



## ROLE OF AYURVEDA IN THE MANAGEMENT OF *APASMARA* – CASE STUDY

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### ABSTRACT:

Epilepsy affects 1% of the world's population a most common serious disorder of the brain, greatly impacting on the quality of life of affected individuals. In *Ayurveda*, the similar presentation is named as *Apasmara* has been explained with its etiology, diagnosis and management. Imbalance in the three *Doshas Vata, Pitta, Kapha* singly or all of them together can cause *Apasmara*. Those aggravated *Doshas* get accumulated in *Hridya* and produce the features based upon *Doshika* predominance which cause illusion of the mind and visual hallucination and seizures (tonic spasms and clonic jerks) often it is presented without warding tongue, deviation of eyes, dribbling of saliva with froth, tonic and clonic movements of limbs. Even though medical world claims of the advancements in the management of *Apasmara* drugs don't work as they expect. The present Anti-epileptic drugs medication has so many drawbacks like adverse drug interaction and teratogenicity, cognitive impairment to an extent is also seen in some patients with epilepsy. A 16-year male patient come to the OPD and complained of seizure attack from last 6 years. The patient sought out *Ayurvedic* treatment because he had tried numerous allopathic treatments but did not get the satisfactory result. With *Ayurvedic* management, remarkable improvement in the symptoms of Epilepsy were seen.

**Keywords-** *Apasmara, Epilepsy, sodhan chikitsa, samana chikitsa*

## INTRODUCTION

The word epilepsy is derived from Greek word “Epilepsia” which means to “seiz” or to be overwhelmed by surprise. Epilepsy is a chronic disorder characterized by recurrent seizures, which may vary from a brief lapse of attention or muscle jerks and prolonged convulsions. The seizures are caused by sudden, usually, brief, excessive electrical discharges in a group of brain cells (neurons). In epilepsy, the normal pattern of neuronal activity becomes disturbed, causing strange sensations, emotions and behavior or sometimes convulsions, muscle spasms and loss of consciousness. Anything that disturbs the normal pattern of neuron activity from illness or brain damage to abnormal brain development can lead to seizures. A measurement of electrical activity in the brain with EEG as well as MRI or CT scan is the common diagnostic test for Epilepsy [1]. Antiepileptic medications suppress the seizure but do not cure the underlying conditions. They also have side effects, contraindications and occasionally require lifelong use. Although the strong tranquillizers and sedatives used in modern therapy are effective, they have negative effects on mind, therefore it is important to look for safe treatments those not only relieves the symptoms but also the

underlying cause. *Acharya Charaka* has mentioned purification therapy as *Vamana* (therapeutic controlled emesis), *Virechana* (therapeutic controlled purgation) and *Basti* (medicated enema) along with palliative therapy as a line of treatment of *Apasmara*. *Acharya Charaka* described *Apasmara* (epilepsy) as *Apagama* (loss of *Smriti* (memory/retention) associated with *Bibhatsa Chesta* (scary/irrelevant behavior) due to derangement of *Dhi* (thinking capacity) and *Sattva* (mental strength) [2]. *Apasmara* is described in *Madhava Nidana* as the loss of *Smriti*, characterized by *Tamaha Pravesha* (feeling of aura), which occurs spontaneously [3].

## MATERIALS AND METHOD-

1. study design: single clinical
2. Informed written consent taken from patient in his language before treatment.
3. For the present study, 16-year male patient having sign and symptoms of *Apasmar* from 6 years is been discussed in detail manner.
4. Assessment criteria: Based on “sign and symptoms” patient had, before and after treatment.

## Signs and symptoms-

**Table no: 1 Grading of Signs and symptoms**

Severity of attack	Grade
Myoclonic tremors	0

Multi focal clonic tremors	1
Generalized tonic tremors	2
Frothing with tongue bite	3
<b>Frequency of convulsion</b>	<b>Grade</b>
No convulsion	0
1 episode/15 days	1
1episode/7days	2
1 or more episode/day	3
<b>Duration of convulsion attack</b>	<b>Grade</b>
No convulsion	0
5-15 sec	1
15-20 sec	2
>20 sec	3
<b>Ictal feature</b>	<b>Grade</b>
No any features	0
Headache	1
Headache with drowsiness/Delirium	2
Paresis with other complications	3

5. Patient was treated with *Panchkarma* therapy along with “oral medicine”.

#### Case report-

An 16year-old male patient come in *Panchkarma* OPD was complying *sihrshoola* (headache), *Hastpaad kampa* (tremors in upper and lower limb), *Alpasmrati*, convulsion from 6 years, gradually emerging symptoms likewise mental irritation, disturbed sleep, impairment in *Dhi* (intellectual), *Dhriti* (grasping) and *Smriti*. The patient was unable

to recall the events, which was once in 2 months. Then he consulted neurophysician, and he was started on antiepileptic drugs. After regular antiepileptic medication, the patient had no attack of seizure, but he was having a feeling of irritation, depression, lack of interest in surrounding, isolation, and feeling of lethargy.

