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A Conceptual Study on *Apasmara* (Epilepsy) and its Management with Ayurveda

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ABSTRACT

Today Apasmara (Epilepsy) is a major psychiatric problem worldwide. Numbers of patients are increasing day by day due to the incensement of unrecognized wound, cesarean delivery, mental stress & strain. Infectious diseases also play a major role in precipitation of Epileptic seizures. Conditions are worsened in developing countries like India, because many people with active epileptic seizures do not get proper treatment, irregular continuation of their medicines or leading to large treatment gap.

Many a disorder in the human may not be considered as ultimate, but may lead to much ill health and mental agony in the due course. *Apasmara* is one among them, which undoubtedly makes a man, unhappy and diseased. The individual undergoes a lot of distress, agony and grief leading to lack of performance at the personal as well as the social level. Its management protocol differs during and in between the seizure in the case of a disease like *Apasmara*, which are having *Vegas* as episodic. Ayurvedic treatments of *Apasmara* as described in *Ayurvedic* literatures may be divided as *Sodhana* or *Shamana*, depending on the severity of affection of the *Doshas* as well as the *Bala* (body strength) of the patient. The protocol includes *Snehana*, *Shodhana*, *Vasti*, *Nasya*, *Anjana*, *Dhoopana* and *Lepa*, as per the condition.

KEYWORDS

Epilepsy, Apasmara, Ayurveda, Chikitsa



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INTRODUCTION

The brain functions with the help of millions of neurons that transmits and receives signals. When the normal transmission pattern of signals in brain is disturbed seizures may occur that disturb the consciousness, tonic colonic jerks in body limbs, salivation, abnormal body structures which are normalized within a short period of the time when the impulse in brain are auto-normalized. When these physical changes occur due to disturb of the electrical signals in one part of the brain called as partial seizures, when the nerve cells of the brain are affected more than one part of the brain are called as generalized seizures. Crude prevalence of Apasmara (Epilepsy) in India is 5.5/1000¹. Prevalence rate is more in urban area and is commonest in the younger age groups. Onset of epilepsy is higher in children till the age of 10 years². Etiology (Table 1 and 2) of prevalence of Epilepsy are unknown in > 50% of the patients till date.

Regular origin of stress strain caused by the unemployment, unsatisfactory job, educational inequality, social inequality, family violence, unhealthy family atmosphere, predominance of electric gadgets in peoples like mobile, TV etc. are

leading nonmedical problems which precipitates Epilepsy.

In Charaka Samhita and Sushruta Samhita detailed descriptions are available about like Nirukti, definition, Apasmara etiopathology, prodermal symptoms, prevention general symptoms, and treatments. Epilepsy is described 'Apasmara' which means loss of Smriti i.e. which Consciousness, seems temporary one. The Ayurvedic Samhitas also described the factors like diet, life style, injuries; psychological factors etc. leading to its causation. Detailed description of the pre-ictal and ictal phases are also available. The components which gets altered is Smriti (recollection), Budhi (awareness) and Satwa (mental strength) 3 . Ayurveda has given equal importance to psychological factors just like as to the somatic factors. Even though, the disease is included among the *Kayachikitsa* or general medical conditions; it is explained along with the psychiatric disorders. explains the dual as well as the most practical approach of Ayurveda, in the management of *Apasmaraa*, which is now very well appreciated by the modern medical world. There is also a limitation in the diagnostic aspect, due to the transitory loss of consciousness of the subject during a seizure.



Charaka has classified Chikitsa into three types ie. Daiva Vyapaasraya, Yukti Vyapaasraya and Satvaavajaya⁴. All these three are used as a combination accordingly to effectively manage the conditions like Apasmara. The Chikitsa of Apasmara can be Shodhana or Shamana, depending on the severity of affection of the Doshas as well as the Bala of the patient.

The protocol includes *Snehana*, *Shodhana*, *Vasti*, *Nasya*, *Anjana*, *Dhoopana* and *Lepa*, as per the condition.

Therapies like *Mantra* (chanting of Mantras), *Ausadhi* (any objects that believes to have magic power), *Mani* (wearing of various types of gems) *Mangal* (auspicious offering), *Balee* (sacrifice animals or bolus of rice i.e. pind for holy purpose), *Uphar* (gifts),

Houme (fire of various fsragrance dravyas), Niyama, Prayaschit (surrendering at holy places towards the God for misbehaviors), *Upavasa* (fasting particular days), Swastivachana (reading holy books), Pranipaat towards spiritual (bowing seniors authorities and getting bless by them) and Gamandi (Teerthatanapiligrimage) etc. are in the treatment of Apasmara as a part of the Daivya Vyapasraya aspect⁵. Satvavajaya aims at improving the mental strength or satvabala of the individuals, different methods adopting the psychotherapy⁶. The improvement in Satva bala is very much helpful in avoiding the relapse in conditions like Apasmara.

