformations can disrupt blood flow to the nervous system.

Neurodegenerative Disorders: These disorders involve the progressive degeneration of nerve cells and are often associated with abnormal protein accumulation. Conditions like Huntington's disease, Alzheimer's disease, and some forms of ataxia fall into this category.

Nutritional Deficiencies: Inadequate intake of essential nutrients, such as vitamins and minerals, can lead to neurological problems. For example, a deficiency in vitamin B12 can cause peripheral neuropathy.

Hormonal Imbalances: Hormonal disturbances, such as those seen in thyroid disorders, can affect the nervous system and lead to symptoms like tremors and muscle weakness.

Congenital Abnormalities: Some neurological disorders are present from birth and result from abnormalities in the development of the nervous system. Conditions like cerebral palsy and neural tube defects fall into this category.

In some cases, the exact cause of a neurological disorder may remain unknown or multifactorial, with a combination of genetic, environmental, and other factors playing a role.

If you have doubt that you or someone you know may be suffering from any of these symptoms, then you must visit the best neurologist in India to get proper medical assistance as early as possible. Many top hospitals like Max Healthcare have on-boarded the best neurologists from India to help and guide those suffering from neurological disorders.

Early detection and prevention is always the best option to cope with such disorders. The other thing that is most essential is the support and care. If people suffering from any of these symptoms get a strong support system and care from the people around them, it becomes easy for them to cope with their feeling of helplessness and depression that can make their healing effective and faster.

For Epilepsy Cases :

Be involved in self-management.

Avoid any known seizure triggers for you.

Avoid drinking too much alcohol.

Know when your seizures are most likely to occur.

Get enough sleep.

Be healthy.

Manage stress.

Epilepsy about first aid and safety :

Epilepsy is a common condition of the brain in which a person has a tendency to have recurrent unprovoked seizures.

About 70 per cent of people with epilepsy gain control of their seizures with medication. People who continue to have seizures are more vulnerable to the potential safety risks associated with seizures, especially when seizures occur without warning and impair awareness.

Epilepsy, like other long-term conditions such as **asthma** or **diabetes**, comes with certain risks. If left unchecked these can become very serious.

Seizure-related risks are higher when people have poorly controlled seizures. Good seizure control is the first step in reducing seizure-related risks.

Seizures can sometimes lead to injuries or falls, and they can occasionally be more serious – even contributing to, or causing, death. Different types of seizures carry different risks.

Your risk level depends on the type of seizures you have, and your lifestyle. For instance, poorly controlled tonic-clonic seizures pose the highest safety risk, and if you take part in activities such as mountain climbing, this risk is increased.

Life is never risk-free, but taking positive action to reduce your seizures, thinking about risks specific to you and discussing seizure management with your doctor are a start to reducing some of your seizure-related risks.

Epileptic seizure first aid

If you are with someone having a tonic-clonic seizure (where the body stiffens, followed by general muscle jerking), try to:

Stay calm and remain with the person.

Keep them safe and protect them from injury.

Place something soft under their head and loosen any tight clothing.

After the seizure is over, roll them on their side (if they have food or fluid in their mouth, roll them onto their side immediately).

Reassure the person until they recover.

Time the seizure, if you can.

Do not put anything into their mouth or restrain or move the person, unless they are in danger.

Epilepsy Smart Australia have produced a **Seizure first aid information sheet** showing what to do if someone has a seizure.

If a person having a seizure is in a wheelchair

If a person has a seizure when they are in a wheelchair, car seat or stroller:

Leave the person seated with the seatbelt on (unless it is causing injury).

Put the wheelchair brakes on.

If it's a tilt wheelchair, tilt the seat and lock in position.

Support their head until the seizure has ended.

Lean the person slightly to one side to aid drainage of any fluid in the mouth.

After the seizure, if the person is having trouble breathing or they need to sleep, take them out of the chair and put them in the recovery position.

If their breathing difficulties continue, call an ambulance and closely monitor the person. Be prepared to perform **CPR** if they stop breathing.

