



## **Ayurvedic management of Apasmara w. s. r. to epilepsy - a case report**

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### **ABSTARCT:**

*Apasmara* is defined by *Acharya Charaka* "Apsamarpunah: smrutibudhi satwasamplawat bibhasachestama wastitakam tama: praveshamachkaste" It is defined by *Apagama* of *Smriti* associated with *Bibhatsa Chesta* due to impairments of *Dhi* and *Sattva*. The vitiate *Dosha* related to the condition are *Vata* and *Rajo Dosha*. According to modern science epilepsy is brief episodes of involuntary movement that may involve a part of the body or the entire body and are sometimes accompanied by loss of consciousness and control of bowel or bladder function. Seizure episodes are a result of excessive electrical discharges in a group of brain cells The disease and its management have high impact on the quality of life of the affected person and also discrimination in education, employment and social acceptance. Here a case report of

a 17 year old male patient having 'Apasmara' who was treated with Ayurvedic medicine and Panchakarma which gives effective results with Ayurvedic management.

**Keywords:** Ayurveda, Apasmara, Panchkarma, Bibhatsa Chesta, Epilepsy

### **Introduction:**

According to *Ayurveda* constituents of body are divided into two types 1<sup>st</sup> *Sthula* and 2<sup>nd</sup> *Sukshma*. *Dosa*, *Dhatu* and *Mala* are of *Sthula* type and *Atma*, *IndriyaMana* are of *Sukshma* type. According to *Ayurveda*; *Apasmar* is a psychosomatic disorder. The definition of *Apasmara* is *Tama Pravesha* and *Bheebatsacheshta* due to the perversion of *Smruthi*, *Buddhi* and *Satva*. By the etiological factors, vitiation of *Sharirika Doshas* (viz. *Vata*, *Pitta* & *Kapha*) along

with *Manasika Doshas, Rajas* and *Tamas* occurs and together in heart. This accumulation blocks the *Sanjanavaha Srotus* and leads to damage of memory and intellect and finally manifest *Apasmara*. *Prodromal* symptoms<sup>[1]</sup> include palpitation, emptiness, perspiration, fainting, delusion, hallucination and loss of sleep. worry, (ch.chi.10/3) In more or less proportion Acharya Charaka explained *Apasmara* (epilepsy) as *Apagama* (loss of) of *Smriti* (memory) associated with *Bibhatsa Chesta* (irrelevant behavior) due to derangement of *Dhi* (thinking capacity) and *Sattva* (mental strength)<sup>[2]</sup> *Apasmar* found in all countries. Being prevalent in both sexes, all age groups and any socio-economic condition, it has predilection for children. As per Modern *Apasmara* can be correlated with the Epilepsy. Epilepsy is a group of neurological disorders characterized by epileptic seizures<sup>[3&4]</sup>

Epilepsy is a brain disorder in which clusters of nerve cells or neurons, in the brain sometimes signal abnormally causing strange sensations, emotions and behavior, or sometimes convulsions, muscle spasms and loss of consciousness. A single seizure is not epilepsy but is an indication for investigation

The study also estimated a median prevalence of 1.54% (0.48-4.96%) for rural and 1.03% (0.28- 3.8%) for urban studies in developing countries. With a conservative estimate of 1% as prevalence of epilepsy, there are more than 12 million persons with epilepsy (PWE) in India.<sup>[5]</sup>

In Modern science there has only symptomatic treatment for epilepsy . A modern antiepileptic drug suppresses the seizure, but do not cure the disorder<sup>[6]</sup> and

also having adverse effects, contraindications and sometimes requires lifelong treatment. Through strong tranquilizers and sedatives of modern therapy are effective, they have adverse effect on mind. Hence an effective drug without any adverse effect is required to be researched for Apasmar.

### **Patient Information**

A 17-year old male patient was symptomless before 10 years than suddenly got a high grade fever than he started having gradually symptoms likewise mental irritation, disturbed sleep, impairment in *Dhi* (intellectual), *Dhriti* (grasping), and *Smriti* (memory). Initially, the patient used to get 2-3 fits per day, which gradually increased in 10 years to approximately 200 fits per day and also complaints are Frequent Jerking movements of both Arms and Neck, loss of consciousness during attack, Can't walk 5-6 steps without any support, loss of bladder control, whole body stiffness during seizure attack, and generalised weakness after attack. he consulted many neurophysicians, and he was also taking allopathic medicine but there was no relief from him.

### **Clinical Findings**

The patient had ~5-10 fits per hour and also complaints are Frequent Jerking movements of both Arms and Neck, loss of consciousness during attack, Can't walk 5-6 steps without any support, loss of bladder control, whole body stiffness during seizure attack, and generalised weakness after attack.

There was no history of diabetes and hypertension; no significant family history.

### General Examination

Vitals –

- Pulse - 68/min Regular, full volume.
- BP - 110/80 mmHg
- Temperature - afebrile
- Respiratory Rate- 18/min

The nervous system, cardiovascular and respiratory system were within normal limits.

Per abdominal examination was normal.

