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A winter's tale

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I was cooling my heels in my office one foggy winter afternoon when I picked up my next patient's chart. The referral note described a 54-year-old man with the recent onset of epilepsy. Like most neurologists, I am interested in epilepsy, so I looked forward to a break from the run of patients with headaches and back pain that had occupied my day so far. I never know when I will learn something new or stumble on an unsuspected illness, so it pays to be alert. With more than my usual enthusiasm I picked up the chart, tapped on the door of the examination room, and walked in.

I introduced myself to Mr. R, a slender, soft-spoken man wearing a lace skullcap. He told me that over the preceding month he had been having spells that began with a strong sense of lightheadedness. This was followed by clamminess, queasiness, blurred vision, and a feeling of unease. These spells could occur any time of the day, and happened only while he was standing or sitting. He had not experienced chest pain, palpitations, or dyspnea. Late in the afternoon in question, he had been at work as a warehouseman when he had a typical spell of lightheadedness. He became pale and slumped to the floor of the warehouse. His coworkers saw him become limp, and then have a few myoclonic movements of his hands and arms. They called paramedics, who arrived 5 minutes later. The paramedics found him awake and alert, but weak and pale. He had a bad headache. They took him to a local emergency room, where all test results were normal. The emergency room doctor made a diagnosis of epilepsy, started him on phenytoin, and advised him not to drive. Because he drove a forklift in the warehouse, he also lost his job.

In investigating his history, I found that Mr. R was in good health. He took no medication and he did not smoke or drink. He had been born and raised in Yemen but had moved to Stockton, California, 23 years previously. He spoke English perfectly, with the hint of an accent. He also spoke flawless French. His pulse was strong and regular, and he was neurologically normal. It was clear to me that my patient did not have epilepsy but rather had fainted at work. I was mildly disappointed at not having an interesting

neurologic challenge, but I was happy to be able to tell my salt-of-the-earth patient that he was in good health. I did not see an indication for anticonvulsants, and I could not find any evidence of an unsuspected illness. I reassured Mr. R that he was in good health, and that he had simply fainted.

Mr. R's son had driven his father to his appointment, and he watched my evaluation silently but with an amused smile. In fact, he looked a little like my father watching my first floundering attempts to swim. Finally he spoke. "If you don't mind, doctor, I'd like to add something," he said. "My father is a devout Muslim, and this is the holy month of Ramadan. During Ramadan my father fasts during the day, not even taking water. For the past 16 years he has had 2 jobs, to make sure that my brothers and sisters got a good education. When he got sick at work he had been working for 13 hours without eating. I think that is why he fainted. Could he please have his job back?"

Of course, Mr. R's son was right. I told them that he was healthy and his religious fasting had caused his symptoms. I took him off antiepileptic medication, let him go back to work, and told him that it was safe for him to drive. Both Mr. R and his son were grateful, and they thanked me politely. I thanked them in return for letting me take care of them, and for teaching me something new about the practice of neurology. As I walked them to the front door I found out that 2 of Mr. R's children were in medical school, so I made sure to tell him that neurology was the science of the 21st century and that I would do it all over again. As we parted company, we shook hands warmly.

I sheepishly repaired to my books where I learned that Mr. R's lace skullcap identified him as a hajji, a man who had made the pilgrimage to Mecca. I reviewed the 5 pillars of Islam, which include the Hajj and observing Ramadan. I knew that devout Muslims fasted during Ramadan but I did not realize that, as an exercise in self-control and an instruction in empathy, they scrupulously avoid all food and drink during the daylight hours. Islam is tolerant and those who are ill are excused, but I did not think that my patient qualified; as far as I could tell, he was healthy in every

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way. I admire my Muslim patients, who are hard-working and stoic, but I do not know as much as I should about them. Fortunately, they teach me a lot about their everyday world.

The practice of neurology is, among other things, an opportunity for continuous cultural enlightenment. Medical organizations promote classes in culturally competent care, but such formal instruction is necessarily incomplete. Experienced physicians care for people one at a time, and they soon realize that individual patients can ignore the

healthy practices and proscriptions of today's world, despite the sanctions that might ensue. In a globalized society, religious and ethnic observances may require attitudes that neurologists think are unsound, or else incomprehensible. Astute practitioners recognize that culture produces conformity and transgression, and practical neurology requires an appreciation of both. Unhealthy personal conduct is common even in homogenized societies; a practical understanding of such behavior begins just outside the front door.

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