Be aware that the **CPR technique for adults** is different to the **CPR technique for young children and infants**.

Seizures in water

If a seizure occurs in water:

Support the person's head so their face is out of the water.

Tilt their head back to ensure a clear airway.

If the person is in a pool, remove them from the water when the jerking stops. Note: In the rare circumstance the jerking does not stop, seek help from others if possible, and remove the person from the water at the shallowest end of the pool.

If the person is in the surf, remove them from the water immediately.

Flotation devices may be useful when removing someone from water.

Seek help if possible.

Once out of the water:

Call triple zero (000) for an ambulance immediately. (Do this even if the person is breathing, as they may have inhaled water)

Place the person on their side.

Check to see if they are breathing.

If they are not breathing, or they are not breathing normally, reposition the person onto their back and begin the appropriate form of CPR: **CPR for adults** is different to the **CPR for young children and infants**.

When to call an ambulance for an epileptic seizure

IF :

the seizure lasts for **5** or more minutes or longer than what is normal for the person

a second seizure quickly follows

the person is not responding for more than 5 minutes after the seizure ends

the person has breathing difficulties after the jerking stops

it is the person's first known seizure

the seizure occurs in water

the person is injured

you are in doubt.

Epilepsy and your safety

Anything that affects a person's conscious state, awareness or judgement can increase the risk of accidents.

If you have a seizure, your doctor will advise you in relation to driving, the use of dangerous machinery, working above ground level and general safety issues.

Some people choose to wear a medical alert bracelet or pendant with epilepsy information, in case of an accident. Another option is to carry medical information in your wallet.

Epilepsy and driving

Seizures can affect your ability to drive safely.

If you have a seizure or are diagnosed with epilepsy, your doctor will inform you that you cannot drive. How long this period will last will depend on many things including:

what caused the seizure

what type of seizure you had

if it is epilepsy, and if so, what type of epilepsy.

If you meet certain criteria later on, you will be able to drive again – safely and legally. If you do not meet those criteria, your licence may not be renewed, or you may be issued a conditional licence.

It's your responsibility to inform the driving authorities about having epilepsy or a seizure. In Victoria, this means **informing VicRoads.**

Driving against medical advice is illegal and dangerous to you, your passengers and the general public. There are many safety factors to consider as seizures often occur without warning.

If you continue to drive and are involved in a motor vehicle accident during the recommended non-driving period, and it's found that a seizure was a contributing factor, you may be prosecuted and charged or even jailed.

Learn more about seizures and driving in Victoria.

Epilepsy and water safety

If a seizure happens in water, it can lead to a life-threatening situation. It's important to think about water safety, recognise risks and what steps to take if a seizure may happen in the water.

Some simple suggestions include:

Never swim alone.

Wear an approved life jacket for water activities, including boating and fishing.

Avoid water sports such as scuba and high board diving.

Have a shower rather than a bath, as showers pose less risk. If you only have a bath, use a hand-held shower attachment.

Do not shower or bathe while alone in the house, if possible.

Shower at a time when seizures are less likely to happen.

Preferably have outward opening doors, sliding doors, half doors or doors that are easily removable fitted to the bathrooms.

Keep bathroom doors unlocked.

Epilepsy and general hazards

People take risks every day, but people who have seizures may have to deal with different risks. By becoming aware of potential risks and ways these can be lessened, activities can be safer and most people with epilepsy can live full and active lives.

Injuries and accidents tend to occur more around the home than anywhere else. There are many ways you can make your home safer. Try doing a few things like:

Arrange your home and, if possible, other areas such as your work or study space to be safe in the event you have a seizure. For example:

pad any sharp corners

use non-slip flooring

always have good barriers in front of fireplaces or heaters

have a door that opens both ways into your bathroom and toilet.

If you wander or are confused during or after a seizure:

pay special attention to heights, railings, stairs, swimming pools and other bodies of water

shut your door when you are home alone, so you are less likely to wander outside or into dangerous areas

make sure someone else has a key to get in and check on you

consider wearing some form of medical ID.

