

## 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 *Kaumarabhrithya* 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 Charaka<sup>1</sup> 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 *Kaumrabhrithya* 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 5<sup>th</sup> month of gestation. No history of mental stress was reported.

### NATAL HISTORY

He was born as a Preterm (35<sup>th</sup> 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.

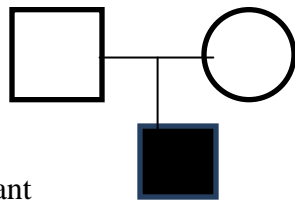
**DEVELOPMENTAL HISTORY** - Normal

**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 (> 3<sup>rd</sup> percentile for age)

Wt – 24 kg (> 50<sup>th</sup> 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 temporo-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*<sup>2</sup>. It resembles *Chaturdashi apasmara* in *Arogyakalpadhruma*<sup>3</sup>. Also *Apasmara purvarupalakshanas* like *satatamakshnovaikrithm, asabdasravanm, dourbalya, sveda and bruvyutsada* are seen<sup>4,5</sup>.

### 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* ¼tsp in *Kooshmanda swarasa*.

#### Procedures

1. *Udwarthana* with *Kolakulathadi churna* – 5 days for *srothosodhana*
2. *Snehapana* 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 Sirolepa* with *Balasohaladi*<sup>6</sup> – 7 days *Nasya* and *Dhupana* were done during *kaphakala* ie early morning while *Sirolepa* 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*  
*Snehavasthi* with *Dhanwantaram taila vasthipaka*

*Kashayavasthi* with *Kooshmanda swarasa ghrita*

*Vata* is the main *dosha* in *apasmara* as *vata* is *niyenta praneta cha manasaha* and *sarvendriyanamudhyojagaha*<sup>7</sup>. Also *apasmara* is *mahamarma samasraya* and is one of the *ashtamahagada*. So *rasayana* is a must in the treatment of *apasmara*<sup>8</sup>. 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

*Manasamitravataka* 1-0-1

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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