#### Clinical Findings-

The patient had epileptic convulsions involving recurrent state of unconsciousness, seizures, sweating, memory impairment, and lock jaw during attack, which were 2or 3 times in month once. The last convulsive episode was 2 days ago. There was history of right elbow injury due to epileptic attack, no significant family history and personal history were observed.

#### General Examination-

Alert with normal sensorium

Vital signs: HR–62/min, RR–17/min, and BP–110/80mm Hg

Central Nervous System Examination

1. Appearance: Alert, active
2. Behaviour: 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

*Shabda- Spashta*

All cranial nerves: Intact, Motor system: Not

*Sparsh- Anushanashita*

any deformity, Sensory system: Not any

*Druk- Prakrut*

deformity Cerebellar signs: Nil, Signs of

*Aakruti- Krusha*

meningeal irritation: Nil

### Therapeutic Intervention

### Ashtavidhapariksha

Therapeutic interventions are shown in Table no-2

*Nadi- 62/min*

*Mala- Saama, grathit, and irregular*

*Mutra- Samyak*

*Jivha- Saam*

**Table no.2-Phase -1: Panchakarma treatment Plan**

Sr.no.	Name of treatment	Drug used	Dose	Duration of treatment
1	<i>Sarwang Abhyang</i>	<i>Dhanwantara Taila</i>	-	15 days
2	<i>Petisweda (sudation)</i>	<i>Dashmool Kwath</i>	-	15 days
3	<i>Shirodhara</i>	<i>Jatamasi kwath</i>	-	10 days
4	<i>Nasya</i>	<i>Bhrami ghrut</i>	2 drops each nostril	10 days

**Table no.3 Phase-2: Palliative treatment plan**

Sr.no	Drug	Dose	Aunpan	Time of administration
1	<i>Tab.Bhrami vati</i>	Two tablets twice a day	<i>Koshnajala</i>	Morning and evening
2	<i>Saraswatarishta</i>	15mL twice a day	<i>Koshnajala</i>	After each meal
3	<i>Panchagavya Ghrita</i>	12mL twice a day	<i>Koshnajala</i>	Early morning
4	<i>Manasmitra Vatakam</i>	One tablet once a day	<i>Go-Ghrita + Sharkara</i>	Morning and evening

### Follow-up and Outcomes-

clinical improvement. Effect of treatment on symptoms of epilepsy (table-4)

Post treatment changes were noted in respect to sign and symptoms there was significant

**Table no-4 Effect of therapy on symptoms of epilepsy**

Sr.no.	Assessment criteria	BT	AT 15th day F/U	AT 30th day F/U
1	Severity of attack	3	2	1
2	Frequency of convulsion	3	2	1
3	Ictal features	2	1	0
4	Duration of convulsion	2	1	1

BT=Before treatment, AT=After treatment, F/U=Follow-up

## DISCUSSION

In this case study, the patient got relief from symptoms of *Apasmara* with the help of *Panchakarma*, *Shamana* (palliative) *Chikitsa*. The previously taken antiepileptic drugs medication has many drawbacks such as adverse reaction and drug interaction. Cognitive 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. *Dhanwantara Taila Abhyanga* -cures *Kampa* (tremors), *Akshepa* (convulsions), *Unmada* (insanity), and all types of *Vataja Rogas* (neurological disorders) <sup>[4]</sup>. *Shirodhara* makes satiety in head, *Santarpana* of *Indriya* (nourishes all sense organs), and does the *Pratipurana* of *Shiras* and acts as *Nidra Labha Sukha* (gets good sleep easily and feels happy) <sup>[5]</sup>. Body massage with simple or medicated oil increases the blood amino acids such as tryptophan, simultaneously reduces the stress, and stimulates nervous system,

ultimately, which acts on muscular system that governed particular nerve actions. *Nasya* with *Bhrami ghrita* begin as *Medhya* (brain tonic) drug is recommended for various psychosomatic and psychiatric disorders. It has capacity to cross the blood-brain barrier with the help of cow ghee as a vehicle. *Brahmi Ghrita* is recommended for the management of *Unmada* (insanity), *Alakshmi* (inauspicious), *Apasmara* (epilepsy), *Papavikaras* (diseases due to sinful acts), and for *Apasmara*, *Unmada*, and *Graha Rogas* (diseases afflicted by evil spirits). *Sarasvatarishta* improves general well-being and mental health. It increases immunity, memory, voice quality, feelings of joy, and satisfaction as well.

The patient got symptomatically result in this scenario, nevertheless evidences such as electroencephalogram and magnetic resonance imaging were not carried out because of financial condition of the patient. So, by conducting clinical trials, one can fix the treatment protocol for *Apasmara*

and facilitate the society with harmless productive treatment.

### CONCLUSION

*Panchakarma* treatment, such as *Shirodhara*, *Nasya*, and *Sodhana* along with *Saman Chikitsa* (palliative treatment), are safe without any interactions and adverse effects in the treatment in *Apasmara*. Now, the patient is symptomless and feels relaxed. But he is still on the clinical follow-up. This type of treatment plan can be recommended for large sample size as randomized clinical trial.

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