If you are likely to fall during seizures, ‘fall-proof’ your home and other areas as much as possible. Put in carpets, cover sharp corners, and avoid glass tables and shower screens.

Consider wearing a protective helmet if you have frequent falls. There are helmets designed as casual wear that you can buy.

Keep your safety precautions sensible and relevant, with a balance between risk and restrictions. Enjoy life as much as you can and don’t restrict activities to a point where you exclude interest and fun.

Take the time to think about your home, work and leisure activities. What may be potential dangers if a seizure occurs? How can you reduce the risk of harm to yourself or others?

There are many practical ways you can easily improve the safety of your environment. For example, take a look at **Epilepsy Action Australia's safety checklist**.

Seizure emergencies

Most seizures last less than 2 minutes. However, some people with epilepsy tend to have severe or life-threatening seizures. For these people, seizures may be prolonged or happen in clusters. In some people these severe seizures can happen regularly.

These situations are considered seizure emergencies. They can lead to brain injury and can be life threatening, so it's important to recognise and treat these seizures quickly.

Fortunately, it's possible to administer medication in the community, in a way that is likely to stop a severe seizure. This medication can be prescribed by your neurologist in the event of a seizure emergency.

Sudden unexpected death in epilepsy (SUDEP)

Sudden Unexpected Death in Epilepsy (SUDEP) is when a person with epilepsy dies suddenly and prematurely and no reason for death is found.

SUDEP deaths are often unwitnessed, with many of the deaths occurring overnight. There may be obvious signs a seizure has happened, though this isn't always the case.

The cause of SUDEP is not yet known. Researchers are investigating a range of possibilities such as the effect of seizures on breathing and the heart.

SUDEP occurs in approximately 1 in 1000 people with epilepsy (1 in 4,500 children).

Having active or poorly controlled seizures can put you at risk of injury and death. Research has shown that there are certain types of seizure that increase your risk of SUDEP. Ask your doctor for more information about SUDEP or get a **SUDEP and Safety Checklist** done by your GP or epilepsy nurse.

Reducing the risks of SUDEP

Knowing about epilepsy-related risks of injury and death means you can act against them. Steps you can take to reduce seizure-related risks, injury or death are:

Get the best seizure control possible.

Take your medication as prescribed.

Speak to your doctor if you're not happy with your current medication or side effects.

Have regular reviews with your doctor.

Be involved in self-management.

Avoid any known seizure triggers for you.

Avoid drinking too much alcohol.

Know when your seizures are most likely to occur.

Get enough sleep.

Be healthy.

Manage stress.

Make sure those close to you know what to do in case of a seizure.

Tips & Tricks for People Living

with Epilepsy

Some concerns faced by people living with epilepsy include taking medications properly, having healthy habits, keeping in mind seizure safety guidelines, and avoiding medications that may worsen your seizures.

Find tips, tricks, resources and information to manage these concerns.

Keep trying different ways to manage your seizures until you find what works for you.

Managing epilepsy (recurrent seizures) can be complicated because there are many things to consider. A short list of concerns includes taking medications properly, having healthy habits, keeping in mind seizure safety guidelines, and avoiding medications that can actually worsen your seizures. These issues can be especially overwhelming when you are first diagnosed with epilepsy.

There are ways to simplify challenges you may face. Here are specific tips and tricks, along with helpful resources and ideas, to give you plenty of concrete options to try.

Be flexible! Try the different tricks and tips to see which ones work best for you.

The most important thing is to create a system that will help make your life easier.

Creating routines that naturally integrate managing medications, remembering doctor's appointments, and other basic concerns into your daily life will set you up for success in the long run.

Concern One: Taking Your Medications

Taking your medication as prescribed by your doctor, at the same times every day, can be very difficult. We live in a fast-paced world and many of us are juggling multiple responsibilities. However, missing even one or two doses of your medicine can cause a seizure, so remembering to take medicine as directed is extremely important.