Table 1 Etiology of *Apasmara* (Epilepsy)⁷

		The person whose <i>Doshas</i> are already vitiated and also are habitual
		intake of unwholesome and unclean food.
	ii.	The Sattva Guna of the mind is suppressed by Rajas and Tamas
		Doshas
	iii.	Heart is covered by vitiated <i>Doshas</i> .
	iv.	Mind is afflicted by vitiated Mansika Bhavas like Chinta (worry), Kama
		(passion), Bhaya (fear), Shoka (grief) etc.
Epilepsy	_v.	Oxygen deficiency at the time of birth.
	vi.	Genetic factors
	vii.	Trauma, stroke, infections such as meningitis and encephalitis which affect
		the brain and abnormalities of CNS development.
	viii.	Various poisoning metals like Lead or carbon monoxide can cause
		epilepsy, also the persons who is regular habitual of drug addiction and
		overuse of certain antidepressants may suffer.
	vi.	Precipitating factors or triggering factors like various stressors of both
		psychological as well as physiological and sleep deprivation etc.

Pathogenesis and mechanism of Apasmara (Epilepsy)⁸: -

• Vitiated *Doshas* settle in the circulatory pathways like *Dhamani* (Artery) afflict the heart and cause



Table 2 Etiology of Epilepsy	Table	2	Etiology	of E	pilepsy
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Enilopsy		
Epilepsy i	•	Oxygen deficiency at the
_		time of birth.
_i	i.	Genetic factors
i	ii.	Trauma, stroke, infections
		such as meningitis and
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	v.	Precipitating factors or
		triggering factors like
		various stressors of both
		psychological as well as
		physiological and sleep
		deprivation etc,.
dicturhances	οf	the normal functions

disturbances of the normal functions. Due to the above the person, thus afflicted with stupor and disturbance in the normal functioning of the brain and causes *Apasmara*.

• Epilepsy is characterized by uncontrolled functioning of the brain neurons as one part or all the part of the brain, thus malfunctioning of the

electrical activities of the brain, results of seizure. Various endogenous factors also influence the threshold for having a seizure. When this seizure threshold lowers a seizure occurs.

Signs and Symptoms⁹ (Table 3)

- Before epileptic seizures aura occurs in which the patients visualize nonexistent forms, falls down and gets tremors.
- Akshi Bhru Vikshepa Distortion of the eyes and eyebrows.
- *Lala Srava* Salivation comes out from his mouth.
- Hasta Pada Vikshepa— Tonic colonic jerks in the hands and legs his hands and legs become convulsed. After sometimes when the fits are over, he regains consciousness as if he were getting up from sleep. The Apasmara is classified basically as 4 i.e., Vataja, Pittaja, Kaphaja and Sannipataja.

Table 3 Types of Apasmara, their Signs & Symptoms10

S.No.	Types	Symptoms	
1.	Vatika – Due to	Kampa – trembling, Pradeshad dantan – Gnashing of teeth, Phenodvami –	
	Vata Dosha	vomiting froth, <i>Shvasa</i> – panting, rigorous breathing. The visual aura of the	
		colour of rough, pink and blackish.	
2.	Paittika – Due to	Peeta Asruk Roopa Darshana (He gets visual aura of yellow or blood-red	
	Pitta Dosha	objects).	
		Peeta Phenanga, Vaktra Aksha (Yellowness of the froth, limbs, face and	
		eyes)	
		Trishn & Ushna (Suffers from morbid thirst and heat)	
		Visualizes as if the whole world is set in fire	
3.	Shlaismika – Due to	Shukla Phenanga Vaktra Aksha – White color of the froth, body, face and	
	Kapha Dosha	eyes, <i>Sheeta</i> – feeling of cold, <i>Hrushtanga</i> –horripilation, <i>Guru</i> – feeling of	
		heaviness	
		Pashyan Shuklani Roopani – patient visualizes the aura of white-objects.	
		Muchyate Chiraat – He recovers from the fit after a long time.	



