



## A CASE STUDY: THE AYURVEDIC MANAGEMENT OF APASMAR (EPILEPSY) IN CHILDREN.

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### ABSTRACT:

Epilepsy is the most common management of neurological problems and stands after stroke and dementia in its prevalence. Epilepsy is a chief public health problem all over the world. The percentage of the general population with active epilepsy at a given time ranges from 4-10 per 1,000 people. The case study discussed here is of 4 year 5-month-old male child, known case of seizure disorder with his 1st episode at seven months due to febrile illness seizure manifested as generalized tonic-clonic (GTC) type of seizure lasting for 3-5min; then he came to Ayurvedic OPD and was given ayurvedic regimen (i.e. *shankhapushpadya ghrita Saraswatarishta Medhya drug*) along with *panchakarma* procedure. The child had significant relief from signs and symptoms of epilepsy. The recurrence or the frequency of disease was found to be markedly reduced. The *Ayurvedic* regimen, along with the *panchakarma* procedure, proved to be beneficial in this case.

**KEYWORDS:** *Apasmara*, Epilepsy, tonic-clonic, *Panchakarma*.

### INTRODUCTION:

In *Ayurveda*, a similar presentation named '*Apasmara*' (Epilepsy) has been explained with its etiology, symptoms, diagnosis and management. *Acharya Charaka* has mentioned *Shodhana* therapy and *Shamana* therapy as a line of treatment for *Apasmara*(Epilepsy). In this regard, there is great potential for identifying unique *Ayurvedic* mechanisms, particularly considering that such substances may provide maximum progress with cost-effectiveness and Negligible side effects. The phenomenon of recurrent seizures is termed as Epilepsy, from the Greek word "epilambanein", which Means to seize or attack.<sup>1</sup> Epilepsy is a recurrent, episodic, Paroxysmal, involuntary and sudden disturbance of neurological Function caused by an abnormal or excessive neuronal discharge. Epilepsy is a term that denotes the "enduring predisposition of the Brain to generate seizures, and its neurobiological, cognitive, Psychologic and social consequences".<sup>2</sup> Approximately 3-10% of All children are known to experience at least one attack of seizure before five years of age, though most of them are benign febrile seizures. The prevalence of recurrent seizures in childhood is about 0.5-1.0%, and 60% of epilepsies are benign in childhood. The Incidence is highest in the preschool years *Dalhana* has described *Apasmara*(Epilepsy) as the disease during the attack of which *Smriti* (consciousness) is lost.<sup>3</sup> *Acharya Charaka* defined *Apasmara*(Epilepsy) as *Apagama of Smriti* (loss of consciousness) associated with *Bibhatsa Chesta* due to the derangement of *Dhi* and *Sattva*. The clinical features, *Tamah Pravesha*, are equivalent to *Dnyana-abhava*, i.e. Absence of consciousness, *Bibhatsa Chesta* includes all detestable expressions, and *samplava* Indicates *Vibhrama* or perversion.<sup>4</sup> The two-term of the word *Apasmara*(Epilepsy) is elaborated by *Sushruta* that, *Smriti* signifies the ability of recalling the past sense perception, and the prefix "Apa" denotes deprivation. Therefore, this disease in which the individuals lose the ability of past cognitions is termed *Apasmara*(Epilepsy).<sup>5</sup> It is also described in *Madhava Nidana* as the loss of *Smriti* characterized by *Tamaha Pravesha*, which occurs spontaneously.<sup>6</sup> *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*(Epilepsy).<sup>7</sup>

### AIM:

The Management of epilepsy in children by an *Ayurvedic* regimen and *panchakarma*.

### OBJECTIVES:

To study the efficacy of the *Ayurvedic* regimen along with *panchakarma* in the management of epilepsy

**METHODOLOGY:**

Consent - The present study was conducted under ethical principles following the International Conference of Harmonization - Good Clinical Practice (ICH- GCP).

To fulfill the aim and objectives of the study, this work was carried out in the following phase-wise manner.

**CASE STUDY:**

A male patient of 4 years 5m old reported to the *Kaumarbhritya* OPD of Government Ayurved Hospital, Osmanabad, with the following complaints.

- The generalized tonic-clonic (GTC) type of seizure lasts 3-5 mins.
- 20-25 episodes every month lasting for >30sec.
- Global developmental delay in speech and motor milestones.
- Generalized hypertonias.

**HISTORY OF PRESENT ILLNESS:**

A male patient of 4 years 5m old reported to the *Kaumarbhritya* OPD of Government Ayurved Hospital, Osmanabad, India, in may 2022 with the following complaints, generalized tonic-clonic (GTC) type of seizure lasts for 3-5 mins, 20-25 episode every month lasting for >30sec, Global developmental delay in speech and motor milestone, generalized hypertonias, received treatment but didn't get the satisfactory result. Hence he was brought by his parents to *Kaumarbhritya* OPD for further management.

**HISTORY OF PAST ILLNESS:**

No h/o any other major illness or any surgery

**DRUG HISTORY:**

Received antiepileptic drugs.

**FAMILY HISTORY:**

H/O consanguinity marriage.

