Introduction

“Alice’s Adventures under Ground” [1] wrote in 1864 the roman of Alice in Wonderland Lewis Carroll. In 1955 the British psychiatrist John Todd (1914-1987) described the strange state of the micro- and macrosomatognosy, changed perception of the body picture and described it as Alice in the wonderland syndrome. John Todd described it in 1955 and gave him in his publication the literary name. The first description of the state became from Lippman et al. AIWS encloses the distortion of the body picture, the form of objects, the feeling of the time expiry and zooming the surroundings. In the book Caroll these changed changes of the body form were interpreted as somatosensoric dysfunction.

The true origin is still unknown. AIWS was described in connection with many different infection illnesses like malaria, zicavirus, Varicella-induced optical neuromyelitis, Lyme disease, H1N1 Influenza infection and mononucleosis. Other entities like complicated partial epilepsy, migraine, acute disseminated enzephalomyelitis [2], drug abuse like LSD or Montelukast [3] are other related medicament correlations in connection with AIWS attacks. In addition, newer articles describe postsurgical AIWS attacks after ventriculoatrial shunt operation with hydrozephalus and in patients with brain tumours, in particular glioblastoma.

Recent publications shed light on physical and sexual abuse and AIWS like seizures [4,5]. Disturbed body perception sometimes releases about many years in the early childhood fear and fear and can influence the normal development of the child in the family and her surroundings. The true origin of this strange illness of Alice in the wonderland syndrome is still unknown. This case lights up arbitrarily inducable Alice in the similar to wonderland disturbed visual sensations, while the hands are positioned between a cushion in recumbent position (bed). This aspect was never described before and the first case in literature, in which a firm hand position can cause AIWS attacks between the cushions. In addition, the blanket impressed at the moment of the seizure as very thinly and the hands very largely. A loss of the time perception was also ascertained.

Chronological Retrospective Description of the Seizures of a 30 Years-Old Patient (Age 6 to Date) Age 6/7

At the age of around six/seven years old, I started having these disturbing episodes lasting 5-10 minutes. I’m unable to fully explain to people because the episodes takes precedent over whatever I’m doing, it’s the most unsettling and bizarre experience. When I first
started having them, I would tell my mum “it’s happening again, I feel strange”, so after it started happening regularly, my mum took me to the doctor and they said it was vertigo. So ever since I believed that’s what these episodes were, but as I got older and learnt more about vertigo (symptoms and causes), my episodes didn’t match at all. But life goes on and I put the whole subject to one side, not knowing what it actually was, but kept having these episodes. I can’t remember how I found out about AIWS but it was early 2017, and I was nearly brought to tears by the similarities; the typical starting age, prone around tiredness or night and migraines, visual, touch and hearing effected, feeling as though everything around me and my thoughts were going fast, being rushed, or on echo and repeat.

It’s difficult to give an example, because whatever I say, simply wouldn’t make sense from someone else’s perspective listing to me who hasn’t experienced it. I’m thirty now and I’m still having them. The episodes never change, they still feel exactly the same as they did as a child, still unsettling and can come on at the drop of a hat. The only thing which gets me through them is knowing it’ll pass, I usually sit on the floor, close my eyes and imagine sitting at the top of a mountain trying to erase my mind of thinking about anything. But the last episode lasted roughly one hour, whilst at night, and the only thing which helped me was playing a YouTube meditation video of rain sounds. Every episode feels the same since the beginning when I was around 6 years old: perception of objects sizes getting bigger or smaller or both (making me confused), everything is happening very fast around me and I feel like I’m moving fast when I’m not, including sounds and thoughts going fast.

