Ayurvedic Management of Epilepsy: A Single Case Study

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Abstract
Apasmara is duschikitya and is mentioned as one of the ashtamahagada by Acharya Charaka. Even today, treating apasmara is considered as a daunting task by many ayurvedic physicians. Apasmara can be managed through the principals of treatment told in our classical texts. A 7 year old boy was admitted in the inpatient of Kaumarabhritya department. He had complaints of seizure episodes associated with flickering of eye lids and slanting of neck towards right side since two years. EEG revealed intermittent epileptiform discharges from B/L parieto-occipital region and was prescribed Syp. Trioptal (Oxcarbazepine) and T. Clonotril (Clonazepam) which they are continuing till now. He was having 1-2 seizure episodes/day lasting 10s-1 minute with lateral oscillatory movements of eyes, flickering of eye lids, impaired vision in the left eye, sweating, increased temperature and rightward slanting of neck. No loss of consciousness was present. The case was diagnosed as Vathapitha Apasmara and a treatment protocol was designed which comprised of both shodhana and samana. Duration of the seizures reduced considerably after the IP treatment. After the follow up period of 2 months the frequency of seizures also reduced. Now there are no clinical seizures. Ayurvedic intervention in the above said case reveals the true potential and efficacy of our science. Apasmara can be managed through Ayurveda by accurate dosha identification and a structured protocol.

Keywords
Apasmara, Epilepsy

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INTRODUCTION
Treating Apasmara, which is mentioned as one of the ashtamahagada by Acharya Charaka1 is considered as a daunting task by many ayurvedic physicians even today. This present case study is a humble approach to prove that apasmara can be managed through the principals of treatment told in our classical texts.

PRESENTING COMPLAINTS
A 7 year old boy was admitted in IPD of Kaumarabhrithya department with complaints of seizure episodes associated with flickering of eye lids and slanting of neck towards right side since 2 years. He also had retro ocular pain after a seizure episode.

HISTORY OF PRESENTING COMPLAINTS
Case history revealed that he is the first child of NCP, born as a preterm baby (35 weeks) through LSCS. He had Klebsiella sepsis and thrombocytopenia during the neonatal period and was admitted in NICU for 15 days. At 1 year age, he had an episode of febrile seizure(atypical type).
At 4 years of age, he had a trauma to occiput (hit against wall) and 2 episodes of seizures occurred with vomiting. He was admitted in MCH for 2 weeks. CT Brain revealed a fairly wedged shaped mildly hypo dense area in the basal occipital lobe on the right side. Based on these findings a MRI brain was advised which showed focal areas of gliosis and atrophy in the right parieto-occipital lobe. He was advised T. Eptoin for 6 months.
After 1 year, the child complained of occasional flickering of eyelids with retro ocular pain. They consulted SAT and EEG revealed intermittent epileptiform discharges from B/L parieto-occipital region and was prescribed Syp.Trioptal (5ml bd) and T. Clonotril (1-0-1/2) which they are continuing till now.
Now there is 1-2 seizure episodes/day lasting 10s-1 minute with lateral oscillatory movements of eyes, flickering of eye lids, impaired vision in left eye, sweating, increased temperature and rightward slanting of neck. He also has occasional auditory hallucinations. He has post ictal confusion, headache and lethargy. There is no loss of consciousness. The frequency increases during summer, during hyperventilation and after long hours of play and exertion.

ANTE-NATAL HISTORY
Age of mother at the time of conception was 28 years and the father was 29 years. The mother took regular antenatal checkups. She had a uterine fibroid, the medication for which was taken during the 5th month of gestation. No history of mental stress was reported.

**NATAL HISTORY**
He was born as a Preterm (35th week) baby through LSCS (due to PROM). He cried soon after birth and had a birth weight of 2.33 kg.

**POST NATAL HISTORY**
He had NNHB (Exaggerated physiological), Klebsiella sepsis and Thrombocytopenia during the neonatal period and was admitted in NICU for 15 days.

**DEVELOPMENTAL HISTORY** - Normal

**IMMUNISATION HISTORY** - Up to age

**DIETIC HISTORY**
Exclusive breast feeding was done till 6 months of age and weaning began with porridge, banana powder etc.