However, realistically everyone misses a dose sometimes! It can simply slip your mind, or sometimes you realize that you are out of medications when you go to take your pills. Do not be hard on yourself for these slip ups. Instead, let's look at tips below that can address how to create a system that will set you up to avoid slip ups in the future.

Forgetting to Take Your Medication

Tip: There are many apps on smart phones that can assist with remembering to take your medications. You simply download the app, input your medications and the times that you take them, then set up the reminders. That way when you are in a classroom or in the office working hard and the time to take your medicine arrives, your phone can send you a subtle reminder and you won't miss your dose. It's that easy!

Trick: Place your medication somewhere in plain sight where you will see it daily. For example, you could place it next to your coffee machine, on top of your microwave, or in your bathroom next to your toothbrush. (Remember to

check your medication insert or ask your pharmacist if there are storage requirement, such a refrigeration or avoid hot or humid storage areas.) The important thing is when you wake up in the morning and see it, you take it right away so you don't forget. Try different locations and see which one works best for you.

Tip: Good old-fashioned pill boxes also work well for some people. Just sort the pills you take by day, and in the ones with two rows, sort them by morning and evening doses, then take them daily. It is an easy way to ensure you have taken all the medication you intended to for that day.

Running Out of Medication

Always try to keep track of how much medication you have left, and call for a refill a few days before you need it. You never want to call the doctor's office or pharmacy and find it's closed or needs to be special ordered. As mentioned before, even missing a few doses of medication can cause a seizure.

Tip: Try adding a reminder in the calendar on your phone (or on a paper calendar or in your Epilepsy Foundation My

Seizure Diary) the date that is at least 1 week prior to when your medication will run out. That way you can call your doctor when your phone reminds you and it will give you plenty of time to arrange for a refill of your medications.

Concern Two: Healthy Habits for Epilepsy

There is a lot of talk in the media about what is healthy: drink a lot of water, cutting out carbs, other fad diets, etc. The advice seems to change week to week. Are these the healthy habits your doctor means when he or she talks with you about making lifestyle changes? Well, no. For people with epilepsy, there are specific recommendations.

Tips:

Do not miss doses of your medications.

Get plenty of sleep.

Drink plenty of water.

Eat a healthy balanced diet and do not skip meals.

Try to reduce stress and control anxiety.

Avoid alcohol and recreational drugs.

Certain people with epilepsy should avoid flashing lights.

Try to avoid catching colds and illnesses as much as possible.

Use good basic hand hygiene: use hand sanitizer or wash your hands with soap and water often.

Try to avoid touching your face because this is how we commonly pick up a cold.

Getting your annual flu shot is one of the best ways to keep you healthy during flu season.

Concern Three: Seizure Safety

There are specific considerations that people with epilepsy must make to stay safe and protect themselves and others from harm.

Tip: The easiest way to consider what is safe versus what is not safe is to ask yourself the following question: “What would happen if I were to have a seizure right now, doing activity?”

For example, if the activity was swimming alone, the risk would be that you could drown if you had a seizure and no one was there to help see you and get you to safety.

Tip: Tell your friends, family, and (if you feel comfortable) coworkers that you have epilepsy. Explain what epilepsy is and let them ask questions. Let them know what they should do if you have a seizure when you are with them. Tell them to remember when the seizure started, what it looked like, and to turn you on your side (to protect your airway). Tell them under which circumstances they should call 911 and EMS.

General Safety Recommendations

Do not swim alone.

Do not climb to heights.

Do not cook over an open flame without supervision.

Do not drive if you have had a recent seizure within the past 6 months to 1 year. (Specific laws vary by state. Check our State Driving Law Database for details in your state.)

Do not give a baby a bath without supervision.

Learn more about staying safe.

Note: Please always follow the advice of your physician and all state and federal laws. The list above is meant to be a general overview and is not all inclusive.

Concern Four: Medications that Can Worsen Seizures

Certain medications can actually put you at increased risk for having seizures. Not all doctors are as comfortable as an epilepsy specialist when treating people living with epilepsy. Therefore, it is important to know some of the most common medications to keep an eye out for.