Age 13/14

I’ve only ever had one episode in public at school, around 13/14 years of age (2003/2004), where I was hallucinating that my teachers head was getting bigger, like the iconic story. I’ve not been back to the doctor about this since I was a child for this specific issue, because to be quiet honest, the doctors can’t do anything. To reiterate, I was experiencing these identical symptoms as to what is currently known about AIWS in research today, for twenty years before finding out about AIWS. I’m an average healthy person, never been on regular prescribed drugs, or never taken illegal substances. Concerning the beginning of my first seizures, I can’t think of anything significant that happened when I was 6 years old. I do remember when I was very young (aged around 4 or 5 years old) one time in the middle of the night waking up, walking to my parents bedroom and vomiting at their bedroom door. I don’t think I had an episode, but I’m genuinely not sure, I might have been too young to notice. I’ve never had a phobia of vomiting, so these episodes couldn’t have been caused by that experience either. I did sleepwalk and talk in my sleep a lot as a child and young teenager. I don’t sleep walk now, I don’t know if I still talk in my sleep.

**Hand position**

Since I started having these episodes as a child, my pillows and duvets have always been the first signs that I feel when an episode starts, because I’m usually in bed when they start. It’s difficult to describe fully how they physically feel when I touch them when I’m having an episode. They don’t feel normal, my duvet feels paper thin. When I had episodes that started in bed, when my hands are flat in between the pillows they feel big, so now I consciously don’t do it, or I close my hand in a fist under my pillow, because it’s a fear reminder of previous episodes. I feel vulnerable to an episode when my hands are flat under my pillow.

When I read that AIWS sufferers lose their sense of time, I remember that time doesn’t come to mind at all, it’s as if time doesn’t even exist while I’m in an episode where I don’t think about being aware of my sense of time. All I feel is that everything around me is happening very fast, including thoughts and conversations. I have hallucinations of people’s heads and the curvature of the ceiling, they get bigger, mostly on TV, but also with myself.

**Discussion**

In young children, migraine attacks can cause Alice in Wonderland syndrome. It is named after the well-known children’s book by the author Lewis Carroll and is one of the so-called migraine equivalents [1,6-9]. A genetic aspect will be supposed [10]. Alice in Wonderland syndrome is a distorted perception of the environment that often causes fear and irritation in children [11]. Things and bodies suddenly appear too big or too small in relation to themselves and the room or move in an abnormal way [12]. Emotional disorders in hands and arms, speech disorders, disorders of tactile perception and visual disorders, such as flickering vision or flashes of light in front of the eyes, are also described. Accompanying headaches, abdominal pain or nausea can occur: The children are confused, tired and withdraw.

In addition to migraines, the syndrome can also be a harbinger of an epileptic seizure, drug use or Epstein-Barr virus disease. The Alice in Wonderland syndrome is a distorted perception of the environment and/or of oneself, which in most cases can be traced back to various basic diseases such as epilepsy, infections with certain viruses or drug abuse or physical abuse. An Alice in Wonderland syndrome, which is not considered an independent disease, usually manifests itself in the form of a metamorphopsia, through which objects are perceived enlarged (macropsy) or reduced (micropsy), further away (teleopsy, poropsia) or closer (pelopsis), distorted, deformed, spatially displaced (mirrored, upside down) or color-modified. In addition, an Alice in Wonderland syndrome can manifest itself through ego experience disorders (depersonalization, splitting of soul and body), a disturbed sense of time, ash patterns (disturbances of the body
schema) as well as feelings of floating and disturbances of the sense of hearing and touch. Anxiety and panic attacks, pronounced fatigue and headaches, dizziness, vomiting and nausea can be further symptoms of Alice in Wonderland syndrome. Our report pointed out the possibility of arbitrarily inducible AIWS like visual impairment inducible by fixed hand position in a pillow in bed. This fixed hand position triggered a AIWS seizure and was reproducible by the patient in lying position. Bittmann et al. described AIWS like-seizures triggered by lying position in a meditation setting [13]. In our case, in moments of seizure, duvet was realized as very thin and the hands were realized as much too big. In conclusion this case report shed light that a special body part position (hands in this case) can serve as a trigger in Alice in Wonderland seizures.

References