



## Case Study

www.ijrap.net

(ISSN Online:2229-3566, ISSN Print:2277-4343)



### CLINICAL MANAGEMENT OF EPILEPSY (APASMARA) IN CHILD BY AYURVEDIC REGIME: A CASE STUDY

Swati S. Jawade <sup>1\*</sup>, Tirunagiri Swamy <sup>2</sup>, Anil Kale <sup>3</sup>, Pooja Chandak <sup>1</sup>, Dnyaneshwar Paldewad <sup>4</sup>

<sup>1</sup> PG Scholar, Kaumarbhritya Department, Government Ayurvedic College Osmanabad, Maharashtra, India

<sup>2</sup> HOD and Professor, Kaumarbhritya Department, RA Podar Mumbai, Maharashtra, India

<sup>3</sup> HOD and Professor, Government Ayurvedic College Osmanabad, Maharashtra, India

<sup>4</sup> PG Scholar, Shalya Department, Government Ayurvedic College Osmanabad, Maharashtra, India

Received on: 11/05/22 Accepted on: 17/06/22

#### \*Corresponding author

E-mail: swatijawade12@gmail.com

DOI: 10.7897/2277-4343.130482

#### 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 ghrta SaraswatarishtaMedhya 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, Ayurvedic regimen, Panchakarma.*

#### INTRODUCTION

In *Ayurveda*, a similar presentation named '*Apasmara*' has been explained with its aetiology, symptoms, diagnosis and management. *Acharya Charaka* has mentioned *Shodhana* therapy and *Shamana* therapy as a line of treatment for *Apasmara*. In this regard, there is great potential for identifying unique *Ayurvedic* mechanisms, particularly considering that such substances may provide maximum improvement with cost-effectiveness and negligible side effects. The phenomenon of recurrent seizures is termed 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 ~ 0.5-1.0%, and 60% of epilepsies are benign in childhood. The incidence is highest in the preschool years *Dalhana* has described *Apasmara* as the disease during the attack of which *Smriti* is lost.<sup>3</sup> *Acharya Charaka* defined *Apasmara* as *Apagama* of *Smriti* associated with *Bibhatsa Chesta* due to the derangement of *Dhi* and *Sattva*. The clinical features, *Tamaha Pravesha*, are equivalent to *dnyana-abhava*, i.e. absence of consciousness, *Bibhatsa Chesta* includes all detestable expressions, and *samlava* indicates *Vibhrama* or perversion.<sup>4</sup> The two-term of the word *Apasmara* is elaborated by *Sushruta* that *Smriti* signifies the faculty of recalling the past sense perception, and the prefix "*Apa*" denotes deprivation. Therefore, this disease in which the individuals lose the faculty of past cognitions is termed

*Apasmara*.<sup>5</sup> *Apasmara* is 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*.<sup>7</sup>

**Aim:** 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 fulfil 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, in June 2021 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 hypertonia.

**History of present illness:** A male patient of 4 years 5m old reported to the *Kaumarbhritya* OPD of Government Ayurved Hospital, Osmanabad, India, in June 2021 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 hypertonia, received treatment but didn't get the satisfactory result. Hence he was brought by his parents to Balrog 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.

#### 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>Shastishalik 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>Sarasatarishta</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 For assessment, the result of four symptoms will be kept as the 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

**Immunization history:** Regular. 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

##### 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/ 1 days

##### 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 features
- b. Grade 1: Headache
- c. Grade 2: Headache + drowsiness/delirium
- d. Grade 3: Paresis + other complaints

## RESULTS AND DISCUSSION

**Table 3: Before treatment and during every follow-up**

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
Severity of attack	2	2	2	1	-
Duration of attack	3	3	2	1	0
Frequency of convulsion	3	1	0	0	0
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 clinic seizure to no attack of seizure till present. Duration of attack seizure >30 sec 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 *Shankhpushpadya Ghrita* mentioned the benefits of apasmara, having ingredients like *Shankhpushpi* – 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, and anti-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. shankhpushpadya 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.

## REFERENCES

1. Usha KS. *et al.* A clinical study on Apasmara (epilepsy) and its management with Maha Panchagavya Ghrita. PG Dissertation submitted to Gujarat Ayurved University at 2001/ IPGT & RA, Jamnagar, Gujarat.
2. Mukesh Agrawal, Textbook of Paediatrics, CBS Publishers % distributors Pvt Ltd, second edition, 2017; 18: 527.
3. Sushruta Samhita by Dalhanacharya "Nibandhsangraha" vyakhyananasthana and Shri Gayadasa "Nyayachandrika" / Krishnadas Academy, Varanasi/Edition Reprint 1/Sushruta Samhita Uttersthana, 61/2-3/799.
4. Charaka Samhita by Chakrapani, "Ayurveda Dipika", Prologue by Prof. R. H. Singh/Chaukhamba Surbharati Prakashana/ Charaka Samhita Chikitsa sthana, 10/3; 474.
5. Sushruta Samhita by Ambikadatta Shastri, Chaukhamba Sanskrit Sansthan, Varanasi 2007, Uttartantra 61/3.
6. Madhava Nidana by Vijayrakshit, Shri Yadunandan Upadhyaya, Madhukosh Tika, Chaukhamba Sanskrit Sansthan, Varanasi, 2002. Apasmaranidana 21/1.
7. Vidyadhar Shukla, Ravi Dutt Tripathi, Charka Samhita. Reprint ed. Varanasi: Chaukhamba Surbharati Prakashan; 2012.chapter 10, apasmar Vol-2. p. 249-250.

## Cite this article as:

Swati S. Jawade *et al.* Clinical management of epilepsy (apasmar) in child by Ayurvedic regime: A Case Study. Int. J. Res. Ayurveda Pharm. 2022;13(4):25-27 <http://dx.doi.org/10.7897/2277-4343.130482>

Source of support: Nil, Conflict of interest: None Declared

Disclaimer: IJRAP is solely owned by Moksha Publishing House - A non-profit publishing house, dedicated to publishing quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJRAP cannot accept any responsibility or liability for the site content and articles published. The views expressed in articles by our contributing authors are not necessarily those of IJRAP editor or editorial board members.