**FAMILY HISTORY**

Nothing relevant

**PERSONAL HISTORY**
Diet – Mixed – doesn’t like madhura rasa
Appetite – Good
Bowel – Once/day
Bladder – WNL
Sleep - Sound

**GENERAL EXAMINATION**
General Comment – Alert, active, Well nourished child with normal sensorium.
Vital signs - PR - 100/min
HR – 100/min
RR – 24/min
Anthropometry – HC – 51 cm
CC – 65 cm
MUAC – 22 cm
Ht – 114 cm (> 3rd percentile for age)
Wt – 24 kg (> 50th percentile for age)

**CNS EXAMINATION**
1. HMF
a. Appearance – Alert active child
b. Behaviour – Cooperative well mannered
c. Hallucination – During seizure episodes occasional visual and auditory hallucinations
d. Intelligence – N
e. Consciousness – N
f. Memory – N
g. Orientation – N
h. Speech - N
2. Cranial Nerves – All nerves intact
3. Motor System – NAD
4. Sensory System – NAD
5. Cerebellar signs – Nil
6. Signs of Meningeal Irritation - Nil

INVESTIGATIONS
EEG (8-5-12) - Intermittent epileptiform discharges from parieto-occipital region(B/L)
MRI Brain (3-6-13) - Large cystic lesion with gliosis in the right tempero-occipital lobe with no diffusion, restriction or enhancement with tiny branches of right PCA traversing through it, suggestive of porencephalic cyst. Small arachnoid cyst in the posterior fossa in midline.

AYURVEDIC VIEW
Prakrithi – Pithakapha
Doshadushti – Vatapitha

DIAGNOSIS
The case was diagnosed as Simple Partial Seizure. Ayurvedic diagnosis is Vatapitha Apasmara\(^2\). It resembles Chaturdashi apasmara in Arogyakalpadhruma\(^2\). Also Apasmara purvarupalakshanas like satatamakshnoaikrithm,asabdasravanm, dourbalya, sveda and bruvyutsada are seen\(^4,5\).

TREATMENT
A treatment protocol was designed which comprised of both shodana and samana.

**Internal medicines-**
Samana medicines selected were all Vatapithasamana Medhya type.
1. *Brahmidrakshadi kashayam* - 40ml bd
2. *Manasamitravataka* 1-0-1
3. *Yashtichurna + Chandana Churna* \(\frac{1}{4}\)tsp in *Kooshmanda swarasa*.

**Procedures**
1. *Udwarthana* with *Kolakulathadi churna* – 5 days for srothosodhana
2. *Snehan* with *Kooshmanda swarasa ghritha* – 7 days Abhyanga & Ooshmasweda with *Ksheerabalataila* – 3 days Virechana with *Avipathichurna* – 1 day
3. *Takradhara* with *Yashti, Amlaki kashayam* – 7 days
4. *Marsha nasya* with *Sidharthakaghrita* 5 drops – 7 drops – 7 days Dhupana with *Lasuna, Sarshapa, Jatamansi, Vacha* Sirolepā with *Balasohaladi*\(^6\) – 7 days

*Nasya* and *Dhupana* were done during *kaphakala* ie early morning while Sirolepā with *Balasohaladi* for 7 days was done during afternoon hours.

Next *vatasamana* was aimed.
5. Siropichu with Vatasini taila – 3 days - as a test dose. Since no increase in frequency or duration of seizures was seen, it was converted to Sirodhara.
6. Sirodhara with Vatasini taila – 7 days
   Karnapoorana with Ksheerabala taila– 7 days
7. Yoga vasthi – Rajayapanavasthi
   Snehabasthi with Dhanwantaram taila vasthipaka
   Kashayavasthi with Kooshmanda swarasa ghrita

Vata is the main dosha in apasmara as vata is niyenta pranetah cha manasaha and sarvendriyanamudhyojagaha. Also apasmara is mahamarma smasraya and is one of the ashtamahagada. So rasayana is a must in the treatment of apasmara. So for mulacheda of vata and as a rasayana, Rajayapanavasthi is done.

IMPROVEMENTS NOTED
After this one course of IP treatment, duration of seizures reduced to 1-2 seconds but the frequency remained the same.

ADVICE ON DISCHARGE-
1. Dhanadanayanadi kashayam – 40ml bd
2. Kooshmanda swarasa ghrita 1tsp bd
3. Siroabhyanga with Vatasini taila

Follow-up

After 2 months of medication, the frequency also reduced. At present, there are no Clinical seizures but the patient is still continuing the AED.

CONCLUSION
Ayurvedic intervention in the above said case revealed the true potential and efficacy of our science. Apasmara can be managed through ayurveda by accurate dosha identification and a structured protocol.
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