### Central Nervous System Examination

1. Appearance: Alert, active
2. Behavior: Cooperative well mannered
3. Hallucination: No hallucinations during seizure episodes
4. Intelligence: Normal
5. Consciousness: Normal
6. Memory: Normal
7. Orientation: Normal
8. Speech: Normal

### Ashtavidhpariksha

- Nadi: 68/min
- Mala: Saama, grathit, and irregular
- Mutra: Samyak
- Jivha: Saam
- Shabda: Spashta
- Sparsh: Anushanashita
- Druk: Prakrut
- Aakruti: Krusha

### Investigations

- Hb. – 12.9 gm%
- WBC – 11000 /cmm
- Platelets- 329000
- ESR- 10 mm
- EEG - Right hemispheric (max. right frontal) structural lesion  
(Right hemispheric structural

epilepsy)

MRI- No abnormality seen

TFT- T3- 132 ng/dl

T4- 9.25 µg/dl

TSH- 2.31 µIU/ml

Sr. creatinine-0.9 mg/dl

Sr. calcium- 11.14 mg/dl

### Diagnostic Assessment

Assessment Criteria For subjective assessment,<sup>[7]</sup> the following symptoms were kept as parameter

1. Severity of attack
  - a. Grade 0: Myoclonic tremors
  - b. Grade 1: Multi focal clonic tremors
  - c. Grade 2: Generalized tonic tremors
  - d. Grade 3: Frothing + tongue biting
2. Frequency of convulsion
  - a. Grade 0: No convulsion
  - b. Grade 1: 1 episode/15 days
  - c. Grade 2: 1 episode/7 days
  - d. Grade 3: 1 or more episodes/day
3. Duration of convulsion attack
  - a. Grade 0: No convulsion
  - b. Grade 1: 5–15 s
  - c. Grade 2: 15–30 s
  - d. Grade 3: >30 s

#### 4. Ictal features

- a. Grade 0: No any features
- b. Grade 1: Headache
- c. Grade 2: Headache + drowsiness/delirium
- d. Grade 3: Paresis + other complaints

#### TREATMENT DETAILS (SHAMAN CHIKITSA)

TREATMENT	NO. OF DAYS	Dose
<i>Kushmand swaras with Yashtimadhu churna</i>	20 days	40 ml × Twice a day
<i>Smrutisagarras + Manduk parniras with Madhu</i>	8 days	500 mg × Twice a day
<i>Chaturbhuj Ras + Smarutisagar Ras + Bramhivati + Saraswat Vati With Mahakalyanak Ghrut</i>	30 days	500 mg × Twice a day
<i>Raupya Suvarna sutshekhar Ras</i>	30 days	250 mg × Twice a day

#### TREATMENT DETAILS (SHODHAN CHIKITSA)

TREATMENT	NO. OF DAYS	Dose
<i>Matra Basti with Narayana Tail</i>	20 days	120ml
<i>PradhmanNasya with Vacha Shunthichurna</i>	20 days	Twice a day

#### Discussion

In this case study, we have given in Ayurvedic medication combination so the patient got relief from symptoms of *Apasmara* we do *Shamanchikitsa* with *Panchkarma*, also suggest *Yoga*, *Pranayama*, and *Asana*. The previously taken antiepileptic medication has many drawbacks such as adverse reaction and drug interaction. Conscious level impairment to an extent is also seen in patients with epilepsy. *Panchakarma* and internal Ayurveda medicines work surprisingly in this area, and they do a remarkable job.

*Smrutisagar ras* cures epilepsy, memory loss all types of *Vataja Rogas* (neurological disorders).<sup>[8]</sup>

The *NarayanaTaila* with its *Katu, Tikta Rasa; Laghu, Ruksha Guna; Ushna Veerya* and *Katu Vipaka* and *Vata Kaphashamaka Doshaghnata* ultimately leads to *Karmas* such as *Deepana, Pachana, Vilayana, Anulomana,* and *Srotoshodhana* resulting *Amapachana* and *Vatakaphashamana,* which may removes *Sanga* and *Avarana* leading to proper function of *Vayu* regulating the proper nerve conduction and help to reduce the epilepsy<sup>[9]</sup> The drugs of *Narayana Taila* have *Prajasthapana, Rasayana, Balya, Brimhaniya* properties, which may correct the nerve cells or neurons function subsequently resulting in proper functioning of the brain. The drugs of *NarayanaTaila* possess anti-oxidant, adaptogenic, immune-modulatory, etc.,

properties, which may help in relieving stress, age-decline, etc.

*Brahmi* has been revered as the most potent brain tonic that assists with mental activity, brain functioning and overcoming feelings of nervousness or restlessness. Due to its calming and nurturing properties, *Brahmi* is also very useful to cope with everyday hectic schedule and stressful environment. *Brahmi Ghritais* recommended for the management of *Unmada* (insanity), *Alakshmi* (inauspicious), *Apasmara* (epilepsy), *Papavikaras* (diseases due to sinful acts)<sup>[10]</sup>

*Pradhamana Nasya* is the chief procedure to drain *Doshas* from *Urdhvajatru*. In *Pradhana Karma*, the drug in *Churna* form is administered into the nostrils through inhalation in the head-low position of the patient. Thus, the drugs reach the *Shringataka* and from there, through different *Siras*, it spreads to other parts like *Netra*, *Shirah*, etc. and removes the morbid *Doshas*. By the properties of drug, it causes *Srotoshuddhi* and makes the *Anulomana Gati* of *Vayu* (mitigation of *Vayu*), which is hampered in *Apasmarathats* by *Pradhamana Nasya* was selected as the *Shodhana* procedure in this study.<sup>[11]</sup>

## Conclusion

*Shaman chikitsa* along with *Pradhaman Nasya*, and *Matra Basti (Shodhan Chikitsa)*, are safe without any interactions and adverse effects in the treatment in *Apasmara*. After 10 days of treatment in IPD reduce epileptic attacks ( attacks < 5 / day) and when he

came on the first follow up after being discharged, he was completely fine

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*Conflict of Interest:* Non

**DOI:** <https://doi.org/10.52482/ayurlog.v9i04>.

*Source of funding:* Nil

**Cite this article:**

*"Ayurvedic management of Apasmara w. s. r. to epilepsy - a case report."*

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**Ayurlog: National Journal of Research in Ayurved Science- 2021; (09) (04): 01-06**

