

Introduction

The debilitating pain of a migraine. The disability of poorly controlled seizures. If this describes you, or someone you care about, you are not alone. A staggering 3 million people in the United States alone have been diagnosed with epilepsy. When you consider that migraines share very similar characteristics to seizures, you can add another 35 million to the pool. THEN, consider the fact that neurodegenerative disorders, like Parkinson's and Alzheimer's, may be the long-term result of uncontrolled damage to the brain from epilepsy and migraines. This means there are a very large number of people alive today affected by this process that produces a progressive degeneration of the health of our brains.

Most of you have read volumes about your condition and may be as educated, or more so, than the physicians you see for help. This book, unlike others you may have read, will bring together many of concepts that help to heal our brains, improve their function and rid ourselves of debilitating conditions that negatively affect our brains. It is designed as a guide to protect the most important thing you own—your brain. While nothing in the physiology of the brain is guaranteed, the majority of those who follow the recommendations in this book will find relief. Some may be able to rid themselves of migraines or seizures completely.

Before we begin, I need to stress strongly that no information in this book is designed to replace medications you are currently taking. Abrupt withdrawal of anti-seizure or anti-migraine medications can result in dangerous rebound effects, potentially leading to status epilepticus, a life-threatening condition where the brain is locked into a state of perpetual seizure.

With that being said, it is common for mainstream medicine to recommend medications

that control the seizure or headache, but do nothing to help protect the brain. This is obviously a severe shortcoming and a grave failing of the way we treat migraines and seizures in society today. It is indescribably important for patients to understand that the ultimate responsibility for their health lies within. It does NOT lie with the physician. Physicians can guide and coach you, but the job of improving the health of your brain is yours alone. It has been shown in research that those who have a higher "health locus of control" have a higher quality of life. In other words, when you believe that the responsibility for your health comes from within, your life, your seizures or your migraines will be better. The bottom line, regardless of all other factors, is that we are in control of our own health. With the exception of a very few purely genetic associations, whatever happens to us is the result of the decisions that we make. Period. We, and not anyone else, are responsible for our health. Many disease states will never be managed effectively until that patient "buys into" the fact that his or her health outcomes depend NOT on their doctor giving them the right medication or surgical procedure, but rather on his or her own choices. Unfortunately much of mainstream medicine does not foster this independent thinking, but rather that a disease is a result of "bad luck" in the genetic lottery and there really isn't anything that can be done, so you have to take this pill.

In general, if we stop a sick neuron from communicating with its healthy neighbor by loading people up with drugs to, in fact, halt their interactive communications, we think we've been successful. All we've done is impede that communication. We haven't fixed the sick neuron. In many cases, that neuron continues to degenerate. If one neuron is going to be sick, it is highly likely there is the environment for other neurons to be sick. So again, taking action to protect your brain is not optional. It is required if you would like to genuinely improve how your brain is functioning and protect your cognitive ability.

The research studies looking at how many people becoming seizure-free show dismal futures for the epileptic patient. I feel that this reflects how inadequate our approaches to seizures and migraines are. We give no advice to help to protect the brain. Because of that, neurosurgeons are starting to recommend a very scary surgical option for seizures. A recent article actually proposed that 1/3 of epileptic patients are candidates for epilepsy surgery. If a physician recommends surgery with no recommendations for what to do to protect your brain, pack up and run as fast as possible in the opposite direction. To me, the recommendation to take out a portion of your brain and not deal with the problem that started it should be considered malpractice.

If the concepts and approaches in this book resonate well with you, follow the principles in it to see how you feel. Give it time – three months, six months or a year – during which time you can continually evaluate how you are feeling. After that time, begin to ask yourself important questions:

- How does my brain respond to stressful situations?
- Are there any breakthrough headaches or seizures I was having before that I no longer am having?
- Is my thinking clearer, and I'm better able to concentrate on important tasks?

Keep your prescribing doctor up to date, explain what you've done and how much improvement you've felt and begin a conversation about potentially adjusting, reducing or eliminating the medications you're on. With that perspective, you can better delve into the root of the problem and manage your condition differently. If your doctor is not willing to work with you on this, FIND A NEW ONE. This is not the type of provider you need for a chronic condition.

In the next report, we will begin with a discussion of the differences in some common types of headaches. This is necessary so that headache sufferers can ensure that they have been diagnosed properly. While this chapter does not apply directly to epilepsy, headaches are very common in epileptics, and the following information should be useful.