**BIRTH HISTORY:**

1. Antenatal- Nonspecific
2. Natal- Full-term normal delivery at the hospital. The baby cried immediately after birth, with a birth weight-2.75kg
3. Postnatal-H/O NICU admission on 3<sup>rd</sup> of life for hypoglycemic seizures.

**IMMUNIZATION HISTORY:**

All vaccines are given as per age.

**GENERAL EXAMINATION:**

Pulse: 86 per min,  
BP: 110/60 mmHg,  
Temperature: 98.8 °F,  
RR: 24/min

**SYSTEMIC EXAMINATION:**

RS: AEBE clear,  
CVS: S1S2 normal,  
CNS: Conscious and oriented,  
P/A: soft and non-tender

**ANTHROPOMETRY:**

Height - 110 cm, Weight - 18 kg,  
Head circumference – 48 cm,  
Chest circumference - 53 cm,  
Mid arm circumference-13 cm

**DIAGNOSIS (CLINICAL AND INVESTIGATIONS):**

- Clinically based on signs and symptoms
- EEG, MRI Brain, CT Brain



**TREATMENT GIVEN:****Table 1: Panchakarma Treatment**

NAME OF TREATMENT	DRUGS	DOSE	DURATION OF TREATMENT
<i>Sarvang snehan</i>	<i>Tila taila + dhanwantara taila</i>		20 min
<i>Sarvanga pindaswed</i>	<i>Shashtishalik pindaswed</i>		20 min
<i>Shirodhara</i>	<i>Tila taila + bramhi taila</i>		40 min
<i>Nasya</i>	<i>Panchaghavya ghrita</i>	2 drops in each nostril	
<i>Yoga basti</i>	<i>Vathar dravya</i>	30 ml <i>tila taila</i> + 100 ml <i>nirhua</i>	7 days

**Table 2: Oral Medication**

DRUG FORMULATION	DOSE	ANUPAN	TIME OF ADMINISTRATION
<i>Shankhapushpadya ghrita</i>	According to the age of children	Honey	Morning and evening before food
<i>Saraswatarishta</i>	3.5 ml	<i>Koshna jal</i>	Morning and evening, after food
<i>Medhya drug -bramhi vati+ashwagandachurna +shankapushpi churna +guduchi churna – make a mixture of these medicines</i>	By young's formula, Calculate according to the age of children	Honey	Morning and evening, after food

The above said treatment was given for three months, and the patient was told to provide follow-up every month for six months. Criteria were assessed during every follow-up.

**ASSESSMENT CRITERIA:**

Subjective criteria for assessment, the result of four symptoms will be kept as the parameter.

**Table 3: Assessment Criteria**

Sr.No.	Assessment of criteria	Grade 0	Grade 1	Grade 2	Grade 3
1	Severity of attack	Myoclonic tremors	Multi focal clonic tremors	Generalized tonic tremors	Frothing + tongue biting
2	Duration of convulsion	No convulsion	5–15 second	15–30 second	>30 second
3	Frequency of convulsion	No convulsion	1 episode/15 days	1 episode/7 days	1 or more episodes/ 1 days
4	Ictal feature	No features	Headache	Headache + drowsiness/delirium	Paresis + other complaints

**RESULTS AND DISCUSSION:****Table 4: Before treatment and during every follow-up**

Sr.No.	Assessment of criteria	Before treatment	After 1st month of f/u	After 2nd month of f/u	After 3rd month of f/u	After the 6th month of f/u
1	Severity of convulsion	2	2	2	1	0
2	Duration of convulsion	3	3	2	1	0
3	Frequency of convulsion	3	1	0	0	0
4	Ictal feature	1	0	0	0	0

After every follow-up, patient recovery assessment by seizure assessment scale, the severity of the attack decreases from generalized tonic clonic seizure to no attack of seizure till present. Duration of attack seizure >30 second to null. Daily frequency of attack decreased to no attack of seizure, a no ictal feature after a 6-month study. Even though the medical world claims the advancements in the management of Apasmara, drugs don't work as they expect. The present AED medication has many drawbacks like adverse reactions, drug interaction and teratogenicity. Panchakarma and Ayurvedic medicines work astonishingly in this area and can do a

spectacular job. Antiepileptic drugs may affect the ability to learn. They can lead to impair growth and development and poor quality of life. Poor school performance results in a child having low esteem but also cause significant stress to parent and the nation. The Ayurveda *Shankhapushpadya Ghrita* mentioned the benefits of apasmara, having ingredients like *Shankhapushpi* – holds significance due to its potent anti-stress, anti-depressive and anti-anxiety properties; it is a memory booster that helps in enhancing the brains working capacity and reducing the loss of concentration. *Vacha*- the rhizome of *vacha* is very pungent and bitter. The medical properties of *vacha* are anthelmintic, emetic, antispasmodic, anti-convulsant septic. *Bramhi*- might increase certain brain chemicals involved in thinking, learning and memory. Some research suggests that it might also protect the brain.

#### CONCLUSION:

In the present case study, the *Ayurvedic* regimen (i.e. shankhapushpadya ghrita Saraswatarishta Medhya drug) and the panchakarma procedure show a significant effect. The overall effect of therapies shows improvement in symptoms. There are no adverse reactions found with these drugs. The *ayurvedic* regimen, along with the panchakarma procedure, is effective in managing the symptoms of epilepsy in children.

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