4.	Sannipatika – Due	Signs and symptoms of all the above mentioned 3 varieties are manifested.
	to simultaneous	This type of epilepsy is incurable.
	imbalance of all the	
	three Doshas.	

Epilepsy is syndromic condition not a single disease, so classification (Table 4) is not easy but can be briefly classified as-

Table4 Classification of Epilepsy

S.N.	Classification Classification	Causes
1.	Partial (Focal) seizures	Partial or focal seizures occur when the electrical activity remains in the limited area of the brain. The seizures sometimes turn into the generalized seizures, which effect the whole brain. This type of seizure is more common in people of 1 year and older.
2.	Generalized seizures	-Generalized seizures are thought to arise at some point in the brain but immediately and rapidly engage neuronal networks in both cerebral hemispheres. Several types of generalized seizures have features that place them in distinctive categories and facilitate clinical diagnosisThey are typical absence seizures, atypical absence seizures, generalized tonic clonic seizures, clonic seizures, tonic seizures, atonic seizures and myoclonic seizures.
3.	Focal, generalized or unclear	Not all seizure types can be designated as focal or generalized, and they should therefore be labelled as unclassifiable until additional evidence allows a valid classification. Epileptic spasms are such an example.
4.	Epilepsy syndromes	Epileptic syndromes are disorders in which epilepsy is a predominant feature, and there is evidence (e.g., through clinical, EEG, radiologic, or genetic observations) to suggest a common underlying mechanism. Some of the important epilepsy syndromes are Lennox- Gastaut syn-drome, Juvenile myoclonic epilepsy and Mesal temporal lobe epilepsy.
5.	Status Epilepticus	Status epilepticus refers to continuous seizures or repetitive, discrete seizures.

Apsmar Chikitsa Sutra (Line of Treatment)¹¹ (Table 5)

In the *Apasmara* the mind and the heart of the patient, which was occluded by the vitiated Doshas, can be purified by the use of *Shodhana* therapy (purificatory process of *Panchakarma*) like Vamana (medicated emesis) in vitiated *Kapha Dosha*, Virechana (medicated purgation) in vitiated *Pitta Dosha* and Vasti (medicated enema) in vitiated *Vata Dosha* which causes above types of Apasmara (Epilepy). After above purificatory process are completely done

than Shamana therapy (Alleviation therapy) should be given in proper mannernfor the cure of *Apasmara* (Epilepsy).

DISCUSSION

Apasmara can be compared with epileptic syndrome but all epilepsies cannot be considered as Apasmara and all Apasmara cannot be considered as epileptic seizures. An epileptic seizure with impaired/ loss of memory and consciousness can only be considered as Apasmara. It is a necessary to



advise the patient and relatives the first aid and necessary precautions. Classification

and treatment should be made depending on the nature of aura, movements and time

Table 5	General	Treatment	of Apasmara ^{12: -}

1.	Yuktivyapashraya	Uses of Medicines by two principles i.e, <i>Shodhana</i> and <i>Shamana</i> . Medicinal Preparations are -
		Single Herbs (Medhya Drugs) - Brahmi, Mandukaparni, Ashwagandha, Jatamamsi, Shankapushpi etc.
	Daivavyapashraya	includes Mantras (Chanting of Hymns), Aushadha (Sacred Herbs), Manimangala (Auspicious offerings), Bali etc
	Satwavajaya-	It aims to control of mind i.e. one should keep himself establish in his oneself after knowing real nature of soul and attaining height of spiritual wisdom
2.	Anthaparimarjana,	Vamana, Virechana, Basti and Nasya.
	Bahiparimarjana	Abhyanga, Utsadhana, Anjana, Lepa and Dhupana
	Shasthra pranidhana	Raktamokshana
3.	Vegavastha treatments	 Poorva roopa avastha- Nasya and Anjana. Vegavastha- first aid and Dhupana.
		Paschat vega avastha-
	Avegavastha	Teekshna Vamana and Virechana
	Tretments	 Nasya (Yastyadi nasya 5-6 drops), Anjana, Dhupana, Utsadhana, Seka
4.	Nasya	• "kapilānām gavām mūtram nāvanam param" (Inhalation of the urine of cow having reddish brown (Kapila) color is exceedingly useful for the cure of epilepsy)
5.	Utsadana Yogas	Apetarakshasikushtadiyoga
		Siddharthaka Agada
6.	Dhupa Yogas	Palamkashavachadi yoga
		Brahmiaindriyadi yoga
		Nimbapatradi dhupa
8.	Anjana Yogas	Kayastha varti
		 Mustavayastadivarti
		Vrushikalibaladi varti
		Manohvadhanjanam
	Shamana therapy	• Panchagavya Ghrutha,
9.	Yogas	 Mahapanchagavya Ghrutha,
		• Kalyanaka Ghrutha,
		Mahakalyanaka Ghrutha,
		Paishachika Ghrutha,
		• Mahachaithasa Ghrutha,
		• Jeevaneeya Yamaka,
		Bhrahmi Ghrutha,
		Saraswatha Churna etc,.
10.	Rasayana	• Rasayanas should be admistered to the patients. In the management of Apasmara there is an important role for the adaptation of first aid,
		Counseling and lifestyle advises.