Tip: Print out the followings list and stick it in your wallet. Or copy and paste it to a document device on your phone (like Notepad) for easy future reference. That way when you go to your doctor's office, you can refer to the list easily!

Common medications that lower your seizure threshold include:

Certain Antibiotics:

Penicillin class. Examples are Amoxicillin, Ampicillin, and Augmentin.

Fluoroquinolone class. Examples are Ciprofloxacin and Levaquin.

Metronidazole (Flagyl).

Cefepime

Certain Antidepressants:

Tricyclic antidepressants. An example is Amitriptyline (Elavil).

Bupropion (Wellbutrin/Zyban)

SSRIs/SNRI class. Examples are Sertraline (Zoloft), Fluoxetine (Prozac), and Venlafaxine (Effexor).

Antipsychotics. Examples are Chlorpromazine, Clozapine, Perphenazine.

Tramadol

Excess alcohol use and withdrawal from alcohol.

Benzodiazepine withdrawal (Xanax, Ativan, etc.)

Illicit street drugs. Examples are Amphetamines (aka Meth), Cocaine, Ecstasy (and derivatives like Molly), and Spice.

Learn about drug interactions.

Note: These are some of the most common medications, but this list is not complete. Be sure to discuss any questions with your health care provider.

In Closing...

We hope these tips and tricks were helpful and that managing your epilepsy seems a little more manageable now. The important thing is to keeping trying new tricks until you find the right ones that work for you!

It may come as a surprise, but seizures are actually a common condition. According to the U.S. Centers for Disease Control and Prevention, about 1 out of 10 people may have a seizure during their lifetime. With stats like that, you may one day find that you need to help someone during or after a seizure.

Witnessing a person having a seizure can be a truly scary event, but following general first-aid guidelines can help you provide the right care to keep a person safe.

Seizures can range from simple partial seizures, where a person briefly loses conscious activity, to focal or complex partial seizures, where a person is unresponsive and stares blankly, to the most generalized seizure that affects the entire brain. A person having a generalized seizure

may fully lose consciousness and may fall, shake aggressively and have difficulty breathing. Though there are many types of seizures, most end within a few minutes.

Here are general dos and don’ts when helping someone having a seizure of any type and when you should dial 9-1-1. There isn’t much you can do to stop a seizure once it starts, but there are simple steps you can take to protect a person having a seizure from harm.

Dos for seizure first aid:

Do remain with the person until the seizure ends and the person fully awakes.

Do help the person up and assist him in sitting in a safe place after the seizure. Comfort the person and speak calmly about what happened.

Do check to see if the person is wearing a medical bracelet for a rescue plan and other emergency information.

For generalized (convulsive) seizures, do ease the person to the floor and turn him gently onto one side to help the person breathe. To prevent injury, clear the area around the person of anything hard or sharp and put a soft object under the person’s head.

Look at your watch to time the seizure. If it lasts more than five minutes, dial 9-1-1.

Don’ts for seizure first aid:

Don’t try to hold a person down or try to stop the person’s movements.

Don’t put anything in a person’s mouth during the seizure. This can injure his teeth or jaw. It’s a fact a person cannot swallow his tongue.

Don’t try to give CPR or mouth-to-mouth rescue breathing during the seizure. People normally start breathing on their own again once the seizure ends.

Don’t offer a person food, water or medications until he is fully awake and alert.

When to seek emergency care for someone having a seizure

In many cases, seizures do not require emergency medical attention.

However, CALL THE Doctor or Ambulance, if the person:

Has never had a seizure before.

Has difficulty breathing or waking after a seizure.

Has a seizure that lasts longer than five minutes.

Has a second seizure soon after the first one without regaining consciousness.

Is hurt during the seizure.

Has a seizure in water, such as a pool or bathtub.

Has an underlying health condition, such as diabetes, heart disease or is pregnant.

