

month of starting valparin and clonazepam. The child is asymptomatic for last 15 months.

Jeavons syndrome is a generalized epileptic condition clinically characterized by eyelid myoclonia with or without absences, eye closure-induced EEG paroxysms, and photosensitivity; in addition, rare tonic-clonic seizures may also occur [1]. It is commoner in females between 2- 14 years.

CBZ though a very useful drug can unmask or aggravate various types of seizures. Idiopathic generalized epilepsies *e.g.* absences, tonic, atonic, tonic-clonic, myoclonic etc. are known to be aggravated by CBZ [2,3]. It can even mask or reduce the beneficial effect of valparin or phenobarbitone [3]. With the use of CBZ in patients with GTCS, absences and myoclonic jerks can appear *de novo*, and generalized paroxysmal discharges can appear in various focal epileptic syndromes [4]. Menon, *et al.* [5] have described a similar case in an adult patient, although eye blinking in that case was not continuous.

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Camphor Poisoning

Camphor is a commonly seen household item which can cause severe poisoning even when taken in small amounts in children. Neurotoxicity in the form of seizures can occur soon after ingestion. Camphor is used in many vaporized or topical cold medications, topical musculo skeletal anesthetic preparations, moth repellants and in antimicrobial preparations. We report a child who presented with seizures due to ingestion of camphor used in religious ceremony.

A 3-year-old male child presented with history of consumption of camphor followed by two episodes of vomiting. He had accidentally consumed around two camphor cubes confusing it for sugar cubes. The family was using camphor for performing rituals in religious ceremonies. At admission, the child developed convulsions, with tonic posturing of limbs and uprolling of eyeballs. Interval between the onset of seizures and ingestion was around 30 minutes. Injection lorazepam was given to abort seizures. There were no other neurological deficits. Vital parameters were stable. Rests of the systems were normal. The child received stomach wash, ranitidine and intravenous fluids. He recovered completely within 24 hours and discharged after 2 days.

The easy availability of camphor in various forms put children at high risk of camphor poisoning. It is potentially fatal, even when taken in small doses in children [1]. It is remarkable for its rapidity of action. Camphor containing products can not exceed 11% of camphor as set by FDA, but in our country the concentration of camphor is not mentioned on the products.

Within 5-15 minutes patients commonly complain of mucous membrane irritation, nausea, vomiting and abdominal pain. Generalized convulsions are often the first sign of significant toxicity and can occur soon after ingestion [2]. Camphor induced seizures can occur after gastrointestinal, dermal or inhalation exposures [3]. One case of status epilepticus is reported following abdominal massage with camphor containing product [4]. Other CNS symptoms include headache, dizziness, confusion, agitation, anxiety, hallucinations, myoclonus, hyperreflexia and ataxia. CNS stimulation is followed by depression. Camphor can also cause hepatic and renal damage. Death is usually the result of respiratory failure or convulsions. Neurotoxicity is seen if ingestion of camphor is more than 50 mg/kg [5].

Treatment is primarily supportive with a focus on airway management and seizure control. Skin and ocular decontamination should be done by flushing with copious amounts of water. Patients with camphor inhalation

should be moved to fresh air. Induction of emesis should not be performed. Gastric lavage is not helpful as camphor is rapidly absorbed. Activated charcoal may be considered if there are other ingredients that are effectively absorbed. Short acting anticonvulsants like lorazepam should be used to treat seizures. Barbiturates should be used if benzodiazepines are unsuccessful. Haemodialysis is not of much benefit.

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Widening the Spectrum of Services Delivered by the NRC

The recent Perspective by Prasad, *et al.* [1] was indeed an interesting and thought provoking article highlighting the issue of managing/preventing and treating malnutrition other than severe acute malnutrition, to be benefitted by the Nutrition rehabilitation centers. It highlights clearly the defined roles of ASHA, AWW and PHCs in managing the larger goal of malnutrition prevention/treatment.

I believe that although secondary/tertiary care hospitals may be targeting management of undernourished children other than severe acute malnutrition optimally, this may not be so at other places where NRC/IYCF are functioning, possibly in the outreach. Just as we have defined guidelines for management of varied multifactorial illnesses as ARI or Asthma, it would indeed be need of the hour to integrate updated comprehensive guidelines/protocols for the management of stunting, moderate malnutrition, growth faltering and acute weight loss needing urgent attention, also by special nutritional counseling; imparting specific knowledge about locally formulated energy dense, home based foods; identifying who and when to investigate; along with specific follow-up and monitoring at prescribed intervals.

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While the NRC guidelines do observe and note the presence of undernutrition, the treatment focus is on the treatment of SAM (which undoubtedly requires urgent attention). The IYCF services wonderfully focus on the issues of exclusive breastfeeding, timely introduction of complementary foods while handling feeding problems, and complementing mother's knowledge about the right quantity and quality of foods. Though it would be a challenge to address the complex spectrum of various types and degrees of undernutrition, I would strongly believe that such an addition/improvisation in the protocols possibly in the already established NRC may augment the services delivered and have a huge impact on the prevalence of large spectrum of undernutrition. Widening of spectrum of services delivered by the NRC may have logistic implications, but it would be worthwhile for a holistic approach targeting undernutrition.

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