duration of the seizures in epilepsy. While treatment of *Apasmara* is described in holistic approaches in *Ayurvedic Samhitas*. *Ayurveda* has a lot to offer in regards to the

disease *Apasmara* in curing, if the disease is new; in managing the chronic conditions, controlling and prolonging the *Vegantara Kala* and improving the quality of the life



of the patient by *Shodhana* and *Shamna* therapies as well use of *Rasayana*.

CONCLUSION

Epilepsy is a syndromic disease due to the fact of its variation, symptoms and treatments which come under the umbrella of Apasmara. An epileptic seizure with impaired memory, consciousness or awareness can only be considered as *Apasmara*. The definition of epilepsy holds good only to an extent in relation with that of Apasmara. The line of treatment should also be planned by keeping these factors in mind. Public should be made aware of the nature of the seizures and first aids. Even though Ayurveda has a vast treasure of Yogas for the management of Apasmara most of them are yet to be explored in the present day especially during an acute condition. In modern medicine there is not any concrete treatment of Epilepsy except surgical procedure, more researches need to be conducted in these areas. While with Shodhana (Panchakarma proper procedures) and use of Ayurvedic medicine along with moderm medicine can be achieved good result.



REFERENCES

- 1. Robert S Fisher et al. (2005), Epileptic seizures and epilepsy. Epilepsia, Mc Graw Hill publishers, 46(4), P- 470-472.
- 2. Jerome Enger Jr, (2006) Classification of epileptic syndromes, Epilepsy research, ILAE, 1st Edition, S5-S10.
- 3. Dutt Ambika Shastri, Sushrut Samhita, Reprint (2012), Ayurved Tattva Sandipika Hindi commentary, Part II, Uttar Tantra 61/3, Chaukhambha Sanskrit Sansthan Varanasi, Edition. P -566
- 4. Pandey Kashinath and Chaturvedi Gorakhnath , Reprint (1998), Charakasamhita Vidhotani hindi commentry – Sutrasthana 1/58, Varanasi Chaukhambha Bharati academy, P - 35.
- 5. Pandey Kashinath and Chaturvedi Gorakhnath , Reprint (1998), Charakasamhita Vidhotani hindi commentry – Sutrasthana 11/54, Varanasi Chaukhambha Bharati academy, P-238.
- 6. Dutt Ambika Shastri, Reprint (2012), Sushrut Samhita, Ayurved Tattva Sandipika Hindi commentary, Part II, Uttar Tantra 61/3, Dalhan commentary, Chaukhambha Sanskrit Sansthan Varanasi, Edition. P 566.
- 7&8. Pandey Kashinath and Chaturvedi Gorakhnath, Reprint (2001), sCharaka Samhita Vidhotani hindi commentry –

Chikitsa Sthan 10/4-5, Varanasi Chaukhambha Bharati academy, P – 328.

- 9. Pandey Kashinath and Chaturvedi Gorakhnath, Reprint (2001), Charaka Samhita Vidhotani hindi commentry – Chikitsa Sthan 10/7, Varanasi Chaukhambha Bharati sacademy, P –329.
- 10. Pandey Kashinath and Chaturvedi Gorakhnath , Reprint (2001), Charaka Samhita Vidhotani hindi commentry – Chikitsa Sthan 10/8-12, Varanasi Chaukhambha Bharati academy, P –330.
- 11. Pandey Kashinath and Chaturvedi Gorakhnath , Reprint (2001), Charaka Samhita Vidhotani hindi commentry – Chikitsa Sthan 10/7, Varanasi Chaukhambha Bharati academy, P –331.
- 12. Dr. Divya K S et al. August- (2016), Undersanding Of Apasmaraa w.s.r. to Epilepsy, in IAMJ: Volume 4; Issue 08.s