About Shree Asoka Neurocare Comprehensive Epilepsy Center

The Shree Asoka Neurocare Epilepsy Center is one of the country's only population health-centric epilepsy treatment centers. We offer individuals afflicted with epilepsy-associated challenges:

Cutting-edge medical therapies.

State-of-the-art surgical options, ranging from minimally invasive laser ablation therapy to implantable devices.

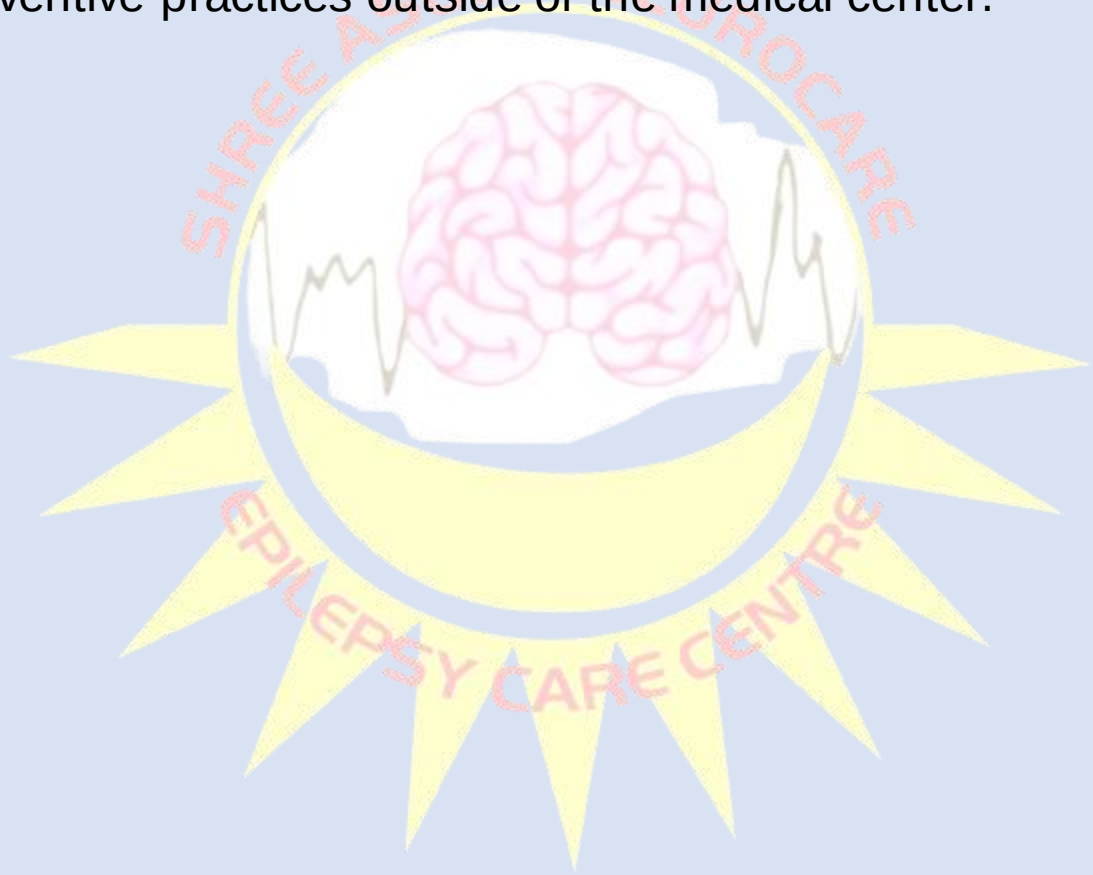
Epilepsy-specific diets.

Behavioral health programs.

Integrative therapies.

A developing telehealth initiative.

Our epilepsy neurologists, advanced practice providers and team members work together to tailor medical and advanced surgical care options for at-risk and vulnerable populations under a population health model. In addition, they coordinate wraparound services for mental health challenges often co-occurring with epilepsy. Lastly, they educate patients, their families and caregivers to maintain preventive practices outside of the medical center.



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